

Executive Summary

IN CALIFORNIA, more than 171,000 people experience homelessness daily. California is home to 12% of the nation's population, 30% of the nation's homeless population, and half the nation's unsheltered population. While homelessness is a major issue for California, there are many conflicting ideas about what to do about it. To design effective programs and policies to address homelessness, we need to understand who is experiencing it, how they became homeless, what their experiences are, and what is preventing them from exiting homelessness.

To answer these questions, the University of California, San Francisco (UCSF) Benioff Homelessness and Housing Initiative conducted the California Statewide Study of People Experiencing Homelessness (CASPEH), the largest representative study of homelessness since the mid-1990s and the first large-scale representative study to use mixed methods (surveys and in-depth interviews). Guided by advisory boards composed of people with lived experience of homelessness and those who work on homelessness programs and policies, we selected eight counties that represent the state's diversity and recruited a

representative sample of adults 18 and older experiencing homelessness throughout California. The investigators conducted the research between October 2021 and November 2022. We administered questionnaires to nearly 3,200 participants, selected intentionally to provide a representative sample, and weighted data to provide statewide estimates. To augment survey responses, we recruited 365 participants to participate in in-depth interviews. With this context, CASPEH provides evidence to shape programs and policy responses to the homelessness crisis.

Benioff Homelessness
and Housing Initiative



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WHO EXPERIENCES HOMELESSNESS IN CALIFORNIA

First, we explore the life experiences of study participants. Individuals with certain vulnerabilities, those with a history of trauma, and/or those from racially minoritized groups, are at higher risk of experiencing homelessness. People who experience homelessness have higher rates of mental health conditions and substance use than the general population. For many, these problems predated their first episode of homelessness.

■ **The homeless population is aging, and minoritized groups are overrepresented.** The median age of participants was 47 (range 18-89). Participants who report a Black (26%) or Native American or Indigenous identity (12%) were overrepresented compared to the overall California population. Thirty-five percent of participants identified as Latino/x.

■ **People experiencing homelessness in California are Californians.** Nine out of ten participants lost their last housing in California; 75% of participants lived in the same county as their last housing.

■ **Participants have been homeless for prolonged periods.** Thirty-nine percent of participants were in their first episode of homelessness. The median length of homelessness was 22 months. More than one third (36%) met federal criteria for chronic homelessness.

■ **Participants reported how stress and trauma over the life course preceded their experience with homelessness.** Participants reported experiences of discrimination, exposure to violence, incarceration, and other traumas prior to homelessness. These experiences interacted and compounded to increase vulnerability to homelessness.

■ **Physical and sexual victimization throughout the life course was common.** Nearly three quarters (72%) experienced physical violence in their lifetime; 24% experienced sexual violence. Sexual violence was more common among cis-women (43%) and transgender or nonbinary individuals (74%).

■ **Participants reported high lifetime rates of mental health and substance use challenges.** The majority (82%) reported a period in their life where they experienced a serious mental health condition. More than one quarter (27%) had been hospitalized for a mental health condition; 56% of these hospitalizations occurred prior to the first instance of homelessness. Nearly two thirds (65%) reported having had a period in their life in which they regularly used illicit drugs. Almost two thirds (62%) reported having had a period in their life with heavy drinking (defined as drinking at least three times a week to get drunk, or heavy intermittent drinking). More than half (57%) who ever had regular use of illicit drugs or regular heavy alcohol use had ever received treatment.

PATHWAYS TO HOMELESSNESS

Second, we sought to understand the context of participants' lives prior to their most recent episode of homelessness. High housing costs and low income left participants vulnerable to homelessness.

In the six months prior to homelessness, the median monthly household income was \$960. A high proportion had been rent burdened. Approximately one in five participants (19%) entered homelessness from an institution (such as a prison or prolonged jail stay); 49% from a housing situation in which participants didn't have their name on a lease or mortgage (non-leaseholder), and 32% from a housing situation where they had their name on a lease or mortgage (leaseholder).

■ **Participants exiting housing to homelessness reported having minimal notice.** Leaseholders reported a median of 10 days notice that they were going to lose their housing, while non-leaseholders reported a median of one day.

■ **Non-leaseholders reported lower incomes and housing costs than leaseholders.** In the six months prior to homelessness, the median monthly household income for non-leaseholders was \$950. Of non-leaseholders, 43% were not paying any rent; among those who reported paying anything, the median monthly rent was \$450. Among non-leaseholders who paid rent, 57% were rent burdened (paying more than 30% of household income for rent). Many non-leaseholders previously had been in leaseholding arrangements, but were able to forestall homelessness by moving in with family or friends. Not only did participants lack legal rights, but they often were living in substandard and overcrowded conditions. These arrangements tended to be highly stressful, leading to conflicts.

■ **Leaseholders had higher incomes, but higher housing costs.** The median monthly household income for leaseholders in the six months prior to homelessness was \$1400. The median housing costs were \$700. While 10% of participants whose names were on the lease didn't pay for housing, among those who paid rent, 66% met criteria for rent burden. Sixteen percent of leaseholders had received a rental subsidy in their last housing. Those who became homeless immediately after leaving a leaseholding situation were similar in many ways to the non-leaseholders but lacked options to move to after losing their housing.

■ **The most common reason for leaving last housing was economic for leaseholders and social for non-leaseholders.** Twenty-one percent of leaseholders cited a loss of income as the main reason that they lost their last housing. Among non-leaseholders, 13% noted a conflict within the household and 11% noted not wanting to impose. For leaseholders, economic considerations interacted frequently with social and health crises. For example, participants' (or household members) health crises led them to lose their job.

■ **Participants who entered homelessness from institutional settings reported not having received transition services.** Nineteen percent of participants entered homelessness from an institutional setting, such as prolonged jail and prison stays. Few reported having received services prior to having exited.

■ **A low proportion of those who entered homelessness from housing situations had sought or received homelessness prevention services.** Many participants were unaware of these services. Overall, 36% of participants had sought help to prevent homelessness, but most sought help from friends or family, rather than non-profits or government agencies.

■ **Even if the cause of homelessness was multifactorial, participants believed financial support could have prevented it.** Seventy percent believed that a monthly rental subsidy of \$300-\$500 would have prevented their homelessness for a sustained period; 82% believed receiving a one-time payment of \$5,000-\$10,000 would have prevented their homelessness; 90% believed that receiving a Housing Choice Voucher or similar option would have done so.

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EXPERIENCES DURING HOMELESSNESS

Next, we examined participants' experiences of homelessness. Homelessness is devastating to health and well-being. Participants' experiences were difficult and marked by significant health challenges, high use of drugs and alcohol, frequent victimization, and interactions with the criminal justice system. For the most part, participants were disconnected from the job market and services.

■ **Most participants were unsheltered.** More than three quarters (78%) noted that they had spent the most time while homeless in the prior six months in unsheltered settings (21% in a vehicle, 57% without a vehicle). Over the prior six months, 90% reported at least one night in an unsheltered setting. Participants who stayed in shelters reported general satisfaction with them; many who didn't expressed concerns about curfews, the need to vacate during the day, health risks, and rules. Forty-one percent of participants noted a time during this homelessness episode where they wanted shelter but were unable to access it.

■ **Participants reported poor health and many health challenges.** Forty-five percent of all participants reported their health as poor or fair; 60% reported a chronic disease. More than one third of all participants (34%) reported a limitation in an activity of daily living, and 22% reported a mobility limitation.

■ **Among women of reproductive age, pregnancy was common.** One quarter (26%) of those assigned female at birth age 18-44 years had been pregnant during this episode of homelessness; 8% reported a current pregnancy.

■ **Despite these health challenges, participants had poor access to healthcare.** While 83% of participants reported having health insurance (primarily Medicaid); half (52%) reported a regular non-emergency department (ED) source of care. Half (49%) had seen a health care provider outside the ED in the prior six months. Almost one quarter (23%) reported an inability to get needed healthcare in the prior six months.

■ **Participants had high rates of acute and emergent health service utilization.** In the prior six months, 38% reported an ED visit that didn't result in a hospitalization; 21% reported a hospitalization for a physical health concern and 5% for a mental health issue.

■ **Many participants had symptoms of mental health conditions; few had access to treatment.** Participants noted how the stresses of homelessness exacerbated their mental health symptoms. Two thirds (66%) noted symptoms of mental health conditions currently, including serious depression (48%), anxiety (51%), trouble concentrating or remembering (37%), and hallucinations (12%). Only 18% had received non-emergent mental health treatment recently; 9% had received any mental health counseling and 14% any medications for mental health conditions.



■ **Substance use, particularly methamphetamine use, was common; few received treatment.** Many participants reported using drugs and alcohol to help them cope with the circumstances of homelessness. Almost one third (31%) reported regular use of methamphetamines, 3% cocaine, and 11% non-prescribed opioids. Sixteen percent reported heavy episodic drinking. Nearly one quarter (24%) noted that substance use currently caused them health, legal, or financial problems. Approximately equal proportions reported that their use of drugs had decreased, stayed the same, or increased during this homelessness episode. Six percent of participants reported receiving any current drug or alcohol treatment. Twenty percent of those who report current regular use of illicit drugs or heavy episodic alcohol use reported that they wanted treatment, but were unable to receive it.

■ **Criminal justice involvement and experiences of violence were common.** Nearly one third (30%) of participants reported a jail stay during this episode of homelessness. Participants reported that homelessness left them more vulnerable to violence. More than one third of all participants (38%) experienced either physical (36%) or sexual (10%) violence during this episode of homelessness. Cis-women (16%) and transgender or non-binary individuals (35%) were more likely to experience sexual violence.

■ **Participants noted substantial disconnection from labor markets, but many were looking for work.** Some of the disconnection may have been related to the lack of job opportunities during the pandemic, although participants did report that their age, disability, lack of transportation, and lack of housing interfered with their ability to work. Only 18% reported income from jobs (8% reported any income from formal employment and 11% from informal employment). Seventy percent reported at least a two-year gap since working 20 hours or more weekly. Of all participants, 44% were looking for employment; among those younger than 62 and without a disability, 55% were.

BARRIERS AND FACILITATORS OF RETURNS TO HOUSING

Next, we examined what prevented participants from re-entering housing. While participants faced many barriers to returning to housing, the primary one was cost. Participants overwhelmingly wanted permanent housing, but they had conflicting feelings about emergency shelter.

■ **Nearly all participants expressed an interest in obtaining housing, but faced barriers.** Nearly 9 in 10 (89%) participants noted housing costs as a barrier to re-entering permanent housing. Other barriers included lack of necessary documentation, discrimination, prior evictions, poor credit history, challenges associated with physical or behavioral health conditions, and family considerations (such as having enough space for their children).



■ Participants were not receiving regular assistance, such as housing navigation, to help them exit homelessness. Fewer than half (46%) had received any formal assistance to re-enter housing during their episode of homelessness. Only 26% received assistance monthly or more frequently in the prior six months. Two thirds of participants believed that their lacking assistance was a barrier in their re-entering housing.

■ Participants believed that financial assistance would help them obtain housing and exit homelessness. Eighty-six percent thought that a monthly subsidy of \$300-\$500 a month would help them re-enter housing. Ninety-five percent thought a lump-sum payment of \$5,000-\$10,000 would help them. Ninety-six percent thought that a Housing Choice Voucher (or similar rental subsidy) would help them re-enter housing.

POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations. The full report presents more detailed recommendations; we list our top six here:

1 Increase access to housing affordable to extremely low income households (those making less than 30% of the Area Median Income) through (1) supporting production of housing (e.g., Low Income Housing Tax Credits, leveraging land use tools), (2) expanding availability of rental subsidies (e.g., Housing Choice Vouchers), and (3) supporting their use on the rental market (e.g., increase housing navigation services, create and enforce anti-discrimination laws).

2 Expand targeted homelessness prevention (e.g., financial support, legal assistance) at service settings (e.g., social service agencies, healthcare settings, domestic violence services, community organizations) for both leaseholders and non-lease holders. Expand prevention and transition services at institutional exits (jails, prisons). Expand and strengthen eviction protections.

3 Provide robust supports to match the behavioral health needs of the population by (1) increasing access to low barrier mental health, substance use, and harm reduction services during episodes of homelessness (including unsheltered settings) and (2) appropriately staffing permanent supportive housing with evidence-based models (e.g., pathways to housing, assertive community treatment, and intensive case management) that meet the needs of the population.

4 Increase household incomes through evidence-based employment supports (e.g., training, transportation) and affirmative outreach to support increasing receipt of benefits.

5 Increase outreach and service delivery to people experiencing homelessness, including a focus on unsheltered settings.

6 Embed a racial equity approach in all aspects of homeless system service delivery. Ensure that prevention activities and coordinated entry prioritization schemes address racial inequities; and that service delivery is conducted in a way that support racial equity.

