



Response to UCSF's California Statewide Study of People Experiencing Homelessness

The California Peace Coalition (CPC) is a nonpartisan coalition of formerly homeless individuals, parents of children who are homeless, parents of children killed by fentanyl, and concerned community leaders. We believe addressing homelessness requires a holistic, compassionate, and evidence-based approach that respects the dignity of people experiencing homelessness, and we advocate for such solutions at the local, state and national levels.

After reviewing the California Statewide Study of People Experiencing Homelessness (CASPEH) conducted by the UCSF Benioff Homelessness and Housing Initiative, CPC strongly advises lawmakers against crafting public policy based on the study's findings alone.

CASPEH contains significant shortcomings in its research approach and conclusions. These include:

- CASPEH's claim to "provide an accurate picture of the homelessness crisis" is overstated, given the inherent limitations of its research.¹ Disappointingly, the authors assert definitively that "migration is a myth" based on methodologically weak statistics.²
- While it spends a considerable amount of time on the need for affordable housing in California, CASPEH does little to advance the discussion and lacks the rigor of other recent benchmark studies.³ Strikingly, CASPEH fails to investigate why California's policies favoring permanent housing over shelter have failed so many, even though some of these issues (including high mortality rate among tenants) relate to behavioral health, the authors' domain of expertise.
- Likewise, CASPEH fails to emphasize behavioral health as a preventative measure to homelessness, even though the study explores many areas where mental health and substance use treatment could have mitigated social and economic conditions that led to homelessness. How might the trajectory of respondents' lives have been different, had they gotten earlier access to behavioral health care at providers like UCSF?

Methodological issues

Sampling/non-response bias: While CASPEH is laudable for its large sample size (nearly 3,200 respondents) and its goal to "accurately [represent] all adults experiencing homelessness regardless of service use, living situation, family structure or language spoken," there are clear selection issues in interviewing this population, including potential respondents' intoxication and ability to participate, about which the report omits mention.⁴ Of the 3,200 respondents, the study selected 365 for in-depth interviews, limited to those who "would be able to discuss the interview topic at length."⁵ This excludes people suffering from the greatest impairment from drug use and mental health issues. By overstating the representativeness of their findings, the authors diminish the credibility of their report.

Response bias: CASPEH omits discussion of the potential limitations of self-reported data, particularly from respondents who suffer from impaired memory, judgment, or understanding of their situation due to substance use and mental health issues.⁶ Indeed, the majority of respondents report mental health and substance use issues: “eighty-two percent of participants experienced one of these in their lifetime; depression (69%) and anxiety (69%)...23% reported having experienced hallucinations”⁷; “nearly two-thirds (65%) of participants reported ever using either amphetamines, cocaine, or non-prescribed opioids regularly”⁸ and 35% reported current use.⁹ Since it is widely known that psychosis, paranoia, anxiety, confusion, and other mental health challenges can afflict substance users, it is surprising that CASPEH doesn’t address how these issues might affect its findings.¹⁰

Omissions relating to the effects of behavioral health

While housing and economic factors are unquestionably significant, CASPEH’s underemphasis of addiction and mental health issues as drivers of homelessness reflects a significant oversight of UCSF’s role as a healthcare provider in addressing behavioral health vulnerabilities that can lead to homelessness.

Behavioral health issues prior to homelessness: CASPEH reveals high rates of substance use and mental health issues among respondents prior to their becoming homeless: “In the six months before homelessness, 29% used amphetamines, cocaine, or non-prescribed opioids regularly (at least three times a week)...25% of all respondents reported that substance use led to health, social or legal problems in the six months prior to homelessness...82% of respondents reported depression/anxiety/hallucinations in their lifetime, with 27% hospitalized for a mental health issue, half before becoming homeless.”¹¹

Nevertheless, behavioral health issues are not called out as drivers of homelessness in any of the summaries, instead the blame is pointed to income, housing, and other factors. Consider the “Pathway to Homelessness” section in the executive summary: among the seven “Pathway to Homelessness” highlighted by the authors, four were economic or housing-related and none were related to addiction or mental health.¹² Similarly, none of the “top six” policy recommendations in the executive summary mention mental health and substance use treatment as a potential prevention of homelessness.¹³ Given the scarcity of mental and behavioral health services and the clear need revealed in the survey results, it’s surprising that CASPEH neglects to recommend more mental health and substance use treatment for people to prevent their becoming homeless.

Impact of fentanyl: CASPEH set out to examine the experience of being homeless, but made no mention of fentanyl, despite its catastrophic effect on the homeless population since it became prominent over the past 5 years. People experiencing homelessness in Los Angeles County were 39 times more likely to die of drug overdoses than the general population, due largely to fentanyl overdose.¹⁴ From 2020-2021, drug overdose was the leading cause of death for people experiencing homelessness in Los Angeles, accounting for 37% of all deaths among unhoused individuals.¹⁵ In contrast, COVID-19 is mentioned 25 times in CASPEH despite it being only the 5th leading cause of death among people experiencing homelessness in Los Angeles.¹⁶ Fentanyl has changed the paradigm in overdose risk for homeless people, and CASPEH does not adequately address it.

Treatment access: CASPEH asked participants “whether they had ever wanted treatment but had been unable to access it,” and found, tragically, that 29% had.¹⁷ This finding necessitated a robust inquiry as to what may have been the barriers; indeed, 83% of respondents reported having health insurance, leading one to wonder whether insurance failed to cover the services or if the services were not appropriate for the user (and if so

why).¹⁸ It's unclear why the survey didn't probe into these issues – given the clear need and that the solutions lie within the report writers' domain of expertise.

Treatment refusal: Further, the survey does not cover whether participants had ever been offered treatment and declined, a significant oversight given the resulting policy recommendation is for “increased access for those who want [treatment], particularly those in unsheltered settings.”¹⁹ CASPEH missed a valuable opportunity to explore whether and why participants with substance use disorders might be uninterested in seeking treatment, particularly as these insights could have been examined along demographic and psychographic segments to craft solutions to better serve specific communities.

Successful exits: CASPEH made no attempt to study a critical population: people who have successfully exited homelessness. While outside of CASPEH's scope, a serious attempt to “provide an accurate picture of the homelessness crisis” would require closely examining what policies and factors produce successful exits from the tragedy of homelessness.²⁰

Differentiated pathways: After collecting a trove of psychographic and demographic data from people experiencing homelessness, CASPEH authors could do so much more to advance their goal of “meeting people where they are” by creating a more culturally centric roadmap of services that are needed to help people navigate out of homelessness.²¹

Homeless migration

There is mounting concern that homeless migration and drug tourism are fueling the crisis in California, which is home to 12% of the US population but 50% of its unsheltered homeless.²² Given the enormity of the challenge that migration has on budgets and planning, it is surprising that UCSF didn't attempt to further validate their finding that “nine out of ten participants lost their last housing in California” and that “75% of participants lived in the same county as their last housing.”²³ Respondent bias could affect these data (including a reluctance of being disqualified from receiving local benefits).

Additionally, the study placed a low bar on what qualifies as residency, to as little as one month living somewhere without paying rent.²⁴ This low threshold for residency reflects how the state has tried to reduce friction and enable access to services: within the CPC network, numerous homeless individuals have changed their residencies to San Francisco in as little as a few weeks with the assistance of organizations which serve homeless people, including receiving an address by virtue of a PO box and assistance with the paperwork. While well-intended, this easy access to residency can create an unrealistic expectation about receiving housing; the survey found that “52% noted being negatively impacted by extended waitlists [for housing]; 45% noted this impacted them a lot.”²⁵ It merits consideration as to whether anticipation of housing inhibits people from seeking alternatives that are easier to access and ultimately more salutary.

Other data reveal a far greater migration issue. For example, LAHSA's 2019 survey of homeless people in Los Angeles found that 35% of respondents lived outside Los Angeles before becoming homeless.²⁶ In San Francisco, during recent efforts to reduce open-air drug use, 95% of people were found to be from out of town.²⁷ CASPEH's statements about migration are unreliable and should not be used to formulate policy.

Bias in CASPEH's policy recommendations

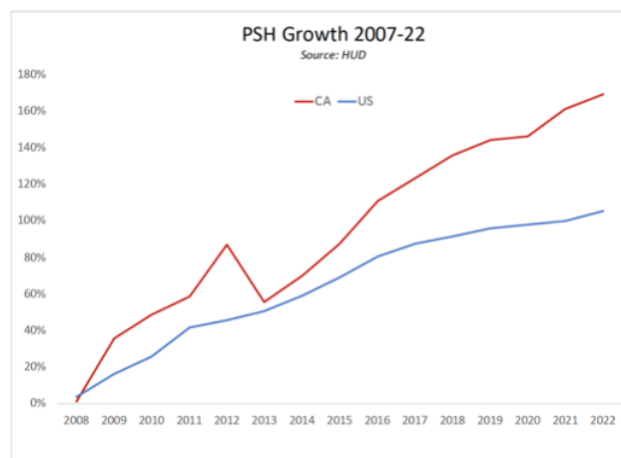
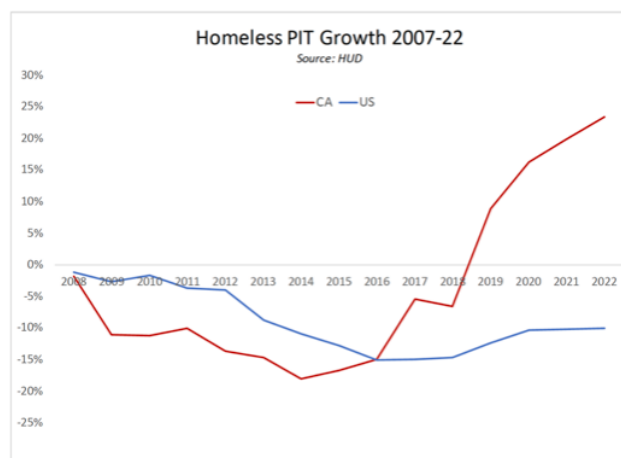
Housing: CASPEH recommends, for those with complex behavioral health needs, an increase in permanent supportive housing (PSH) “aligned with Housing First principles [with] evidence-based models of care (e.g., Assertive Community Treatment, Intensive Case Management, Pathways to Housing)”²⁸ without acknowledging the outcomes of such policies in California after years of heavy investment.

Under “Housing First” policy, adopted in 2016, tenant screening and selection practices promote accepting applicants regardless of their sobriety or substance use, completion of treatment, or participation in services.²⁹ This low-barrier approach has risks, among them a high mortality rate of tenants. One study found that tenants in single room occupancy (SRO) housing in San Francisco are 19 times more likely to die of overdose than non-SRO residents³⁰ and recent reporting shows that San Francisco's SROs “have been the site of at least 16% of all fatal overdoses citywide... though the buildings house less than 1% of the population.”³¹

Indeed, after recommending PSH aligned with Housing First principles as per above, CASPEH caveats that “there is a need for funding to pay for appropriate service provision,” exposing the challenge of continuing to pursue PSH aligned with Housing First principles when the necessary wrap around services are not yet adequately funded.³²

California’s need for more housing is clear and has been the subject of extensive study. And yet, it remains an open question as to how the state’s Housing First policy has affected homeless counts. While the state has almost tripled its PSH since 2007, outpacing the growth in the rest of the US by 60%, its homeless counts have risen sharply, particularly after the state’s adoption of Housing First in 2016.³³ Housing costs alone cannot account for the increase in California’s homelessness: housing costs have risen across the US without triggering a comparable surge in homelessness.³⁴

Before pursuing CASPEH’s Housing First recommendation, policymakers would be well served investigating how contingency models similar to Amsterdam’s may be more effective for PSH.



Shelter: While California's shelter capacity has grown little due to the state's focus on permanent housing, the unsheltered homeless population has skyrocketed to 115,000 in 2022.³⁵ As a result, among major US cities, San Francisco and Los Angeles have the highest rate of unsheltered homeless people in the US.³⁶ The consequences are significant: those who lack shelter have deleterious health consequences compared to those who are sheltered.³⁷ In this context, it is significant that CASPEH finds unmet demand for shelter: "Forty-one percent of participants noted that, during this episode of homelessness, there was a time that they wanted shelter but could not access it, showing unmet need for shelter."³⁸

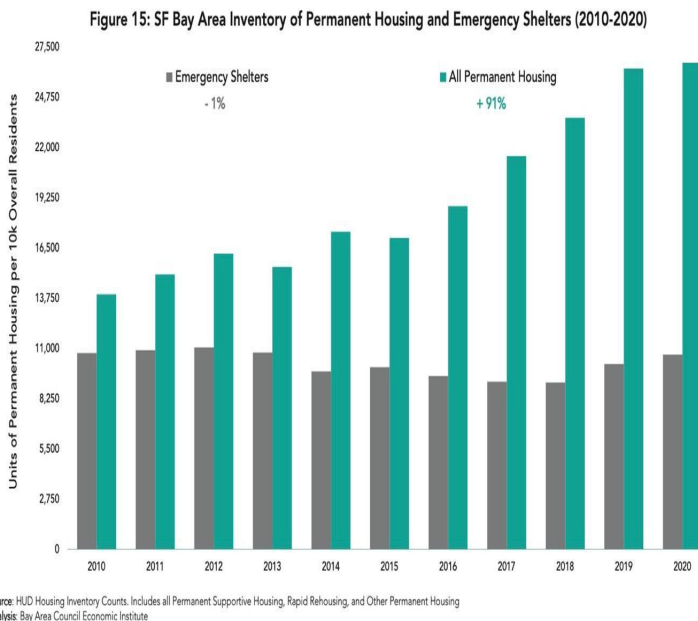
CASPEH further notes that "participants residing in congregate shelters reported being satisfied, generally, with their living arrangements."³⁹

Inexplicably, CASPEH does not recommend creating additional shelters except for domestic violence survivors.⁴⁰

Cash payments: Another CAPSEH surprising policy recommendation is the one-time cash payment of \$5,000-\$10,000 to prevent homelessness, recommended because study participants, including "those who had substantial substance use or mental health conditions" reported that this intervention could have prevented their homelessness.⁴¹ Aside from the reality that few would say no to thousands of dollars with no strings attached, CAPSEH does not address the potential overdose risk inherent in giving those with active substance abuse disorder so much cash at once.

Conclusion

The California Peace Coalition strongly recommends against using UCSF's CAPSEH study as a guide for solving homelessness in California. Learn more about the California Peace Coalition's policy proposals on shelter first, psychiatry/treatment for all, and closure of open-air drug markets on our website at <https://www.californiapeacecoalition.org/>.



¹ Kushel, M., Moore, T., et al. (2023). Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative, 11.

² UCSF Benioff Homelessness and Housing Initiative (2023), X, <https://twitter.com/ucsfbhhi/status/1683881296194572289>; also see appendix below for screenshot.

³ Stanford Institute for Economic Policy Research (2022), "Homelessness in California: Causes and Policy Considerations".

⁴ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 12.

⁵ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 16.

- ⁶ Crisanti, et al. (2003). "A review of the validity of self-reported arrests among persons with mental illness", *Current Opinion in Psychiatry*.
- ⁷ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 26.
- ⁸ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 27.
- ⁹ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 61.
- ¹⁰ U.S. Department of Veteran Affairs, <https://www.mentalhealth.va.gov/substance-use/stimulants.asp>.
- ¹¹ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 43.
- ¹² Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 5.
- ¹³ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 9.
- ¹⁴ County of Los Angeles Department of Public Health, <http://publichealth.lacounty.gov/phcommon/public/media-/mediapubhpdetail.cfm?prid=4384>
- ¹⁵ *ibid.*
- ¹⁶ *ibid.*
- ¹⁷ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 28.
- ¹⁸ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 7.
- ¹⁹ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 85.
- ²⁰ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 11.
- ²¹ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 86.
- ²² Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 4.
- ²³ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 5.
- ²⁴ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 31.
- ²⁵ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 77.
- ²⁶ Los Angeles Homeless Services Authority, "2019 Greater Los Angeles Homeless Count Presentation", <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>, 24.
- ²⁷ Swan, Rachel (2023), "Is S.F. a 'drug tourism' destination? SFPD arrests stat stirs debate", *SF Chronicle*, <https://www.sfchronicle.com/sf/article/san-francisco-drug-tourism-arrests-tenderloin-18156424.php>
- ²⁸ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 86.
- ²⁹ California Department of Housing and Community Development, "Housing First Fact Sheet", <https://www.hcd.ca.gov/grants-funding/active-funding/docs/housing-first-fact-sheet.pdf>
- ³⁰ Rowe, et. al (2019), "Drug overdose mortality among residents of single room occupancy buildings in San Francisco, California, 2010–2017", Elsevier B.V.
- ³¹ Thadani, Trisha, Palomino, Joaquin, et. al (2022), "San Francisco's deadly failure on the drug crisis is unfolding inside its own housing program", *San Francisco Chronicle*.
- ³² Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 86.
- ³³ HUD Exchange <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>
- ³⁴ Federal Reserve, <https://fred.stlouisfed.org>
- ³⁵ *ibid.*
- ³⁶ Bay Area Council Economic Institute (2021), "Bay Area Homelessness: New Urgency, New Solutions", 13.
- ³⁷ Moses, Joy (2019), "Unsheltered Homelessness is a Crisis", *National Alliance to End Homelessness*.
- ³⁸ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 53.
- ³⁹ *ibid.*
- ⁴⁰ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 88.
- ⁴¹ Kushel, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness", 48.

Appendix: "Homeless Migration is a Myth" Screenshot

