

TOPIC BRIEF

Unsheltered Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

Benioff Homelessness
and Housing Initiative

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Overview

Unsheltered homelessness forces people to live their private lives in public view. Unsheltered homelessness is associated with significant health and safety risks, including limited access to hygiene facilities and healthcare, heightened exposure to certain infectious diseases, the elements (including climate emergencies), and violence.

78% of Californians experiencing homelessness do so in unsheltered settings, including outdoors or in a vehicle.^{1,2}

The experience of homelessness can be either unsheltered or sheltered (staying in shelters, couch surfing, doubled up). Due to structural racism, Black and Indigenous people are vastly overrepresented in the homeless population; similarly, in CASPEH, most unsheltered people in California (72%) were people of color.

While the availability of housing for the lowest-income households drives overall rates of homelessness in a community, the proportion of people experiencing unsheltered homelessness primarily results from the availability of shelter and the ability to move people from shelter to housing quickly. Reducing unsheltered homelessness requires appropriate ratios of homelessness prevention, shelter, and permanent housing.³ Both unsheltered people and those living in shelters need assistance to move *rapidly* into permanent housing. Doing so requires an adequate supply of available affordable housing, housing navigation, and a system that can identify and apply needed services and supports. When the affordable housing environment is healthy, with appropriate service provision, each unit of shelter can serve more people. Solving unsheltered homelessness requires system administrators and policymakers to address

this utilization rate (the number of people who use the same shelter bed and exit to permanent housing), which requires grappling with the interrelationship between the housing and shelter systems.

In this Topic Brief, we examine data from the California Statewide Study of People Experiencing Homelessness (CASPEH) and make recommendations to address the needs of people experiencing unsheltered homelessness and the need to address both the shelter and housing systems.



1. CASPEH defines unsheltered homelessness as having spent most nights in the six months prior outside or in a location not fit for human habitation.
2. A significant percentage of people experiencing unsheltered homelessness live in a vehicle. Where appropriate we discuss this population separately from the rest of the unsheltered population to highlight their specific needs.
3. We use the term shelter to refer to any temporary setting, including congregate, non-congregate, and housing-like designs.

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Understanding Homelessness Systems Flows



Understanding Shelter Utilization Rates



Moving people into permanent housing rapidly allows shelters to serve more people with the same number of beds. Doing so requires an adequate supply of available affordable housing, housing navigation, and a system that can identify and apply needed services and supports.

Unsheltered Homelessness: Findings and Recommendations

Most people experiencing homelessness in California were unsheltered: 78% spent most nights in the past six months of their current episode of homelessness unsheltered, with 57% in outdoor settings and 21% in a vehicle.

Policy makers should require and fund housing and community development plans to project how much temporary shelter and affordable housing is needed, then require communities to both fund and construct the necessary units promptly. Policy makers should address the need not only for more shelter but also for those shelters to have a high utilization rate. Appropriate utilization rates, where people stay in shelters for a shorter period and exit to permanent housing, will reduce unsheltered homelessness.

Policy makers, Continuum of Care (CoC), and program leadership should use at least three core metrics to evaluate their systems: shelter utilization rate, the proportion of the population that is unsheltered, and the overall number of people experiencing homelessness.

Policy makers, the United States Department of Housing and Urban Development (HUD), and CoC leadership should ensure that funded homeless outreach programs are following evidence-based models to transition households to housing or shelter.

The median age of people who were unsheltered was 47. The majority were people of color (72%), and single adults (93%). A higher proportion of homeless cisgender men (81%) than cisgender women (70%) and transgender/gender-expansive adults (74%) were unsheltered.

The population experiencing homelessness is aging; the unsheltered population has a median age of 47. Policy makers, HUD, and CoC leadership need to prioritize retooling homelessness response systems to provide appropriate services for older adults including health, behavioral health, and aging supports.

Homelessness and structural racism are intertwined. CoC and program leaders should ensure that outreach, shelter, and housing services are culturally geared towards people of color, particularly Black, Indigenous, and Latino/a/x populations who make up a significant proportion of the unsheltered population.

Policy makers should fund and scale quality shelter and housing solutions to match the needs of single adults, including non-congregate settings that can be used as shelter or housing depending on the jurisdictional need, permanent supportive housing (PSH), and deeply affordable housing.

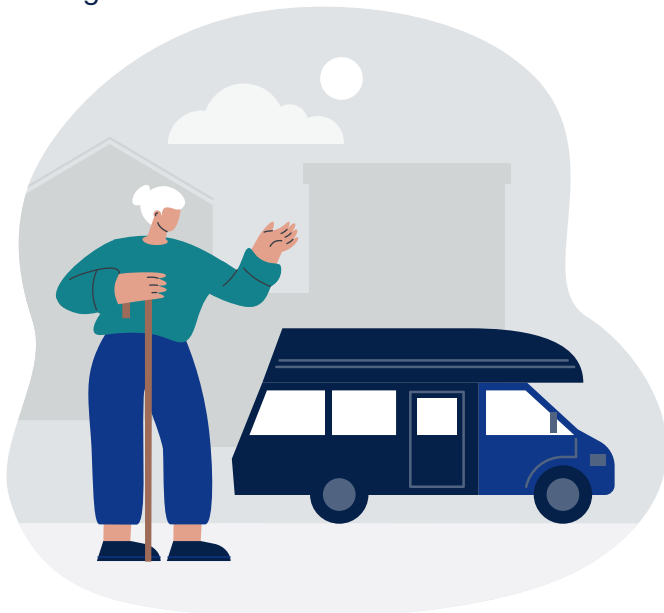
Among older adults (age 50 and older) experiencing unsheltered homelessness, 39% first experienced homelessness at the age of 50 or older.

Policy makers should target older adults at high risk of homelessness for homelessness prevention.

Policy makers and program administrators should use the best available data to predict the risk of future homelessness and develop prevention strategies that can quickly and effectively reach people at the highest risk.

A higher proportion of adults experiencing unsheltered homelessness entered homelessness directly from an institutional setting (20%) than those experiencing sheltered homelessness (11%).

Policy makers should require institutional settings (jails, prisons, recovery support facilities, drug treatment centers) to include housing planning and housing support connections in their discharge planning.



People experiencing unsheltered homelessness had longer episodes of homelessness than those who were sheltered (median 26 vs. 13 months).

Policy makers, HUD, and CoC leaders should look at increasing pathways directly from unsheltered settings to housing using evidence-based models that support encampment resolutions to prioritize rehousing individuals immediately.

HUD and CoC leaders should rethink coordinated entry protocols to address how jurisdictions could more quickly prioritize unsheltered individuals for necessary support, including connecting individuals with low service needs to rapid rehousing or housing navigations and subsidies.

Unsheltered adults have significant physical health needs. Sixty-one percent reported at least one chronic condition. Thirty-six percent reported difficulty with at least one activity of daily living (ADL); 17% reported three or more. Thirty-eight percent reported at least one emergency department visit in the prior six months; 24% reported being unable to obtain needed healthcare.

Policy makers and clinical leaders should prioritize funding programs that include

- low-barrier multidisciplinary health clinics
- assertive outreach with comprehensive medical or nursing support (street medicine) including chronic disease management, reproductive health, harm reduction and substance use treatment services, and dispensed medications.

Policy makers should ensure that PSH providers can use the full range of Medicaid funding, including home and community-based services and enhanced case management, which may require more effective partnerships between PSH and healthcare providers.

CoC leaders should ensure that homeless service providers have the capacity to bill for Medicaid-eligible services and supports. Strategies include providing technical assistance opportunities and investigating partnerships with healthcare organizations.

Unsheltered people have complex behavioral health needs but struggle to access treatment.⁴ More than half (60%) of people living outdoors reported complex behavioral health needs, higher than those living in vehicles (43%) and more than twice as high as those living in shelters (25%). Unsheltered people were twice as likely to have experienced hallucinations in the last 30 days (14%) as those staying in shelters (7%).

Leaders should integrate specialized behavioral health support or connections to behavioral health services into mobile medical support.

CoC Leaders should stratify services to, at a minimum, low-, mid-, and high-need and ensure that higher-need service types are integrated with behavioral health supports and structured to accelerate housing placement with appropriate service connections.

Policymakers should fully fund assertive community treatment (ACT) and intensive case management (ICM) teams that can support people with significant behavioral health needs to stabilize in a variety of community-based settings, including shelters and PSH.

Forty-five percent of those living outdoors and 32% of those living in vehicles reported current regular illicit drug use compared to 13% of those in shelters. Eleven percent of those outdoors and 7% of those living in vehicles reported heavy drinking weekly or more. Among those with regular use or heavy drinking, nearly a third of those living outdoors (31%) and 17% of those living in vehicles wanted treatment but could not access it during this episode of homelessness.

Policymakers should scale affordable substance use treatment and recovery services so that they are available on demand, including outpatient treatment with medications for opioid and alcohol use disorder, contingency management, short-term inpatient substance use treatment, and recovery housing.

Given the high proportion of people entering unsheltered homelessness from institutional settings (including substance use treatment facilities), residential recovery support services should be connected with housing navigation supports to eliminate inflow into unsheltered homelessness from these settings.

Outreach teams for unsheltered people should receive training in harm reduction strategies that focus on reducing use and/or mitigating the potential harms associated with use.

Unsheltered people were more than twice as likely to experience physical (40%) or sexual violence (11%) during their current episode of homelessness than those living in shelters (24% and 5%, respectively). This data had stark gender dynamics. A quarter of cisgender women (25%) living outdoors reported sexual violence.

CoC leaders and local homelessness system leadership should work to further violence screening and support into homelessness service settings.

Policymakers should work to expand funding for intimate partner violence (IPV) support across the homelessness system and support better integration of the domestic violence shelter system with the homelessness response system.

Program leaders should collaborate with experts to develop outreach tools that incorporate best practices for trauma-informed violence prevention and screeners for violence and IPV into discussions with people in unsheltered settings.

Law enforcement agencies should adopt policies, procedures, and training that ensure that law enforcement officers (LEOs) are prepared to protect and support unsheltered people from harm.

4. We defined complex behavioral health needs as having experienced at least one of the following: recent hallucinations; a recent psychiatric hospitalization; current, regular illicit drug use; or weekly episodic alcohol use.

Approximately half of those living in outdoor settings (45%) and one-third of those living in vehicles (32%) reported that a government worker or police officer had taken their belongings in the last six months. Roughly half (52%) of all unsheltered adults experienced being “roughed up” by police during this episode of homelessness.

Policyholders should eliminate involuntary displacement strategies (commonly referred to as sweeps) that result in the seizure or disposal of people’s belongings and refocus efforts on evidence-based strategies that result in housing and shelter placements.

Law enforcement agencies must implement policies, procedures, and training to ensure that LEOs understand the civil and property rights of people experiencing homelessness.

Agencies should train officers on de-escalation and other evidence-based techniques to avoid violent interactions.

Policyholders should choose to use evidence-based, non-police response systems whenever possible.

Forty-five percent of people living outdoors and 31% of those living in vehicles reported wanting shelter but not being able to access it.

Policyholders should fund and require rapid development of quality affordable housing and shelter at scale.

Only 22% of people living outdoors and 16% of those in vehicles received housing navigation support at least once per month in the last 6 months. Roughly two thirds (65%) said a significant barrier to housing was a lack of help from a case manager or housing navigator. Unsheltered people also cited missing required documents to apply for housing (60% of those living outdoors and 50% of those living in vehicles).

In addition to scaling housing and shelter options, leaders must scale outreach support. To increase the number of skilled workers providing support to people experiencing unsheltered homelessness, CoC and program leadership should connect their outreach and housing navigation programs to Medicaid funding for housing navigation and peer support.

Policyholders should fund and deploy mobile documentation opportunities including expanding pilot programs of mobile ‘offices’ capable of generating birth certificates and identification cards.

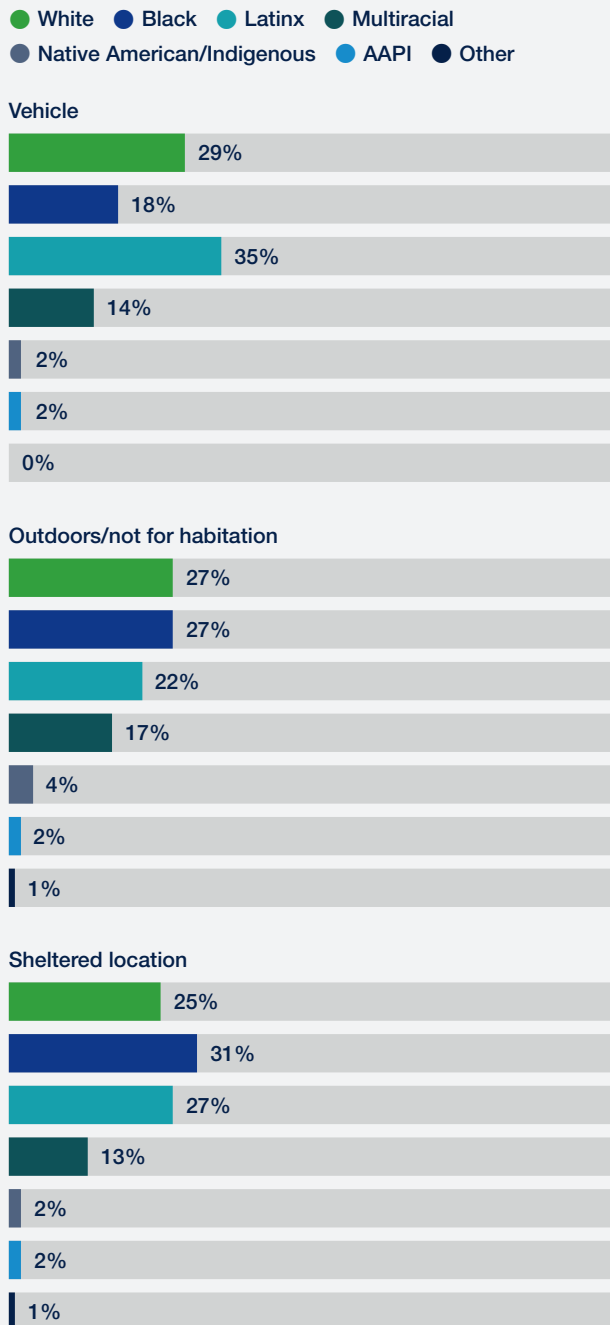
Policyholders should secure federal waivers or exercise state or local authority to relax documentation timelines for housing and certain services. Giving people experiencing homelessness the ability to get their documents in order *after* obtaining housing or being connected to supportive services significantly lowers the barriers to getting people into housing.

Nearly three quarters of unsheltered people had Medi-Cal (70%). Unsheltered adults had low enrollment in other benefits: 11% received SSI and only 6% received SSDI despite a high proportion having disabling conditions. Only 9% received social security.

Policyholders should develop and pilot integrated eligibility and enrollment programs that evaluate clients for their eligibility for multiple benefits and entitlements simultaneously using the administrative data collected at the time of enrollment in any of them. Integrated eligibility and enrollment programs have been shown to boost enrollment levels and reduce systemwide costs by eliminating unnecessary administrative redundancy. As the population experiencing homelessness ages, there is an opportunity to shift cost from CoC funds to coverage from entitlements for some services.

Where possible, policyholders should use presumptive eligibility to enroll people who meet the criteria for certain entitlements and therefore can be presumed to be eligible for other related benefits or entitlements with similar standards of access.

FIGURE 1 Where People Slept Most Often in the Last 6 months by Race and Ethnicity



Unsheltered Homelessness: A Deeper Look

Study Overview

The California Statewide Study of People Experiencing Homelessness (CASPEH) is the largest representative study of homelessness in the United States since the mid-1990s. Researchers at the University of California, San Francisco Benioff Homelessness and Housing Initiative (UCSF BHHI) recruited a representative sample of adults experiencing homelessness; all participants (3,200) completed an administered questionnaire. A subset participated in in-depth interviews. UCSF BHHI has released a series of reports, including a [comprehensive report](#), a report on [intimate partner violence and homelessness](#), a report on [racial equity and Black people experiencing homelessness](#), and a report on [older adults experiencing homelessness](#). This Topic Brief looks at experiences of unsheltered homelessness.

Who Experiences Unsheltered Homelessness

Most people experiencing homelessness in California were unsheltered (78%). CASPEH differentiates people living outdoors (57%) from people living in a vehicle (21%). In this brief, we use the term unsheltered to refer to all people not in a sheltered location (both those outdoors and in vehicles). When significant differences between those groups exist, we report them separately.

Eighty-one percent of cisgender men, 70% of cisgender women, and 74% of transgender or gender-expansive people experiencing homelessness were unsheltered. A higher proportion of cisgender women lived in a vehicle (26%) than cisgender men (19%) or transgender or gender-expansive people (8%).

“ We lived there for one month, in the car. It’s not comfortable at all. Hot and cold. When it is cold, the car can get cold, like ice. And when it is hot, it feels like an oven. There is no balance.

– 76-YEAR-OLD WOMAN, LIVING IN SHELTER

Most unsheltered people were people of color (72%), as were most people living in vehicles (71%) and living outdoors (73%). However, the composition of race and ethnicity groups differed between vehicular homelessness and outdoor homelessness. People identifying as Latino/a/x comprised a larger share of those experiencing vehicular homelessness (35%) than those experiencing outdoor homelessness (22%). Black people, however, made up a larger share of those experiencing outdoor homelessness (27%) than those experiencing vehicular homelessness (18%).

The median age of unsheltered adults was 47, similar to the median age for sheltered adults (46). Among older adults, those living in unsheltered settings were more likely to have first experienced homelessness before age 50 (61%) than those living in sheltered settings (50%). Ninety-three percent of unsheltered people were single adults, 4% were adults in families, and 3% were transition-age youth.⁵

Pathways to Homelessness

Twice as many unsheltered people (20%) entered homelessness from an institutional setting (such as jail, prison, drug treatment facility, or long-term healthcare facility) compared to 11% of those who were sheltered.

“ Sometimes your tent is stolen from you. ...If you go to a doctor's appointment, you come back and everything's gone from you. I just came back after [being hospitalized for] 16 days. I got bit by a spider, and it got infected... I came back, and my tent and everything was robbed. I was robbed blind, so I started over again.

— 59-YEAR-OLD WOMAN, LIVING IN ENCAMPMENT

Experiences During Homelessness

Length of homelessness

Unsheltered people had longer episodes of homelessness than those who lived in shelters: a median of 26 months for those unsheltered compared to 13 months for people staying in shelters. Of those living in unsheltered settings, 77% met the time criterion for chronic homelessness as opposed to 61% of those living in sheltered settings.

Health

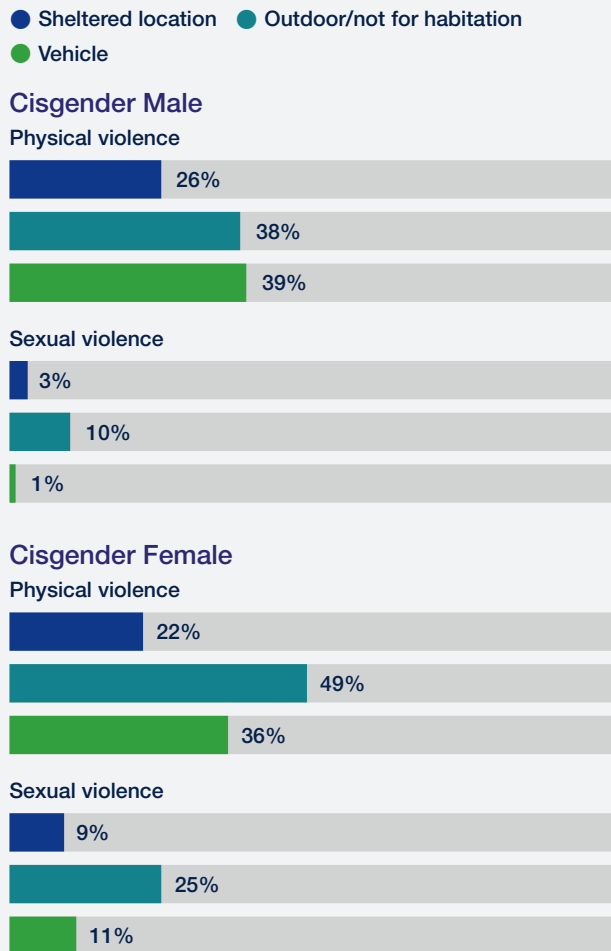
Thirty-five percent of unsheltered people reported one or more activity of daily living (ADL) impairment, compared to 29% of people in shelters; 17% of unsheltered people reported three or more. Nearly a quarter (24%) of unsheltered compared to 18% of those in shelters reported being unable to obtain needed healthcare in the last six months of their current episode. Both unsheltered and sheltered groups reported at least one emergency department visit at roughly the same proportion (38% and 34%, respectively).



5. CASPEH data on Transition-Aged Youth (TAY) is limited because the study restricted TAY participants to those aged 18-24 and used methods best suited to the general adult population.

6. As mentioned above we define complex behavioral health needs as having experienced at least one of the following: recent hallucinations; a recent psychiatric hospitalization; current, regular illicit drug use; or weekly episodic alcohol use.

FIGURE 2 Experiences of Violence Among People Experiencing Unsheltered Homelessness



Behavioral Health

A high proportion (55%) of people experiencing unsheltered homelessness had complex behavioral health needs; many were unable to receive treatment despite trying to obtain it. **People living outside were more likely to meet our criteria for a complex behavioral health need (60%),** compared to 43% of those in vehicles and 25% of those in shelters.⁶ The largest difference between settings was in regular drug use: 45% of those living outdoors, 32% of those living in vehicles, and 13% of those in shelters reported using illicit drugs (methamphetamines, opioids, or cocaine) three or more times per week. Eleven percent of those outdoors and 7% of those living in vehicles reported heavy drinking weekly, compared with 4% of those staying in shelters. Among those with regular use and/or heavy drinking, 31% of those living outdoors and 17% of those living in vehicles reported wanting substance use treatment but being unable to access it, compared to 27% of those in shelters.

Violence

Unsheltered people navigate frequent exposure to trauma and adverse experiences, contending with threats of physical and sexual violence, the negative impacts of policies that criminalize homelessness, and losing property to theft or involuntary encampment removals (also called sweeps). Unsheltered people reported experiencing violence roughly one and a half times as often (41%) as their sheltered counterparts (26%). Unsheltered people reported sexual violence more than twice as often (11%) as their sheltered counterparts (5%). **People living outdoors reported nearly three times the rate of sexual violence (14%) as all other groups (5% of those living in vehicles and 5% of those living in shelters).** This data also diverged significantly depending on gender.⁷ **A quarter of cisgender women living outdoors report sexual violence and nearly half (49%) reported physical violence.** These inequities were consistent across all settings (Figure 2).

“ At the moment, the day that it happened [sexual assault], I was so shocked. So, I didn't know how to feel. It was like inhumane. Like, I felt like I was violated as a human being, you know? ...So that's what I'm going through right now. Like, I really don't feel comfortable being out here, you know, at all... This is the first time I've ever experienced something crazy like that, you know

– 36-YEAR OLD WOMAN, LIVING IN TENT

7. CASPEH data on transgender, non-binary, and gender-expansive people was not sufficient for rates of violence for this population. The limited CASPEH data suggest high levels of both physical and sexual violence for transgender, non-binary, and gender-expansive people living in unsheltered settings, but additional research is needed.

“ It says on the forms... that they have to hold [belongings] for us for 30 days... until we can come back and get it. They didn't, they just [said], "Get up, everybody get up... Get out of your tents... You guys have 20 minutes to move your stuff right now..." And they will straight up grab our stuff and throw it in the back of the dumpster truck and demolish it. ...I just lost a lot of stuff. Even family stuff that my family had that died. I was trying to save their last things and they smashed it in front of my face, and I was in tears and they didn't care. The guy was just like, "You're not gonna get that back. So what? I don't care." He was really mean to us.

— 48-YEAR-OLD MAN, LIVING IN ENCAMPMENT

Criminalization

Nearly half of those living in outdoor settings (45%) and one third of those living in vehicles (32%) had their belongings taken by a government agency or police in the last six months. Unsheltered adults reported frequent negative interactions with law enforcement. Roughly half (54%) of those living outdoors and living in vehicles (46%) reported being “roughed up” by police during this episode of homelessness. In in-depth interviews, participants described experiences of sweeps and frequent police contact, including losing essential belongings and incarceration.

“ We went last week to the Welfare office... and [my partner] signed up for GA. So, we could be able to have some more extra food stamps... Man, it's good to have food stamps, being out here... But last month I didn't fill out my report. So, we got cut off. ...We were struggling real bad because we didn't have anything. No food stamps. There was nothing. I didn't know I was supposed to fill out a report... I was waiting, checking my card every day. But I finally called up there and talked to somebody. They were like, “Oh, well, yeah, basically, you've got to re-sign up all over again.”

— 34-YEAR OLD WOMAN, LIVING IN ENCAMPMENT

Shelter Access

Roughly half of those living outside (45%) and almost a third of those living in vehicles (31%) reported wanting shelter but being unable to access it at some point during their experience of homelessness.

Attempts to Exit Homelessness

Almost all (89%) unsheltered people named affordability as the primary barrier to housing. Nearly two-thirds (65%) of people living in unsheltered settings cited a lack of help from a case manager or housing navigator as a barrier to housing. More than half (57%) noted that their lack of documents was a barrier to regaining housing compared to 38% of those in shelters. Only 43% of unsheltered people stated a housing navigator or case manager had tried to help them find housing at any time during their current episode of homelessness, compared to 60% of those staying in shelter. Only 20% of unsheltered people stated they received housing navigation support at least once per month in the last 6 months, compared to 44% of those in shelters.

Benefits Utilization

Nearly three-quarters of unsheltered people had Medi-Cal (70%) and 4% were enrolled dual eligible (Medi-Cal and Medicare). SNAP enrollment for unsheltered people was high (68%), likely due to the pandemic; however, other benefit utilization was quite low. Only 11% received SSI and only 6% received SSDI despite high numbers of likely eligible people based on other available CASPEH data. Only 9% received social security.

Conclusion

Unsheltered homelessness is a profoundly traumatic experience that, like all forms of homelessness, is the result of systemic failures and structural racism. Communities should marshal their available resources to address the needs of people who are being forced to live outside as quickly as possible using intentional, housing-focused strategies. The data is stark, but it also points the way forward. Civic leaders must work to direct existing resources to evidence-based solutions while simultaneously scaling the available resources to meet the needs.