

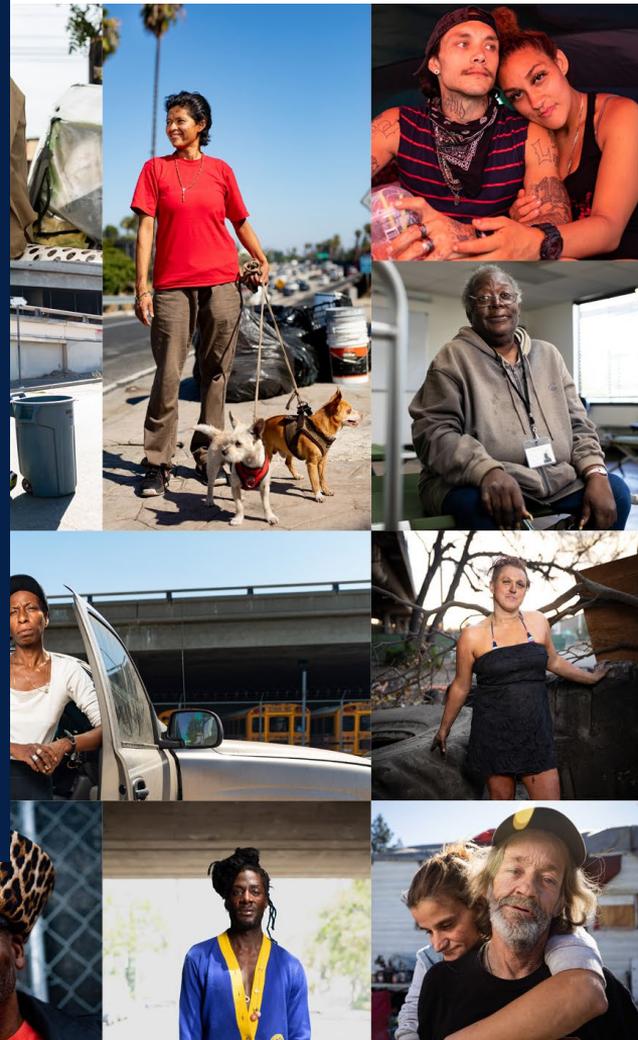
Benioff Homelessness and Housing Initiative



University of California  
San Francisco

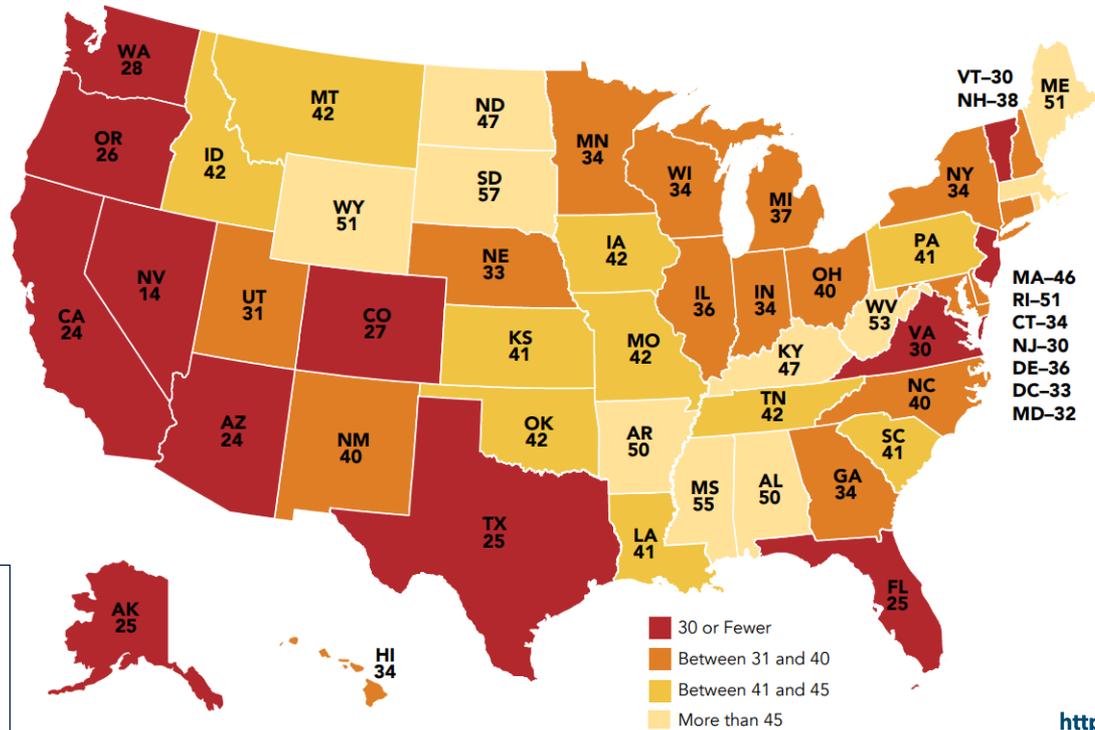
# Homelessness and Health: The Need for Cross-Sector Solutions

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# Lack of deeply affordable housing drives homelessness

No State Has an Adequate Supply of Affordable Rental Housing for the Lowest Income Renters



Affordable and Available Rental Homes per 100 Extremely Low-Income Renter Households

<https://nlihc.org/gap>

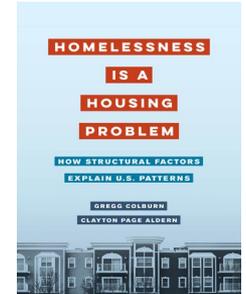
# Drivers vs. Precipitants of Homelessness

**Drivers:** Systemic factors that create overall homelessness rates and explain the difference in homelessness rates between communities

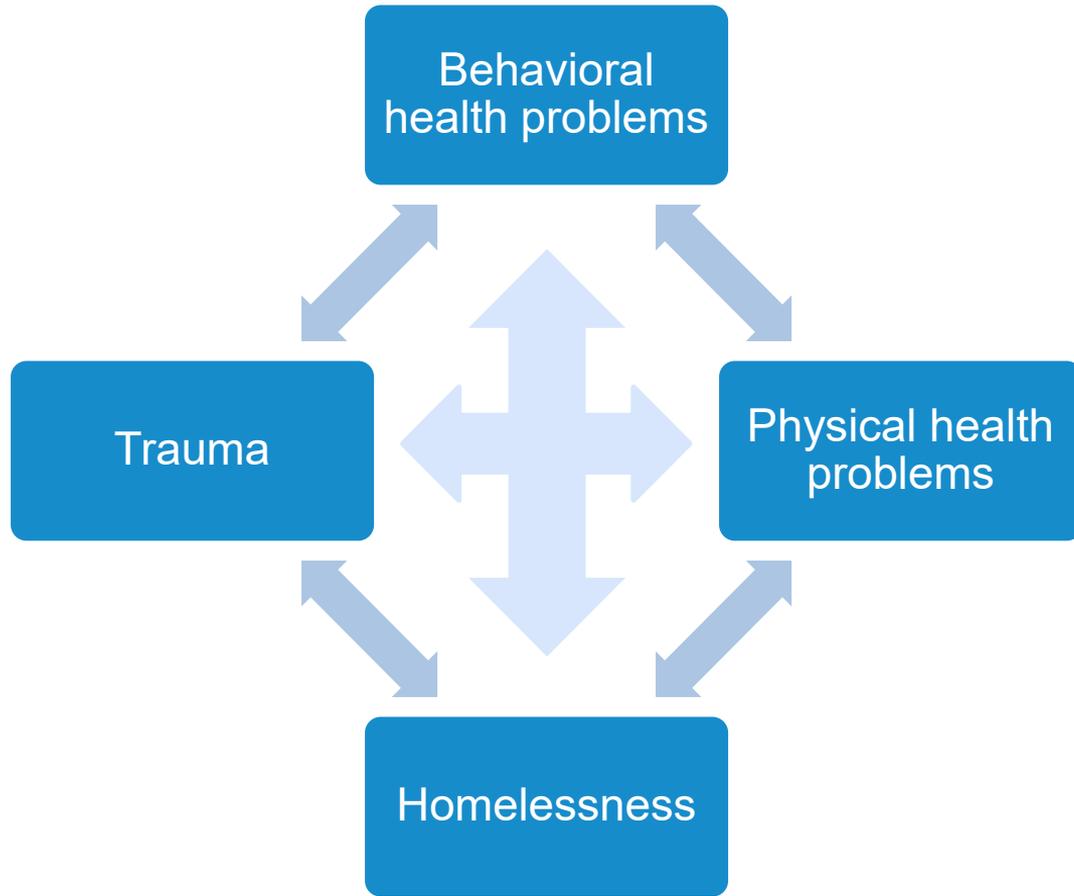
- Lack of affordable housing
- Income inequality

**Precipitants:** Individual risk factors that increase the chance that any individual within a community becomes homeless

- Substance use disorders
- Mental health problems



Aldern and Colburn, 2022





*“Most of the time we're ...running around, **trying to figure out where we're going to sleep at night** ... We're not worried about going to the doctors or going to see somebody or going to get help with our mental state.”*

*-CASPEH Participant*



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- **26%** reported a Black racial identity (vs. 7% statewide)
- **12%** reported Native American, Alaskan Native or Indigenous identity (vs. 3% statewide)
- **35%** reported a Latina/o/x identity



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- Gender:
  - **69%** cisgender men
  - **30%** cisgender women
  - **1%** transgender/non-binary/other gender identified

## Median Age: 47

(range 18-89)

**48%** of single adults  
were 50+

**41%** of this group  
first became homeless  
at 50 or older



## Places slept most in past 6 months:

**78%** Unsheltered

- 21% Vehicle
- 57% Non-vehicle

**22%** Sheltered



**36%** experienced physical violence during their current episode of homelessness

**10%** experienced sexual violence during their current episode

- 16% of cisgender women
- 35% of transgender, non-binary, or gender non-conforming participants

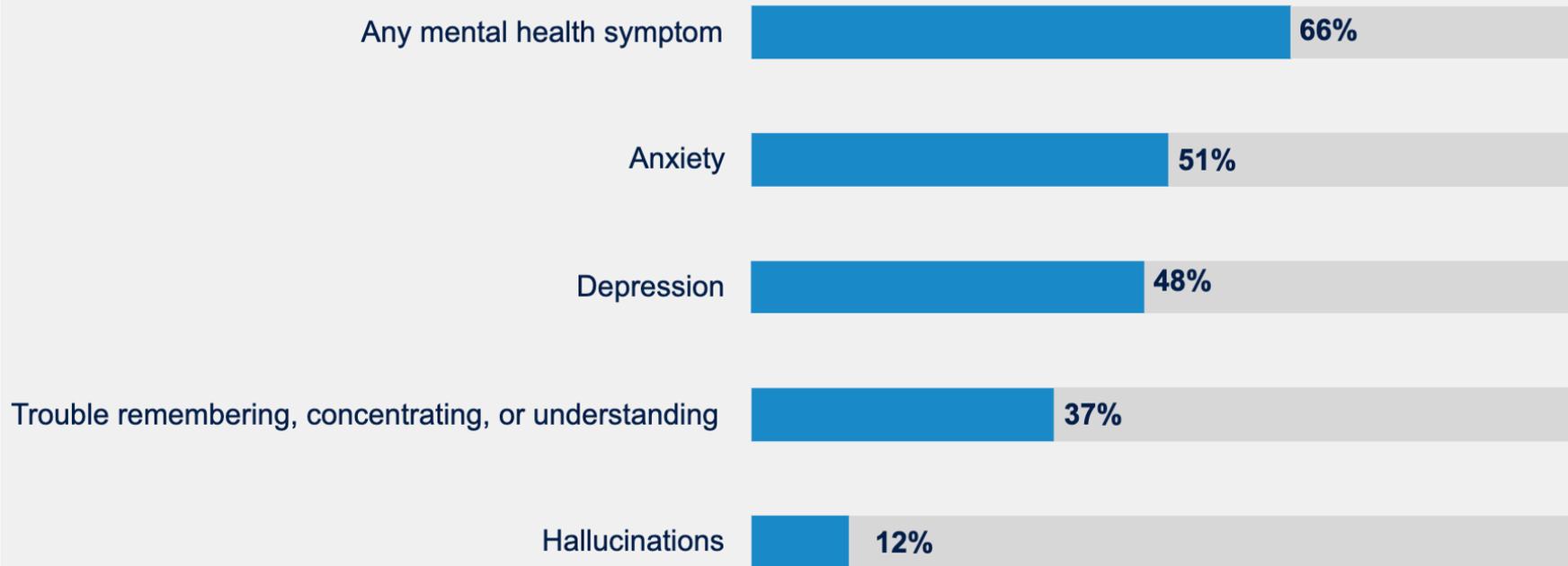
Approximately **half** perpetrated by a stranger

- **45%** reported poor or fair health
- **60%** had one or more chronic health condition
- **34%** reported a difficulty with an activity of daily living

## In their lifetime:

- **27%** experienced a psychiatric hospitalization
  - **44%** of these experienced it after their first instance of homelessness

## Current Self-Reported Mental Health Symptoms



- Of those who reported a current mental health symptom:
  - **24%** received mental health counseling or medication in the prior 30 days

- **5%** had an inpatient psychiatric hospitalization in the past 6 months

- **37%** used illicit drugs 3x week or more during current episode
  - 33% methamphetamines
  - 10% opioids
  - 3% cocaine

Assaf RD, Morris MD, Straus ER, Martinez P, Philbin MM, Kushel M. Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness. *JAMA*. February 19, 2025. doi:10.1001/jama.2024.27922

- **23%** of all began using illicit drugs regularly after experiencing homelessness

Assaf RD, Morris MD, Straus ER, Martinez P, Philbin MM, Kushel M. Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness. *JAMA*. February 19, 2025. doi:10.1001/jama.2024.27922



*“I started, I guess you could say using, when I became homeless... meth... I would **use it to stay awake at night**. So, it’s not like I would need a fix in the daytime or nothing else.”*

- CASPEH Participant

- **9%** current heavy episodic alcohol use (weekly)
- **40%** current either regular illicit drug or heavy alcohol use

Of those who reported current, regular illicit drug use or weekly heavy episodic alcohol use:

- **10%** currently receiving treatment or counseling
- **26%** wanted treatment during current episode of homelessness, but were unable to access it

# 48% reported EITHER

- Current regular illicit drug use (35%)
- Heavy episodic alcohol use (weekly) (9%)
- Current hallucinations (12%) or
- Recent psychiatric hospitalization (5%)

- **83%** were covered by some form of health insurance
  - Mostly Medi-Cal
- **52%** reported having a regular source of non-emergency department (ED) healthcare
  - **12%** through a mobile clinic or street medicine team

- **39%** no healthcare visits (outside of ED) in prior year
- **24%** reported an unmet health care need
- **23%** reported an unmet need for medication

Fields JD, Assaf RD, Nguyen KH, Platamone CC, Pottebaum JM, Giannola J, Kushel M. Factors Associated with Healthcare Access and Use Among Adults Experiencing Homelessness: Results from the California Statewide Study of People Experiencing Homelessness. JAMA Health Forum. In Press, 2025.

- In the past 6 months
  - **39%** visited the ED
  - **22%** had an inpatient hospitalization for physical health

Fields JD, Assaf RD, Nguyen KH, Platamone CC, Pottebaum JM, Giannola J, Kushel M. Factors Associated with Healthcare Access and Use Among Adults Experiencing Homelessness: Results from the California Statewide Study of People Experiencing Homelessness. JAMA Health Forum. In Press, 2025.

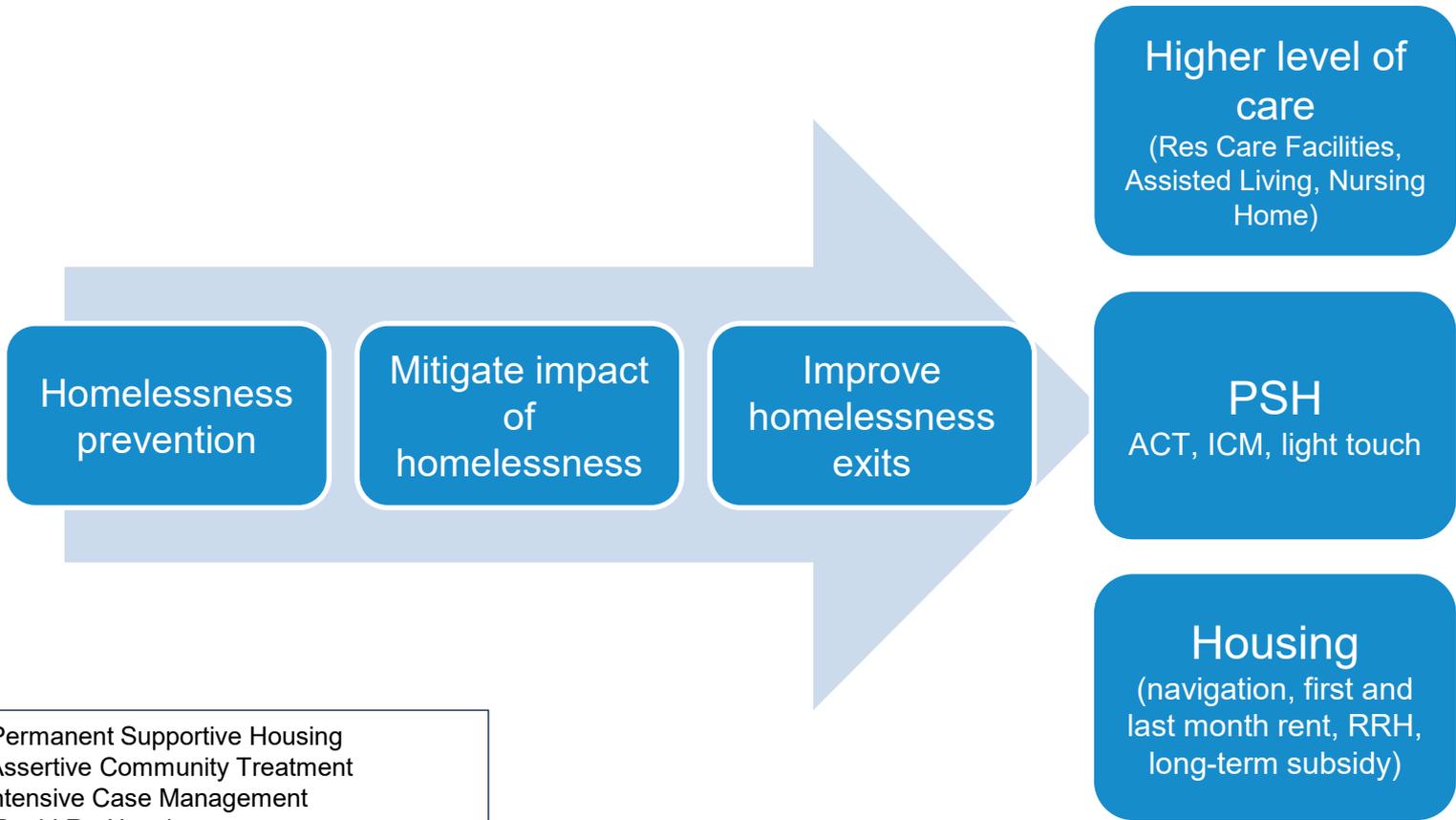
# What do we do?

- Primary response to homelessness is to increase the availability and affordability of housing for lowest income households...BUT

There is a critical role for **healthcare** in this response...

Particularly the **alignment** between **healthcare**, **homelessness**, and **housing** systems

At all **stages** of the homelessness response system, from prevention to post-homelessness



PSH: Permanent Supportive Housing  
ACT: Assertive Community Treatment  
ICM: Intensive Case Management  
RRH: Rapid Re-Housing

# Homelessness Prevention

Use healthcare interactions to **identify and intervene** for those at highest risk for homelessness

- New models can predict who is likeliest to become homeless, but hard to find them
  - Use healthcare sites to identify people for interventions
  - Use healthcare dollars/flex pool funding for brief interventions (CaAIM Housing Transition Navigation Services)
- Prevent people leaving **institutional care** from becoming homeless
  - Use healthcare dollars for interventions (CaAIM short-term post hospitalization housing, community transition services)

# Mitigate the Impact of Homelessness

Medi-Cal can cover crucial services for people experiencing homelessness

- **Street Medicine:** Provision of healthcare directly to people who are unsheltered (walking teams, medical vans, outdoor clinics)
- **Enhanced Care Management:** Care Manager meets clients wherever they are

# Mitigate the Impact of Homelessness on Health

Provide alternative sites to reduce reliance on acute care facilities

**Recuperative Care (Medical Respite):** Short-term medically supported residential care for people experiencing homelessness leaving hospitals

**Sobering Centers:** Short-term supportive environments for those experiencing public intoxication

# Improve Homelessness Exits

- Housing navigation and flexible funding reduce critical barriers to exits
- Healthcare can identify those who need assistance, direct them to help, risk stratify them

# Housing

- Some people will “self-resolve” homelessness
- Use strategies to decrease time spent homeless
  - Flexible funds
  - Housing navigation

# Housing

- In addition to housing navigation and flexible funds,
  - Some people need a short-term housing subsidy
  - Some people need permanent rental subsidy

- Some people need subsidized housing with routine supports
  - PSH with routine support services
- Others need subsidized housing with intense supports
  - PSH with ICM, ACT models; PSH tailored toward medically fragile or older adults
  - If appropriately targeted and staffed, PSH can successfully house >85% of those with the most significant behavioral health issues

- A small group will require alternative models of care
  - Residential Care Facilities, Dementia Care facilities

- The healthcare system can work alongside homelessness and housing systems to:
  - Identify who needs what level of support
  - Provide the supports
- Funding reforms (CaAIM, BHSA, BH CONNECT) lower barriers to paying for the appropriate services and supports

BHSA: Behavioral Health Services Act

# Barriers Remain

- Healthcare cannot solve this on their own
- CalAIM housing supports are one tool in a large toolkit
- Managed Care Organizations need more expertise/ assistance to operationalize the potential
- Need to lower barriers for homelessness and housing sectors to collaborate with healthcare

Different individuals require different solutions.

People require different solutions at different parts of their journey.

Homelessness is preventable, if we reach the right people at the right time with the right interventions

When people are experiencing homelessness, we need a response that matches their needs

Everyone needs housing they can afford

Some will self-resolve their homelessness

Some need navigation, flexible funds to help them access housing

Some need that plus short-term subsidies

Others require that plus light touch services and supports

Others require housing plus significant services and supports

Some require structured, supportive living environments

Healthcare system has important role to play, but can only operate in **close partnership** with homelessness and housing systems

# Homelessness is solvable



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[homelessness.ucsf.edu/CASPEH](https://homelessness.ucsf.edu/CASPEH)



BHHI Newsletter



BHHI Webinar



# Additional slides

# The homeless population is aging

Proportion of single homeless adults who are  $\geq 50$



(The California Statewide Study of People Experiencing Homelessness, 2023; The Aging of the Homeless Population: Fourteen-year trends in San Francisco, 2006)

Among women under 45,

- **26%** were pregnant at some point during current episode
  - **40%** of those 18-24
- **8%** pregnant at time of interview



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# In their lifetime

- **25%** reported a PTSD diagnosis
- **31%** attempted suicide