

**OC Partnership's Strategic Plan for
Families Residing in Motels to Attain Stable Living Conditions
Necessary for Children to Succeed in School**

Presented to:

The Children and Families Commission of Orange County

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Dedication

This report is dedicated to the individuals and families residing in motels throughout Anaheim. They graciously opened their doors and shared their stories to benefit this project. May the result of this plan benefit them in return.

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The Orange County Register for initiating public response to the motel issue through their 1998 article "Motel Children" and continuing to focus community attention on motel families and other homeless populations.

The readers of this plan who will be moved to implement the strategies contained within.

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I. Background

In 1998, following a widely publicized series of articles presented in the Orange County Register entitled “Motel Children,” the County of Orange Social Services Agency prepared the Motel Families Report. The scope of this report covered the causes of homelessness, how motel families are defined within the homeless population, the specific issues facing motel families, how various municipalities within the County address the issue of motel residency, public and non-profit organizations efforts to serve the motel population and the link between early childhood experiences and later life outcomes relevant to the experience of motel children. One recurring theme through the report was the lack of any formal tracking, reporting or follow-up available. There is currently no county or municipality that maintains a list of motels in the County serving as temporary shelters, that tracks the number of individuals or families living in a motel environment or how often these families access available services.

Since the publication of this report, the homeless population in Orange County has significantly increased. With a local history of at least two decades and seven years of in-depth investigation into the causes and effects of motel living on families and children, little has changed for the families caught in the motel cycle. In response to the 1998 articles the **Anaheim Collaboration to Assist Motel Families** was established. This group’s mission is to help meet the needs of families in Anaheim area motels by providing services and tools necessary for the families to achieve self-sufficiency. The collaboration is composed of representatives from the city, local school districts, and community and faith-based organizations who share resources in an effort to meet the needs of Anaheim motel residents and their children. This local group is unique in its widespread collaboration and sole focus on the needs of motel families. The model established by them must be replicated countywide to affect widespread change.

Based upon the Commission’s commitment to strengthen the planning and delivery of services to families living in motels, the Commission allocated funding for OC Partnership to facilitate the development of a comprehensive strategic plan for motel families. To develop the Plan, it was intended that OC Partnership would pull together those public and private agencies that are already serving and/or interacting with the homeless population residing in motels, many of which were identified in the initial Motel Families Report published in 1998. While the awareness of the issues faced by motel families has sharply increased in the past four years, there has yet to be a comprehensive, countywide strategy developed to combat the negative effects brought upon the children who continue to be raised in a motel community. This document represents the work of OC Partnership in developing such a strategic plan, with an initial focus on the City of Anaheim, the City with the largest concentration of motels serving as temporary homeless shelters. Future plans might include building upon the Anaheim strategic plan to develop innovative strategies for serving motel families regionwide.

OC Partnership’s Mission and Goal

OC Partnership’s mission is to serve as an advocate and a catalyst in promoting, creating, building, supporting and sustaining viable solutions to poverty, homelessness, healthcare, hunger

and the lack of affordable housing in Orange County. We accomplish this by serving as a liaison between shelter, housing and supportive service providers, local, state and federal government agencies and other private and public funding sources through community partnering and collaborative building. OC Partnership provides technical assistance to agencies that serve Orange County's homeless and at-risk populations in the areas of strategic planning, resource development, advocacy, capacity building, leadership, fund development and education.

Review of Available Literature and Efforts Related to Use of Residential Motels

Orange County Literature Review

Homelessness is an often misunderstood phenomenon that arouses fear, anger, sympathy and puzzlement among city residents. Policy makers face hard choices when attempting to alleviate its effects. Tolerate it or provide comfort and, it is believed, the result will not only encourage the homeless to stay, but will draw others to the city's doorstep. Deal harshly with the homeless and risk the wrath of residents who want to be seen as benevolent.

It is likely that, to some degree, the mixed reactions to homelessness and homeless people are themselves a reflection of the mixture of problems and causes that lead to homelessness in the first place. The stereotypes project an image of mental illness and substance abuse, yet advocates and service providers who are in contact with the homeless know there are more pathways to homelessness than just those two. The need to define the homeless population and come to understand those aspects of being homeless that can be addressed by policy and planning are items that have remained high on the community agenda.

One group of homeless persons in Orange County has attracted much attention in recent years, not only because of their homeless condition but because their only respite from homelessness is residence in the large array of motels that dot the map in the resort city of Anaheim. While providers working with the homeless have been aware of the role residential motels play in the low-income housing continuum, the general public in Orange County was largely unaware of this subculture until 1998, when the Orange County Register published a series of articles titled simply "Motel Children." The articles focused on the stark living conditions endured by children and their families in two Orange County residential motels. The stories were told by the children themselves; stories of overcrowding, hunger, emotional pain, physical danger and never-ending anxiety about the future. Community response to the plight of these children and their families was overwhelming; eliciting a significant increase in compassion and concern for the welfare of the children trapped in motels. Donations of food, clothing, supplies, toys and actual cash arrived in large quantities, all addressed to the needs of "motel children".

The Orange County Board of Supervisors also took note of the Register's groundbreaking series, calling for an assessment of the families living in County motels and an accounting of County services available to provide assistance. In response, the "Motel Families Report" was produced in October, 1998 by the County of Orange Social Services Agency, in conjunction with the

Health Care and Community Services Agencies, the Housing and Community Development Department, city governments, and members of the non-profit and faith-based communities.

The scope of the “Motel Families Report” covered the causes of homelessness in general, and how motel families were defined within this homeless population. The report described the “County’s well-populated circuit of residential motels which serve as one of many alternative forms of shelter and have operated as such for over two decades.” The report then identified County services available to low-income and homeless populations, and cited few examples of services designed explicitly for motel families. Finally, the report concluded with a discussion of early childhood experiences and their impact on later life outcomes, with an emphasis on the positive impact that prevention and early intervention programs can have in reducing negative outcomes such as violence and delinquency.

The following statements concluded the “Motel Families Report”:

“Based on the input given by a number of community-based and faith-based organizations, county and city governments, shelter providers, professionals working in the community, and motel families, the issues facing this population besides a dearth of affordable low cost housing, include: domestic violence, substance abuse, hunger, physical and mental health issues, child neglect and abuse, unemployment, and social alienation.”

“While there are a variety of services available to support these families, there are some barriers that limit a provider’s ability to offer services as well as impede a potential client’s ability to access them. This population is transient and its needs are diverse. Issues such as lack of awareness and motivation, and fear on the part of the families to use services limit the effectiveness of the interventions. Often times the only way the families hear of available services is through a friend, and the only way they may access the services is if the organization comes to their motel since many families lack transportation.”

“The children living in motels are exposed to numerous childhood risk factors which are detrimental to their health and future development. There is adequate evidence that supports the link between early childhood development and later life outcomes. There is equally convincing evidence that early intervention and prevention programs may buffer the long-term negative impacts of many of these risk factors.”

“There is no one entity that can resolve the problems these families have. However, if their issues are going to be successfully addressed, the Orange County community will need to build on already existing strategies and initiate the development of others. Efforts to pool resources and coordinate service delivery must be collectively approached to provide effective outreach that will help maintain families and ensure the future health and development of our County’s children.”

In July of 2003, five years after the Orange Register’s “Motel Children” article and the Social Service Agency’s “Motel Families Report”, Community Action Partnership released the “Santa

Ana Motel Families Survey Report.” The City of Santa Ana approached Community Action Partnership to conduct a needs assessment and develop a strategy to address the needs of motel families associated with Santa Ana’s Motel Ordinance. Among other things, the ordinance sought to limit the number of days long-term residents can reside in the motel. The Santa Ana City Council adopted Ordinance No. NS—2471 that:

- Creates definitions for long-term stay business hotels and motels.
- Establishes design and development standards for conversion to transient/residential hotels and motels.
- Requires existing transient/residential hotels and motels to obtain compliance within 3 years.

Working with interns from the University of California, Irvine (UCI) Community Action Partnership created three survey instruments and administered the surveys to hotel/motel owners and managers (13), motel residents (316), and community-based organizations (50). Survey responses addressed:

- effects and reactions to the ordinance
- living accommodations
- family make-up
- employment status
- income sources
- any types of barriers that would not allow owners to comply to the ordinance
- resource availability to achieving less precarious housing.

While the purpose of the “Santa Ana Motel Families Survey Report” differs from that of the “Strategic Plan for Families Residing in Motels to Attain Stable Living Conditions Necessary for Children to Succeed in School”, both documents contain many of the same demographic questions on motel families and individuals. Several trends can be determined by comparing the answers to shared questions between the two documents. Questions that have data from both Community Action Partnership’s Santa Ana motel surveys and OC Partnership’s Anaheim motel surveys will be notated and Santa Ana’s findings presented within each appropriate section.

The City of Anaheim has also experimented with ordinances designed to limit the number of days residents can reside in a motel. The history of the “30-day rule” dates back to early 2001, when several motel owners joined forces to withhold their bed tax monies, thus leading to a lawsuit with the city of Anaheim regarding their status as “residential motels” versus a vacation/travel motel where occupants stay 7 days or less and check out. It was the perception of these same motel owners that they were targeted by code enforcement, police department officers, and a neighborhood group called West Anaheim Neighborhood Development Council, who, the motel owners stated, wanted some motels in the area of Beach Boulevard and Lincoln Avenue closed down due to housing occupants longer than the normal 7-day occupancy.

Many of the motel owners created an organization called West Anaheim Motel Owners Association to combat the perceived harassment and the lawsuit. They lost the “bed tax”

exemption in court and had to pay the past due bed taxes, as well as the legal fees associated with fighting the City of Anaheim.

Further, during this period of time, with a vote of 3 Yes and 2 No, Ordinance No. 5755 was passed and went into effect on March 6, 2001, which redefined the terms “motel” and “hotel” from one paragraph each to 4 pages of language that seemed to imply long-term hotel/motel residents cause crime, health and safety problems, and contribute “to the blighted neighborhood conditions.”

Two Council Members voted against the ordinance, arguing it treated people who could not afford an apartment different from those that could. (City of Anaheim City Council Minutes, Page 6, February 6, 2001).

The 30-day/one day “lock-out” was actually rescinded by the City of Anaheim Council on *March 25, 2003 by Resolution No. 2003R-61*. In fact, according to this ordinance, the lock-out or limitation of stay beyond thirty days was targeted towards only three motels:

Executive Suites Motel, 1800 W. Lincoln Avenue – 52-units
Best Budget Motel, 420 S. Beach Boulevard – 45 units
Covered Wagon Motel, 823 S. Beach Boulevard – 70 units

In actuality, the rule was imposed by motel owners at many motels throughout Anaheim.

The definition of motels and hotels set forth in Ordinance 5755 was repealed when the new ordinance 5920 was adopted and it is now under the zoning code Section 18.92.110. It is once again a one paragraph definition. However, survey findings indicate that, despite rescinding this rule in 2003, 37% of residents surveyed still suffer the impact of the 30-day rule, resulting in unnecessary and costly moves, either into “lock-out” rooms designed to circumvent the rule, or out of the motel altogether. In the words of one 25 year veteran manager, *“it is better to be safe than sorry since we answer to both our property owners as well as the City of Anaheim Code Enforcement department. We cannot afford NOT to enforce it even though we lose our best residents after two or three times and we put people in cars or on the street for a night.”*

Because both of these former ordinances are still alive in the field and their history does impact the lives of current motel residents and the motel owners and managers, it could be beneficial to the motel family issue if future strategic planning and implementation include representative voices from the motel owners/managers as well as City Council members and city staff. This recommendation is also included in Community Action Partnership’s “Santa Ana Motel Families Survey Report”.

National Literature Review

OC Partnership staff and volunteers attempted to find literature, studies, and/or existing surveys regarding the use of motels by individuals or families in need of shelter. The following organizations were contacted in 2004:

- National Alliance to End Homelessness
- National Coalition for the Homeless
- National Center for Homeless Education
- National Health Care for the Homeless Council

Each agency was asked if they had any publications specifically addressing the use of motels as shelter. None of the agencies were aware of any such publications. When asked about data on motel use, the only information agencies were able to cite was the frequent mention of motel voucher programs in program literature. No specific numbers regarding motel voucher use was available.

While the literature search of formal studies proved fruitless, newspapers nationwide are reporting on the plight of children and families stuck in the motel cycle. For example, in a 1998 Orange County Register article local reporters attempt to educate their communities about the reality faced by motel residents and the barriers that keep them from attaining permanent housing stability. From rural communities in Wisconsin to large urban areas like Washington, D.C. and Northern Virginia, motels serve as the only home some children have ever known. The zip codes may be different but the stories are the same. Augusta, Maine and Seattle, Washington residents stay in motels as a last refuge from freezing winter temperatures. A mother of five living in a New Jersey motel sums up her situation: “It’s like a pit you can’t take yourself out of.” A man living with his wife and two children in the same motel states “It’s kind of like class racism;” explaining that the established socioeconomic system discriminates against lower classes by making it difficult for them to get back on their feet after falling on hard times. “If your credit history can go against you for your rent, then your rent history should go toward your credit,” a frustration voiced by many long-term residents of motels who may pay in full and on-time every week and never receive the benefit of these timely payments repairing damaged credit. And for those who work, they often “...make too much to get into low-income housing, but too little to get into these \$200,000 homes.”

Synopsis of Literature Review and Identification of Best Practices

Reversing the process of episodic homelessness as evidenced amongst motel families requires a plan that is based on best practices involving prevention based, outcome-driven solutions. These solutions are created through planning processes that focus on an integrated system that offers supportive services and assists families with getting them back into permanent housing as quickly as possible.

Components of such a plan include:

- Housing services
- Resolving barriers such as poor tenant history, poor credit history, etc.
- Case management Services
- Follow-up to avert future crisis

The National Alliance to End Homelessness has identified Best Practices which are based on 10 Essential Goals¹ for an effective permanent solution to prevent and end homelessness. A solution which addresses the 10 Essential Goals includes:

- A PLAN - Develop a set of strategies focused on ending homelessness. To be successful, a wide range of players (government programs, elected officials, homeless service providers, etc.) must make funding and implementation commitments to these strategies.
- DATA - Implement a communitywide homelessness management information system that can be analyzed to assess how long people are homeless, what their needs are, what the causes of homelessness are, how people interact with mainstream systems of care, the effectiveness of interventions, and the number of homeless people.
- EMERGENCY PREVENTION - Establish an emergency homelessness prevention program that includes rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and homelessness.
- SYSTEMS PREVENTION - Integrate procedures that allow mainstream programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people to consistently assess and respond to their housing needs.
- OUTREACH - Implement an outreach and engagement system designed to reduce barriers and encourage homeless people so that they enter appropriate housing (including safe havens) linked with appropriate services.
- SHORTEN HOMELESSNESS - Work within the shelter and transitional housing system to minimize the length of time people remain homeless, and the number of times they become homeless. The establishment of outcome measures is key to this effort.

¹ <http://www.endhomelessness.org/best/index.htm>

- **RAPID RE-HOUSING** - Implement a skilled housing search and housing placement services process aimed at rapidly re-housing all people who have lost their housing or who are homeless and want permanent housing.
- **SERVICES** - Ensure that when families are re-housed, they have rapid access to funded services, and that mainstream programs provide the bulk of these services.
- **PERMANENT HOUSING** - Make sure that there is a sufficient supply of permanent supportive housing available to meet the needs of all chronically homeless people.
- **INCOME** - When it is necessary in order to obtain housing, assist the homeless to secure enough income to afford rent by rapidly linking them with employment and/or benefits. This will also connect them to opportunities for increasing their incomes after housing placement, opportunities provided primarily by mainstream programs.

Local Efforts at Implementation of Best Practices

There are many examples within Orange County's Continuum of Care (CoC) that serve as a model of the implementation of best practices within our local community.

A system has been put in place which partners public and private entities in the development and implementation of a coordinated system of care to address the needs of the homeless and at-risk populations in our county. At the macro level, leadership and coordination of Orange County's CoC planning process has been the shared responsibility of the Orange County Housing and Community Services Department, Info Link Orange County, and OC Partnership. This public/nonprofit partnership helps ensure comprehensive, regional coordination of efforts and resources to reduce the number of homeless and persons at risk of homelessness throughout Orange County. Each partner has a unique role in the regional CoC planning process; however, the collective role of the three is to act as the regional convener of the year-round CoC planning process and to act as a catalyst for the involvement of the public and private agencies that make up the regional homeless system of care.

Orange County's CoC planning process is a year round activity and includes community wide input from housing advocates, shelter and supportive service providers, local and national government representatives and other agencies, individuals and groups that wish to participate in efforts to eliminate homelessness in Orange County. The planning process includes the identification of gaps and priority needs of the CoC, and an examination of new strategies to strengthen the current system. The input received during the community-wide planning process

is supplemented with data from the CoC Needs Assessment Survey and Point-In-Time homeless enumeration efforts. Our Continuum continues to collect and analyze data regarding the number of homeless in Orange County and the resources available to serve this population. Orange County has recently implemented the 211-telephone referral system and is in the process of implementing a countywide Homeless Management Information System that will facilitate the collection of a full array of measurements that allow for quantitative facts surrounding homelessness.

Several fundamental service focal areas are currently in place within Orange County's CoC system to address the needs of the homeless. Various agencies within the Continuum provide services in the areas of housing, prevention, outreach and supportive services. While the specific details of these programs may vary to adapt to with the population served, there are commonalities that can be drawn from these successful programs.

An example of one successful model used in our community employs the use of a staged approach to assisting families in achieving self sufficiency. Rather than be faced with a life of instability and hopelessness, families enrolled in these programs can look forward to a stable, strong environment and a hopeful future. A staged approach may include the components of homeless prevention and emergency assistance, stabilization and transition with the ultimate goal of bringing integrated, family-supported and culturally compatible services to individuals and families seeking external intervention.

Stage One – Homeless Prevention and Emergency Assistance

The initial goal in Stage One is to prevent homelessness by stabilizing individuals and families and providing emergency assistance during episodic periods of crisis. Efforts at this stage focus on dealing with the immediate needs faced by the homeless such as physical and mental health issues, childcare, transportation, and employment. Case management at this stage might include access to additional resources, referrals and support to ensure the client's first steps on the path to self sufficiency. Client follow up is a key component in assisting the client to reach stability.

Stage Two – Homeless Stabilization and Self-Sufficiency Assistance

The focus in the second stage is on providing self-sufficiency related services that enable homeless individuals and families to take the first step into transitioning from homelessness to stable permanent housing. Beyond those immediate needs addressed in Stage One, many families have untreated, non life threatening medical conditions, damaged credit, little or no vocational and computer skills, and insurmountable debt among other issues. Typically, case management becomes more intense at this point and the Case Manager works with the client to establish objectives and a work plan of action. The goal is to assist clients in developing long term solutions to the issues that led to homelessness.

Stage Three – Transition to Permanent Housing Assistance

The final stage aims to continue the efforts that have been put in place to stabilize the family with the ultimate goal of a transition into safe and permanent housing. The expectation is that over time, the clients have improved their life skills, successfully distanced themselves from impediments such as bad credit, substance abuse, inadequate job skills, established a pattern saving and self empowerment that will facilitate a successful transition is an end to homelessness

for the family served. As family self sufficiency increases, the intensity of case management decreases.

A synopsis of the types of supportive services provided to homeless families in Orange County includes:

- Food services
- Permanent housing acquisition assistance
- Childcare and school-readiness assistance
- Family counseling
- Parenting classes
- Addiction treatment and support
- Access to low and no cost health insurance
- Educational and job training assistance
- Legal and mediation services
- Health care and dental services
- Assistance with transportation issues
- School aged educational support
- Youth social and recreational outlets
- Credit and budget counseling
- Linkage to other information and referral resources

Systemic issues that create barriers to resolving episodic homelessness amongst motel families can be resolved by implementing programs, such as those outlined above, that integrate facets of Best Practices with prevention-based, outcome-driven results.

The State of Motel Families Living in Orange County

With a local history of at least two decades and seven years of in-depth investigation into the causes and effects of motel living on families and children, little has changed for the families caught in the motel cycle. While a network of supportive services has been established within the Orange County Continuum of Care for those utilizing our county's Emergency and Transitional programs, motel residents often fall silently outside of the support network. This in some degree is attributed to the incongruence in the generally accepted definitions of "homeless" as certain funding sources decline to include motel residents as truly homeless and therefore disqualify them from program participation.

Additionally, people residing in motels have been identified as primarily working men and women, many with children, who for a variety of reasons find themselves living semi-permanently in the hotel/motel environment. Their demographics, employment status and family dynamics fall somewhat outside of the auspices of the usual homeless support mechanisms. As a result, notable gaps exist between the needs of the motel residents and available services. This is of particular concern because of the children caught in the cycle and the effect this residential arrangement is having on their future. The impact of motel life on the children residing therein is the focus of this strategic plan.

Existing Providers and Services to Motel Families

The **Anaheim Collaboration to Assist Motel Families** was specifically established to meet the needs of families living in Anaheim motels. Formed in 1998, this group has successfully built a network of government, school districts, faith-based organizations, housing organizations, and community based organizations who provide Anaheim motel residents and their children with services such as tutoring, transportation, medical care, counseling, food, clothing, referrals, job/skills training, parenting classes, recreational activities and permanent housing assistance, among others. Refer to Appendix D for a full list of motels served by the efforts of the Collaborative.

II. Survey of Families Living in Anaheim Motels

Survey Methodology and Key Findings

In order to inform the development of the "Strategic Plan for Families Residing in Motels To Attain Stable Living Conditions Necessary for Children to Succeed in School" to address homelessness among Anaheim's motel families, OC Partnership, with funding from the Commission, contracted with Research Support Services to develop a scientific survey of families and individuals currently using motels as a semi-permanent shelter.

With the assistance of the Anaheim Boys and Girls Club, the Anaheim Collaborative to Assist Motel Families, and partner homeless service providers, a list of 40 motel sites were identified, a survey developed, and volunteers recruited to interview motel families in the City of Anaheim in the spring of 2004. A team of 26 volunteers spent 360 hours targeting over 1000 motel rooms in

Anaheim motels. The full report, including the survey method details, sample size determination and in-depth survey findings, is presented in Appendix B.

The survey was designed to gain a better understanding of the experiences of motel families in the following seven categories:

- Demographics and Other Background Information
- History and Experience
- Children and School
- Employment and Income
- Education, Criminal Background and Substance Abuse
- Health Care
- Service Gaps

Summary findings from the report related to adults, children and families include:

- 3 persons to a surveyed room, usually consisting of one family or single person (7% were occupied by more than one family).
- 35% of individuals were children (126 school aged; 48 under five).
- Most adults were between 19 and 49 years old.
- Parents, children and extended family members occupied more than 50% of rooms.
- Over 50% of families identified themselves as white, non-Hispanic.
- The majority of families speak and read English well.
- The majority of families lived in Orange County before becoming homeless.
- The majority of families had been living in a motel for approximately 30 months.
- Financial loss was the single most frequently given reason for becoming homeless.
- The inability to accumulate the deposit on a rental unit was the most frequent reason given for remaining homeless.
- Families (including single individuals) averaged over three moves per year.
- Three most frequently mentioned reasons for moving were to obtain more services in a larger, less expensive room; because of “lockout” rules; or to find a safer environment, free of violence and vice.
- 30% of families had stayed in an emergency shelter.
- 11% of families had been in a transitional housing program.
- Of families who had graduated from transitional housing programs, most reported that they had moved into a motel upon graduation.
- Almost all school age children were attending school.
- Very few children under 5 had attended preschool.
- Over 75% of the families had one or more members who were employed.
- Among those who were employed, half were employed full-time.
- The large majority of people were paid hourly and received their pay weekly or every two weeks.
- The average family income from all sources was \$1,475 per month.
- Wages were the single, most important source of income, but wages were supplemented by a number of other income sources.
- Over 50% reported they had a reliable source of transportation.

- A large majority had access to a telephone but only a small minority had Internet access.
- On average, adults had completed 12 years of school, with over 75% completing high school, and another 33% having college experience.
- About 33% reported that someone in their family has a criminal record.
- For those who report them, drug use has a lower incidence than alcohol use.
- About 20% of adults reported a mental health problem in the family.
- Most families with children were able to get medical care for them and obtained this care most frequently from either a doctor's office or an emergency room.
- Over 66% of children are insured, mostly in the form of MediCal.
- Fewer adults are able to get medical care, but among those that do such care is most frequently obtained from a doctor's office or an emergency room.
- Over 50% of adults are insured, usually MediCal, but employer paid insurance is reported in about 25% of cases.
- Families reported their medical needs were met in about 66% of cases, but 40% also report that health problems are contributing to their housing instability.
- The most frequent health problem reported was medical illness.
- Many services are currently being received by the survey respondents, most frequently in the form of MediCal and food stamps, but secondarily in the form of WIC, cash assistance, Cal Works, training of various forms, and medical and mental health care.
- Section 8 assistance and rental housing assistance were the two most frequently named services needed. Also named nearly as frequently were training of various kinds and credit or legal assistance.
- The reasons given for not accessing available services fell into several categories:
 - not aware of services
 - not qualifying for services
 - not knowing how to apply
 - fear of being treated disrespectfully
 - concern about paperwork required
 - loss of privacy

Several interesting demographic differences emerged between Anaheim and/or Orange County residents and users of residential motels in Anaheim. Using 2000 Census data, the following comparisons can be made between Anaheim residents in general and those using motels as their place of residence:

		Anaheim residents (2000 Census data)	Motel residents (2004 Survey)
Ethnicity of self or family	American Indian	0.3	3
	Asian/Pac Islander	12.3	3
	Black/African-Am	2.4	6
	Hispanic/Latino	46.8	14
	White, non-Hispanic	35.9	52
	Multi-ethnic/other	2.4	21
	Declined		1

A full 80% of participating respondents reported that they were in a motel because they either had nowhere else to go or that they lived in the room they occupied. The difference between the

number of nights spent in motels by qualified respondents and unqualified respondents was found to be statistically significant, supporting the conclusion that the 80% represented truly homeless individuals and families. This finding further supports the notion that motels are overwhelmingly being used as residences.

When asked why they remain in motels, more than three-fourths of those surveyed responded that they were unable to save the deposit required to attain stable housing. Bad credit history and past evictions rank second and third as reasons that motel residents are unable to access more stable housing. Tragically, residents can and often do pay their motel fees in full and on a timely basis, often for several years, yet this 'credit history' is unacceptable when applying for housing through a landlord or on a credit check. Ironically, the monthly cost of the motel room often exceeds the monthly rent for the apartment that the family fails to qualify for, simply because there is no record of being a responsible tenant.

Finally, 37% of respondents reported that they are forced to move from their room as a result of a "lock-out," often caused by a motel's implementation of the "30-day rule." As previously discussed, the "30-day rule" targeting 3 motels was implemented in 2001 and rescinded in 2003. Despite the rule being rescinded, both statistical and anecdotal data suggest it is still alive and well in many motels, and still forcing 37% of residents surveyed to further experience instability in their already tenuous housing situation.

Barriers Identified Through Survey Process

Suspicion among motel owners/managers toward the survey teams attempting to speak with residents during the data collection process of this project was reported. Surveyors were repeatedly asked to leave the premises, despite an explanation to motel managers/owners regarding the purpose of the survey and the fact that none of the surveyors or those administering the project were associated with the Police Department or City Code enforcement. Established service providers actively serving motel families report very positive relationships with several Anaheim motels, but also report there remain those properties where they are not permitted. There remains an underlying fear that code enforcement personnel may cost motel owners more money and negative publicity. The opportunity to improve relations and work in partnership with motel owners/managers will be critical to the success of the recommended strategies presented below.

In addition to the experiences noted above by the survey teams, a review of the survey results suggest that barriers to motel residents achieving and maintaining stable housing can be categorized into three distinct areas. First, systemic barriers that impede motel families' ability to move beyond their current housing situation have been identified. Although these barriers are the result of the neighboring environment, each locale addressing the motel issue will have similar, if not the same, obstacles to address. Barriers in this area include those arising from local ordinances, the extent to which the community is involved in the motel issue, communication of the services available to motel families and the quality of existing relationships between the various stakeholders.

Secondly, family support barriers often have a hampering effect on the success of motel families. This group of barriers is less dependent on the local environment than the systemic barriers and much similarity is expected amongst motel populations throughout the region, and even the nation. The inability of motel families to fully compete economically with their non-motel residing neighbors looms as issues related to health, problematic prior circumstances, low paying employment, poor credit history, lack of sufficient savings and limited case management support often burden the group.

Finally, barriers that directly affect the 0 - 5 population, the target of the Commission's efforts, can be identified. The survey also shows that motel families interviewed have a higher than average incidence of medical problems such as learning disabilities, asthma and hearing and speech delays. Given the developmental nature of these medical issues, early identification and intervention would be of benefit. While the actual number of motel families with pre-school aged children interviewed was low, clearly less than half of the children attended pre-school. Impediments cited included lack of transportation, lack of funds and family problems. Survey responses show that once children are school-aged, the vast majority are enrolled and have access to a number of support programs. The challenge is to bridge the gap between the educational opportunities available to children in the 0 – 5 age group and those available to older children so as to affect the educational success of motel children of all ages.

III. Strategies for Assisting Motel Families

Context for the Development of Strategies

The original intention of this study was to focus primarily on the issues surrounding and interventions appropriate to the 0 – 5 population who reside with their families in motels. The survey successfully documented the conditions of individuals and families using motels for residential living, the barriers that keep them from attaining more stable, traditional housing and identified the resources this population has noted as critical for attaining self-sufficiency. While strategies targeted at this group have been identified and, it is believed, will work to improve the lives of these children, a broader picture must be taken to truly impact the many facets that affect the success potential of the child. Often motel families have a number of compounding issues that when addressed alone, only partially go to the heart of the problem.

Given the identification of the three barrier areas noted above, the strategy development process focused on the development of interventions that address the barrier areas. The implementation of strategies that address all of the barriers that affect a motel family's life is the most effective way of working toward moving motel children out of a cycle of poverty, an into an environment of opportunity and stable housing.

The survey findings led OC Partnership to draft a set of strategies to address identified conditions of children and families in the City of Anaheim. Once drafted, the strategies were presented to the shelter community on several occasions to solicit feedback and further refinement. Participants of the Shelter Provider Forum, the Continuum of Care meeting and the Anaheim Collaboration to Assist Motel Families represented the service provider view and provided valuable input into the creation of the strategies. The staffs of the City of Anaheim and

the Children and Families Commission provided insight as well. As a result of this collaborative effort, recommendations outlined in this report fall into three categories:

- Infrastructure Goals and Strategies
- Family Support Goals and Strategies
- 0 – 5 Age Group Strategies

The strategies outlined do not fall within the sole responsibility of a single entity. A collaborative effort in which all stakeholders participate by taking ownership of the strategies that fall within their area of influence is the most effective way of bringing about meaningful change in the lives of motel families.

Infrastructure Goals and Strategies

As previously noted, infrastructure interventions must be in place to facilitate an environment that is receptive assisting motel families. Strategies in this section should be appropriately tailored to the local area and can be clustered toward the achievement of broad goals. The goal can be applied in general to locales that wrestle with the issues of meeting the needs of motel families. For the purpose of this study the goal will be followed by an example of local implication where appropriate, of how the specific strategy might be applied within the City of Anaheim.

Goal 1 – Address Local Systems to Ensure the Appropriate Infrastructure in Place

Strategy 1A: Dedicate staff resources to implement Motel Survey Plan Strategies, coordinate service providers’ delivery across multiple motel sites, and to ensure that motel residents are knowledgeable about existing and newly created services.

Local Implication

Staffing may include the assignment of a Motel Connections Program Manager who will work to build relationships with area motel owners/managers to provide and advertise necessary services in a manner that respects the rules and needs of motel management and motel residents. The Motel Connections Program Manager will also work with the City of Anaheim and area service providers to maintain communication and coordinate service schedules and resources. Staff may also include the assignment of volunteer resources, such as those associated with the AmeriCorps VISTA program, to work with the “Motel Connections Program Manager” to assist with connecting clients and service providers to City staff, motel owners and managers, McKinney-Vento liaisons and other stakeholders involved with the motel family issue.

Strategy 1B: Consider the creation of a “Residential Motel” category as an identifiable housing option.

Local Implication

Work with City of Anaheim council members and staff for consideration of a “Residential Motel” category within the City of Anaheim Ordinance. Residential motels fill a housing need within the homeless client’s continuum of care, as evidenced by their presence throughout the nation. The creation of a “Residential Motel” category within the City of Anaheim Ordinances would allow greater flexibility in meeting the needs of both motel residents and motel owners, while maintaining the needs and integrity of the City Ordinance. Through outreach to motel owners, managers and service providers, the City of Anaheim Council and staff can work together to create an appropriate definition of a Residential Motel.

Strategy 1C: Identify opportunities to fund the costs associated with addressing the needs of motel families.

Local Implication

Work with the City of Anaheim City Council and staff to consider a percentage of the daily bed tax (Anaheim Municipal Code 2.12) drawn from motels identified as residential motels to include a set-aside benefit to motel residents identified as Residential Motels (using the criteria to be developed in Strategy 1B). With input from motel owners/managers, residents, service providers and City of Anaheim staff, a prioritized list of needed services will be developed and set-aside allocation formulas determined. The set-aside could be used to benefit motel residents through a variety of programs and services, which could include down-payment assistance for qualifying residents into stable housing options (apartment living, mobile home parks, shared housing programs); credit counseling and assistance; after school support programs; food pantry; preschool and child care services; developmental screening and assistance to assist children with special needs and/or other programs as described in the following strategies.

It is recognized that not all motel residents are looking for services or to conform to support service program guidelines that may be imposed, and, thus 100% participation should not be expected or a goal of these services.

Strategy 1D: Facilitate the dissemination of information on services and program options available to motel residents.

Local Implication

Create a Rental Opportunity Center that will serve as a clearinghouse for information on available affordable apartments, Section 8 housing assistance, and rental housing assistance.

When asked what forms of help were most needed, respondents cited Section 8 housing assistance (48%) and rental housing assistance (48%) most frequently. Modeled after an award-winning program in Burlington Vermont, the Rental Opportunity Center will work with residents seeking stable housing by identifying housing options, as well as assisting with credit/eviction repair, developing housing referrals for qualifying clients, and developing a network of landlords who understand the goals of the program and will accept carefully screened and referred clients.

Goal 2 - Increase the Viability of the Use of Motels as a Housing Option

Strategy 2A: Integrate the use of residential motels as an acceptable part of the housing continuum for small households.

Identify affordable housing developers to partner with/purchase from motel owners to convert motel units into studio and one-bedroom residences through the conversion of non-kitchen and partial-kitchen units and other renovations necessary to meet applicable health and safety codes.

Strategy 2B: Minimize housing guideline differences between motels used as a long term housing option and traditional housing.

Local Implication

Educate Anaheim Motel Owners/Managers regarding the elimination of 30-day residency rule for motels. Launch a public awareness campaign targeting motels owners/managers of the demise of the “30-day rule” and the unnecessary burden the continued implementation of this rule places on both the motels and families in crisis. Ensure Motel owners/managers understand there is no penalty or code infraction for allowing individuals/families to reside within the same room for a period exceeding 30 days.

Goal 3 – Advocate for and Develop Partnerships that will Lead to an Improvement in the Quality of Life of Motel Residents

Strategy 3A: Identify opportunities to encourage motel owners to actively participate in the efforts to provide services to their residents.

Local Implication

Work with the City of Anaheim council and staff to consider tax incentives to residential motel owners that agree to permit programs and services assisting motel families on their property and/or access to motel facilities for program implementation. The cooperation of motel owners and managers with the development of new and expansion of existing services is paramount to the implementation of strategies presented within this report. Offering financial incentive to assist families will help motivate motel owner cooperation with the plan.

Strategy 3B: Advocate for the acceptance of motel payment history as comparable to rental history in housing application forms.

Local Implication

Advocate to and work with the California Apartment Association (in conjunction with the local South Coast Apartment Association, located in Irvine) and other like-associations to develop a standardized format for recording positive and timely payment history of residential motel guests, and authorize a policy accepting payment history and motel owner referrals as comparable to rental history and landlord referrals.

Advocate to and work with residential motel owners on the implementation of the new policy and the completion of standardized forms on behalf of qualifying guests of residential motel rooms upon request.

Educate residential motel guests regarding their ability to acquire proof of positive payment history upon departure of they maintain positive payment history and responsible occupancy behavior while residing in the motel.

Family Support Goals and Strategies

Family support interventions are geared to assist motel residents as they address specific impediments in their lives and work toward self sufficiency and stability. Specifically, this document addresses interventions in the areas of Employment and Income, Education, Criminal Background and Substance Abuse, Healthcare and Gaps in Service. As in the previous section, the overarching goal will be articulated followed by a set of strategies intended to improve the physical and emotional well being of motel children and their parents.

Employment and Income

The Survey findings support information long known to service providers working with this population; the majority of the homeless population using motels as their residence, do in fact work. As reported in Appendix B of this report, 60 percent of families have a least one working member, while another 17 percent have 2 or more family members who are employed. Twenty-three percent of participating families have no one who is employed.

The type of jobs held by motel residents is less clear. Despite the fact that a relatively thorough list of traditional job categories was presented to survey participants who answered that they were employed, the majority of respondents (37%) answered “other” to the question “What kind of work are you engaged in?” While we cannot definitively answer what jobs might fall into the “other” category, we can reasonably assume that at least some of these jobs might be classified as non-traditional and therefore not included on the provided list.

The two largest categories from among the available selections were “Construction/Day Laborer” in which 14 percent were engaged and “Retail Service/Management” in which 13 percent were engaged. Other job categories cited include: Cleaning/Maintenance – 8%; Food Prep/Hospitality – 8%, Trucking – 7%, Manufacturing/Assembly – 5%, Agricultural/Landscape - 4% and Security – 4%.

Of those working, the majority of workers (84%) were paid hourly while only 6% were salaried. Only a small percentage of those working received employer paid health insurance benefits (11% of children and 26% of adults).

Interestingly, 18 percent of the 76 persons responding to the question about care giving reported they were full-time caretakers of another family member, and 11 percent reported they relieved other caretakers on a part-time basis. Nine percent were being cared for themselves by another family member. If 29% of motel residents surveyed report part time or full time caretaking responsibilities, there exists the strong possibility that caretaking responsibilities are prohibiting employment and inhibiting family ability to increase household earnings and therefore acquire housing stability.

Although many reasons were reported for becoming homeless, the list was headed by financial loss (53%), with eviction (22%) listed as the third most common reason. The single most important reason reported for *remaining* homeless was the inability to save the deposit, named by 76 percent of respondents. Bad credit history (43%), and past evictions (23%) were also named frequently as reasons for remaining homeless.

Given the profile outlined above, the following goal and strategies are presented to address the income-related issues that explain why families become and remain homeless and are forced to live in motels.

Goal 1 – Support Skills Development Opportunities

Strategy 1A: Expand Mobile On-Site Job Training and Technology programs targeting motel residents.

A large majority of motel residents are working hard and continuing to fall behind. Access to job skills that can result in higher pay, steady income and more stable working conditions may be a critical factor in helping motel residents improve their working conditions, increase their overall pay and attain salaried, consistent jobs more likely to offer paid time off and at least partially paid health insurance benefits. Close to half (47%) of respondents report needing job training, and an additional 20% report needed job placement/employment assistance.

Goal 2 – Tie Into Existing Support Networks to Benefit Motel Families

Strategy 2A: Increase access to home or out-of-home care options for families requiring caretakers (children and adult caretaking).

Utilizing caretaking facilities for both children (child care, preschool) and adults (adult day care facilities) may increase the opportunity for adult caretakers to find employment, and experience respite from caretaking responsibilities, thereby reducing the possibility of child or elder abuse. Additionally, the person receiving care would benefit from exposure to a more enriching environment and interaction with others outside of the motel room or motel environment.

Strategy 2B: Provide on-site access to non-profit Debt Management/Credit Repair organizations to assist working motel residents in attaining stable and permanent housing options.

With 76% of respondents unable to save an apartment/housing deposit, 43% reporting bad credit history, and 23% reporting past evictions, the issues of money

and credit management loom large over this population. Increased income through better job opportunities may help motel residents acquire permanent housing but it will not guarantee housing will be maintained. Income and debt management skills are critical for motel residents seeking a path to housing stability. In fact, 36% of those surveyed identified credit/legal assistance as a needed service.

Goal 3 – Provide Opportunities for Motel Residents to Build Assets Required for Permanent Housing

Strategy 3A: Create a Savings Plus Individual Development Account Program to assist motel families save for rental/housing deposits.

Modeled after a successful program in Denver, Colorado, the Savings Plus Individual Development Account Program provides a match (in Denver the match ratio is 4:1) for participants who are saving for a specific investment – in this case the investment might be limited to a security deposit and 6 months rent, or toward post-secondary education. The program can successfully be supported by local foundation grants, private banking institutions adhering to the Community Reinvestment Act, motel fund set-aside, and federal funds allocated through Community Development Block Grants.

Strategy 3B: Provide on-site tax assistance to ensure receive all earned tax exemptions and benefits, such as the Earned Income Tax Credit.

People without stable addresses often fall through the cracks during tax season. Changing addresses often result in residents never having received tax forms, W2s, 1099s, etc. Multiple jobs, seasonal employment and “under the table” wages complicate tax time further. Finally, unfiled taxes or unpaid penalties create more debt, negatively impact credit scores and result in increased challenges in acquiring permanent housing. In reality, many residents do have tax benefits to be claimed, sums of money that are needed desperately by the families living in motels. Non-profit tax assistance is available but often inaccessible to motel families. On-site assistance would ensure greater participation come tax time.

Education, Criminal Background and Substance Abuse

According to the 2000 census, 79.5% of adults 25 and over were high school graduates, and 61.9% had acquired additional post-high school education. Survey participants report only 40% high school graduates, with an additional 33% acquiring some post-high school education. While the sample did not report educational achievements exclusively for respondents 25 and over, as did the census, we can report that 93% of survey respondents were over the age of 18.

Even more interesting is the number of respondents reporting criminal history; 31% of the 147 families responded yes when asked if any adult family members have a criminal record.

Finally, on the topics of substance abuse and mental illness, only two families responded that there were adult members who use drugs, while 15 percent responded that someone in the family drank regularly. Thirteen percent believed that drugs and/or alcohol were interfering with the attempts to find housing or employment. Twenty-two percent reported that someone in the family, in their belief, had a mental health problem.

It is important to remind the reader of the possibility of bias in the issues of substance abuse and mental illness. As previously noted, the original sample was reduced to 392 surveys. Of these, there were 198 completed interviews and 194 clients who declined to be interviewed. It was the opinion of the surveying team that those who declined to participate belonged largely to two groups, the largest of which consisted of those plagued by drugs or mental illness. Thus, when interpreting the results from the survey, these “missing” groups and how their views might shape the results, were they present, should be borne in mind.

Goal 4 – Promote Continued Education for Motel Residents

Strategy 4A: Work with Orange County Department of Education to increase access to on-site GED/High school diploma adult education programs serving motel residents.

Strategy 4B: Work with local community colleges to increase outreach efforts targeting non-traditional students residing in motels.

While several programs exist on community colleges to assist non-traditional returning students, they remain largely unknown to the target population. Working with local colleges, service providers already working with motel families might help to increase interest and opportunity for residents looking to improve their education and potentially their job skills and marketability.

Goal 5 – Expand Existing Outreach Networks to Address Issues Faced by Motel Residents

Strategy 5A: Expand outreach and provide on-site educational materials regarding alcohol and drug use treatment and support programs.

Work with motel owners/managers to allow on-site drug and alcohol education, and on-site recovery meetings to be held on motel properties to create a more conducive atmosphere to those seeking sobriety.

Strategy 5B: Increase on-site involvement from AB2034 mental health outreach workers and other professionals working with mentally ill clients to increase identification and assistance to mentally ill residents and their families.

Goal 6 – Minimize the Need to Use Motels as a Housing Option

Strategy 6A: Support and expand programs that work with inmates prior to release to identify stable housing and other needed resources necessary to prevent motels as the only viable housing alternative. Outreach to parolees to ensure housing options and employment opportunity resources are available to prevent loss of existing housing.

Non-profit programs such as Orange County’s St. Vincent de Paul’s “Friends Outside” program work to assist those with criminal backgrounds and their families cope during and after institutionalization. On-site access to similar programs is necessary to assist families in reintegration to mainstream society.

Health Care

Access to health care is challenging for many low-income families, and motel families were no exception. Most families reported they were able to get health care for their children and themselves, although for children, while care was sought primarily in doctors’ offices (68%), the emergency room was used for basic care needs 38% of the time. Adults sought care in the doctors’ office 61% of the time, while care was sought in the emergency room 40% of the time.

Most families (64%) reported that their medical needs were being met, but a large segment (36%) thought they were not being met or were unsure. Almost half the families (44%) believed that health problems contributed to their housing problems. When health was a factor, medical and medical illnesses were most frequently cited (64% and 12 %, respectively). Injury and illness of another were also cited.

Goal 7 - Increase Awareness Among Motel Residents of Healthcare Assistance Resources

Strategy 7A: Work with motel owners/managers, local emergency rooms and urgent care offices to distribute and post educational information and program schedules for existing on-site programs such as the Visiting Nurses Association, the Orange County Rescue Mission Mobile Health Van, and other health-related resources currently serving area motels.

Goal 8 – Bring Healthcare Outreach Services Onsite to Motel Location

Strategy 8A: Increase on-site insurance enrollment outreach to enroll eligible, uninsured children and families into Healthy Families, California Kids, MediCal and other eligibility based health insurance programs.

Twenty percent of families report that none of their children are insured; with an additional 13% of families reporting only some of their children are insured. Thirty-two percent of adults report no insurance coverage, while another 19 percent have some adults with insurance and some without.

Strategy 8B: Increase the number of motels and frequency of visits by mobile health units to increase insurance enrollment, referrals to community clinics, basic health care check-ups, well baby checks and developmental screenings for children.

Strategy 8C: Work with motel owners/managers to develop on-site location(s) for basic health care visits, health care referrals, and basic health educational materials

To relieve area emergency rooms and urgent care offices, and to provide families with more regular health care access, mobile and on-site health care services should be increased, and existing resources better marketed to area motel residents. Twenty-seven percent of respondents reported they could use medical or mental health assistance, and 46% of respondents mentioned they did not access needed services because they were unaware of them. Increasing public awareness of existing programs should help close this gap.

Strategy 8D: Increase the number of motels and frequency of visits by mobile food programs, such as the Orange County Rescue Mission’s War on Hunger vehicle, to increase access to healthy, nutritious meals.

Goal 9 – Develop Motel Resident Relationships with Mainstream Healthcare Providers

Strategy 9A: Work with community medical partnerships and practices to allow new referrals for insured clients referred from on-site medical or mobile medical units serving motels.

To increase the number of residents who have regular access to a medical home for basic health care needs, outreach must occur to local medical offices to ensure new clients will be welcomed upon confirmation of insurance eligibility and clinic/mobile unit referral.

Service Gaps

The survey queried respondents about their reasons for not using services that were available to them. The most frequent response given by nearly half of those responding was that they were unaware of such services (46%). Other reasons included that they had tried to obtain the services but were turned down (17%), that they did not know how to access the services (15%) or that the services were not needed (11%). The following strategies are designed to address these identified service gaps and service barriers.

Goal 10 – Increase Overall Awareness of Services Available to Motel Residents

Strategy 10A: Create a “Motel Services Guide” – a one-stop resource that lists contact information, available services, service schedules and service eligibility requirements, if any.

The Services Guide will be produced and distributed, in cooperation with motel owners/managers, at all area motels.

Strategy 10B: Partner with local media outlets (KOCE, city cable outlets) to run Public Service Announcements and approach the OC Register, OC edition of the LA Times, and OCTA to donate print media space advertising services designed to assist motel families.

School Enrollment and Attendance

Survey findings show that 84% of families with school-aged children report that their children are attending school on a regular basis. This percentage exceeded the expectation of surveyors, primarily based on past experience with schools refusing enrollment of children without a permanent address, and children unable to attend due to missing school records, immunizations or lack of transportation to and from school.

While a causal relationship between the perceived increase in the number of school-aged children attending school and the passage of McKinney-Vento legislation cannot be proven, it is the belief of the survey team that the determined efforts of McKinney-Vento school liaison's in the City of Anaheim have positively impacted the number of school-aged children residing in Anaheim motels who are currently attending schools. It is important to note that only 7 of 28 schools/school districts in Orange County received federal/state funding to support McKinney-Vento programs in their schools.

All public schools throughout the country are mandated to abide by McKinney-Vento legislation, although many schools have no additional funds available to assist in funding required program elements of McKinney-Vento, such as the provision of transportation, equal access to extracurricular activities for homeless children or even the development of materials detailing the rights of the homeless under McKinney-Vento. California schools are particularly affected given the significant budget cuts local government has endured. Finally, Orange County schools carry the additional burden of bankruptcy aftermath that continues to drain funds away from such issues as education, and toward the repayment of Orange County's debt load. Many of Orange County's schools are struggling to implement McKinney-Vento programs to support homeless children throughout the County, without the benefit of additional dollars to support these efforts. It is the strong opinion of the survey team that McKinney-Vento support for all Orange County schools will be a critical component of ongoing school access for homeless school-aged children.

Goal 11 – Advocate For Motel Children to Have Full Access to Mainstream Educational Support Systems

Strategy 11A: Support McKinney-Vento legislation and McKinney Vento liaison efforts through the provision of support for all Orange County school districts.

Conduct a public education campaign targeting the general business and residential community, regarding the special needs of homeless children and the rights of homeless children to attend school, as legislated by the McKinney-Vento act.

Provide financial assistance to school districts not currently receiving federal or state funds to assist in the implementation of McKinney-Vento related

programs to support homeless children to remain in school and performing at grade level.

Strategy 11B: Support access to and involvement with after-school tutoring/homework club opportunities for school-aged children residing in motels to ensure appropriate study environments and support systems to sustain school enrollment and grade-level standards.

Local Implication

Access to programs such as the Boys and Girls Club of Anaheim’s existing Motel Outreach After-school program provides quality after-school care to children residing in motels and becomes a lifeline to stability, offering:

- A safe environment;
- Increased contact with caring adults who are positive role models;
- Involvement in enriching activities that can improve children’s school attendance, participation and academic performance.

0 – 5 Age Group Goals and Strategies

The support of interventions that may positively affect motel children in the 0 – 5 age group, the focus of this document, are pivotal in moving toward the goal of breaking cycle of poverty and instability for children living in motels. Solutions that specifically address early access to education and identification of developmental issues that challenge a child’s healthy growth are intended to improve the educational success of children whose families use motels as their primary residence.

Preschool/Early Care

Access to and use of pre-school programs was also examined within the survey, although the number of families with pre-school aged children was significantly less than that of school-aged children. Thirty-nine families had pre-school aged children, of whom twenty-five families responded to the questions regarding pre-school attendance. Of those responding, over half reported that their children did not attend pre-school. Various causes for not attending were provided, including family problems, cannot afford, no transportation, children too young and family currently seeking care. While it is difficult to form conclusive recommendations based on this small sample, it is reasonable to assume that the pre-school aged children residing in residential motels may have less access to educational materials, developmentally appropriate toys and books, nutritious foods and positive socialization opportunities than do those in more stable, permanent housing and within families that are not experiencing other family crises such as those reported by motel residents. In the No Child Left Behind era requiring that each school meet annual measurement objectives, ensuring that at-risk students enter Kindergarten “school ready” has never been more important.

Special Needs

As mentioned earlier in this report, when adjusted to represent only those families responding to this question that have children, the number of families reporting children with special needs is close to 30% (26 out of 86 families with children). The special needs were identified as a learning disability (3), ADHD (7), Autism (2), Hearing/Speech (4), Asthma (4), and Other (4) and two families not identifying the type of special need. The vast majority of the special needs identified by the families are developmental in nature, thus motel families could particularly benefit from early developmental screening and intervention.

Goal 12 – Increase Access to Early Education Opportunities

Strategy 12A: Implement neighborhood School Readiness Programs for 3-5 year old children residing in motels as a method to improve access to early educational opportunities for this vulnerable population.

Support Orange County Department of Education in its advocacy of pre-school by providing additional resources focusing on the needs of motel children.

Establish a funding collaborative to secure resources for federal, state, local, foundation and other private funding sources.

Local Implication

Using existing models, such as the Stamford School Readiness Program, partner with the City of Anaheim to house and operate a School Readiness Program targeting preschool children residing in motels, and other low-income children to significantly increase access to quality early education.

Strategy 12B: Expand access to early care and a continuum of services that support healthy development for children from birth to age three through the development of neighborhood early care programs, and by expanding scholarship and transportation assistance to existing quality early care programs.

Increased access to quality programs serving youth birth to age three years old would assist parents in job/educational participation, increase the opportunity for youth to move on to school readiness preschool programs, and provide the opportunity for early identification of potential developmental disabilities by child development specialists.

Goal 13 – Ensure Availability of Developmental Screenings to Identify and Address Special Needs

Strategy 13A: Implement new or expand existing mobile health services and “home” visitation models to include developmental screenings for vision, hearing and other developmental disabilities to increase chances for early detection and intervention for children with special needs.

Strategy 13B: Implement ongoing “home” health visits for children identified with special needs to ensure access to and compliance with medications and/or behavioral treatment plans during periods of housing instability.

Early identification of disabilities in this vulnerable population will assist parents in identifying needed resources, accessing eligible benefits and programs, and ensure an appropriate educational placement for the child.

IV. Funding Resources Allocated for Motel Families

A basic premise of seeking program funding is an accurate picture of the needs of the people to be served. This picture includes documented research from independent sources. OC Partnership discovered that quantitative studies of motel families is very, very limited both locally and nationwide. The comprehensive study outlined in this document allows for there to finally be accurate and reliable data to draw upon to obtain statistical profiles of motel residents and their families for the purpose of measuring success at serving them as well as gaps that make their journey more difficult.

The Children and Families Commission of Orange County's funding of Family Resource Centers, school readiness, health, and literacy programs to which motel residents have access, is probably one of the more consistent funding sources reaching motel families.

As OC Partnership continues to partner with other stakeholders on the local implementation of the strategies, it is our hope that the identification of funding resources that will directly impact motel service delivery will occur. Currently, many faith-based churches and organizations, i.e. Orange County Rescue Mission, dedicate their funding resources to serve motel families.

Each agency seeks program funds from a variety of sources to serve their general clientele and motel families. In addition to private foundations and nonprofit grantors, one source may be local Community Development Block Grant funding provided by each local city through the Housing and Urban Development Department. Depending on the process established by each locale, an agency may request funding for a program that serves motel families. Being selected to receive funds would be determined by the commission, department or city council that oversees this funding process and the local definition of the homeless population.

One huge barrier to seeking federal funding is the disparage in the definition of the homeless as stated by the U.S. Department of Housing and Urban Development (HUD) versus the definition adopted by schools through the McKinney-Vento Homeless Assistance Act established by Congress in 1987. The position paper titled "A Matter of Definition: Responding to Homelessness Among Families, Children, and Youth" outlines the issue.

"The education definition of homelessness thus reflects the realities of family and youth homelessness. Like other federal homeless assistance programs, the Education for Homeless Children and Youth program covers individuals—in this case, children and youth—who 'lack a fixed, regular, and adequate nighttime residence.' However, the education definition does not stop there. The definition specifically includes children and youth who are 'sharing the housing of others due to loss of housing, economic hardship, or a similar reason.' In addition children and youth who 'are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations' are specifically included, along with other temporary living situations".

The definition of homelessness employed by HUD includes only individuals who have a primary nighttime residence in private or public shelters "designed to provide temporary

living accommodations,” in “institutions that provide a temporary residence for individuals intended to be institutionalized;” in private and public places “not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

*The HUD statutory definition of homelessness does not include households who are sharing the housing of others temporarily because they have nowhere else to go (commonly referred to as “doubled-up”), or those who are staying in motels and similar places due to lack of alternatives. Programmatic definitions for different HUD programs may be even more restrictive. Because such households are not included in the HUD definition of homelessness, **they are excluded from HUD services**. As a result, there is a disconnect between the HUD definition of homelessness and the experience of families and youth who are without permanent housing.”*

Thus, through advocacy to create a singular definition of homeless that includes motel children and youth and through the collaboration of service providers through the OC Partnership outreach efforts, funding resources can be identified in the future that will bring the much needed financial support to create and expand services to motel residents, children, and youth that will positively impact their quality of life and permanent housing options.

Appendix A

Survey Methodology, Survey Tool and Survey Findings

In order to address these and other questions, and as part of its effort to develop a comprehensive strategic plan to alleviate the consequences of homelessness among Anaheim's motel families, OC Partnership, with funding from the Children and Families Commission of Orange County contracted with Research Support Services (RSS) to develop a scientific survey of families and individuals currently using motels as semi-permanent shelter. Appendix B is devoted to a summary of the survey findings.

The findings section of the report will begin with a review of the methodology used for the survey and will follow up with a review of the results in seven sections:

- Demographics and Other Background Information
- History and Experience
- Children and School
- Employment and Income
- Education, Criminal Background and Substance Abuse
- Health Care
- Service Gaps

The discussion begins with the survey methodology.

Method, Audit of the Sample, and Qualifying Interviewees

The sampling frame for the survey was provided by the Boys & Girls Club of Anaheim and consisted of motel names, addresses and number of available rooms of which there were, collectively, 2,313. The individual motel room became the unit of analysis for the sampling model employed, although rooms frequently housed several individuals, a family, or, sometimes, more than one family. In order to achieve a margin of error of ± 3 percent under conservative assumptions, a sample of 924 rooms was required. We added another 245 rooms to help ensure a sample of sufficient, if not ideal, size. The final sample of 1,169 surveys, roughly 50 percent of the available rooms, was drawn because a difficult data collection process was anticipated. Table 1 shows the motels included in the sampling universe, their room capacity, the number of surveys sampled, the hotels that provided data and the number of surveys returned from each. Since the shaded section of the table identifies hotels that provided no data, the reader will conclude correctly that the surveys returned from these hotels were blank.

The survey itself was designed by Research Support Services (RSS) and OC Partnership (OCP) with input from a variety of persons who were highly familiar with the targeted population. The survey design was completed to meet specifications set out in its contract with the Children and Families Commission to deliver specific information. A

Table 1

Sampling Frame for Survey of Families Living in Anaheim Motels

Motel Name¹	Number of Rooms	Number of Rooms Sampled²	Number of Surveys Returned³
American Motel	44	18	22
Anaheim Lodge	45	18	23
Lincoln Palms	80	30	40
Mardi Gras Motel	18	9	9
Mediterranean Inn	29	13	15
Parkside Regency In & Suites	31	14	16
Polynesian Motel	28	13	14
Royal Pacific Inn	81	30	41
Sahara Motel	39	16	20
Sandman Hotel	28	13	14
Valencia Inn	127	45	64
National	37	16	19
Eagle Inn	42	17	21
Arena Inn	113	41	57
Lincoln Inn	117	42	59
Granada Inn	80	30	40
El Dorado	235	81	122
Rainbow Inn	42	17	18
Pacific Inn	23	11	12
Evergreen Royale	139	69	69
Akua Motor Inn	62	24	31
Alpine Motel	41	17	21
Anaheim Carriage Inn	65	25	33
Anaheim Courtesy Lodge	26	12	13
Anaheim Motel	33	14	17
Anaheim Tropic Motel	19	10	10
Anchor Motel	20	10	10
Best Budget Inn	45	18	23
Lyndy's Motel	26	12	13
Motel Moonlight	42	17	21
Ramada Limited	74	28	37
Robin Hood Motel	23	11	12
S.S. Inn Motel	42	17	21
Stage Stop Motel	45	18	none
Travel Inn Motel	32	14	16
Travelodge	71	27	36
Crest Motel	16	9	8
Covered Wagon	70	27	35
Comfort Inn	100	37	none
Villa Inn	29	13	15
Economy Inn	54	21	27
Unknown Motel			3
Surveys not returned			72

¹ Shaded motels did not contribute any completed surveys; all returns were blank; 49% hotels participated

² Without oversample

³ Includes oversample

copy of the final survey that met those specifications, and more, appears in the Appendix section of this report.

Once the sample was drawn and the survey design completed, *volunteer* interviewers were trained in the administration of the survey by RSS and OCP. The first group of interviewers consisted largely of service providers who were familiar with the persons who would be interviewed and were likely to be recognized by many of them. The implementation of the interviews proved to be daunting, however, and the first group of volunteers was quickly exhausted. A new wave of interviewing was then initiated. Headed by an extremely knowledgeable VISTA participant who was able to recruit former homeless persons as volunteers, this group, with great effort, was able to complete the surveying process.

The difficulty encountered by the surveying team can be appreciated by examining a summary of how and why survey opportunities were lost at different motels. Table 2 presents an audit of the sample and computes the final response rate for the survey. The problems associated with surveying are seen in the second step described in the table—*deletion of ineligible surveys on grounds that potential respondents could not be contacted*. First, there were problems associated with loss of access to the motel itself. This occurred in a variety of ways: some motels no longer accepted homeless guests, while others denied access to the survey team. One motel had been completely torn down. Second, more typical surveying problems were encountered: a sampled room number did not exist or was vacant or not a guest room (e.g., it was a storage room). A large number were lost because no occupant responded after three attempts to make contact (in a room that appeared to be occupied).

Through the collective impact of these obstacles, the original sample was reduced to 392 surveys. Of these, there were 198 completed interviews and 194 clients who declined to be interviewed. The ratio of 198 completed surveys to an eligible sample of 392 results in a response rate of 51 percent. Although a response rate in the range of 70 to 90 percent would have been preferred, 51 percent is still reliable.

The size of the response rate is used to gauge whether or not the sample accurately represents the population from which it is drawn. The lower the response rate, the greater the concern that representativeness is diminished. However, even though the response rate falls below a desired level, the data remain valid. What shifts is that it becomes more important to understand the kinds of biases that may have been introduced as a result of the declining rate. It was the opinion of the surveying team that those who declined to participate belonged largely to two groups: Group one consisted of those plagued by drugs or mental illness and group two, a smaller number, consisted of long-time motel residents who had lost hope for the future. Thus, when interpreting the results from the survey, these “missing” groups and how their views might shape the results, were they present, should be borne in mind.

Table 2

Audit of Sampled Surveys and Computation
of Response Rate

Audit Step	Description	Count	Percent
Draw Sample (see Table 1 for Sampling Frame)	Computed sample size for 3% margin of error	924	79
	Added oversample to replace failed contacts, e.g., occupants not in their rooms	245	21
	Total surveys available	1,169	100
Deleted ineligible surveys consisting of potential respondents who could not be contacted	Motel converted to vacation/business only	148	19
	Management denied access to surveyors	89	11
	Motel was demolished	21	3
	Sampled room # did not exist	44	6
	Sampled room vacant or not a guest room	86	11
	No occupant answered after 3 returns	235	30
	Unused oversample (blank surveys)	82	11
	No surveys returned for two motels	72	9
	Total ineligible surveys	777	100
Retained eligible interviews completed in sampled rooms	Completed interviews	198	51
	Occupants reached who declined participation	194	49
	Total eligible surveys	392	100

The final methodological step was to qualify respondents as true members of the homeless population whose information was sought. As each interview began, surveyors asked the responding room occupant the reason for their stay at the motel and how many nights per month they usually stay at a motel. It was the survey team's belief that actual motel families would give very different answers to the questionnaire item about the reason for their visit. And they did.

Table 3 summarizes the responses of the 198 room occupants interviewed. Twenty percent of those asked reported they were either there for business or vacation or were away from home for another reasons (e.g., flooded home). The remaining 80 percent of those interviewed reported they either had no where else to go or that they lived in the room they occupied. The members of this group were taken to be *bona fide* homeless individuals or families. To confirm that decision, the difference between the number of nights spent in motels by qualified respondents and unqualified respondents was compared and found to be statistically significantly different (7.5 nights per month for disqualified occupants vs. 27.8 nights for qualified occupants; $t = 8.2$, $p \leq .001$).

The last step of qualifying interviewees resulted in a final survey count of 159 rooms with qualified occupants. Thus the final set of surveys analyzed cover the occupants of 159 scientifically sampled rooms in 20 motels. When the occupants of the rooms, both individuals and families, are tallied, the survey results are found to reflect the experience of:

- 492 individuals
- 318 adults
- 174 children
 - o 62 children (36%) 0 to 5 years of age
 - o 112 children (63%) 6 or older
- 159 families including single individuals

A word is in order about the statistics that will be presented in subsequent sections. As the short bullet list above suggests, there are several ways to look at the survey data at any given time:

- as a family (N of 159)
- as a sample of adults (N of 318)
- as a sample of children (N of 174)
- as a sample of individuals (N of 492)

Table 3

Qualifying Respondents (N=198)¹

Qualifying Question	Category Label	Count or Mean	Percent or Std Dev
Reason for Visit	Vacation or business	28	14
	Away from home – other	11	6
	Nowhere else to go	38	19
	This is where I live	121	61
Length of Visit	≤ 7 days	18	11
	8 – 14 days	5	3
	15 – 21 days	2	1
	> 21 days	145	85
Mean Length of Stay (days)	Qualified by reason	27.8	± 5.6
	Disqualified by reason	7.5	± 9.4
Qualified Interviews	Yes	159	80
	No	39	20

¹Computed margin of error on N=159 is ± 6%.

As the earlier discussion suggested, data collection was a long and arduous process. Moreover, respondents were instructed that they were free to decline a response to any question they felt uncertain about or otherwise did not wish to answer. Therefore, in the statistics that follow, there are fluctuations in the number of responses to various questions, as well as fluctuations in the membership of the subgroup being analyzed (i.e., family, adults, children, individuals). For this reason, the sample sizes for each analysis appear with each statistical table or graph and sometimes with each item in a table or graph in order to indicate which group is being analyzed. Finally, the sample size may be less than the number in the bulleted list above because some members of the group did not respond to a given question.

In surveys of this type, it is usually the case that so-called “missing” information does not change an aggregate statistic in any meaningful way, but from time to time the potential for bias that may result from missing data is examined. In this survey, when it is determined that “missing data” may have unduly influenced the statistics associated with a given question; the report will include a warning to that effect. The discussion now turns to a review of the survey results that summarize the motel living experience and the lives of the persons living there.

Demographics

Table 4 summarizes the demographic and other characteristics of the qualified respondents. As seen in the table, the average number of room occupants was 3 (± 1.5) with 22 percent of rooms being occupied by single individuals, 29 percent by two individuals, and 49 percent occupied by 3 or more. Only 7 percent of the rooms surveyed had more than one family occupying a room. Ninety-three percent had one family which included all the single individuals in the sample. Although the “Santa Ana Motel Families Report” found that 16% of rooms were occupied by more than one family, both reports found a clear majority of rooms (93% - OCP and 84% - CAP) occupied by one family.

Forty-six percent of the families questioned had no children under 18 years of age, while 22 percent had one child and 32 percent had two or more. Most of the children (85%) were six years of age or older, while the remainder (15%) were 5 or under. In the “Santa Ana Motel Families Report” a much higher 71 percent of families had children, with 54 percent having two or more children.

Twenty-six children were reported to have special needs that were identified as learning disabilities, ADHD, autism, speech or hearing difficulties, asthma or other types.

Out of the 159 rooms surveyed, there were 12 that reported no one who was 18 years or older (the survey definition of an “adult”). Of the remaining rooms, 29 percent had at least one adult and 43 percent reported two adults. Another 13 percent reported 3 or more adults. Most of the adults (75%) fell in the age range of 19 to 49, but 14 percent were in the 50 to 59 range and 4 percent were 60 or over. Seven percent of adults were just 18 years old.

Table 4
Demographic Characteristics
of Respondents¹

Questionnaire Item	Category Label	Count	Percent
Number of people in room (Mean = 3 ± 1.5) (N=492 individuals)	1	34	22
	2	45	29
	3	37	23
	4	18	11
	≥ 5	24	15
Number of families in a room	1 (includes singles)	135	93
	2	10	7
	≥ 2	1	1
Number of children under eighteen	0	67	46
	1	33	22
	2	22	15
	3	16	11
	≥ 4	9	6
Ages of children ² (N=174 in 159 rooms)	< 1	6	3
	1	10	6
	2	13	8
	3	11	6
	4	10	6
	5	12	7
	≥ 6	112	85
Do children have special needs	Yes	26	18
	No	60	41
	No children	61	42
Needs mentioned (N=24)	Learning disability	3	12
	ADHD	7	29
	Autism	2	8
	Hearing/Speech	4	17
	Asthma	4	17
	Other	4	17
Number of adults 18 and over in each room	0	12	5
	1	22	29
	2	33	43
	3	4	5
	≥ 4	6	8
Ages of adults (N=198 in 159 rooms)	18	15	7
	19-49	149	75
	50-59	27	14
	≥ 60	7	4

Table 4, continued

Family structure (N=142)	Single person	37	26
	Adults, no children	26	18
	Single parent and children	30	21
	Two parents and children	40	28
	Extended family	7	5
	Other	2	1
Gender of Occupants (Adults + children N=418)	Males	205	49
	Females	213	51
Ethnicity of self or family	American Indian	4	3
	Asian/Pac Islander	4	3
	Black/African American	10	6
	Hispanic/Latino	20	14
	White, non-Hispanic	76	52
	Multi-ethnic/other	31	21
	Declined	2	1

¹ N=159 rooms unless otherwise indicated

² The average age of children varies with how many children are in a room, i.e., families with more children have older children. The average age of “first children” is 6.7 years; for “second and third children” 9.0 years; “fourth children” = 9.4; “fifth children” 13.4 years; and “sixth children” 14.5 years.

Twenty-six percent of the sampled rooms contained “families of one,” i.e., were occupied by a single person. Another 18 percent were families consisting of adults only. Single parents and their children made up 21 percent of the families interviewed, and two parents and their children made up 28 percent. Five percent reported they were living in extended families, which interviewers reported to be multigenerational families.

The gender of the individuals described in the survey data was nearly evenly split between males and females (49% v. 51%). Ethnicity was 52 percent white, non-Hispanic, with another 21 percent reporting membership in more than one ethnic group. Fourteen percent were Hispanic/Latino, although no interviewees requested that their interview be completed in Spanish, even though Spanish speaking interviewers were always available. In the “[Santa Ana Motel Families Report](#)” 54.5 percent of motel residents are white, non-Hispanic, with 25.8 percent Hispanic, and another .6 percent reporting Other (more than one ethnicity).

History and Homeless Experience of the Family or Individual

History and Background. The summary of survey question responses dealing with the background and homeless history of the respondents is presented in Table 5. The first issue considered was whether or not homeless families were truly Orange County residents or whether they had traveled to California and Orange County to alleviate problems, such as extreme climate, that concern the homeless. As seen in the

table, fully 94 percent of the respondents reported that Orange County was their home. When questioned further, 68 percent reported they lived in Orange County prior to becoming homeless, while another 28 percent reported they had lived in California.

Only 7 families (4%) reported they had moved to Orange County from out of state.

The “Santa Ana Motel Families Survey Report” reported similar findings of 64 percent reporting they lived in Orange County prior to moving into a motel.

The average length of time families reported living in a motel was 29.5 months (± 37) months. The median length of time living in motels was 18 months. For nearly half the group (45%) the length of time residing in motels was 12 months or less. But 17 percent had been in motels for 1 to 2 years, while the remaining 38 percent had resided in a motel for two years or more. The “Santa Ana Motel Families Survey Report” reported 30 percent resided in motels for 12 months or less and 64 percent had lived in motels for more than a year.

Although many reasons were reported for becoming homeless, the list was headed by financial loss (53%), family problems (28%), eviction (22%) and mental health problems (21%). The single most important reason reported for *remaining* homeless was the inability to save the deposit, named by 76 percent of respondents. Bad credit history (43%), past evictions (23%) and mental health issues (23%) were also named frequently as reasons for remaining homeless.

Among the 70 percent of parents who participated in the survey, most reported they had not been separated from their children because of homelessness. Twenty-five parents (16%) reported they had. The reasons they reported for this separation included the fact that children were sent to live with other relatives (32%), the parent had been in jail or prison (13%), or Child Protective Services had intervened (10%).

Table 5
Background and History¹

Questionnaire Item	Category Label	Count	Percent
Is Orange County your home?	Yes	146	94
	No	10	6
What city did you live in before living in a motel?	Orange County	103	68
	California	42	28
	Out-of-state	7	4
How long have you lived in a motel? (Mean = 29.5 ± 37; Median = 18 months)	6 months or less	49	31
	7-12 months	23	14
	1-2 years	27	17
	2-3 years	20	13
	3-4 years	12	8
	4-5 years	15	9
	≥ 5 years	13	8
Year family became homeless?	2004	23	16
	2003	34	24
	2002	25	18
	2001	19	13
	2000	13	9
	1990-1999	27	19
	1980-1989	2	1
Most important reasons for becoming homeless ²	Financial loss	80	53
	Family problems	42	28
	Eviction	33	22
	Mental health	31	21
	Housing not viable	27	18
	Substance abuse/jail/prison	25	17
	Sick or disabled	18	12
	Geographical distances	4	3
	Support program ended	4	3
	Other	36	24
Most important reasons you remain homeless ²	Can't save deposit	104	76
	Bad credit history	59	43
	Past evictions	32	23
	Mental health issue	31	23
	Too sick or disabled	19	14
	Won't rent to children/pets	12	5
	Can't find work	12	5
Ever separated from children because homeless	Yes	25	16
	No	108	70
	No children	21	14
Reasons for separation from children ² (N = 31 families)	Children live w/relatives	10	32
	Jail or prison	4	13
	CPS	3	10
	Motel rules	2	6
	Shelter rules	1	3
	Other	12	39

¹N=159 unless otherwise indicated.

²Percentages do not sum to 100 as respondents can indicate more than one option.

Lockout Practices. Table 6 summarizes responses to questions concerned with moving frequency and “Lockout” practices. “Lockout” is the term applied to a requirement that room occupants relocate from one room to another at specific time intervals in order to circumvent legal restrictions on the homeless using motel rooms as a quasi-permanent residence. This has come about primarily as a result of Anaheim’s “30-day rule.” Although this practice has supposedly been discontinued, the survey opportunity was used to investigate its continued use.

Since motel families move for a number of reasons, and not just because of “lockout” practices, moving in and of itself was investigated as a separate issue. As seen in the table, the median number of moves in the *week* prior to the interview was zero, although 8 percent of the families reported having moved once. For the *month* prior to the interview, the median remained at zero, but nearly one-third of the responding families reported having moved at least once, while an additional 8 percent reported more than one move. The average number of moves completed by a family over the *year* previous to the interview jumps to 3.3 moves with 35 percent not moving at all and 30 percent moving one or two times. The remaining families, however, moved 3 times or more.

When questioned directly about their reasons for moving, however, 37 percent of the responding families reported that a “lockout” was one of the most important reasons motivating their move. At the same time, other reasons were also provided. Thirty-eight percent of respondents named “more services and a bigger and/or cheaper room,” while 31 percent moved to escape violence, lack of safety and vice that went on around them in a given motel. Still other reasons included cost, preference and the need to relocate. Nearly a quarter of the reasons were identified as “other.”

When asked directly about being in a “lockout” room, fully 29 percent of respondents reported they were in such a room, with another 8 percent reporting they did not know. For this small subgroup (N=29) the average length of stay in the last room they occupied was 21 days.

These data do not consistently provide definitive information about lockout practices even though 29 percent report they know they are in a lockout room. For example, it is unclear from these data how many moves are motivated by resource limitations on the part of the responding families or lockout practices in force at the motels. This is one instance where the inclusion of motels where the team was not allowed to survey may have influenced the result. That is, their omission may have introduced a bias that makes the results appear more favorable with respect to lockout practices than they actually are.

Table 6
 Moving Frequency and
 “Lockout” Practices¹

Questionnaire Item	Category Label	Count	Percent
How many times moved this week? (Mean = 0.1 ± 0.4; Median = 0)	0	140	91
	1	13	8
	2	--	--
	3	1	1
How many times moved this month? (Mean = 0.5 ± 0.8; Median = 0)	0	94	61
	1	48	31
	2	7	5
	3	2	2
	> 3	2	1
How many times moved this year? (Mean = 3.3 ± 6.5; Median = 2)	0	53	35
	1	16	11
	2	28	19
	3	9	6
	4	13	9
	5	11	7
	6-10	7	5
	11-15	9	6
	> 15	3	2
When you move, what are the most important reasons? ²	More svcs bigger, cheaper rm	48	38
	Lockout	47	37
	Violence, safety, vice	39	31
	Couldn't afford room	17	13
	Prefer another motel	13	10
	Need different geograp area	11	9
	Other	30	24
Are you now in a lockout room or daily room?	Yes	45	29
	No	98	63
	Don't know	12	8
How long was stay in last room (days)? (“Yes” to Lockout) (Mean = 21 ± 12; Median = 28)	1	6	23
	7	1	27
	25-30	19	73

¹N=159

²Percentages do not sum to 100 as respondent may indicate more than one option.

Experience with Shelters and Transitional Housing Programs. Another issue of concern revolved around the frequency with which these families had been intercepted and served by Shelters and Transitional Housing Programs (see Table 7). Emergency shelters are traditionally defined as shelters that provide a place to eat, shower and sleep on a daily basis for no more than 90 concurrent days. Emergency shelters do not typically provide supportive service programs designed to address the long-term issues that often result in homelessness. Transitional Housing Programs or shelters differ in that they offer individuals and families case management, access to programs such as education, vocational training, counseling, child care, etc for periods ranging from three months to 4 months, in order to assist families out of homelessness and into self-sufficiency.

The findings show that 30 percent of the respondents reported they had stayed in an emergency shelter, but that only 11 percent had experience with a transitional housing program. Of those families interviewed, only 11 reported they had experience with such a program and only 8 reported that they graduated from that program. Of those eight, seven reported moving *to a motel* after graduation.

Table 7

Experience with Shelters and
Transitional Housing Programs¹

Questionnaire Item	Category Label	Count	Percent
Ever stayed in Emergency Shelter?	Yes	44	30
	No	102	69
	Unsure	1	1
Ever been in a Transitional Housing Program?	Yes	16	11
	No	134	89
	Unsure	1	1
Did you graduate from a Transitional Housing Program?	Yes	8	5
	No graduation	43	29
	No participation	98	65
	Declined response	2	1
After Graduation did you move to motel?	Yes	7	5
	No, perm housing	36	28
	No participation	88	67

¹N=159

Other Background

In addition to the conventional background questions asked earlier in the survey, a number of other general background questions concerning the responding families were also asked. Those responses are summarized in Table 8. It is important to note that the first four questions on the

table were asked of all families and that the last four items on the table were asked only about seniors, i.e., persons 60 years of age and older. If the senior family member was present, they responded to the question, but other family members also answered on behalf of the senior if he or she was not present or not able to answer.

The first four questions dealt with language skills and communications access. As seen in the table, 97 percent of the respondents indicated that they could speak English well and 93 percent reported that they read English very well. Eighty-four percent reported that they had access to a telephone, but only 22 percent reported regular access to the internet, although an additional 15 percent reported they sometimes have internet access.

The first question asked of seniors, or on behalf of seniors, was whether or not they were aware of the listed housing options. Eighty-one percent of the 52 respondents to this question reported they were aware of Section 8 assistance. While 35 percent understood that their own homes were an option, only 29 percent reported they were aware of low-income housing and only 21 percent considered shared housing a viable option. Nineteen percent reported they were aware of assisted living arrangements, while only 14 percent were aware of board and care.

When asked what type of housing was best for them, 71 persons responded. Section 8 assistance and “my own home” were the most frequently named options (49% and 47% respectively), but 42 percent also named low-income housing the best option for them. Many fewer respondents named assisted living or shared housing.

Finally, 18 percent of the 76 persons responding to the question about care giving reported they were full-time caretakers of another family member, and 11 percent reported they relieved other caretakers on a part-time basis. Nine percent were being cared for themselves by another family member.

Table 8
Other Background

Questionnaire Item	Category Label	Count	Percent
Do you speak English? (N=143)	Well	139	97
	A little	2	1
	Not at all	1	1
	Declined	1	1
Do you read English? (N=142)	Very well	131	93
	Just a little	6	4
	Not at all	4	2
	Declined	1	1
Do you have access to a telephone? (N=143)	Yes	120	84
	Sometimes	14	10
	Never	8	6
	Declined	1	< 1
Do you have access to the internet? (N=141)	Yes	31	22
	Sometimes	21	15
	Never	88	62
	Declined	1	1
Are you aware of the listed housing options? ² (N=52)	Section 8 assistance	42	81
	My own home	18	35
	Low-income housing	15	29
	Shared housing	11	21
	Assisted living	10	19
	Board and care	8	15
	Other housing	7	14
What housing type best for you? ² (N=71)	Section 8 assistance	35	49
	My own home	33	47
	Low-income housing	30	42
	Assisted living	3	4
	Shared housing	3	4
	Other housing	3	4
Are you currently caring for family member? ²	Yes, full time	14	18
	Yes, to relieve someone else	8	11
	No	54	71
Are you currently being cared for by a family member? ²	Yes	7	9
	No	67	91

¹ Percentages do not sum to 100 – respondents may choose more than one option

² Answered by or on behalf of person 60 and older

Children and School

The school attendance patterns of children living in the motel rooms sampled is reported in Table 9. While there were 65 families with 126 school-age children in the sample, their responses covered only 114 children. As seen from the table, four of those families reported they had school-age children who were not attending school. Thirty-one families (19%) had one child in school, while 17 (11%) had two children in school. An additional 13 families (8%) had 3 or more children in school. Very few parents reported school age children who were not attending school, a finding replicated in the “[Santa Ana Motel Families Survey Report](#)”. Of those who did, a number of reasons were provided for non-attendance, most notably that they believed their child was too young for school (n=6).

When asked about the days of school missed in the preceding month, most of the data, as suggested by the table, came from the first and second children in the family. The average number of days missed was about two for both these categories. One fifth of the responding parents saw this value as typical for their child, while nearly half (48%) reported they believed the number of missed days was unusual. About one-third of parents reported their children missed no days of school.

Thirty-nine families reported they had 50 pre-school age children. Twenty-five of these families responded when questioned about whether they had children who had attended pre-school. Twelve of these families reported their children had not attended pre-school, while 10 reported they did attend. Parents offered a variety of reasons for not enrolling their children in pre-school. Four reported they were looking for a school, while family problems, cost, and the belief that the child was too young were the most frequently named reasons for no pre-school attendance.

Table 9
School Attendance¹

Questionnaire Item	Category Label	Count or Mean	Percent
The # of school-age children attending school from each family (N=65 families with 114 school age children)	0	4	3
	1	31	19
	2	17	11
	3	7	4
	4 or more	6	4
Most important reasons for not going ²	School refused enroll	1	
	Child refused to go	1	
	Other's illness	1	
	Child pregnant	1	
	Independent study	1	
	Child working	1	
	Too young (for K)	-	
	Other	12	
Days of school missed last month	First child (N=53)	2.4 ± 3.6	
	Second child (N=25)	1.9 ± 3.5	
	Third child (N=10)	4.5 ± 8.0	
	Fourth child (N=3)	1.7 ± 3.0	
	Fifth child (N=2)	4.0 ± 1.4	
	Sixth child (N=1)	5.0 --	
Is this typical of days missed?	Usual #	12	20
	Unusual #	28	48
	None missed	19	32
Number of families with children who have attended pre-school ²	0	12	
	1	8	
	2	1	
	3	1	
Reasons for not attending preschool ²	Prefer my care	1	
	No transportation	1	
	Child's special needs	1	
	Family problems	2	
	Cannot afford	3	
	Too young	4	
	Looking for school	4	
	Other	5	

¹N=65 families with children

²Percentages not computed – too few cases.

Employment Background and Income

A major issue for homeless families living in motels, as earlier data suggested, is that relocating to a permanent residence is inhibited by their inability to accumulate the deposits required to move into rental housing. Given that most of the families surveyed are employed (see below), this is an especially frustrating problem. In this section of the report the findings are focused on employment and income in order to see more clearly the situation in which homeless families find themselves.

Responses to the questionnaire items focused in this area are summarized in Table 10. As seen in the table 60 percent of the families have a least one working member, compared to 59 percent in the “Santa Ana Motel Families Survey Report”. Another 17 percent have 2 or more family members who are employed, compared to 26 percent in Santa Ana. Twenty-three percent have no one who is employed.

The survey offered respondents a number of options for indicating the type of work in which they were employed. In spite of these offerings, most respondents indicated “other” for their employment type. The two largest categories from among the available selections were “Construction/Day Laborer” in which 14 percent were engaged and “Retail service/Management” in which 13 percent were engaged.

Almost half (46%) of the employed persons who responded indicated they worked between 40 and 49 hours per week, although 38 percent reported working fewer hours and 15 percent reported working 50 hours or more. A majority of the workers (84%) were paid hourly. The frequency of pay was weekly for almost half (48%) and every two weeks or monthly for another 40 percent. Twelve percent reported being paid daily. There were too few second workers in the family to compute reliable percentages, but the data for second workers appear to be similar to those presented for the family’s first worker.

On average, the total family income for a given month was \$1,475 (\pm \$969). Just over forty percent of the families had monthly incomes of \$1,000 or less, while another third (33%) had monthly incomes in the ranges of \$1,000 to \$2,000. Sixteen percent had incomes between \$2,000 and \$3,000 monthly while another 8 percent had \$3,000 or more.

The total monthly income for each family was derived from varied sources. The most frequently named sources were wages (64%), TANF (22%), SSI (15%) and disability (10%). Other sources included Social Security, child support, unemployment, pensions, Workman’s Compensation, and “other.”

Just over half the families (56%) reported they had a reliable source of transportation, but perusal of the survey comments indicated they sometimes indicated public transportation in response to this question instead of their own vehicles. Fully 42 percent reported they had no means of transportation.

Table 10
Employment Background and Income¹

Questionnaire Item	Category Label	Count	Percent
Number of family members who work	0	32	23
	1	85	60
	2	22	16
	> 2	2	1
First Person: Type of work (5 families have a member w/second job)	Agricultural/Landscape	4	4
	Cleaning/Maintenance	9	8
	Construction/Day Labor	15	14
	Food prep/Hospitality	8	8
	Manuf/Assembly	5	5
	Retail Service/Mgmt	14	13
	Trucking	7	7
	Security	4	4
	Other	39	37
First person: Hours worked per week (Mean = 38.4 ± 14)	≤ 20	3	3
	20-29	16	16
	30-39	19	19
	40-49	45	46
	≥ 50	15	15
How is First Worker paid?	Hourly	80	84
	Salaried	6	6
	Commission	4	4
	Piecework	5	5
How often is First Worker paid?	Daily	13	12
	Weekly	52	48
	Every 2 weeks	41	37
	Monthly	3	3
Second Person: Type of Work ²	Cleaning/Maintenance	5	
	Construction/Day Labor	2	
	Food prep/Hospitality	3	
	Manuf/Assembly	1	
	Trucking	1	
	Other	8	
Second Person: Hours worked per week ² (Mean = 37 ± 10)	< 20	1	
	20-29	2	
	30-39	3	
	40-49	13	
	> 50	1	
How is Second Worker paid? ²	Hourly	17	
	Commission	2	

Table 10, continued

Questionnaire Item	Category Label	Count	Percent
How often is Second Worker paid? ²	Daily	3	
	Weekly	6	
	Every 2 weeks	10	
	Monthly	1	
Total Family Income per month from a All Sources (Mean = \$1,475 ± \$969)	\$500 or less	9	7
	\$500 - \$1,000	44	36
	\$1,000 - \$1,500	23	19
	\$1,500 - \$2,000	17	14
	\$2,000 - \$3,000	19	16
	\$3,000 and over	10	8
All Sources that contribute to Family's Total Income ³	Wages	87	64
	TANF	30	22
	SSI	20	15
	Disability	13	10
	Social Security	11	8
	Child Support	9	7
	Unemployment	4	3
	Pension	4	3
	Workman's Compensation	3	2
	Other	13	10
Does family have reliable Source of Transportation?	Yes	81	56
	No	61	42
	Declined	4	3

¹N=159 families

²Percentages not computed – too few cases

³Percentages do not sum to 100

Education, Criminal Background and Substance Abuse

It is frequently the case that other obstacles facing the homeless in their attempt to find permanent housing emanate from their personal history, which includes their education levels, criminal background or use of substances. In this section of the report, the focus turns to these areas. The related results are presented in Table 11.

The first question focused on the years of education achieved by adult members of the family. Many of the persons in the sample were high school graduates. For the first adult family member the average number of education years completed was 12 (± 2). Only six percent of this group reported having less than an eighth grade education. Twenty percent completed the 11th grade and 40 percent graduated from high school. An additional 33 percent had gone beyond high school. The statistics were roughly the same for the second adult family member, when there was one.

Table 11

Education, Criminal Background and Substance Abuse¹

Questionnaire Item	Category Label	Count	Percent
Years of School: Adult #1 (Mean = 12 ± 2) (N=143)	1-6	3	2
	7-8	5	4
	11	29	20
	12	57	40
	13-16	47	33
	> 16	2	1
Years of School: Adult #2 (Mean = 12 ± 3) (N=81)	1-6	4	5
	7-8	2	2
	9-11	20	25
	12	30	37
	13-16	23	28
	> 16	2	3
Do any adults in family have criminal record? (N=147)	Yes	45	31
	No	100	68
	Declined	2	1
How many have criminal record? (N=45)	1	35	78
	2	9	20
	3	1	2
Does anyone in family use drugs? (N=148)	Yes	2	1
	No	142	96
	Unsure	4	3
Does anyone in family drink regularly? (N=148)	Yes	22	15
	No	123	83
	Unsure	2	1
	Decline	1	1
Do you think drugs or alcohol interfere with housing or employment (N=141)	Yes	18	13
	No	121	86
	Unsure	1	< 1
	Decline	1	< 1
Does anyone in family have mental health problem? (N=147)	Yes	32	22
	No	113	77
	Unsure	1	< 1
	Decline	1	< 1

¹N=159 families

One hundred and forty-seven families responded when asked if any adult family members have a criminal record. Of these, 31 percent replied in the affirmative. Only two families responded that there were adult members who use drugs, while 15 percent responded that someone in the family drank regularly. Similarly, the “[Santa Ana Motel Families Survey Report](#)” identified 17 percent of Santa Ana residents as responding yes to the question “Have you had any drug or alcohol problems?” Thirteen percent believed that drugs and/or alcohol were interfering with the attempts to find housing or employment. Twenty-two percent reported that someone in the family, in their belief, had a mental health problem.

Health Care

The survey devoted considerable space and time to learn about the availability of health care, insurance and where health care is obtained. There were separate questions for children and adults. Those responses are the focus of this section and are summarized in Table 12. As seen in the table most families reported they were able to get health care for their children. Most of them sought that care in doctors’ offices (68%) or in an emergency room (38%). Fewer sought care in an urgent care facility, community clinic or mobile medical van. Two-thirds of responding families reported that all their children were insured, but another 13 percent reported some of their children had no insurance while some did. Fully one-fifth of the families reported their children have no insurance.

The kind of insurance reported for children was MediCal in the majority of cases (82%), but another 8 percent were covered by Healthy Families or California Kids, and 16 percent were covered by employer or privately paid insurance.

Just under two-thirds of adults (64%) report they are able to get health care for themselves. Again this care is usually sought in a doctor’s office (61%) or an emergency room (40%). Just under half (49%) of the responding families have adults with insurance, while another 19 percent have some adults with insurance and some without. Nearly a third of families have adults without any form of insurance. When families have insured adults, their insurance is usually MediCal (49%), but 31 percent have either employer or privately paid insurance.

Table 12
Health Care¹

Questionnaire Item	Category Label	Count	Percent
Can you get medical care for children? (N = 90)	Yes	72	80
	No	17	19
	Unsure	1	1
Where do you go for that care? ² (N = 85 children)	Doctor's office	58	68
	Emergency room	32	38
	Urgent care	9	11
	Community clinic	6	9
	Mobile medical van	3	4
	Public health nurses	--	--
	Other	4	5
Do your children have insurance? (N = 87)	All insured	59	67
	Some yes, some no	11	13
	None have	17	20
What kind of insurance? ² (N = 74 children)	MediCal	61	82
	Healthy Families	4	5
	California Kids	2	3
	Employer paid	8	11
	Private pay	4	5
Can you get health care for adults? (N=139)	Yes	89	64
	No	44	32
	Unsure	6	4
Source of medical care for adults? ² (N=129)	Doctor's office	78	61
	Emergency room	52	40
	Urgent care	10	8
	Chiropractor	2	2
	Community clinic	7	5
	Mobile medical van	13	10
	Public health nurses	1	1
	Other	15	12
Do adults have insurance? (N=137)	All insured	67	49
	Some yes, some no	26	19
	None have	44	32
What kind of insurance? ² (N=92)	MediCal	67	69
	Employer paid	25	26
	Private pay	5	5
Are Family's Medical Needs being met? (N=141)	Yes	90	64
	No	44	31
	Unsure	7	5

Table 12, continued

Questionnaire Item	Category Label	Count	Percent
Have any health problems contributed to housing instability? (N=138)	Yes	61	44
	No	77	56
What was the problem? (N = 59)	Medical illness	38	64
	Injury	3	5
	Mental health	7	12
	Illness of another	6	10
	Other	5	9

¹ N varies throughout

² Percentages do not sum to 100 – respondents may choose more than one option

Most families (64%) reported that their medical needs were being met, but a large segment (36%) thought they were not being met or were unsure. Almost half the families (44%) believed that health problems contributed to their housing problems while the remainder (56%) responded that health problems made no contribution to their housing issues. When health was a factor, medical and medical illnesses were most frequently cited (64% and 12 %, respectively). Injury and illness of another were also cited.

Service Gaps

Of particular importance to the formation of an effective strategic plan will be the need for services voiced by the surveyed families. In order to make that determination, the survey included questions about the services families are receiving now, what other services they need, and their reasons for not having used available services. This section focuses on their responses to those questions, which are summarized in Table 13.

One-hundred and ten families responded to the first question regarding the kinds of services they have already received while living in a motel. Over half the responding families reported they were receiving assistance from MediCal (56%) and that they were receiving food stamps (52%). Another 35 percent reported receiving cash assistance. Other areas in which approximately one-quarter of families were receiving assistance were: WIC (28%), Cal Works (23%), medical and/or mental health services (26%) and training in the form of job training or parenting classes (23%). Only 12 percent reported receiving Section 8 housing assistance or transportation services. Disability, unemployment, SSI, food and/or nutrition assistance were other areas named by a number of families.

When asked what other forms of help were needed, housing assistance in the form of Section 8 (48%) and rental housing assistance (48%) were named most frequently. Job training (47%) and credit or legal assistance (36%) followed close behind. Beyond these services others named by larger segments of the responding families were medical or

Table 13

Service Gaps

Questionnaire Item	Category Label	Count	Percent
What services received while living in motels? ¹ (N=110)	WIC	31	28
	Cal Works	25	23
	Food stamps	57	52
	MediCal	61	56
	Cash assistance	38	35
	Section 8	13	12
	Rental housing assistance	1	1
	Disability	14	13
	SSI	19	17
	Workers' compensation	6	6
	Unemployment	15	14
	Child support/alimony	10	9
	Credit or legal assistance	4	4
	Drug/alcohol abuse treatment	7	6
	Medical and/or mental health	28	26
	Food/nutrition assistance	20	18
	Employment	16	15
	Child care assistance	9	8
Training (e.g., job or parenting)	25	23	
Transportation	13	12	
What other form of help needed? ¹ (N=115)	WIC	6	5
	Cal Works	7	6
	Food stamps	27	24
	MediCal	18	16
	Cash assistance	16	14
	Section 8	55	48
	Rental housing assistance	55	48
	Disability	11	10
	SSI	12	10
	Workers' compensation	1	1
	Unemployment	3	3
	Child support/alimony	11	10
	Credit or legal assistance	41	36
	Drug/alcohol abuse treatment	3	3
	Medical and/or mental health	31	27
	Food/nutrition assistance	19	17
	Employment	19	17
	Child care assistance	12	10
	Training (e.g., job or parenting)	54	47
	Transportation	19	17
Children need help w/homework	6	5	
Job placement	23	20	
Other	16	14	

Table 13, continued

Questionnaire Item	Category Label	Count	Percent
Why didn't you use these services? ¹ (N=112)	Unaware of them	52	46
	Can't afford calling costs	10	9
	Fear losing children	1	1
	Don't know how to access	17	15
	Service doesn't come here	10	9
	Too much paperwork	3	3
	Can't be there when asked	7	6
	Tried and turned down	19	17
	People condescending	4	4
	Can't afford program costs	4	4
	Might make me repay	3	3
	Fear loss of other services	1	1
	Don't want my business known	2	2
	Not home when they come	2	2
	Don't need	12	11
Don't qualify	9	8	
Haven't applied	5	5	
Other	9	8	

¹Percentages do not sum to 100 – respondents may choose more than one option

mental health care (27%), food stamps (24%), and employment or job placement (20%). To a lesser extent families were requesting assistance in obtaining food or nutrition assistance (17%), employment (17%), transportation (17%), MediCal (16%), cash assistance (14%), disability, SSI, child support/alimony, and child care assistance (all 10%).

The questionnaire also queried respondents about their reasons for not using services that were available to them. The most frequent response given by nearly half of those responding was that they were unaware of such services (46%). Other reasons included that they had tried to obtain the services but were turned down (17%), that they did not know how to access the services (15%) or that the services were not needed (11%). A number of families seemed to also express a variety of other reasons that fell into a different category of response, such as “too much paperwork,” “can't be present to receive the service when asked,” “people were condescending,” or “don't want my business known.” A number of other responses were also given by a few families.

Summary of Survey Findings

From these data a profile can be compiled of the adults, children and families who were surveyed. On average there were three persons to a surveyed room, and this usually consisted of one family or single person. Only 11 out of 159 scientifically sampled rooms (7%) were occupied by more than one family. Thirty-five percent of the individuals included in the survey sample were children, 126 of whom were school age and 48 of whom were under five. Most adults fell in the age range of 19 to 49. Over half of the surveyed rooms were occupied by

parents, children and extended family members, and over half of the surveyed families identified themselves as white, non-Hispanic.

The majority of families lived in Orange County before becoming homeless and had been living in a motel for about 30 months. Financial loss was the single most frequently given reason for becoming homeless, and the inability to accumulate the deposit on a rental unit was the most frequent reason given for remaining homeless.

On average, families (including single individuals) moved just over three times per year, and the three most frequently mentioned reasons for moving were to obtain more services in a larger, less expensive room; because of “lockout” rules; or to find a safer environment, free of violence and vice.

Only 30 percent of the responding families had ever stayed in an emergency shelter and only 11 percent had been in a transitional housing program. The small number who reported having graduated from such a program also reported that they had moved into a motel upon graduation.

Almost all school age children were attending school, but very few respondents reported their children under 5 had attended preschool.

Over three quarters of the families who participated had one or more members who were employed, and over half were employed full-time. The large majority of people were paid hourly and received their pay weekly or every two weeks. The average family income from all sources was \$1,475 per month. Wages were the single, most important source of income for the surveyed families, but wages were supplemented by a number of other income sources as well. Just over half the survey respondents reported they had a reliable source of transportation.

On average, adults had completed 12 years of school, with over three quarters completing high school, and another third having college experience. About one third of survey respondents reported that someone in their family has a criminal record. For those who report them, drug use has a lower incidence than alcohol use. About one-fifth of the adults reported a mental health problem in the family.

Among families with children, most reported they were able to get medical care for them and obtained this care most frequently from either a doctor’s office or an emergency room. Over two-thirds of children have insurance, mostly in the form of MediCal. Fewer adults are able to get medical care, but among those that do such care is most frequently obtained from a doctor’s office or an emergency room. Over half the adults have some form of insurance, usually MediCal, but employer paid insurance is reported in about one-quarter of cases. Respondents reported their medical needs were met in about two out of three cases, but two fifths also report that health problems are contributing to their housing instability. The most frequent health problem reported was medical illness.

Many services are currently being received by the survey respondents, most frequently in the form of MediCal and food stamps, but secondarily in the form of WIC, cash assistance, Cal Works, training of various forms, and medical and mental health care.

Section 8 assistance and rental housing assistance were the two most frequently named services needed. Also named nearly as frequently were training of various kinds and credit or legal assistance. A number of other services were also named.

The reasons given for not accessing available services fell into several categories, most prominently those having to do with not being aware of services, not qualifying for services or not knowing how to apply and, secondarily, reasons having to do with what can only be referred to generically as “fears” related to obtaining service: being treated disrespectfully, the paperwork, not wanting personal business known, etc.

The analysis of other background questions revealed that the majority of respondents speak and read English well. Most have access to a telephone, but far fewer have access to the internet.

These findings have provided an overview of the current situation of homeless families and individuals who reside in Anaheim’s motels. The report now turns to a report concerning the structure of a new strategic plan designed to address the needs identified by the survey findings.