Hello everyone. Welcome to Fest 2023. California's biggest Challenges. I'm Nikki Pena and I'm a board member at Voice of San Diego. It's really great to be here with you today. So in case you're not familiar with us, voice of San Diego is a nonprofit investigative news organization committed to holding public officials accountable and giving you the information you need to be advocates for good government. As a nonprofit, we depend on members and donors like you to make our work possible. So thank you so much for all your support. I'd like to take a minute and recognize some of our sponsors who helped make all this possible. A special thanks to the College of Arts and Sciences at the University of San Diego for being our partner for the sixth year. Our also a thanks to AARP Burnham Center of Community Advancement, the San Diego County Water Authority, the San Diego Foundation, Atlantis, California American Water, Cox, the San Diego Housing Federation, Burna Moore

Margot Kushel (00:05:57):
Center for Real Estate at U S D Noss School of Business, planned Parenthood Hit Ski Development, climate Action Campaign, Nova Brewing, and our media partner, KPV S. And also a special thanks to the San Diego Housing Federation for sponsoring this session. If you're unable to attend any of the sessions in person, don't worry. We'll be posting the recordings to the members only page of our website next week. Also to submit questions, you can use the QA function in the C vent app which also right here on the, on the slide you can tweet along with the session and share your experience using hashtag POLUS 2023 on social media. And make sure to tag us on Instagram and Facebook. So now allow me to introduce you to our moderator, Lisa Halverstadt is the Senior Investigative Reporter at Voice of San Diego. Thank you.

Lisa Halverstadt (00:06:54):
Hello everyone. Thank you so much for coming. I am very excited today to have Dr. Margot Kelle here to talk about a groundbreaking study that she was the lead investigator for. Margot is a doctor who treats homeless patients, currently also leads the uc, San Francisco Benioff Homelessness and Housing Initiative. And that group recently released one of the most I would say in-depth studies of homelessness that we have seen in a very long time. That has a lot to share with us about California's homeless population. Margot is one of the foremost experts on health and homelessness in the nation, literally. And so we're very lucky to have her today. So Margot and June, your team released this big survey. Why don't we start by just talking about how this study came about, what it covered and what you were trying to accomplish.

Margot Kushel (00:07:54):
Sure. Thanks so much. Is mic on? No, no. How's that? Is that on now? Okay, wonderful. Always the hardest part of many talk. Thanks so much for having me. So this study, which we call the California Statewide Study of People Experiencing Homelessness or casa came about really because in September, 2019 secretary Mark Galley, who's a secretary of the Health and Human Services Agency for California, actually called me up and said we want you to do a study. We have all these questions. We think we're gonna be making big investments in homelessness. We wanna be sure we're making them correctly. I will admit that we had a back and forth of a couple of months where I was skeptical, said like, don't we know this? Did we really need to do another study? And so we had dueling memos. He would, he would write a series of questions, say, well, can you answer this and can you answer that?
And, you know, I would be able to answer half of them. And he'd say, well, how about the other half? I was like, well, yeah, I think we think we know. So that was really the idea. It was really generated to inform, particularly the state government, but obviously local governments, federal government, the general public about who's homeless, did they come to be homeless? What would have prevented them being homeless? And what, what are their experiences while they're homeless and what is gonna get them out of homelessness? Even though it's hard to be more top down than basically having the governor's office ask you to do a study, we at the B H I believe in community engaged practices. So even though it started very top down, we from across the state recruited a group of people with lived expertise who continue to be partners every step of the way.

Margot Kushel (00:09:42):
They helped design the questions, design the survey design, how we did it. It was a mixed method study, which means both survey and then depending on people's answers to questions they got chosen for one or seven in-depth interviews. We had three community advisory boards lived expertise. We had a group of policy makers and programmatic leaders. We basically selected eight counties from across the state. 'cause California's huge and it's hard to do anything representative in California. So we divided the state up into eight groups that had to do that were sort of ways that the state government divides the state up. We basically spent a couple of months learning everything about every county in California and we plugged it into a model which basically chose a group of eight counties, which together would give us information about the state as a whole.

Margot Kushel (00:10:32):
So importantly, it's not designed to answer questions about any one county, but about the state as a whole. Before we went to each county, we spent months figuring out where everybody experiencing homelessness might be. So all the shelters, encampments free and low cost meal programs, shower programs, what have you. We learned everything we could about all of those through that into a model and had it basically randomly select ones we would approach. And then we had randomization strategies in each of them. We worked alongside of people who have lived experience of homelessness. About half of our staff does. We hired additional folks. We hired folks who were homeless in the community to serve as guides to help us get into areas. 'cause We didn't think we could just show up in an encampment and be like, hi, we're here. We had wifi hotspots and iPads.

Margot Kushel (00:11:19):
This is actually one of the iPads that I have since commandeered. And went into all over the state doing an interview that was about 45 minutes to an hour. And then depending on your answers, you could get chosen for an in-depth interview where you turned on a tape recorder and ask us, answer a series of questions. All of the data was sort of weighted the way like the census does. So we took into account non-responders. So we knew if someone said no, we did some basic, or if they didn't meet criteria, we sort of figured it out. And that was all handled on the backend. So we think it is actually the first truly representative sample of people experiencing homelessness in the country in 30 years. And the one that was done 30 years ago only chose people who used homeless services. So we very intentionally wanted people, whether or not they used services. 'cause We wanted to know why they weren't using services, mixed methods. It was all done in English and Spanish. And then for any other language, we did interpreters. So like, there was one encampment where we ran into a bunch of people who are members of the deaf community. We hired a s l interpreters, went in and did it. We did a few other languages, but mostly it was English and Spanish.
Lisa Halverstadt (00:12:25):
Well, and let's talk about what you learned from those. It was nearly 3,200 people right? That were part of this survey. Pretty expansive. What did the survey tell us about who is more likely to become homeless?

Margot Kushel (00:12:39):
So you know, there's all this chicken and egg stuff about like what causes homelessness or not. What causes homelessness is not substance use and mental health problems, but clearly people with those problems are overrepresented both because you're more likely to lose out on a tough housing market. And also because those programs, those problems get a whole lot worse once you're homeless. People of color are particularly black and indigenous folks who are dramatically overrepresented compared to the California population. And Latinx homelessness was overrepresented and it looks like it's on it's, it's coming up men more than women and it's older adults. So you know, of the people in the study, they were either homeless youth, which were 18, we only did 18, 18 and up. So 18 to 24 or members of homeless families, adults living with kids, or what we call single homeless adults among the single homeless adults. 48% were 50 and older, and 41% of those had never been homeless before the age of 50. The median age, including everyone, including the moms of kids and the young adults was 47. So this is really an older population, population of people of color, people who've had just horrendous experiences of trauma throughout their lives, which have accelerated while they were homeless. And so if you think about homelessness, people of color a lot of older adults, many of whom are new to homelessness.

Lisa Halverstadt (00:14:14):
Well, let's dig into the mental health and substance use piece of this because I think, you know, we, for many years people have thought that, you know, those things can drive homelessness, those challenges. And your survey had some sort of nuanced findings on all of that. So what did you find about the prevalence of substance use and mental health challenges and also treatment access?

Margot Kushel (00:14:41):
Yeah, so among everyone in our sample about a third used an illicit substance three times a week or more. And that was driven almost entirely actually by methamphetamines. So about I think 31 or 30, 31% or 33% use methamphetamines three times a week or more. And actually, if you make it stricter and say seven days a week or more, that number doesn't drop by the time you're using it three days a week, you're mostly using it every day, about 10%. Knowingly used opioids, non-prescribed opioids three times a week or more. And almost nobody uses cocaine. It was like 3% about 9% used heavy alcohol use. So sort of binge drinking or six or more drinks at at least one time weekly, which is a measure we sort of, as physicians use to sort of think about as likely an alcohol problem. About equal numbers of people said that their substance use or alcohol use had gotten worse, stayed the same or gotten better since this experience of homelessness.

Margot Kushel (00:15:48):
But that very age among the younger folks, it was overwhelmingly that their substance use problems got worse after they became homeless. In terms of mental health, we didn't wanna go with diagnoses because we know that if you have poor access to care, you're not likely to have had like a doctor or nurse tell you you have a mental health problem. So we went with symptoms and about two thirds of people had significant mental health symptoms, but that was primarily depression and anxiety.
Most people will tell you, you know, if I were living in an encampment, you know, terrified not sleeping, I I would be pretty depressed too. And so using some other measures about about 14% have hallucinations in their life, about 12% are currently having hallucinations. That's probably a decent imperfect but proxy for some sort of severity. 'cause Lots of different mental health problems can lead to hallucinations. About a quarter 27% had ever been in a psychiatric hospital. And a little more than half of those, it had been their first psych hospitalization had been before their first episode of homelessness.

Lisa Halverstadt (00:16:55):
I wanna make sure we also cover something that got a lot of attention when your study came out. So I'm sure many of you have heard people say or even said yourself that you know, many people are coming from other places and homeless in California. Right. your study found something different. What did you find? Yeah,

Margot Kushel (00:17:15):
We, we most definitely did not find that nine out of 10 people had been last stably housed in California. And we defined that pretty strictly. So it'd have to be like really where you were housed before you became homeless. 75% of people were living in the same county where they were last stably housed a a very significantly more people were born in California than the population of California. Overall. I'm a New Yorker if you can't tell by how fast I talk. And so so many more people were born here than were born. And interestingly of the 10% who came here after they became homeless or sort of right as they were becoming homeless hugely disproportionate percentage of them were born in California. And we did, you know, we asked people where they lost their housing, we asked people where they were born, we had them name cities.

Margot Kushel (00:18:11):
I really challenged someone who's not from California to know some of these, most of these cities, like we had to look up, we're like, oh, is that in California? You know, it was not like people were making it up. But we also linked interviews that one in eight people did one of these in-depth interviews and in those in-depth interviews you had to talk a lot. And then we were able to compare them to the survey data to make sure that people weren't just answering. And so people were telling us like their whole life story. And I can tell you that they all match the survey data. Exactly. And so we feel really confident that this is true, that we need to just put to rest the idea. When you, you think about it, like when someone loses their housing, they often very quickly lose their car. They don't have gas money. Like they don't, like why would they suddenly pick up and move to the most expensive housing market in the country? Like, it doesn't actually even make sense. Not only is it logistically impossible, but like why would people do that? And it turns out people who experience homelessness stay where they are. This is a homegrown problem. We can talk for the reasons for that problem, but it's, it's certainly not people rushing into our state to, to enjoy being homeless here.

Lisa Halverstadt (00:19:23):
Well I wanna highlight a few statistics that really stuck out to me when I read this. Your survey found that 60% of the people surveyed had a chronic health condition. 34% had some sort of activities of daily living limitation, which could mean that they need help eating or using the restroom. 22% had a mobility limitation. Wow. And obviously senior homelessness is a just a surging problem in our state. What are your takeaways on those statistics and what do you think they mean for solutions to homelessness?
You know, I think this problem is increasingly a problem of older adults. And I think that that should, if people aren't already terrified by the problem, they should be even more terrified. Activities of daily living, people either count them as five or six. In these statistics we were doing the five big ones, eating, toileting, dressing bathing or getting up and down. The sixth one is mobility, but frankly they were so common that we kept mobility separate, which is how some people do it in the general population. Having three or more activities of daily living problems is when you generally qualify and often need the level of care you'd get in a nursing home. And for people who are experiencing homelessness, they often would need that level of care absent housing much earlier. And those numbers are for the overall population, including, you know, the half of people who are younger than 50.

And, and I'll say we say 50 because while our oldest participant was 89, most people experiencing homelessness die before, even if they became homeless late in life, die before they meet traditional ages of aging. So I like to say in homelessness 50 is a new 75 that people 50 and above, like in their fifties and early sixties, really have all the age related problems that we think about of people in their seventies and eighties. I think it has huge implications for our health system. When we looked at things like fair or poor health, which is a one item question we ask people like, how would you rate your health? You know, poor, fair or good, very good or excellent. It turns out in many studies, homeless populations and non-homeless populations, people who say answer that fair or poor have dramatically increased likelihood of being hospitalized and dying in the coming year.

And we had like, well over half the people over 50 said that their health was fair or poor. So those statistics of 34% with an A D L includes the 20 year olds and the 25 year olds. And I think it just speaks to what hard lives people have had, how little access to care they've had. And in that disability really is an interaction between your impairments and your environment. It's a lot harder to dress yourself if your clothes are wet and your hands are freezing and therefore you can't dress yourself. Or maybe if you were living in a warm apartment and you had clothing that had big buttons, you know, it would be easier to dress yourself. And so I think it speaks to what we need to do to solve the problem. Not only do we need to get people housed, but we really need to think about creating age-friendly housing.

A lot of these folks need personal care assistance. And I can tell you that our homelessness response system is completely unprepared for that. I can tell you that our substance use treatment and mental health treatment systems are really not prepared for older adults. And while the older adults had lower levels of mental health of particularly substance use problems in the younger adults not that much lower, they had very, you know, significantly higher than the general population and astronomically higher than people in their seventies and eighties. And I don't think our response system isn't all ready for it. You had asked before and I realized I didn't answer about people wanting treatment. You know, there's like a lot of talk in substance use about forcing people into treatment. So as a physician who does a lot of substance use treatment, I can just tell you our, we do a lot better when people are ready for change, right?
Like, it, it's not that you can never have success with someone who doesn't want treatment, but you very rarely have success. One of the, I think the most important findings we found was that amongst people who use drugs three or more times a week or drank heavily, 35% of them reported currently wanting and trying to get treatment that they had been unable to get. And I sort of think we need to put aside all of these conversations about forcing people to treatment and treat those folks first. When we drive that number down to zero or I'll give you one or 2%, then maybe we can have a conversation, but we're just fooling ourselves. Why would we force people into treatment when it's very unlikely to work when those are gonna use the treatment slots of all the people who desperately want treatment, who we can't get them into. It's just political theater.

Lisa Halverstadt (00:24:23):
And I've been writing a lot about this issue recently as well. So if you haven't checked out that coverage, this is very much an issue in San Diego County. I wanna talk about also, you know, you mentioned just how difficult people's lives are on the street and you know, even before a lot of these folks became homeless your survey really showed, you know, a lot of folks were having tough encounters with the police. They showed that also people were more likely to be victims of violence. Can you talk about that?

Margot Kushel (00:24:53):
Yeah, I mean, I will say and like, and not to center our team, but people's lives on the streets are so hard that we had to bring in significant sort of emergency, emergency is the wrong word, but significant enhance mental healthcare for our team who were experiencing such severe secondary trauma. Just hearing the stories. So if it was that bad for our team who were going home to their hotel room or their warm house every night, you can imagine just some like off the cuff numbers in terms of sexual and physical assault. Over a third of everybody had been sexually assault, had been physically assaulted during this episode of homelessness. Over a third of everybody had been sexually assault, had been physically assaulted during this episode of homelessness. 10% of everybody had experienced a sexual assault during this episode of homelessness. And the sexual assault and physical assault were relatively similar for men and women, but the sexual assault was much higher.

Margot Kushel (00:25:51):
So that's everyone. And, and 69% of all respondents were men. So when you look at the women, the cis women or the trans non-binary folks who actually had the highest, it was astronomically higher. It was like a third of people had had a sexual assault during this episode. We had, we asked some questions about interactions with the police and then we also observed interactions because we were out there in the field and in the qualitative interviews. And people's, unfortunately, their relationship to the police is really not good, I think would be fair to say. Some, I think it was about a quarter reported having been roughed up or harassed by the police. People reported just constant interactions and we watched it all the time even with us there. And and a huge portion of people reported having had all of their stuff thrown out at least once by an official body.

Margot Kushel (00:26:47):
Like not stolen by someone else, but but stolen, you know, stolen but thrown out either in a police action or through like department of public works or some other abate abatement or displacement action. It was real, we observed it in real time. The counties that we worked with were great and they worked really closely with us. We have promised them to keep where they are private. The only county
that we're going public with is LA 'cause LA County was its own region. So obviously we included LA County, but the counties in general would, we would present them our plan of where we're planning to go. And they wouldn't usually give us a list of where they were planning sweeps, but they would often say, I would go to that encampment the week before you're planning to go. And so we would sort of uncomfortably know that it was probably gonna get swept.

Margot Kushel (00:27:35):
But even with that, we had all of these times where we would go, we would always send a team out, you know, many times. But then the last check about 24 to 36 hours in advance of our team going into an encampment. And I can't tell you how often all summer it happened or all year it happened that I would get a call saying it's 7:00 AM We just showed up in the encampment. You know, Tiana was here last night, you know, was here 36 hours ago and there were 150 tents and now there's no one in a chain link fence and we don't do it. We had, we had sweeps happen under our eyes. Like at one point we were in a rural county, the team was out interviewing folks and people in like full riot gear, like, you know, like those like face shields and like clubs and stuff came in and we're throwing out people's stuff as we were talking to them. And my, my phone starts blowing up 'cause all the different interviewers were like, what do I do? What do I do? Like, you know, it's like, stop the interview and let the person save their stuff. And then people were like, it doesn't matter, I'll just keep talking to you because they're gonna throw it out anyway. It was, it was intense.

Lisa Halverstadt (00:28:42):
Wow. So it was quite an intense process in many

Margot Kushel (00:28:45):
Ways. Intense.

Lisa Halverstadt (00:28:46):
Yeah. Yes. I wanna also just make sure that we talk about, you know, the experiences of people actually becoming homeless. Yeah. It stuck out to me, you know, and I think will to most people, when I say that the median household income in the six months before folks became homeless was just $960. Now imagine that in all of our own budgets, that doesn't go far in California. And people also often didn't have much time to, to spare until they, you know, had to, they were going to lose their housing. So they found out, and it might be the next day that they had to be out. Can you talk a little bit more about those findings?

Margot Kushel (00:29:26):
Yeah. Those, those findings were kind of breathtaking and I think it speaks to the challenge ahead of us and in a way like why are we having all these conversations about mental health and substance use when the answer is right here in front of our faces. So the median household income of everyone, as Lisa said, was $960 a month for their whole household averaged over the six months before they lost their housing. 19% of people came directly directly from an institution which was primarily prisons or long-term jail stays. Actually the only other institution that bubbled up to be like enough to report it out was actually drug treatment programs was the third one, which was in the like two to 3% range. And that number is probably an underestimate of the 19% 'cause a much higher percentage of people had been released from prison in the six months before, had been housed through a transitional program for three or four months and then became homeless.
Margot Kushel (00:30:23):
So they didn't count as coming directly from prison, but we know they did. Among everyone though, about half came from what we called non-lease holding housing arrangements. And that means that people were housed and they would be considered by anyone to be in housing, except they had no legal rights to that house. They were doubled up with family or friends. They were sort of staying with people. And 43% of those folks paid no rent at all. And about 32% came from what we call the lease holding situation, which was primarily a rental. Although like 3% were mortgage holders. So the non-lease holders, the median household income was $950 a month and 43% were paying nothing they had on median one day's notice before leaving their housing. So these were, when we talked to people in the in-depth interviews, they were like tripled up, you know, they were like the 10th through 13th people in a one bedroom apartment and then things fell apart and they weren't contributing any rent.

Margot Kushel (00:31:25):
And when things fell apart, they fell apart quickly and they just had to leave. The lease holders were really interesting. So their median income was higher, $1,400 a month, their median rent payments were $700 a month. And so I think of two things about that. One is that $700 a month is much too much to pay when your family's living on $1,400 a month. If you have only $700 a month for everything else, you can't possibly sustain it. And it's completely impossible to replicate, you know, the median household, the median rent in like a studio apartment in California is now, I think it's like $1,700 a month or something. You can't get back into the rental market if you lose that place. Really interestingly, the renters or the lease holders had five days no, I'm sorry, had 10 days warning before losing their their housing.

Margot Kushel (00:32:19):
And what I thought was interesting about that is California has relatively strong rental protections. The only way you can legally be evicted in less than 30 days is a three day pay or quit order if you've fallen behind and you should have been getting warnings that you are falling behind. But what we heard from people is that they were either informally evicted, like the, the property owner sort of harassed them until they just left, or as soon as they were threatened, as soon as the eviction notice went up, even though they had 30, 60 or 90 days, even though, you know, perhaps a lawyer could have helped them, they just didn't exercise that and they just, and they just fled because they didn't want the eviction on their, on their record.

Lisa Halverstadt (00:33:01):
Well there's tons to unpack from that, but I think I'll start with, you know, in San Diego, and I know a lot of other communities, there's a lot more discussion about homelessness prevention, what we do to prevent people from falling onto the streets. What would you say these, this research should tell us about how we should make those programs work?

Margot Kushel (00:33:23):
I mean, so first of all, almost nobody had gotten any help before they became homeless. It's, it's not really the right way to study prevention 'cause possibly the people who got help never became homeless, right? So we don't know if it would've worked, but I can tell you there are huge chunks of people who are getting nothing from anybody. So that's one thing people were really optimistic about, what would've helped them not become homeless. So we basically asked c series of questions to put people in the mindset of where they were before they became homeless. And then we asked 'em a
series of questions of like, would having gotten any form of financial assistance kept you from being homeless for at least two years? We said, like we, we specifically said, we don't wanna know if you had gotten money and it would've delayed your homelessness for three months.

Margot Kushel (00:34:09):
We wanna know if it would've stabilized you. And we asked a series of more in-depth questions like, would you have stayed where you were? Would you have used this financial assistance to move somewhere else? And then we had a lot of people about one in eight tell us how exactly that would've worked. But the bottom line was 70% of people thought that three to $500 a month would have stabilized them. A higher percentage, you know, in the eighties thought that five to $10,000 one time would've stabilized them. And 90% thought getting something like a housing choice voucher. We, which is section eight, we didn't use those words, but we basically described what it was, would have would have prevented them from being homeless. There's a really interesting research that just came out of the California Policy Lab at U C L A where they're using AI to basically using big data to predict who's most at risk of homelessness and affirmatively reaching out to them and offering a few thousand dollars.

Margot Kushel (00:35:09):
And then sort of shoe leather assistance, like someone who's just troubleshooting to figure out what you need. And they don't hand over the three to $5,000 because then it threatens people's benefits and things rather they pay off an old debt or they buy bunk beds so their sister will let them live there or they do sort of whatever needs to be done. So they don't yet have the formal results. They're actually gonna do a big randomized control trial and see if it works. But they're, they're showing that they can identify people who seem to be at very high risk of homelessness and get in there. And that seems to be like the five to $10,000 range, like homelessness prevention is done in New York City where they've done big studies on it. That seems to be the sweet spot where amazingly you can stabilize people. 'cause What we heard from people is they were making very little money, but they had a job.

Margot Kushel (00:35:55):
They were in the labor markets, you know, or, or they had some form of, of social insurance and then they lose their housing and then everything spirals down. And so the stories people were telling us was, well, if I would've had first and last month's rent and a couple extra, you know, dollars, I could have picked up extra hours or I could have done this or that. The, the single biggest precipitating cause of homelessness overall was having your income cut. It wasn't so much that people's rents go up, it's that people are barely making it. And then these minor disruptions, their hours get cut in their restaurant. Covid was a big impact. You know, something happened and somebody in the household lost income and that just tipped them over the edge and then the spiral really starts.

Lisa Halverstadt (00:36:43):
Well, and the percentage of folks coming from institutions was pretty stunning. Can you talk a little bit more about that and I mean, what can we do about that?

Margot Kushel (00:36:52):
I mean, to me that's almost the most frustrating 'cause like homelessness prevention, I'm a big fan of it and if I'm being honest, it's hard. Like I'm excited about this AI study, but you know, whenever you read by the way, like some non-profit is doing homelessness prevention and, and they have a hundred percent success, you should be very, very skeptical. 'cause As I like to say, like if you gave me and Lisa
each a thousand dollars a month, I can promise you neither of us are gonna become homeless in the
next year. And that's a hundred percent success, right? The trick of homelessness prevention is actually
giving it to people who are very, very high risk. And if you're doing it right, some of them are still gonna
become homeless, otherwise you're not reaching people at high enough risk. The institution thing is so
frustrating because we know exactly who those people are.

Margot Kushel (00:37:45):
Like our, like let's just stick with our prison system. They, they know generally when they're gonna
release people, they have time to try to figure out does the person actually have a plan of where they're
going to? And we could intervene. That feels like not a scientific problem, but a political problem. 'cause
I think it's hard for politicians to get up there and say, I'm gonna, I'm gonna devote a ton of resources to
people who have been in prison to, you know, are really talk about stigma and you know, and people
having complicated feelings about it. But that we could meaningfully, meaningfully reduce
homelessness. I mean, 19% is a, is like a number that we would actually notice the difference in our
streets and in our communities. And the, the folks who fall outside that 19% but went to like halfway
houses and things, those were in some ways the most gutting.

Margot Kushel (00:38:43):
'Cause We would talk to people and and they would tell us, like, I was just getting, I just got this new job.
I had just gotten my first paycheck. I was like putting half of it away. I was just saving up. And then my
time and my temporary housing ran out and, and then I became homeless and I lost my job. And so I
think we need to get over ourselves a little bit and that is like a really good population. Where we could
do meaningful homeless prevention, homelessness prevention. Folks might need a subsidy for a long
time, right? Or they might need a little, they might need a big subsidy up front and then a smaller
subsidy going on. But we could actually, we actually know who those folks are. We know when they're
leaving and we are really sending them out to a game they couldn't possibly win.

Margot Kushel (00:39:33):
And you know, it isn't good for anyone, right? It's not helping our homelessness numbers. It's not good
for public safety. It's not good for their chances. They have served their time. It is not good. They have
paid their debt. It is not good for them <laugh> to, to do the hard, hard work of reintegrating if they're
doing that from an encampment. And so to me when I, you know, I spent a lot of time talking to
policymakers and I'm really trying to say like, put some money there. Like that's a, like, that's a win right
there. And we could do a lot if we actually did it these three month, you know, housing or a lot of folks
just left prison, they got a bus ticket. They were per, you know, paroled back to where they offended,
which might not be where they had any connections or where they had family. And they're really setting
them up for failure.

Lisa Halverstadt (00:40:26):
Well, and one thing we know is that once someone becomes homeless and the longer they're homeless,
the harder it is to help them, the more expensive it is to help them. Your survey really uncovered a lot
about the barriers that folks face, the, the, you know, sense of just feeling alone in, in their challenge
that a lot of them have. Can you talk more about that and solutions

Margot Kushel (00:40:49):
Also <laugh>? Yeah, I mean, first of all, like the institutional cycling, 30% of people, of everybody had spent time in a short time in jail during this episode of homelessness. If you spend more than three months in jail, it counts as a different episode of homelessness. So like by definition, it's a short time in jail. We're just throwing people into jail. They lose all their stuff, they trust us less, they get more traumatized, they stay there for three days and then they go back out, right? Huge numbers, like 21% of people or maybe even higher, had had a physical health hospitalization in the prior six months as a, as an internal medicine doctor, that's like a mind blowing <laugh>. It's like a mind blowing number and a big, big problem. When we asked people about their barriers to getting rehoused, like the first 10 was the cost of housing.

Margot Kushel (00:41:39):
Like it was actually almost funny. They were like duh. Like where am I gonna get housed? It was so the cost of housing was the single biggest one, but there were lots of barriers. 50% of people said not having documents. Like people didn't have any proof of who they were. It had gotten ruined in the rain. It had gotten thrown out in a sweep. It had gotten lost in the chaos. People didn't have phones, they didn't have working cars. Like 48% of people had spent at least a night in a car in the last six months, but only 20%, 21% were still in their cars. 'cause People's cars had been impounded. They didn't have cars, they didn't have phones. They were like, how am I supposed to get housed? Like even if someone magically came and gave me a voucher for which there's a 10 year wait, if you can even get on the waiting list, like how would I ever operationalize this?

Margot Kushel (00:42:31):
You know, over a third of people talked about experiencing discrimination in the rental housing markets when they're, they're like, I show up to rent a house, why are they gonna choose me? They don't choose me. And I, I think in some ways one of the most damning things was people's formal assistance to get rehoused. So only 46% of people had had any formal assistance to get back into housing, had a person, you know, 'cause there are people who sort of help you figure out, you know, where you could be housed and help you find housing or whatever. Only 46% of people had had any contact during this episode of homelessness with anyone in that role. And only 26% of people had had any contact in the last six months, at least once a month. Now if you're looking for housing, you need a lot more contact than once a month.

Margot Kushel (00:43:19):
But only, but we, we didn't wanna be totally depressing 'cause it would've been like zero, but like 26% of people had had any housing navigation really in the last six months. And people thought that that would help a lot. And then in our in-depth interviews when we were sort of asking people like, why not? Like, why didn't you have anyone? Half the people were just like, I don't even know what you're talking about. No one, like I, I fled domestic violence. I left prison, I got evicted, I just wound up in this encampment and there's nobody, there's nobody here to help me. But the people who had had help and then didn't have it anymore was even more heartbreaking. They're like, there was this guy, he's a young guy, he was so enthusiastic, he was helping me find housing and then, you know, I, I couldn't pay my phone bills, my phone got kicked out.

Margot Kushel (00:44:05):
Our encampment got swept. So I've like moved six times, so I don't think he can find me anymore. Or people said like, well this all happened. And then I, like, I found, I got on a bus and I went to where they
were and they said, oh, he doesn't work here anymore. Like, nobody could keep that going. And so people, if I had one word that people said, it was just, they felt abandoned. Like they were just like, there's, they're like, you know, we, we see the newspapers and we sort of see everyone hates us, but like nobody is helping us. And, and that I think was really really hard. I will say it was really hard for my young team who was like, can we help? Can we help? You know, it's like, it's a lot. People felt very abandoned.

Lisa Halverstadt (00:44:49):
And what kind of help did those folks want and what did they say might help them address their homelessness?

Margot Kushel (00:44:56):
So first of all, like 90, I think it was about 90% of people said having a housing navigator would be really helpful. They actually, people were really actually more bullish on that than I thought that they would be. But they were like, yeah, I need someone who can help me figure out where it could be. But we also put people through those thought experiments of different amounts of money and like housing choice vouchers, you know, well over 90% of people thought it would help five to $10,000, like 80 ish percent of people thought it would help and three to $500 a month, it was like, you know, 70 ish percent of people, maybe 60 I think thought that it would help. So people mostly thought they needed help finding a place they needed help with things like getting a driver's license or some sort of ID card filling out forms. They needed help with the fact that they were gonna be discriminated against. Like they needed somebody who could sort of procure the, you know, could procure the goods as it were. And they needed money. And then they talked about like, people wanted to return to the workforce. Many, many, many did, but they needed that housing first in order to do that

Lisa Halverstadt (00:46:06):
Well. And talk more about the jobs angle because one of the most common questions I would say I get from folks is, well, do these people want jobs? Are they trying to apply for jobs?

Margot Kushel (00:46:17):
So I was, you know, we were in the field from October 21 until November 22, so the pandemic was still pretty dense. So I think that some of our employment findings were probably a little bit skewed by the pandemic because only about 20% of people were currently working regularly, which was lower than I thought we would find. But something like 44% of people were actively looking for work. But again, you have to imagine like most people in the state who are homeless are outside. Like most people are not in shelters. If you're not like a woman with kids, you're mostly outside. And and they were looking for jobs, they wanted to return to work, but they were like, I, I haven't had a shower in three weeks. Like, I have no phone. Like, it was just sort of like, they were like, you know, they would sort of say to our staff, like, I, I am looking, but like what do I do?

Margot Kushel (00:47:14):
I like walk into Chipotle and I haven't had a shower in three weeks. Like, how am I supposed to get a job? So I do think that there was an appetite to return to work. I, I mostly, my, my team was unbelievable and they did all the hard work, but I would usually like go into each county just to like make an appearance for one day and 'cause it was more fun than my regular job and like just be out in the field at the baseball cap doing interviews. And this one interview really sticks in my mind of this guy
who was in this beautiful car that was like, you know, much cleaner than my car, except every section of it was piled with his stuff, like every single section. But like, you could tell that he was like cleaning the outside and he had been like a Uber driver and he told, he was like talking to me on and off.

Margot Kushel (00:48:01):
He loved being an Uber driver. He, he thought it was great, he got to meet people. I was like, did you make enough to survive? And he is like, well, barely. And then the pandemic hit and then I couldn't and he's like, I would now, Uber's picked up again by the time I was in his county, things are picking back up. He's like, I see, you know, I log into the app or whatever, I could get work, but I have no place. It's gonna cost me $300 a month just to store my stuff if I, if I give up my stuff, I have nothing. Like he was just in this cycle and he's like, what am I supposed to do? And that phrase like, what am I supposed to do? Just kept coming up again and again.

Lisa Halverstadt (00:48:43):
I can't resist asking you, you know, we sit here in the city of San Diego and homelessness is a huge problem here. What would you recommend based on the results of this survey that San Diego do to try to address its homelessness crisis?

Margot Kushel (00:48:58):
So the first thing I would say is that like local governments, like mayors get hammered on this issue and lose elections on this issue. But ironically, they have the least ability. I mean, there are some things they could do better and worse, but they actually don't really have it in their power to solve it. And then like the governor gets hammered a little bit, but, but you know, and he has probably a little more he can do and then nobody blames congress or the president, like nobody blames 'em. It's just like, it doesn't even come up. Like, I've never heard of somebody like, I'm not gonna vote for my congressperson if they don't solve this problem. I'm like, they are the problem, right? We, we, even California cannot solve this problem without the federal government getting involved. We cannot do it like we can do things better or worse.

Margot Kushel (00:49:44):
And I actually think there are some good things happening. Like we need to build, build, build, build, build, build. Like, you know, everyone thinks that it's homeless folks streaming into California, as we've talked about. It's not, but a lot of people, including me, streamed into California for high paying jobs and we didn't create any housing for them. And that has like created the problem. But you know, in California we've made progress. We used to be the second worst and now we're like in the bottom eight or something. But we, we are up to or rocking 24 units of housing that are affordable and available for every 100 extremely low income household. So an extremely low income household is any household that makes less than 30% of the area meet an income. Like we are 1 million units short. The market is not gonna solve the problem.

Margot Kushel (00:50:34):
I live in the Bay Area, the housing wage is about $40 an hour. I, my, my husband's in the labor movement, like three tier labor movement, thank God we fought for 15 and we got 15 and that was a huge fight. $15 an hour in the house. If the housing wage is $40 an hour, like there's a big gap there. And certainly, you know, as an internist, I care for a lot of people with really terrible disabilities who are not gonna be able to enter the workforce and are disability payments are, you know, between 914 or $1,500
a month. We don't have any housing and we're not gonna have housing that can sustain low, low wage folks and folks on disability without the federal government being involved through things like expanding, you know, housing choice vouchers. Right now only one in four people who are eligible get it expanding project-based vouchers, you know, flooding money in so that affordable housing developers can build housing. What mayors can do is zoning, zoning, zoning, right? They can control building and we need to build a heck of a lot more and forgive me using these physician things, but like in medicine we talk all the time about do no harm. Like we, we joke in my field like don't just do something stand there like don't do harm and so don't do harm arresting people for being desperately poor does nothing.

Margot Kushel (00:52:02):
It compounds people's trauma. It is another mark against them when they're already fighting really hard to get back into rental markets. It uses public funds to do nothing for public safety. So I guess I would say, you know, do no harm. I, I believe in the, i, we have a nine county sort of consortium in the Bay area that's working on policies and they went with a 1 2, 4 ratio. I, I will be honest, I pushed for the 1 3 6, but it's this idea of the how do you do interim housing, which is like the new word for shelter versus long versus permanent housing versus prevention. So they did 1, 2, 4, even though I think it should be a little different, but they basically said for every unit of shelter you build, you should be creating two units of permanent housing and four units of prevention. Because what people don't understand is you can build more shelter, but it's like a flow problem.

Margot Kushel (00:53:00):
If people spend three months in shelter, that one shelter bed is the same as four shelter beds. If the length of stay is a year right? And the only way to decrease the length of stay in shelter is to create more affordable housing, there is like, there's no magic to it, right? And so we need to make sure that while we'll always need an emergency response, we cannot take our eyes off the prize of putting most of our resources into permanent housing because that effectively builds more shelter because it pulls someone outta the shelter system and that frees up that shelter bed for the next person. And you know, in this crisis you see people moving more and more like San San San San Jose now is trying to pull money out of their affordable housing and put it into shelter and they're like, our length of stay in shelter is only six months.

Margot Kushel (00:53:52):
And I'm like, right, but if you pull all the money out of affordable housing and put it into shelter, that's gonna go up to a year or two years and then you're never gonna catch up. And so we need to do no harm. We need to get the federal government involved. You know, mayor Bass is doing some cool things. She just got permission from HUD to allow people to, to waive the document ready concern right now, if you have a voucher, you need to have all your paperwork in order before you move in. And she argued successfully to HUD and said, how am I supposed to get all people's paperwork in order when they're in an encampment? And she came up with some deal that she could move people right into the housing using federal vouchers and that she would get the paperwork in order within 90 days and said basically if I don't get an order within 90 days, you can kick 'em back out, but if they're housed, I can get it done.

Margot Kushel (00:54:40):
That that is a really good thing that we need more of. We need to get people into housing quickly. We need to stop the rhetoric that this is all about substance use and mental health problems. Everyone we
heard from said, don't talk to me about my substance use, why I'm lying out here. Methamphetamine is the perfect drug for people who need to stay awake all night in order to be alert so they don't get assaulted and so they don't have all their stuff stolen. The other thing it does is it quells hunger. It is like a drug perfectly designed for the modern era of homelessness. And every person we spoke to said, I will stop using it at some point, but how could you take it away from me? Now we need to get people into housing and then we can deal with everything else.

Lisa Halverstadt (00:55:31):
I will say for the record that the lengths of stay and shelters and city, the city of San Diego have been getting longer. And that's something I’m tracking. Yeah. I want to have one last question from me and then have some time for questions from the audience. So now is the time, if you haven't submitted a question, you have one, submit that through this c event app. Is there anything that we haven't talked about from your study that really stuck out to you or surprised you?

Margot Kushel (00:56:01):
I would say that something that surprised me, and maybe it shouldn't have, but I actually, we have about eight set assistants on my team. And when the first set assistants sent this to me, I sent it to the other seven independently separate emails and said, I want you to run this. 'cause I didn't believe it, but among people assigned female at birth, basically cis women or some trans men who were 45 or under 26% had been pregnant during this episode of homelessness and 8% were pregnant when we were talking to them. And that sort of took my breath away. We unfortunately did not learn enough as I wish we should have about like what happened to those pregnancies or whatever, but I think that sort of that really, really took my breath away.

Lisa Halverstadt (00:56:52):
Well now moving on to the, the questions from the audience. We got a couple questions pretty similar who people were interested in. If you are collaborating with elected officials or nonprofits that serve homeless communities how, what are you doing to try to convert this into action and what are the barriers there?

Margot Kushel (00:57:15):
Yeah, so, so we do our work using a framework called strategic science, which is that we are constantly talking to people who can use this information, which we use as impacted communities, people experiencing homelessness, electeds and their staff and like agency directors and people in the nonprofit sort of, and housing world. And so we constantly are saying to them like, what are their questions? So they, they were bought in before we even started. So we actually had staffers from elected offices and people from agencies and things helping us design the questionnaire because we wanted them bought into whatever we found. And then we have been doing briefings sort of nonstop with electeds at the local state. I'm actually going to brief the U S I C H. So it's the secretaries of all the big federal agencies like secretary Fudge from HUD and Secretary of Becerra from h h s and stuff in a few weeks.

Margot Kushel (00:58:15):
So we're talking to folks at all levels of government about the findings and trying to work with them to like, what, what can be made of it. I'll put in a plug. We are, you know, we have the big report that came out in June. It's on our website homelessness.ucsf.edu. I have some cards with it. But over the course of
the next year or two, every month or so we're gonna release many reports and policy briefs on specific issues. So our first two coming out are on interpersonal violence and one on older adults. We'll have one on unsheltered populations, people with behavioral health disabilities. And one of the things that we're saying to electeds and people and agencies and stuff is also like, we'll take requests. Like a lot of them will call us and say, do you have information on this? And we'll give them the information.

Margot Kushel (00:59:01):
We really want this to be useful. I think the barriers are mostly money that, you know, the state needs to balance its budget every year and this is a massive, we are in a massive hole and it's gonna take us a long time to get out. And I think we really need, as I've said, the federal government to be involved in helping to balance out. And there are obviously some political barriers there. I think there's a messaging problem. You know, there is like a really, really strong evidence base for something called housing first subject for whole other day. But let me just say it is settled science, and it's been settled science for many years. It was an idea that took root after it came out of the scientific community in the radical lefty administration of George W. Bush. it was his administration, like all credit to his administration who read the science and started to implement it.

Margot Kushel (00:59:59):
It has been bipartisan, sort of settled science, but now it has become this sort of topic of, I mean I get hate mail and lovely things on Twitter and stuff for being this ad advocate for it. I'm like, I can read the science. Like it's, it's really clear. So I think the other barrier is that public opinion has turned and and we're just fighting for things that we shouldn't need to fight for, but it's mostly a zoning, zoning money, money, money problem. And, you know, income inequality and sort of racism have gotten us into this mass. Those are not easy problems to solve.

Lisa Halverstadt (01:00:38):
Another question we got from the audience comes from a special education teacher. She is curious about the rate of learning disabilities, cognitive par impairments and other developmental disabilities in those surveyed.

Margot Kushel (01:00:52):
So we, I'm sort of there, we we have actually a list of questions 'cause some other states are thinking about doing this. Now we have a list of questions that we wished we'd asked and I've asked it in other research and did not get to ask this in this or are sort of clues to learning disabilities. Like has anyone ever told you you had a learning disability or were you ever held back a grade? And we did not get to ask that in this. I can tell you in other research it's very common. But, but the question that works better is, will you ever held back a year than we ever diagnosed with a learning disability? Because we know that if you're a poor, impoverished kid of color, you don't necessarily get diagnosed with a learning disability, you just get held back. But that is certainly very, very common. We know from my other research, like let's say in people 50 and up upwards of of a quarter have global cognitive impairment and over a third have impairment in executive function, which is the ability to follow sequence tasks. So I think it is a huge issue, but it's often sort of filtered through this lens of what happens to people growing up in poverty, particularly kids of color who probably have those problems but don't get the interventions that they deserve.

Lisa Halverstadt (01:02:15):
Another person is asking about people living in vehicles. They say they feel as though we need to put a lot of resources into folks living in their vehicles as they are often the easiest in this person's experience to get back into housing. Does your study align with that thinking? What are your thoughts?

Margot Kushel (01:02:32):

Yeah, so as I said, about half of people had been in their vehicle in this episode and almost that many in the past six months. But about half of them had already in the past six months lost that vehicle. We did a fair amount of research up in the Bay area on vehicle residents and we learned some really interesting stuff. Like the vehicle residents all said that they wanted housing, by the way, everybody wanted housing. This idea that people don't want housing. I like, I don't even know where that comes from. Everyone wanted housing with the vehicle residents. There's a really interesting twist to it, is that the vehicle residents that we've done research with basically said I'm not gonna accept short term like a short-term voucher or short-term housing if the price of it is I have to give up my vehicle because I know in six months I'm just gonna be back out 'cause I'm not gonna be able to sustain that rent.

Margot Kushel (01:03:26):

And and then I'm gonna be out without my vehicle and my vehicle keeps me safe and my vehicle is my one thing. So certainly about you know, over 20% of people were currently living in their vehicle, you know, twice that number had been in their vehicle relatively recently. What people told us is that those vehicles got impounded and then they lost them. But the folks who had vehicles desperately wanted to keep their vehicles, they did have the ability to like get to jobs and things like that if they could pay for gas. But but their, their sense of precarity that those vehicles were hard to hold onto 'cause they get ticketed, towed, et cetera.

Lisa Halverstadt (01:04:07):

So I'm gonna ask one last question then unfortunately we have to wrap up. This person asked, you know, notes that we've actually spent a lot of money obviously trying to alleviate this problem unsuccessfully. If we were to spend more money to try to solve this issue, how should we spend it? What would have the biggest impact?

Margot Kushel (01:04:26):

Housing. How, I mean housing subsidies, like, you know, we need a lot more housing at all levels of, you know, Spence. Like I I believe like when you look, there's a great pew study that came out this week that cities that kept their rents from going up, decreased their homelessness and cities where rents went up increased their homelessness. And we need, you know, in a lot of this country, if the federal government suddenly decided to fully fund housing trace vouchers in a lot of the country, it would end homelessness. You know, in a year it would not in California 'cause we literally don't have the housing, but it would provide a path forward. 'cause Like when I talk to all my buddies in the affordable housing world, they're like, we can scrape together different funding streams sometimes to build the housing, but we cannot sustain it.

Margot Kushel (01:05:20):

And so it would solve, in a lot of this country, homelessness would disappear. It would just end it would end in California. It would not end tomorrow, but it would get us on the path to end. But there are other things that need to happen. Like we need to keep our foot on the gas of zoning reform. We need to really enforce our anti-discrimination laws in a way that we do not now. We need to create a lot more
housing. So some of them, there will need to be money, you know, through litech and other ways to actually create affordable housing. But then there needs to be money to sustain it. We spend an inordinate amount of money in this country managing this crisis, an inordinate amount of money managing the crisis. If we actually could like and switch that money into doing what we really need to do, we would be in a lot better shape.

Margot Kushel (01:06:12):
And you know, there are a lot of folks out there with really significant behavioral health challenges. We, we came up with a number about 47% of people probably need pretty significant supports based on our study. We sort of put together a couple of things and, but the supports without the housing do nothing. And the supports, I actually may be overly optimistic, but I think, you know, those are billable to Medicaid. We could build a workforce to do it. If we had housing for the workforce to live in. Like we could do, the supports wouldn't be overnight, but we could do it if we had the housing, the, the, the answer to this crisis is housing. And so I guess that would have to be my answer

Lisa Halverstadt (01:06:59):
And we'll have to end it there. Please join me in thanking Dr. Margot Kushel. Thanks so much. One quick scheduling note too for folks. Our live podcast is now going to start at four o'clock so you have a little bit of a break, a little bit of a longer break to have some coffee or water or a snack. Thank you. Thank you. You were great.