**Comparison of 1999 & 2023 Studies of People Experiencing Homelessness & Recommendations**

This is a comparison of the findings of the 1999 national survey “Homeless Programs and the People They Serve” to the 2023 UCSF report “Toward a New Understanding: The CA Statewide Survey of People Experiencing Homelessness.”

While the 2023 report is based on surveys in CA, the 1999 report is a national survey, it is striking that the findings are very similar across a range of categories, which suggests that the 2023 report is not a “new understanding” of homelessness from a historical perspective, but is a confirmation of what we knew 24 years earlier, but did not heed. The National Coalition for the Homeless hopes that this analysis will be a wakeup call for elected officials at all levels to not make the same mistake twice and support the recommendations which are grounded in the findings.

**NCH Analysis**

**Gender:** Both reports found that the homeless population was overwhelmingly male [1999 – 77% and 2023 – 69%]. Nevertheless, the percentage of homeless women grew significantly by 7% over 24 years [1999 – 23% and 2023 – 30%].

**Ethnicity:** Both reports found that the homeless population is disproportionately people of color, with people of color increasing substantially by 14% over 24 years. [1999 – 59% and 2023 – 73%]

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| **Ethnicity** | **Year** |
|  | **1999** | **2023** |
| White | 41% | 27% |
| Black | 40% | 26% |
| Hispanic | 10% | 26% |
| Native American | 8% | 3% |

**Age:** A significant difference between the two reports is age. The 1999 study reports a younger homeless population [1999 – 81% between 25 – 64 and 2023 – 53% between 25 – 64], while the 2023 study reports a much older homeless population [1999 – 9% 55 years and over and 2023 – 44% 55 years and over]

**Veteran status:** Another significant difference is a much smaller veteran homeless population in 2023 [1999 – 23% and 2023 6%]

**Behavioral health:** Both studies report that 66% if people surveyed had one or more mental health issues.

**Physical health:** Both studies report a high percentage of people experiencing homelessness with chronic health issues [1999 – 46% and 2023 – 60%]

**Victimization/Violence:** Both studies report similar findings as it relates to people experiencing physical violence [1999 – 22% and 2023 – 36%] and sexual assault [1999 – 7% and 2023 – 10%]

**Trauma and Adverse Childhood Experiences [ACE’s]:** Both studies indicate that current people experiencing homelessness had a high number of adverse childhood experiences such as being in the foster care system [1999 – 27%]; childhood homelessness [1999 – 21%; forced to leave home [1999 – 27%]; physical violence [2023 – 75%] and sexual abuse [1999 – 25% and 2023 – 24%]

**Income:** Both studies found an extremely low-income homeless population. In 1999 the monthly mean income of those surveyed was $267 or roughly $500 in 2023 dollars while in 2023 the median monthly income was $960.

**Benefits:** There were two significant differences in the studies. First, a much higher percentage of homeless people had Medicaid, in 2023 – 83% compared to only 30% in 1999. Secondly, a much higher percentage of homeless people were enrolled in the Food Stamp program -70% in 2023 compared to 37% in 1999. Additionally, both studies found a very low enrollment in SSI benefits – 11% in 1999 compared to 8% in 2023.

**Living Situation:** There was a significant difference in the living situation of those surveyed with a much higher percentage of those reporting living unsheltered – 76% in 2023 compared to 32% in 1999.

**Same location:** Both studies found that people experiencing homelessness lived in the same county before they were homeless – 62% in 1999 [averaging 54% for single adults and 71% for families] compared to 75% in 2023.

**NCH Recommendations**

NCH supports the following policy recommendations, many of which are recommendations of the UCSF 2023 report:

* **Increase affordable housing options available to extremely low-income households, including the following:**
* Expand deep rental assistance programs such as Housing Choice Vouchers
* Support usability of existing subsidies
* Incentivize production of deeply affordable housing through existing mechanisms, such as the Low Income Housing Tax Credit
* Pilot shared housing programs, including monetary support to facilitate shared housing
* Increase availability of permanent supportive housing for those with complex behavioral health needs
* Create permanent supportive housing responsive to the needs of older adults
* **Increase Homelessness Prevention**
* Pilot shallow monthly subsidy or lump-sum payment programs
* Incentivize property owner and tenant mediation processes as a means of eviction diversion
* Increase homelessness prevention in institutional settings
* Imbed homelessness prevention in mainstream systems where low-income people receive services
* **Facilitate Swift Exits from Homelessness**
* Increase housing navigation with targeted outreach by multi-disciplinary outreach teams [not law enforcement] to those in unsheltered settings
* Ease barriers to identifying affordable housing options
* Lower barriers for accessing State-based identification cards and other needed documentation
* **Increase Access to Services to Match Clients’ Physical and Behavioral Health Needs**
* Increase access to substance use and mental health treatment, including funding treatment on demand
* Increase outreach with harm reductions services, including increase linkage of harm reduction and substance use treatment through emergency departments
* Increase funding for street medicine outreach
* Increase access to full scope reproductive services, prevention and housing resources for pregnant people
* Increase the availability of recuperative care and medical respite
* Increase the availability of hospice care for terminally ill people experiencing homelessness
* **Address the Criminal Justice System to Homelessness Cycle**
* End the criminalization of people experiencing homelessness including the enforcement of anti-homeless ordinances when there is not enough emergency shelter options. This includes ending the ticketing and towing of vehicles and support pilot programs that instead repair their vehicles and being their registrations current
* Reduce carceral responses to homelessness including using non-law enforcement responses to homeless and behavioral health crises
* Lower housing barriers to those with criminal justice system records
* **Increase Opportunities for Earned Income and Benefits Utilization**
* Increase evidence-based employment supports
* Increase enrollment in income-eligible benefits
* **Support those Impacted by Domestic Violence**
* Increase availability of emergency shelters and permanent housing options for those impacted by domestic violence
* **Increase Outreach to Those Experiencing Unsheltered Homelessness**
* Invest in sustained outreach by multi-disciplinary teams consisting of those with expertise in physical health, behavioral health and peer advocates which does not include law enforcement
* **Center Equity, including Racial and Gender Identity Equity**
* Prioritize equity in local coordinated entry systems
* Lower housing barriers for those with criminal justice system records
* Strengthen anti-discrimination policies and enforcement mechanisms