

# **2019 Point in Time Plus Survey**

## Part Two | Additional Findings

Interagency Council on Homelessness

May 2019

## Background

Every year, the U.S. Department of Housing and Urban Development requires jurisdictions to conduct a census and survey of persons experiencing homelessness. This Point in Time (PIT) count has been conducted locally by The Community Partnership (TCP) each year since 2001. The results of the PIT Count inform communities about the size and scope of the population experiencing homelessness on a given night. It is used locally to help plan for new programming to meet emerging community needs.

However, PIT is limited in the information it provides, so the Point in Time Count Plus (PIT Plus) tool was developed by TCP and the D.C. Department of Human Services (DHS) to inform the Continuum of Care on additional questions to aid in strategic planning efforts. The PIT Plus survey provides a better opportunity to have in-depth conversation about reason(s) behind one's experience of homelessness, their service use histories, and patterns of housing security/insecurity over time.

PIT Plus was designed as a supplemental survey to understand what led to individuals' experience(s) of homelessness and what could have prevented those experience(s). To better understand inflow and causation among individuals experiencing homelessness (and to be able to intervene sooner), it seeks to answer questions such as:

- What caused someone to seek emergency shelter, and what could have altered that path?
- How many people are experiencing homelessness for the first time each year?
- When we see short or long breaks in service patterns, where are people going?
- Where were people living prior to experiencing homelessness in the District?
- When people arrive from outside of the District, what factors influenced their decision to seek services here?

For PIT Plus, TCP, DHS, and other partners surveyed individuals over the course of 10 days –January 22<sup>nd</sup> through 31<sup>st</sup>. The first report summarized initial findings. It was essentially an exploratory data analysis of each question independently. This report takes a deeper look at patterns and trends within the data to reveal more insights based on discernable client groupings.

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## Key Findings

This analysis builds on the findings from the initial analysis of the PIT Plus Survey. Here, interactions between items of interest are explored further and tested. In order to find the most significant relationships within the 60+ items that were asked on the survey, all pairwise relationships were tested statistically. Relationships that varied greatly or had almost no variation were identified using tests of association and correlation.

**Individuals Coming into D.C.'s System Tend to be More Racially Diverse.** Across all demographic items, race showed the strongest difference in respondents' residency before experiencing homelessness. 90% of respondents who claimed they were from D.C. were also Black, while only 68% of respondents from places outside the DC-Maryland-Virginia region were Black.

**Longtime D.C. Residents Have Larger Support Networks.** Respondents who lived in D.C. for 10 years or longer were more likely to know someone in permanent housing and reported to have more friends.


**Shelter Usage is Highly Indicative of Daytime Service Usage.** Over 60% of respondents who used emergency shelter the previous night were likely to engage in daytime services or go to the public library, while only 21% of respondents who stayed outside by themselves were likely to engage in daytime services or go to the public library.

**Demographics Play a Key Role in Shelter Usage.** Respondents who reported not using shelter due to sanitation issue - particularly bed bugs - tended to be younger and more male. Males were also less likely to use shelter because they were full.

**Causes of Homelessness Differ Greatly by Age and Gender.** Respondents who experienced homelessness after being asked to leave their homes, as a result of family violence, or as a result of mental health problems tended to skew younger. Male respondents were more likely to cite incarceration as a cause of their homelessness, while female respondents were more likely to cite domestic violence victimization as a cause.

**Those with Stronger Social Networks are More Likely to Find a Place to Stay Short Term.** Respondents who reported having a partner or someone that makes them feel safe and comfortable were more likely to stay in a house or apartment the previous night than those that did not.

**Gender is Highly Indicative of Health Care Usage.** Female respondents were more likely to use primary care than emergency care, while male respondents frequented emergency care more often.



**Mental Health, Foster Care, Incarceration, and Homelessness are Highly Interrelated.**

Respondents with a history of involvement in the foster care, rehabilitation, and carceral systems were, on average, 20% more likely to have reported having a mental health condition.

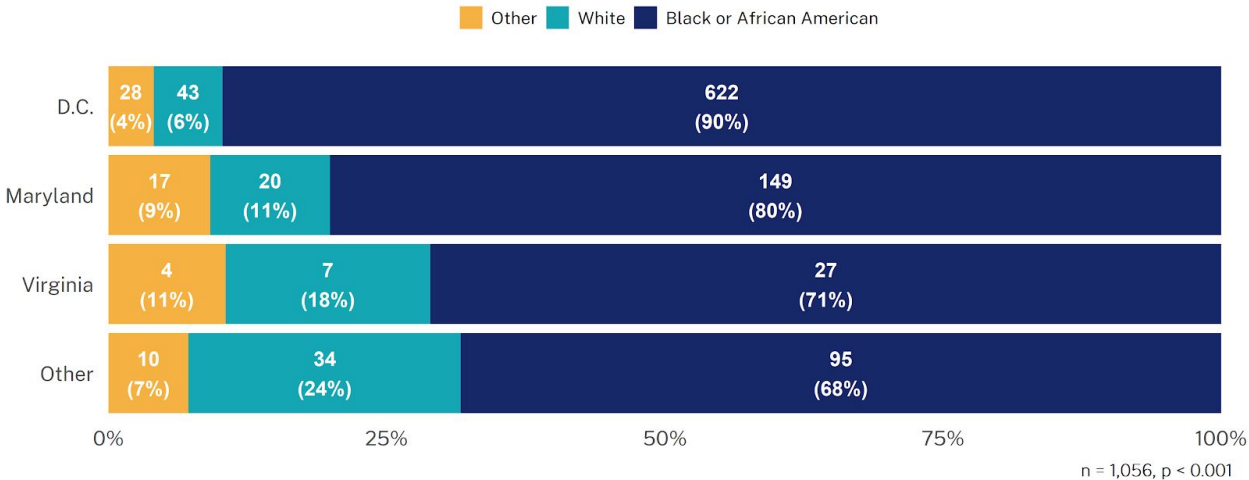
# Location and Residency

In initial findings from the PIT Plus survey, one-third (33%) of respondents reported living outside of D.C. before their first homeless episode. Those findings revealed the reasons as to why individuals relocated to D.C. and how much time they had spent in the District. Differences and similarities in the characteristics and service use patterns between those who reported living outside of the District are explored further here.

## Previous Residency

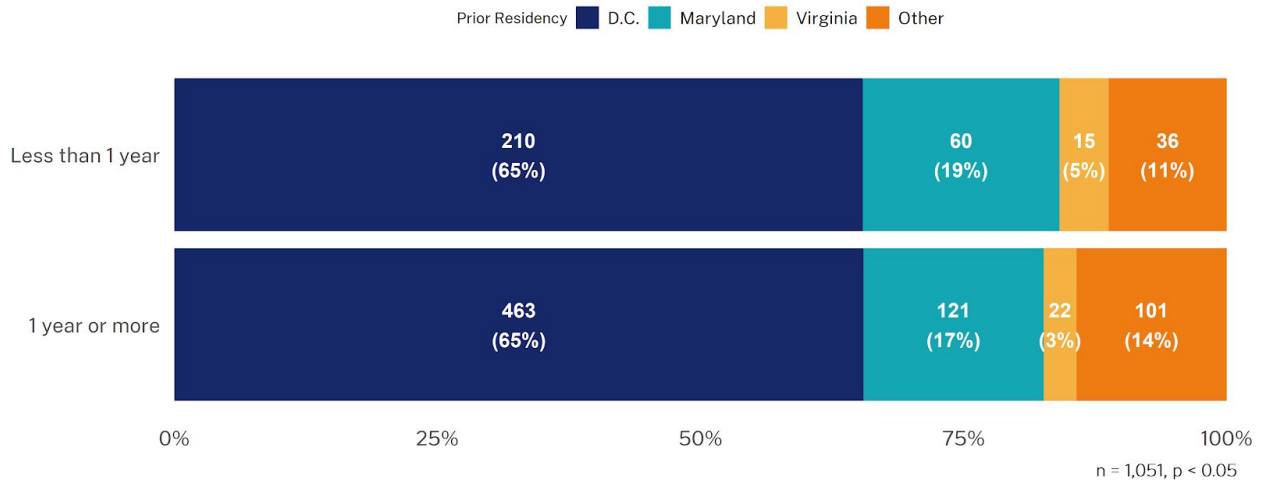
First, the demographic make-up across residency was examined to see if there were any significant differences among the characteristics of those who relocated to the District. While gender, age, and ethnicity did not show any differences, racial disparities were most prominent. Respondents who relocated to the District tended to be more racially diverse than those who were from D.C.

**Race by Last Residence before Experiencing Homelessness**



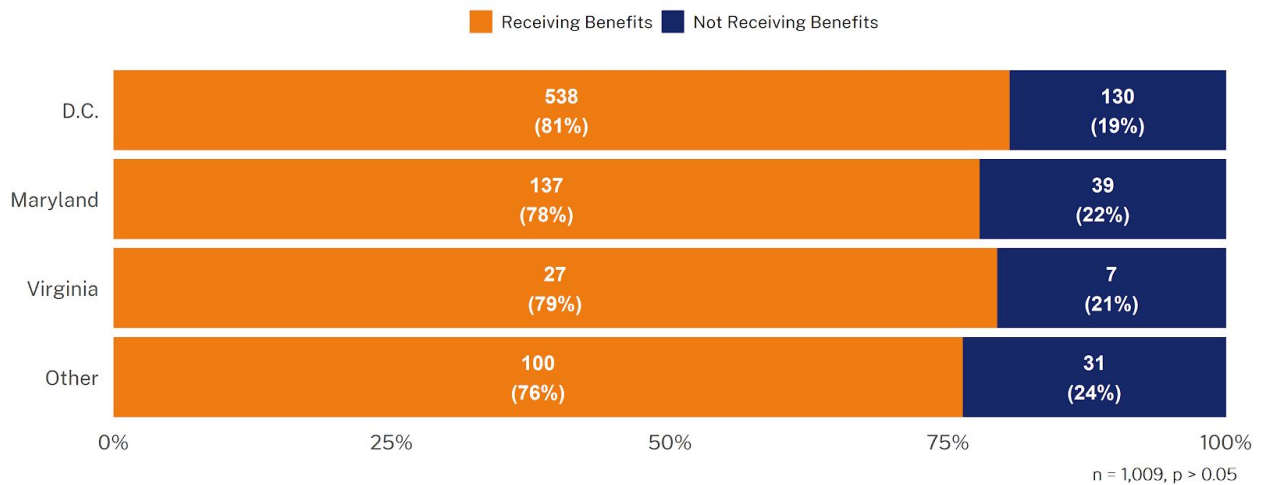
Next, shelter and benefits usage was compared across respondents’ residency prior to their homelessness to determine if there are differences in service utilization. Shelter usage did not differ between those who reported living outside of D.C. before experiencing homelessness and those from the District. Respondents from both populations had similar response patterns when asked about how much time they had spent in shelter.

### Time Spent in Shelter by Residency before Experiencing Homelessness



Additionally, respondents from D.C. reported receiving benefits at a similar rate from those who had lived outside the District. Among these populations, there were also no differences across the types of benefits they received (e.g. Medicare, SSI, SSDI).

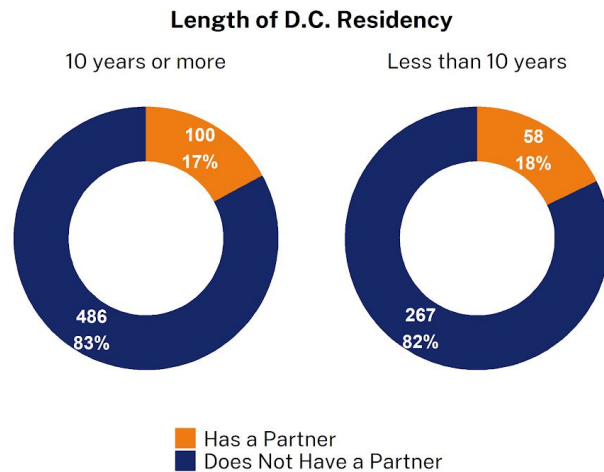
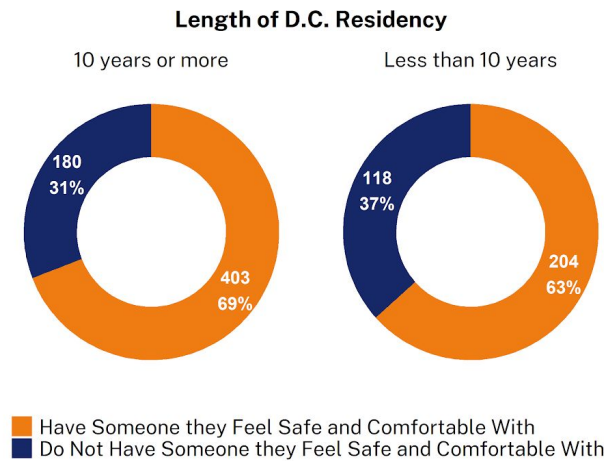
### Benefits by Last Residence before Experiencing Homelessness



### Length of Residency in D.C.

It can be reasonably assumed that individuals experiencing homelessness who have spent more time in the District have stronger social ties, given that they are less transient. PIT Plus survey respondents were posed various questions about the nature of their social networks. Those responses are compared to the length of their residency in D.C. to examine whether this assumption holds.

When asked about direct social networks, respondents who spent less than 10 years in D.C. reported having someone they feel safe and comfortable with and having a partner at a similar rate to those who have been in D.C. for 10 years or longer.



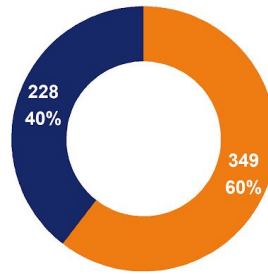
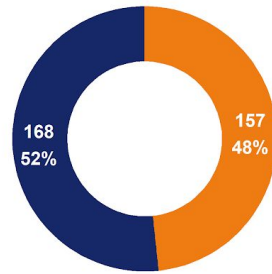
However, differences between these groups materialized in respondents' friend networks. That is, when asked about how many friends they had, respondents who had spent 10 years or more in D.C. reported having more friends than those who had spent less than 10 years in the District. They were also more likely to have someone in their network who resides in permanent housing.



### Length of D.C. Residency

Less than 10 years

10 years or more

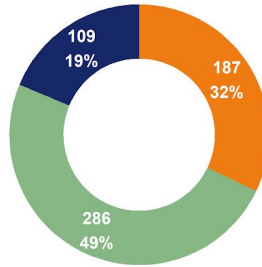
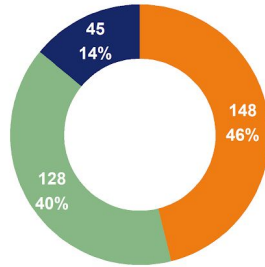


■ Has Someone in Network with Permanent Housing  
■ Does Not Have Anyone in Network with Permanent Housing

### Length of D.C. Residency

Less than 10 years

10 years or more



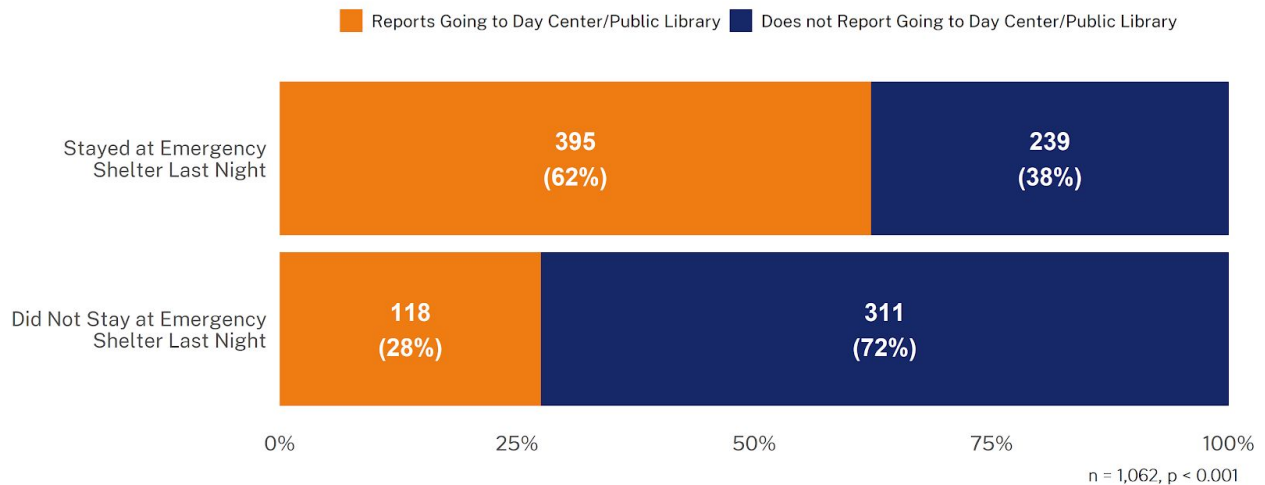
■ None ■ 1-3 friends ■ More than 4 friends



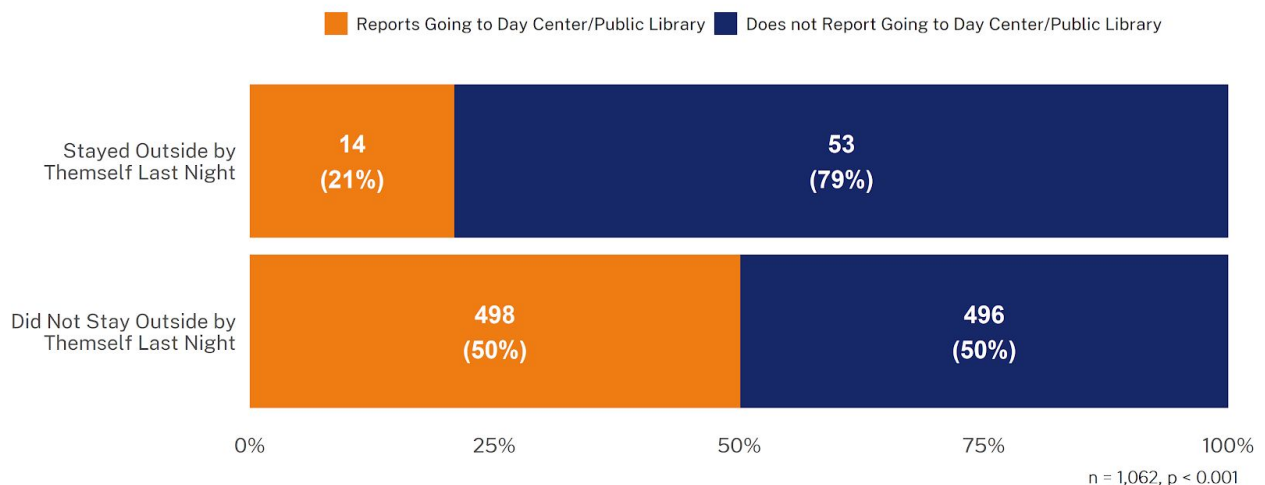
## Accommodations and Shelter Use

The PIT Plus survey asked respondents about their accommodations the previous night and where they go during the day. Respondents who reported spending the previous night in shelter were more likely to go to day centers and public libraries than those who did not. Conversely, respondents who stayed outside the previous night were about 30% less likely to go to day centers and public libraries. Respondents in transitional housing were also less likely to go to day centers and public libraries.

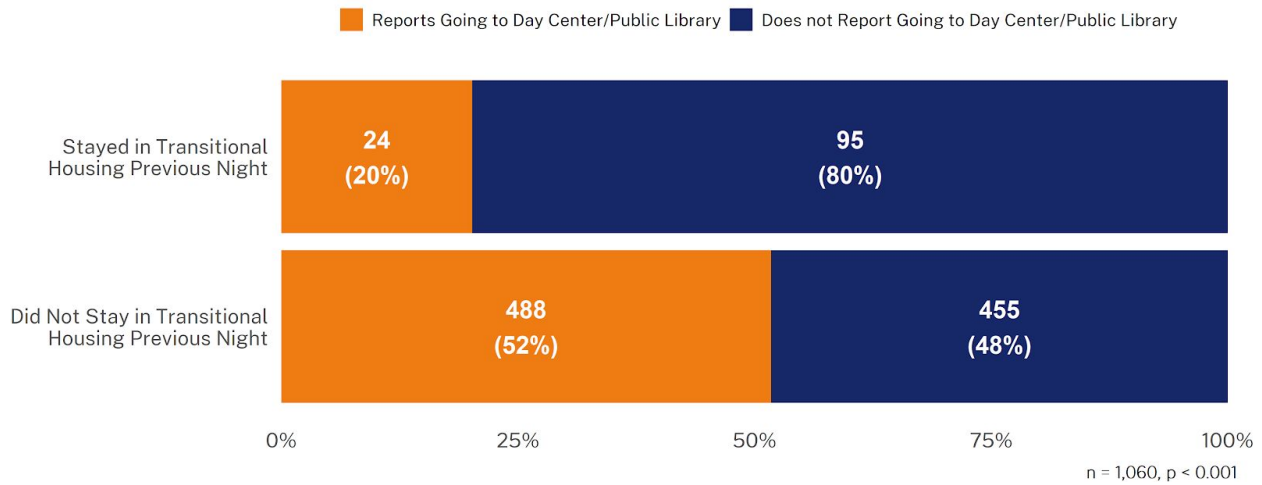
**Day Center/Library Usage by Those Spending the Previous Night in Shelter**



**Day Center/Library Usage by Those Staying Outside the Previous Night**

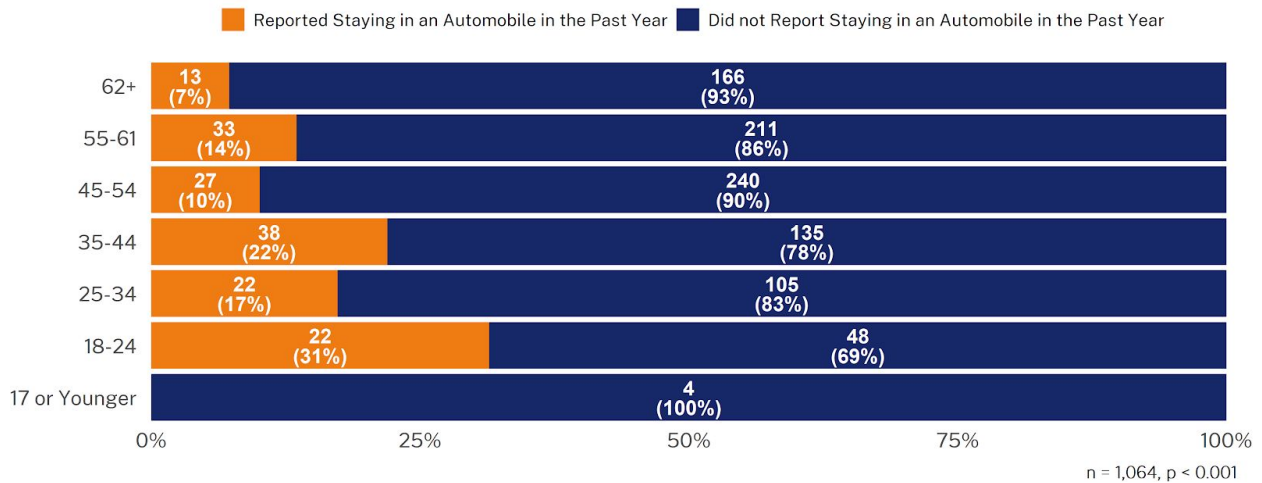


### Day Center/Library Usage by Those in Transitional Housing



Initial findings from the PIT Plus showed that only 15% of all respondents stayed in an automobile in the past year.<sup>1</sup> However, across the age groups below, respondents between age 18 and 24 were twice as likely to report having stayed in an automobile in the past year than all other respondents.

### Stayed in an Automobile in the Past Year by Age

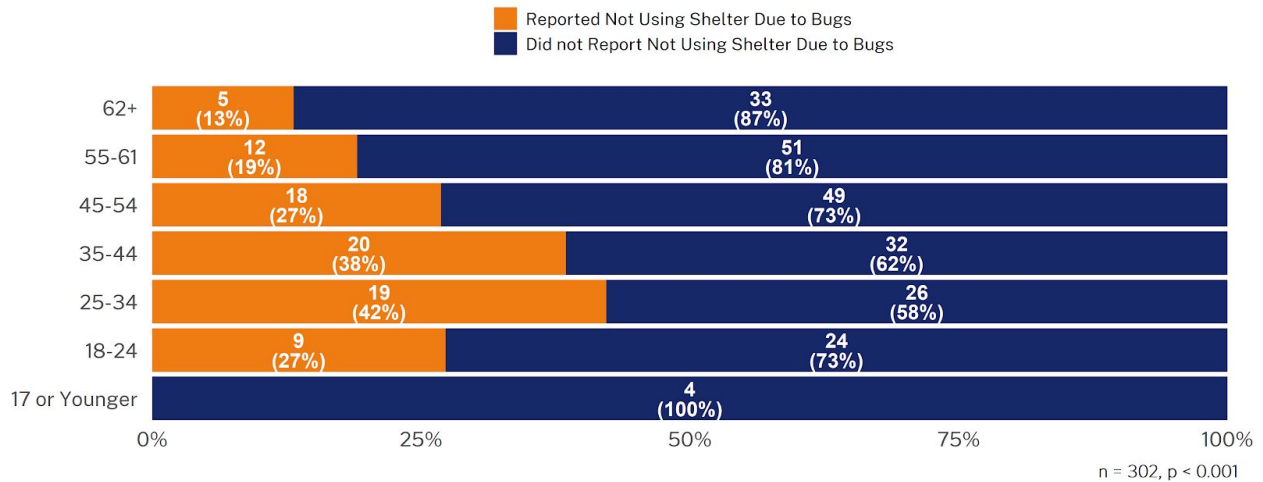


Demographic patterns across reasons for not using shelter show whether specific groups categorically avoid shelter and why. Initial findings showed that respondents were most likely not to use shelter because of perceived shelter conditions, such as bugs, germs, and crowding. For example, respondents who reported avoiding shelter due to bugs skewed younger and more male. Male respondents were also less likely to use shelter due to shelters being full. Lastly, of

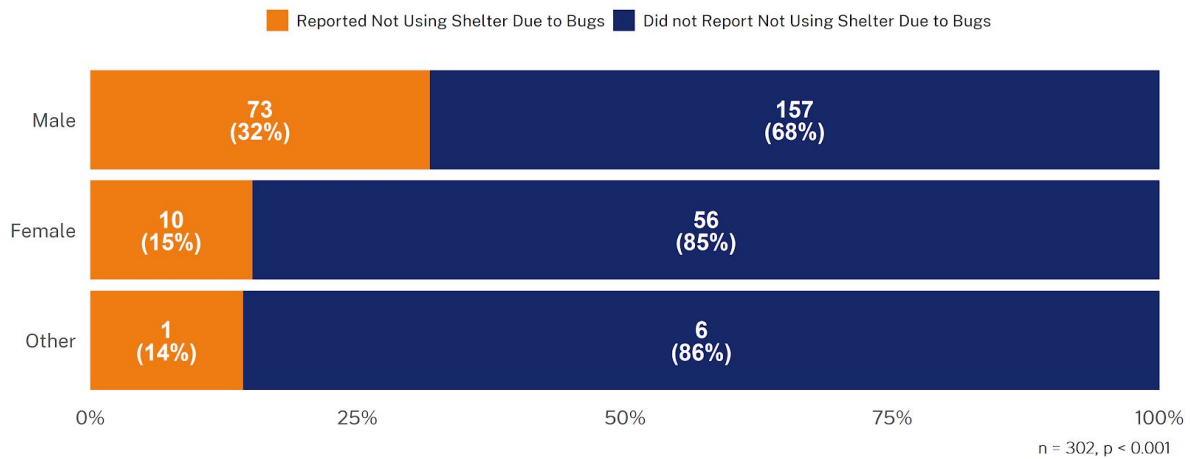
<sup>1</sup> See “Accommodations and Shelter Usage.” 2019 Point in Time Plus Survey Part One | Initial Findings.

those who claimed to not use shelter, white respondents were more likely to report that shelters had activity that they did not approve of than other races.

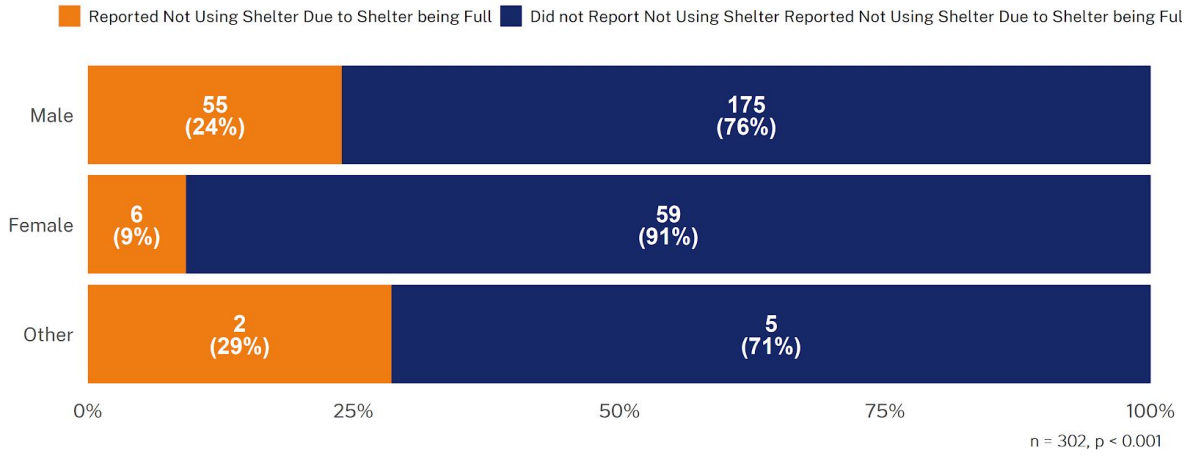
### Reported Not Using Shelter Due to Bugs by Age Group



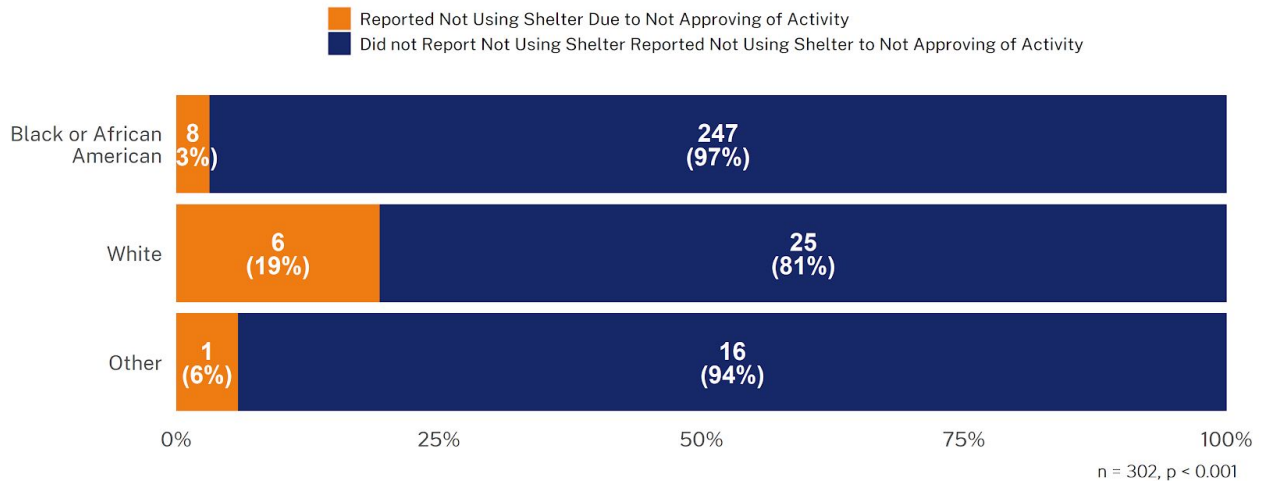
### Reported Not Using Shelter Due to Bugs by Gender



### Reported Not Using Shelter Due to Shelter being Full by Gender



### Not Approving of Activity in Shelter by Race

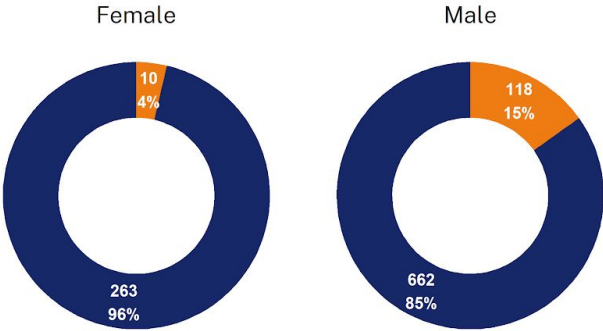


# Causes and Prevention

Homelessness across different groups may stem from disparate causes, often in combination with one another. Respondents were asked to identify what they believed to be causes of their homelessness. The initial findings demonstrates that factors related to employment were highly circumstantial in both first and current causes of homelessness. This section seeks to determine whether the causes of homelessness vary by other features.

There was large variation across demographic factors. Male respondents were more likely than female respondents to cite incarceration as the cause of their homelessness, while female respondents were more likely to cite domestic violence as the cause of their homelessness.

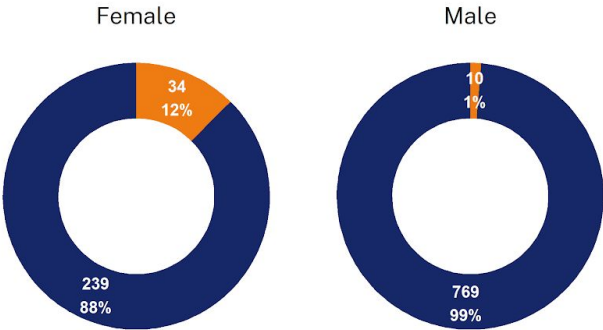
### Incarceration Cited as Cause of First Homeless Episode



■ Incarceration Caused First Episode of Homelessness  
■ Did not Report Incarceration Causing First Episode of Homelessness

n = 1,053, p < 0.001

### Domestic Violence Cited as Cause of First Homeless Episode

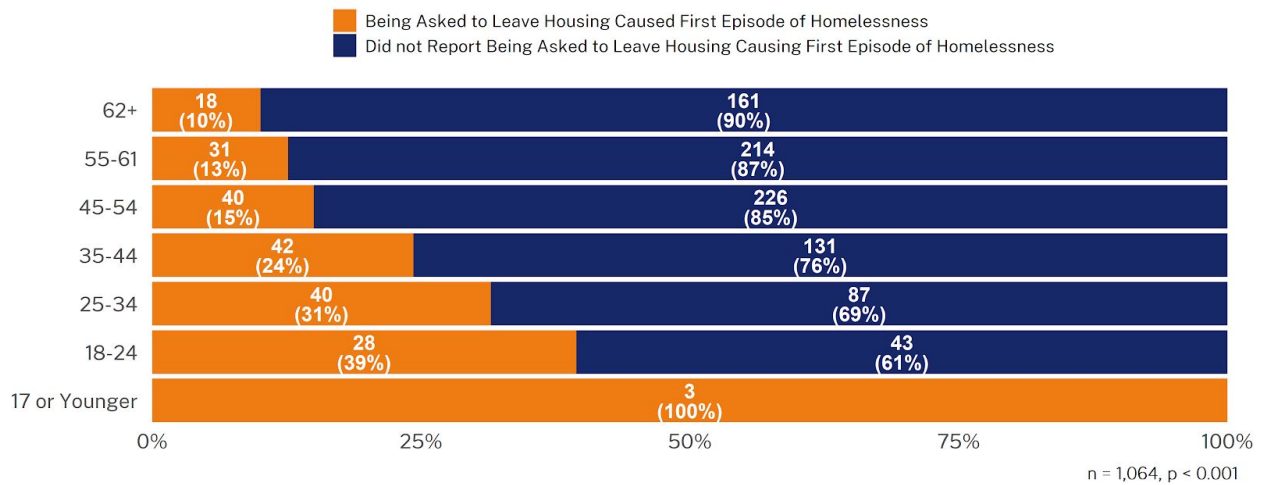


■ Domestic Violence Caused First Episode of Homelessness  
■ Did not Report DV Causing First Episode of Homelessness

n = 1,052, p < 0.001

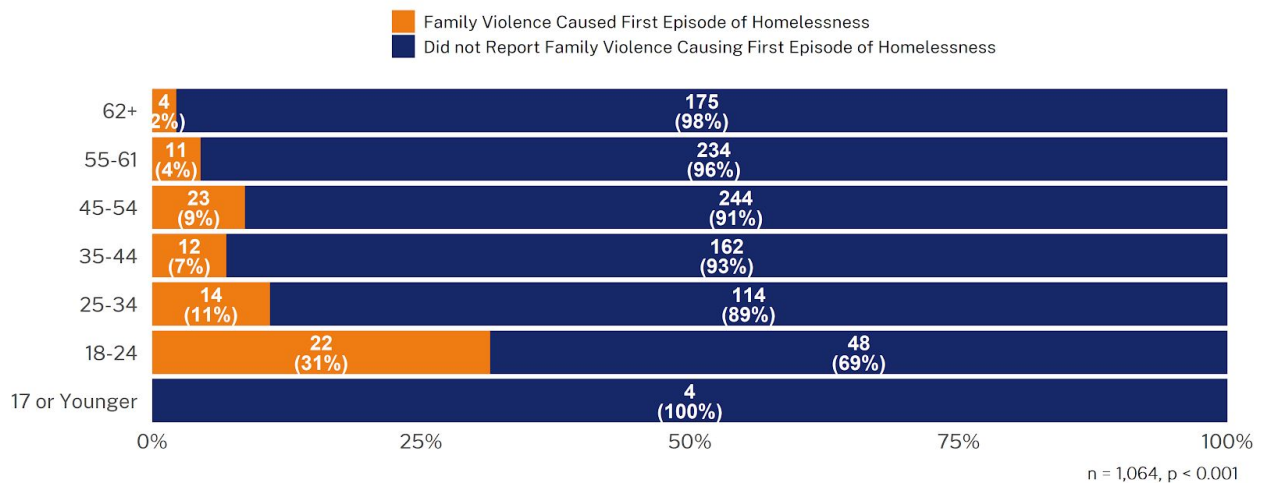
Across age groups, the respondents who experienced homelessness after being asked to leave their home tended to skew younger. Over 40% of respondents under the age of 25 experienced homelessness after being asked to leave their homes, while less than 15% of respondents over the age of 45 experienced homelessness for the same reason.

### Being Asked to Leave Housing Cited as Cause of First Homeless Episode



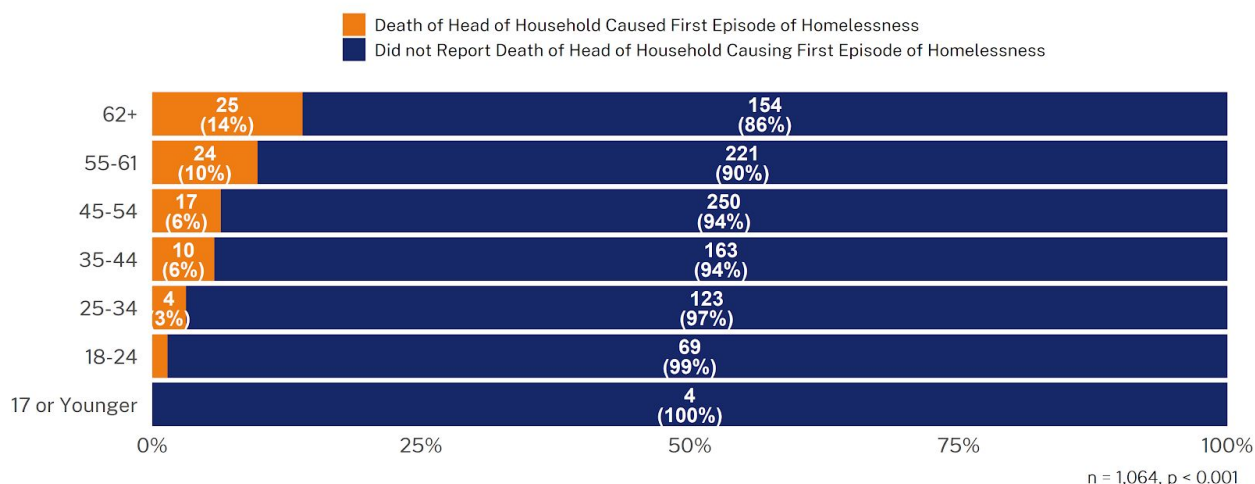
Experiencing homelessness as a result of fleeing family violence also disproportionately affected younger respondents.

### Family Violence Cited as Cause of First Homeless Episode



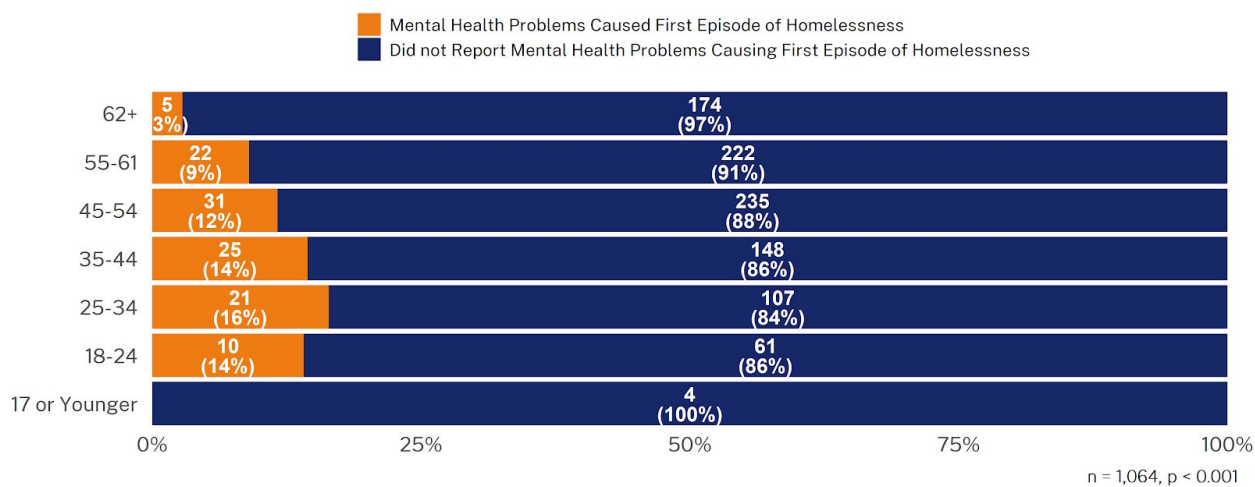
Conversely, the death of the head of household was cited as a more common cause of homelessness for older respondents.

### Death of Head of Household Cited as Cause of First Homeless Episode

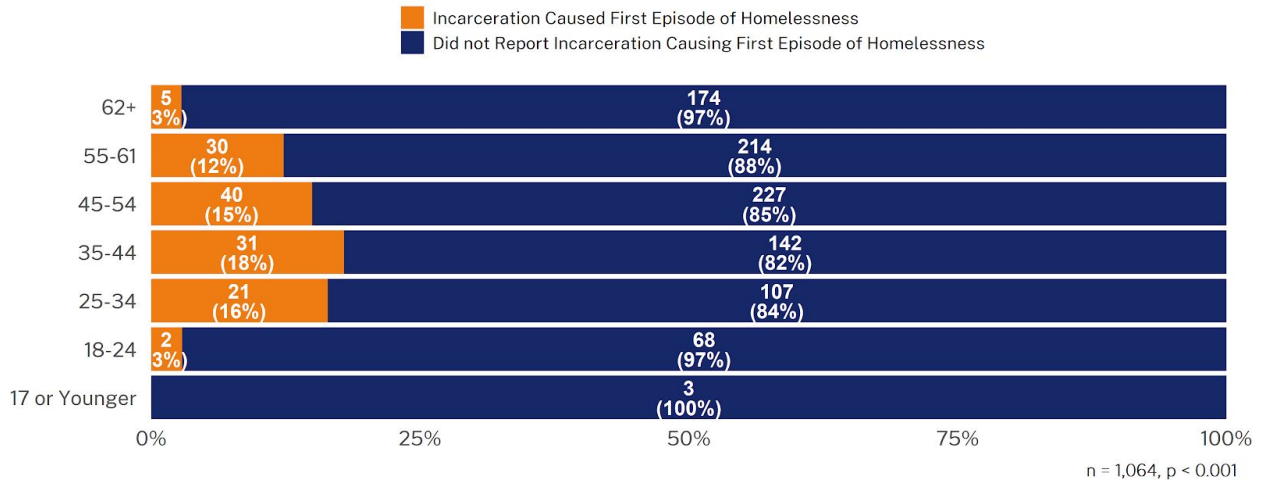


Respondents between the ages of 18-24 and 24-35 were most likely to attribute mental health problems causing their homelessness. Incarceration was also commonly cited as a cause of homelessness for these respondents. The co-occurrence between mental health problems and incarceration leading to homelessness is more pronounced among these age groups.

### Mental Health Problems Cited as Cause of First Homeless Episode

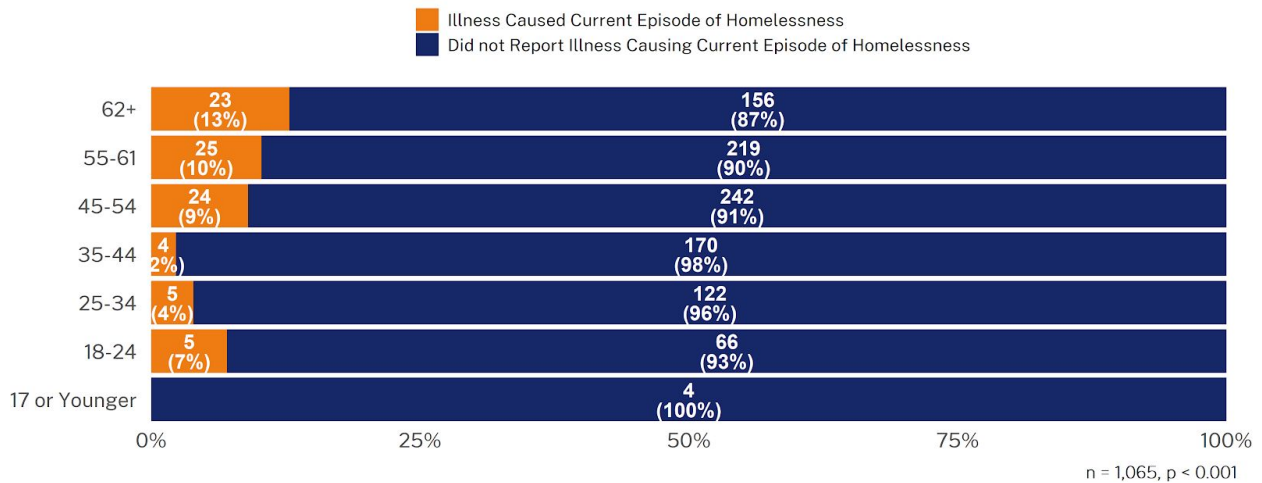


### Incarceration Cited as Cause of First Homeless Episode



Respondents at the extreme ends of these age groups were also more likely to cite illness as the cause of their current homeless episode.

### Illness Cited as Cause of Current Homeless Episode



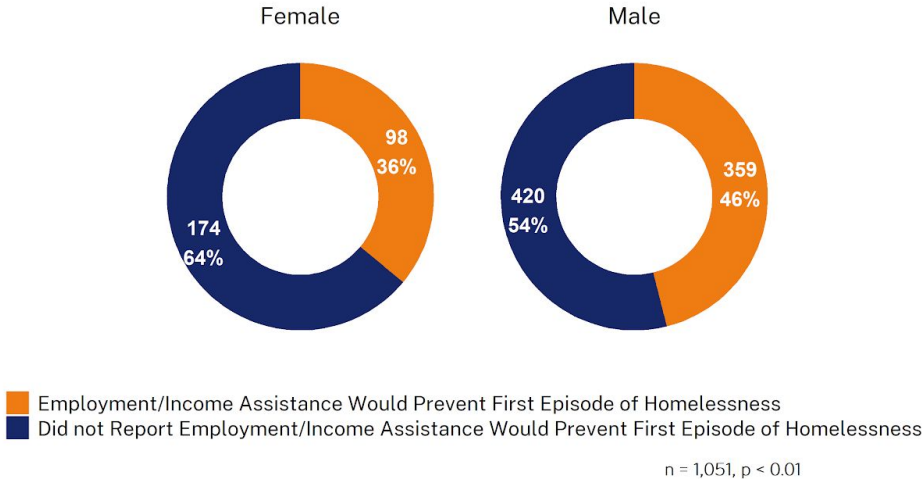




Respondents were also asked about what they believe might have prevented either their first or current episode of homelessness. While the interventions respondents identified would not necessarily point toward the most effective action, it is essential for identifying the perceptions of respondents.

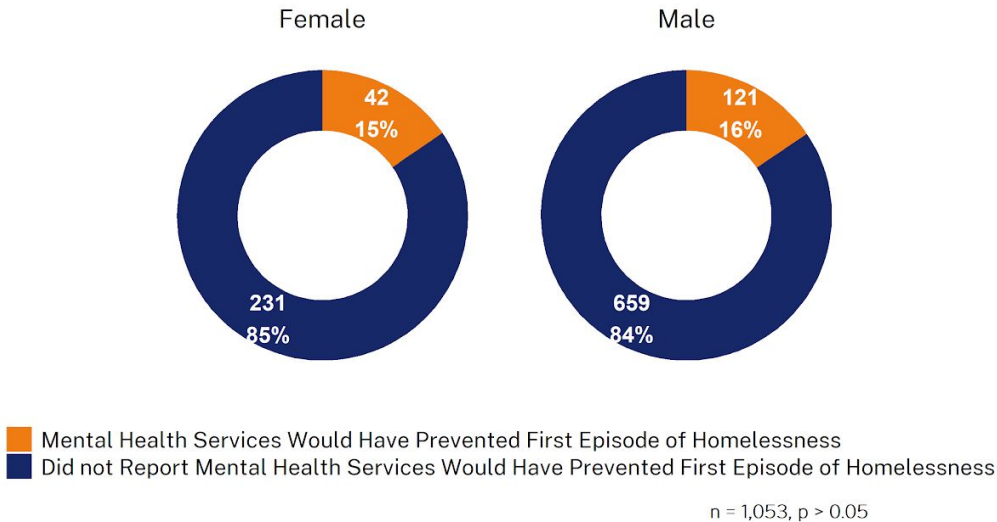
Respondents who identified themselves as male were more likely to believe that employment and income assistance would have prevented their homelessness than those who identified as female.

**Employment/Income Assistance Would Prevent First Homeless Episode**



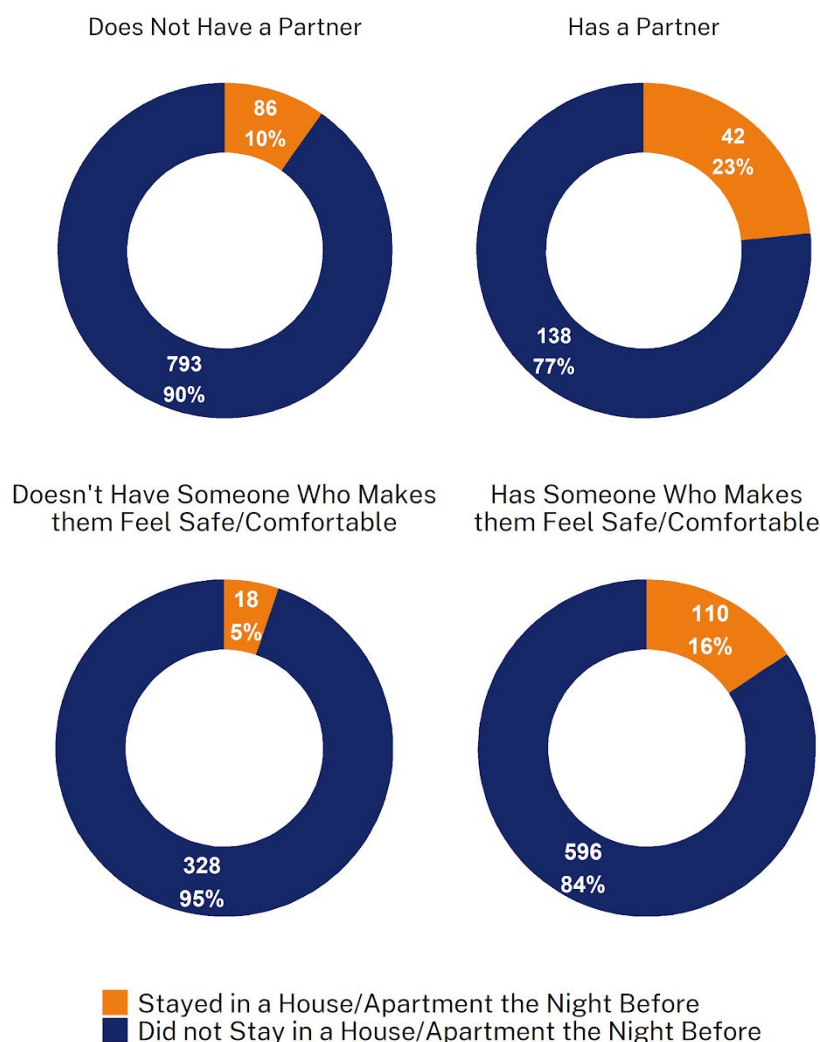
Male and female respondents were equally likely to respond that mental health services would have prevented their homelessness.

**Mental Health Services Would Prevent First Homeless Episode**



## Social Networks

Initial findings from the PIT Plus showed that while respondents did not necessarily have partners, the majority did have someone with whom they felt safe and comfortable.<sup>2</sup> There was a strong difference among the social networks for those that had a house or apartment they could stay the previous night. Respondents who reported having a partner or someone that makes them feel safe and comfortable were more likely to stay in a house or apartment the previous night.

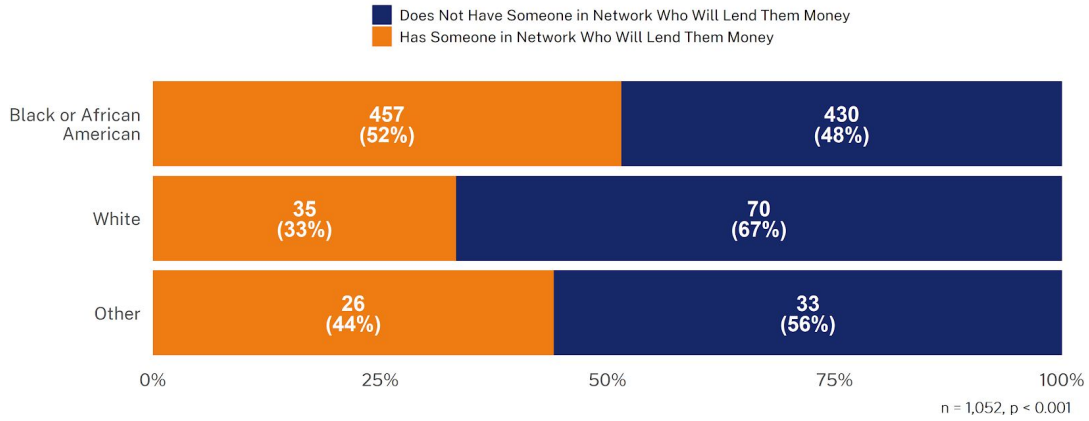


Race was a major differentiating factor in respondents' social network status. Respondents who answered positively when asked whether they had someone who would lend them money, help them if they fall ill, or bail them out of jail skewed more Black. On average, White respondents

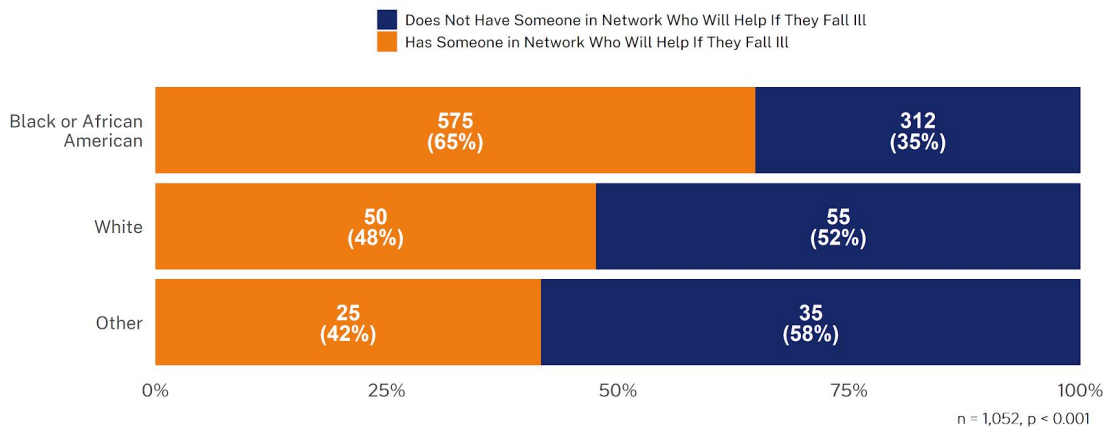
<sup>2</sup> See "Social Networks." 2019 Point in Time Plus Survey Part One | Initial Findings.

were fifteen percent (15%) less likely than Black respondents to report that they had someone in their network who would lend them money, help them if they fall ill, or bail them out of jail.

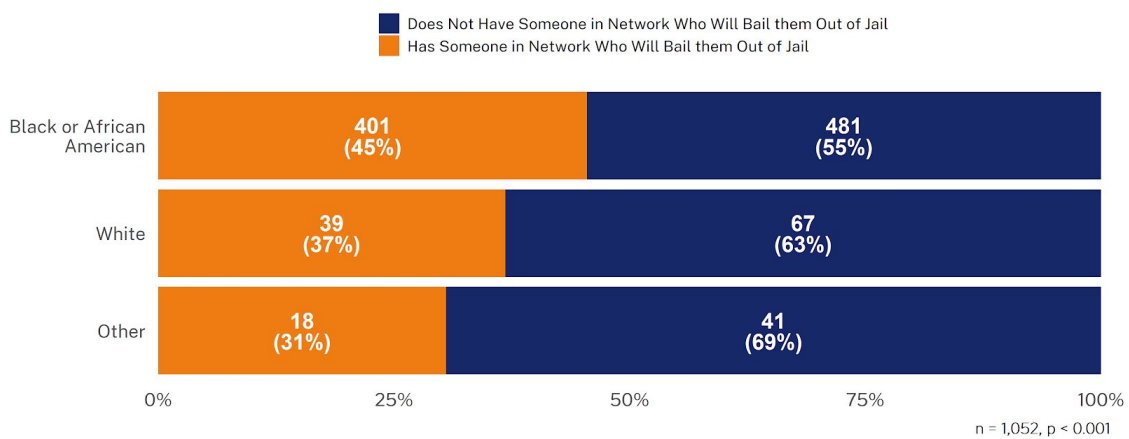
### Has Someone in Network Who Can Lend Money by Race



### Has Someone in Network Who Will Help If They Fall Ill by Race



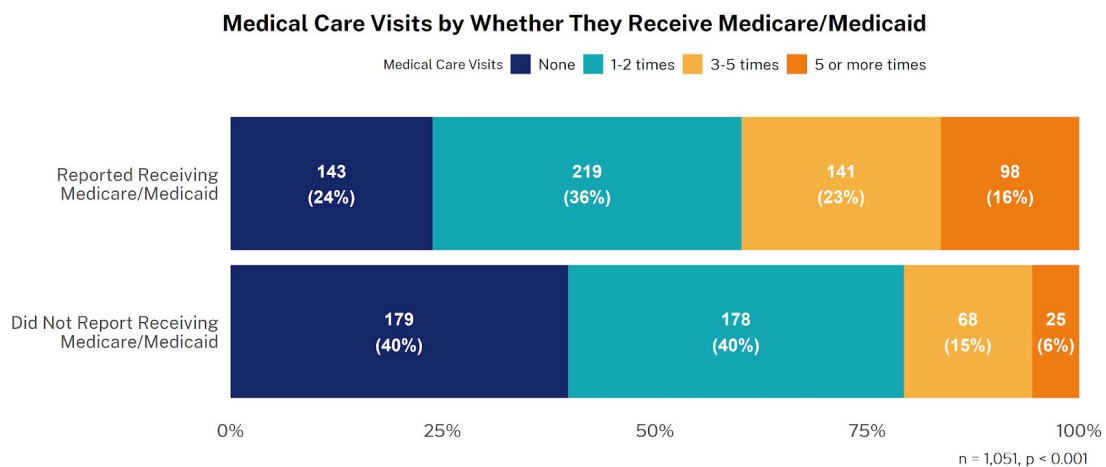
### Has Someone in Network Who Will Bail them Out of Jail by Race



## Health

The initial findings from the PIT Plus survey described respondents' reported health conditions, which medical care services they accessed, and how frequently they accessed medical services.<sup>3</sup> Overall, respondents cited mental health conditions most frequently. They were also more likely to go to primary care facilities and visit health care providers about one to two times in the last three months since the time of the survey.

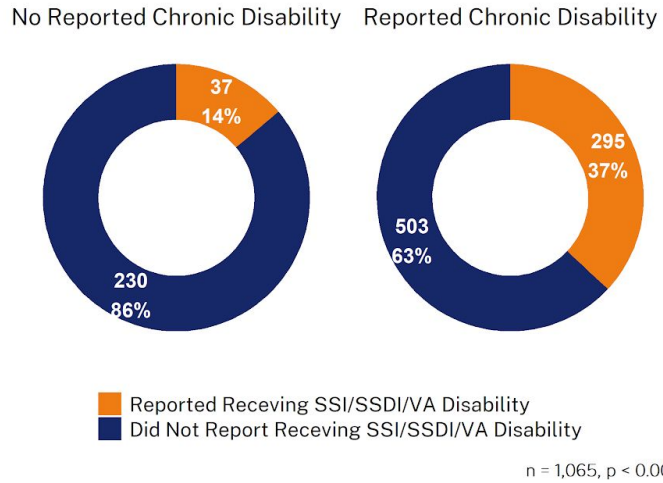
The PIT Plus survey asked respondents about whether they received Medicare, Medicaid, or other form of health insurance. Those that responded positively to receiving health insurance benefits also reported visiting medical care providers more often than those that did not.



Respondents were also asked whether they receive disability benefits such as SSI and SSDI. Those that reported having a chronic disability were more likely to report receiving SSI or SSDI.

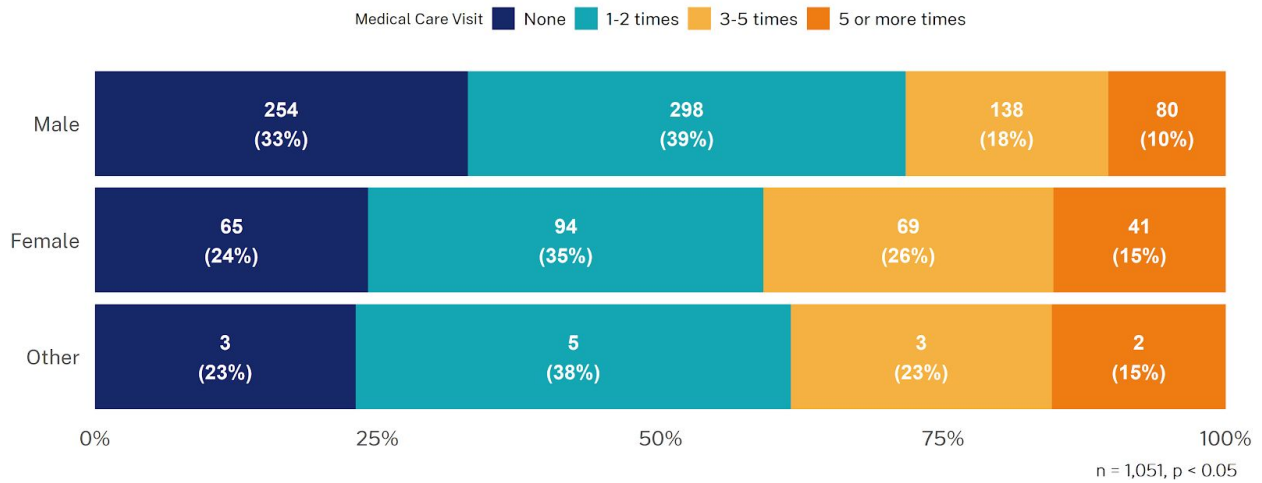
<sup>3</sup> See "Health." *2019 Point in Time Plus Survey Part One | Initial Findings*.

### Receive SSI/SSDI/VA Disability by Chronic Disability

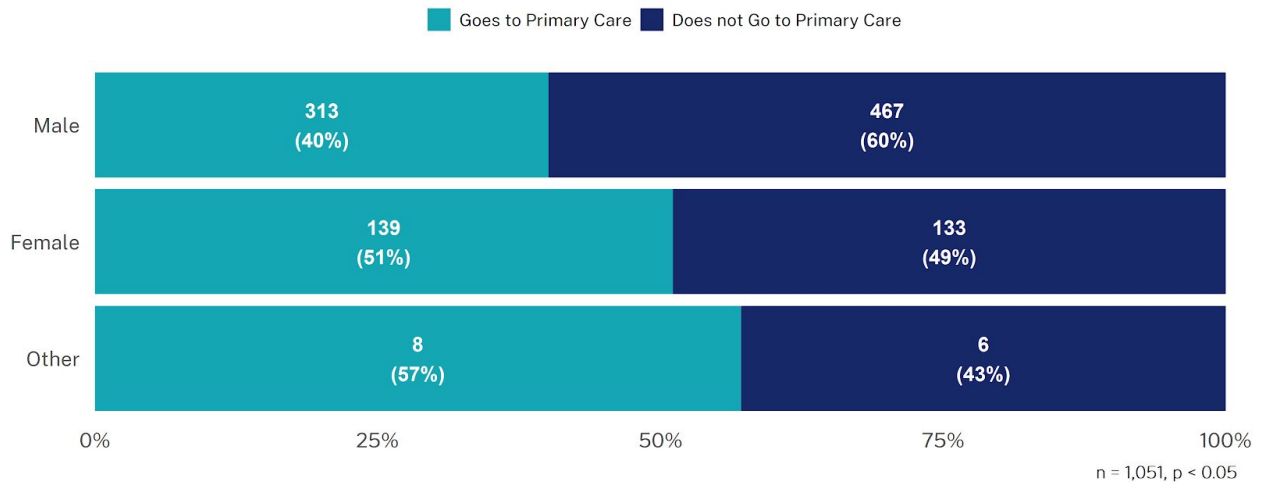


When examining the relationship between respondent demographic characteristics and medical care usage, gender stood out as having the greatest differential across these questions. For example, respondents who identified as female were more likely to visit medical care providers, and were more likely to access primary care than emergency room care when compared to males. Males were more than 1.5 times more likely to use the emergency room when seeking medical care than females.

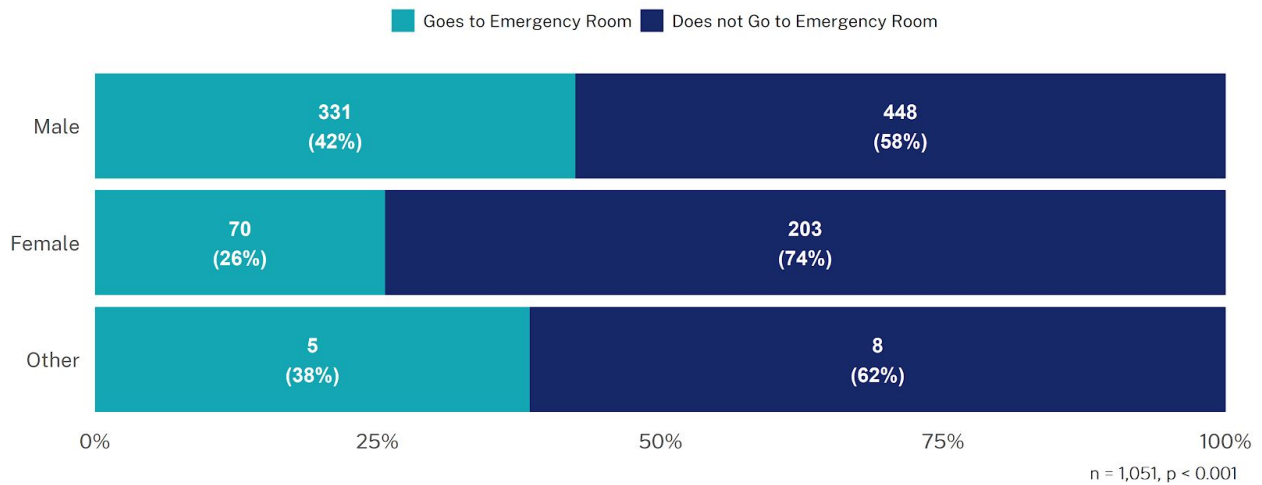
### Medical Care Visits by Gender



### Primary Care Use by Gender

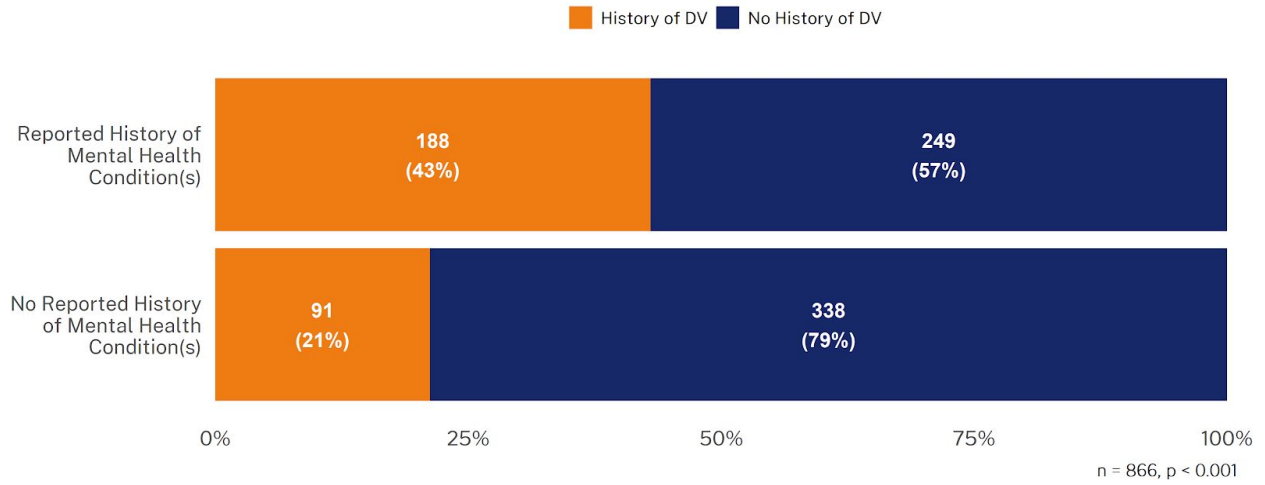


### Emergency Room Use by Gender

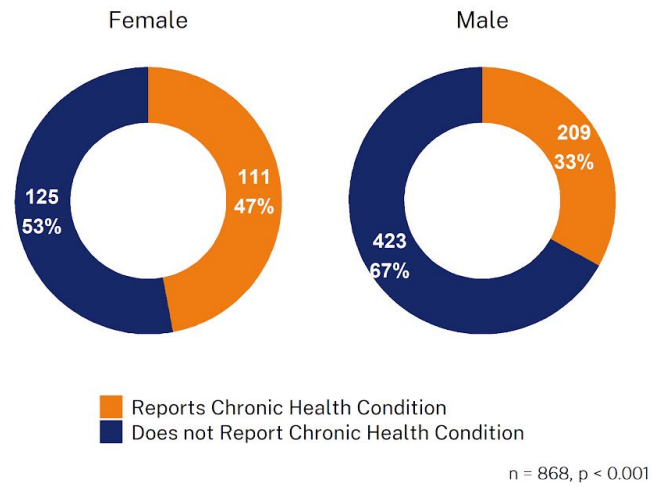


Furthermore, the nature of various health conditions and respondent characteristics show large differences. Respondents with a history of domestic violence victimization were more likely to have mental health conditions. Those who identified as female were also more likely to have reported a chronic health condition.

### Reported Mental Health Condition(s) and History of Domestic Violence

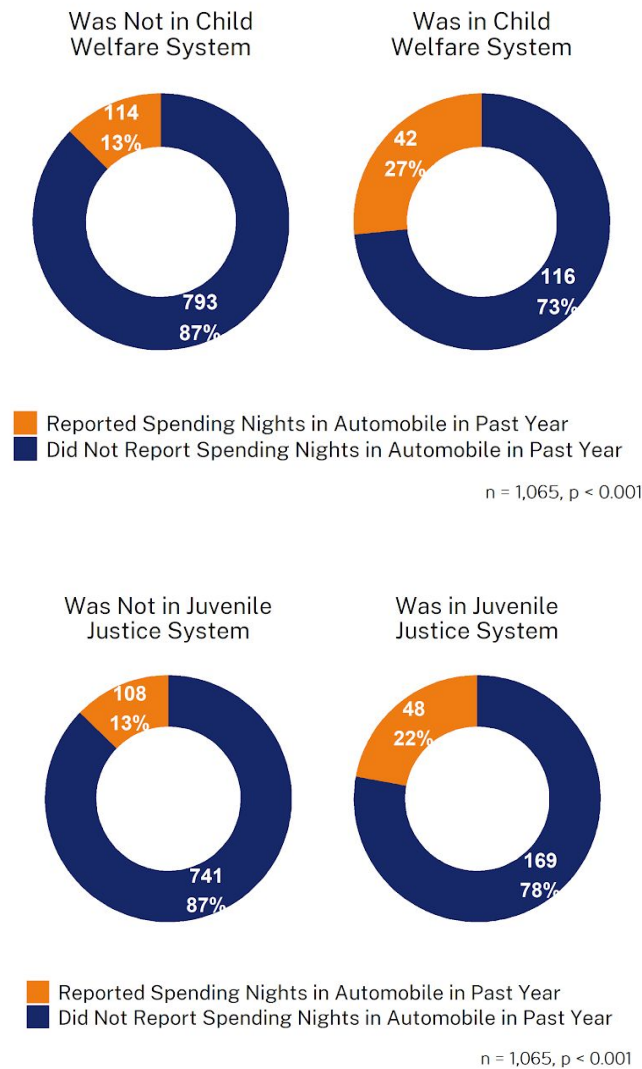


### Chronic Health Condition by Gender



## Systems Involvement

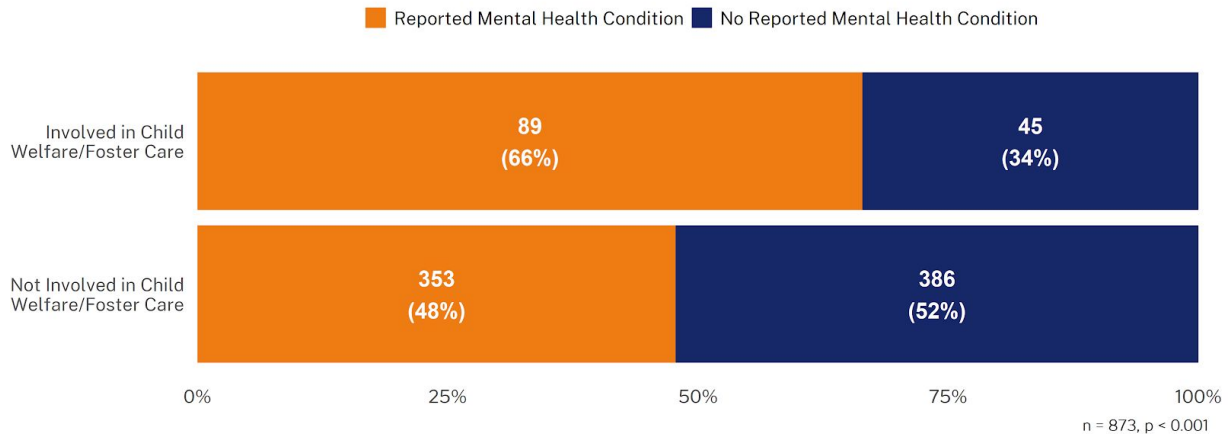
Respondents who reported that they had been involved in the child welfare or foster care system were more than twice as likely to report having slept in a van, car, or other automobile. A similar pattern emerges for respondents who were involved in the juvenile justice system.



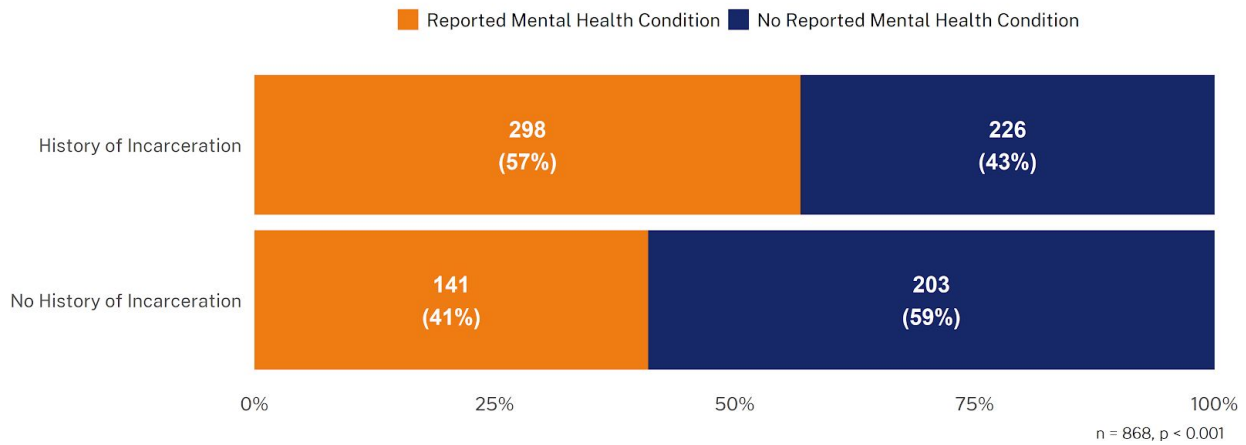
Furthermore, respondents who reported involvement in the child welfare system were more likely to have reported a mental health condition. Similarly, those who were previously incarcerated were also more likely to have reported a mental health condition. Those who had exited a rehabilitation or treatment facility were much more likely to report a mental health conditions than those that did not.



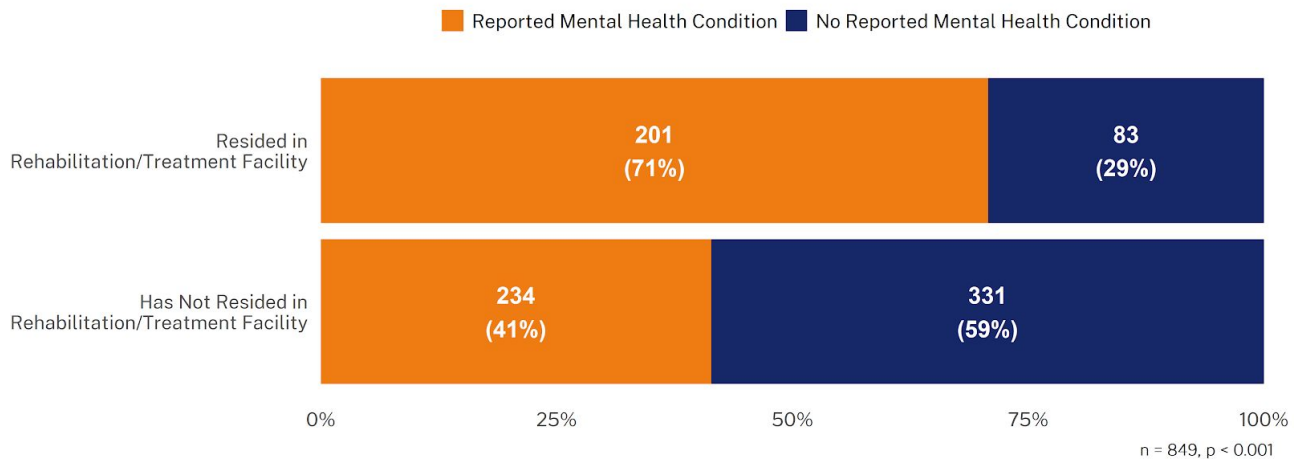
### Involvement in the Child Welfare System by Reported Mental Health Condition



### History of Incarceration by Reported Mental Health Condition



### Rehabilitation/Treatment by Reported Mental Health Condition



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## Methodology

### **When was it administered?**

The traditional PIT survey is limiting in that it must be conducted on a single night, with goal of counting every person experiencing homelessness. For PIT Plus, service providers and volunteers surveyed individuals over the course of 10 days -- January 22nd through 31st -- with the goal of surveying as many people with histories of homelessness as possible during that time period.

### **Who were surveyed?**

PIT Plus surveys were limited to single individuals because much of the information is collected in this survey for families is done so separately at a centralized family site at time of intake, but there are no similar mechanisms to get information for unaccompanied individuals.

### **Where was it administered?**

To ensure that there was adequate representation among unaccompanied people who are currently experiencing homelessness regardless of whether or not they regularly enter shelter, surveyors primarily targeted day or drop-in centers, meal programs, and libraries. However, outreach, shelter, and transitional housing programs also participated along with their typical PIT survey work.


### **How was it administered? What was supplied as compensation?**

Surveyors met one on one with participants completing the PIT Plus for about 25 minutes. However, due to the approach for PIT Plus where respondents give information in narrative format, the amount of history a person is willing to share impacted the time it took to complete the survey.

TCP supplied a \$25 gift card for each person who participated. TCP/DHS staff periodically was on hand wherever PIT Plus surveys were being conducted to answer questions or to be of help as necessary between the 10 days of administration.

Respondents were not required to complete all survey questions. Missing values are omitted from the analysis above. As such, the total number of respondents for each question will not always equal the total number of surveys conducted.

### **How was the survey weighted?**



The weighting method applied in this analysis is iterative proportional fitting, also known as *raking*. Survey raking is widely used to weight a sample according to characteristics of a known population.<sup>4</sup> The survey raking procedure assumes that the demographic characteristics of those that did not respond to the PIT Plus survey is the same as the PIT Count. Survey raking was implemented in R using the `rake` function from the `survey` R package.

Implementing survey raking in the PIT Plus sample involved iteratively adjusting the weights of the sample, using the distributions of the following variables from the PIT Count: gender, age group, race, and ethnicity. For example, the gender distribution of the PIT Plus Survey is 56% male and 39% female, while the PIT Count is 73% male and 26% female. The raking process involves weighting responses from males by a factor of 1.3 and responses from females by a factor of .66, so that the gender proportions of the PIT Plus match the PIT Count. Starting with these weights, they are then adjusted in the same manner so that the age groups of the PIT Plus match the PIT Count. If the adjustment for the age group pushes the gender distribution out of alignment, the weights are re-adjusted so that the distribution of males and females still matches those in the PIT Count. This process is repeated until the weighted distribution of all the weighting variables matches those of the PIT Count variables.

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<sup>4</sup> <https://www.abtassociates.com/raking-survey-data-aka-sample-balancing>