Unhoused Individuals with Serious Mental Illness: *Life vs. Liberty*

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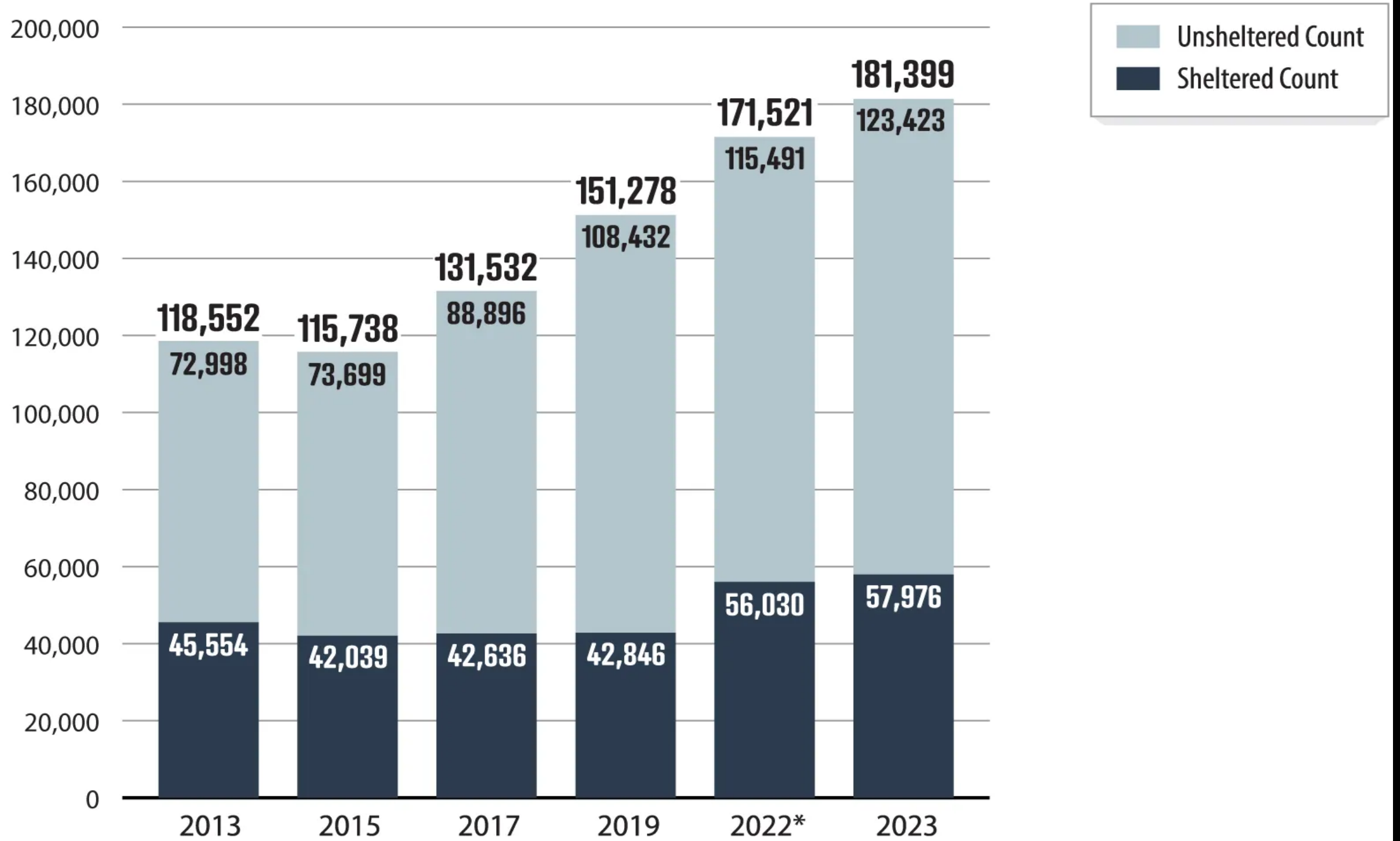
- I have no disclosures to make.

GOALS AND OBJECTIVES

- **The audience participant will:**
  - Identify different definitions of homelessness
  - Assess the relationships of schizophrenia to homelessness
  - Differentiate the Continuum of Care model from the Housing First Model
  - Describe evidence-based approaches to improve outcomes for unhoused individuals with schizophrenia

How does California spend to address homelessness?

24 billion over last five years!

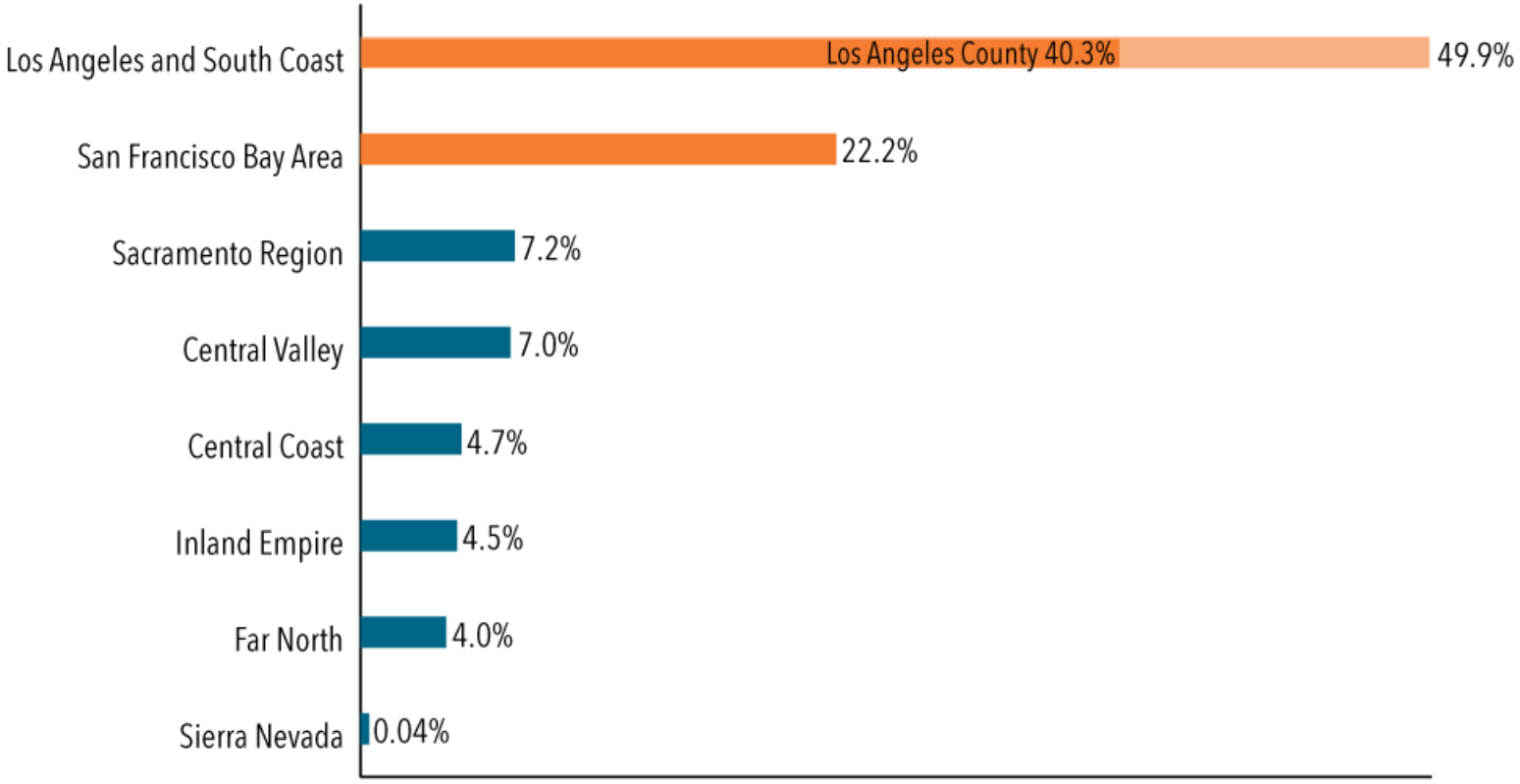

Unsheltered Count
Sheltered Count
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
118,552
72,998
45,554
115,738
73,699
42,039
131,532
88,896
42,636
151,278
108,432
42,846
171,521
115,491
56,030
181,399
123,423
57,976
2013
2015
2017
2019
2022*
2023

CALIFORNIA STATISTICS

- In 2024, California had 185,000 unhoused persons
- 30% of entire US homeless population
- Homeless population up 40% from five years prior

Most Unhoused Californians Reside in the Los Angeles and South Coast Region and the San Francisco Bay Area

Percent of Persons Experiencing Homelessness by State Region, February 2022



Note: Figures based on the 2022 Point-in-Time Count of total homeless persons by Continuum of Care.
Source: Budget Center analysis of US Department of Housing and Urban Development Point-in-Time Count data

2024 POINT IN TIME COUNT

- San Francisco:
  - **Up 7.3%** since 2022
- Los Angeles:
  - **Down 2.2%** since 2023
- Sacramento:
  - **Down 29%** since 2022

What is “homelessness”?

DEFINITIONS

- **Homeless**
  - Describes a person who lacks a fixed, regular, and adequate nighttime residence

DEFINITIONS

- **Sheltered homelessness**
  - Emergency shelters
  - Transitional housing
  - Safe Haven programs

DEFINITIONS

- **Unsheltered homelessness**
  - Places not intended for human habitation
  - “Sleeping rough”

HOMELESSNESS TIME FRAMES

- **Transitional homelessness**
  - Result of a major life change or catastrophic event
  - Homeless less than one year
- **Episodic homelessness**
  - Three periods of homelessness within the last year
  - At risk to become chronic homeless

HOUSING OF URBAN DEVELOPMENT 2015 CHRONIC HOMELESS DEFINITION

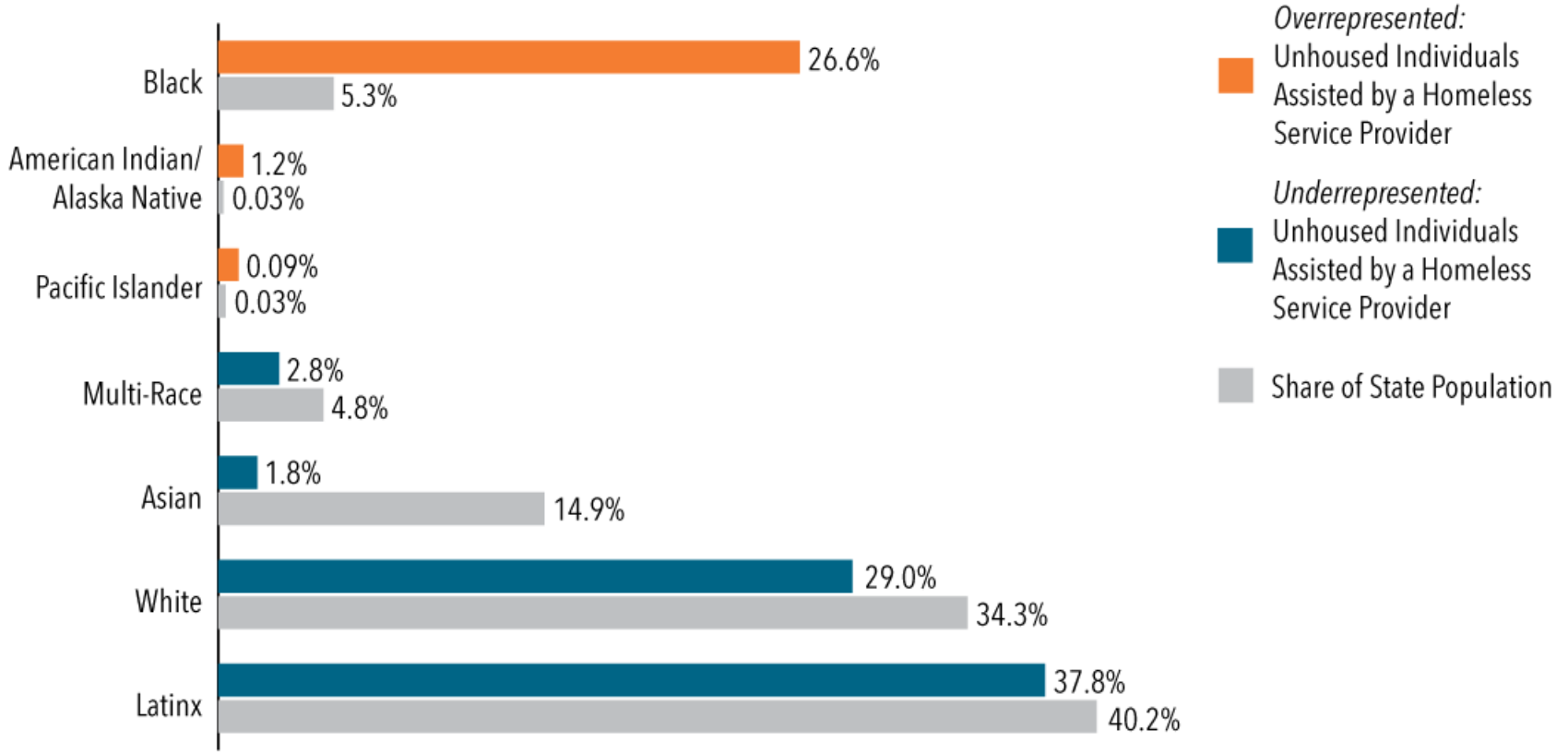
- **Person with a disability who:**
  - has been homeless for at least 12 months; OR
  - On at least 4 separate occasions in the last 3 years
- Stays in institutional care facilities for less than 90 days do not constitute a break in homelessness

CALIFORNIA HOMELESS DEMOGRAPHICS

- 36% are chronically homeless
- 80% of homeless are adults
- Stark racial disparities with Black and Hispanic Californians overrepresented in the homeless population

Black, American Indian or Alaska Native, and Pacific Islander Californians Disproportionately Experience Homelessness

Percent of Unhoused Individuals Assisted by Homeless Service Providers, FY 2021-22



Note: Race/ethnicity categories are mutually exclusive. State population estimates are for the 2021 calendar year.
Source: Budget Center analysis of US Census Bureau, American Community Survey public-use microdata downloaded from IPUMS-USA and custom tabulations from the California Homeless Data Integration System

Why do people become homeless in California?

UCSF BENIOFF HOMELESSNESS AND HOUSING INITIATIVE

- Marc Benioff
  - CEO of Salesforce
- Provided $30 million dollar gift to UCSF to fund homeless research
- In 2019, BHHI launched

UCSF BHHI

California Study of People Experiencing Homelessness

- Administered questionnaires to nearly 3,200 participants older than age 18
- Collected data between October 2021 and November 2022
- Recruited 365 participants to participate in in-depth interviews

California Study of People Experiencing Homelessness

- **Mental health and substance use history:**
  - 82% had life history of serious mental health condition
  - 27% hospitalized for mental health condition (most in year prior to homelessness)
  - 65% had period in life where regularly used drugs
  - 62% had period in life where had heavy alcohol use

PREVALENCE OF MENTAL DISORERS AMONG INDIVIDUALS EXPERIENCING HOMELESSNESS

Barry et al. JAMA 2024

- Meta-analysis of 85 studies; **48,414 participants**
- Current prevalence of mental disorders: 67%
- Lifetime prevalence of mental disorder: 77%

PREVALENCE OF MENTAL DISORERS AMONG INDIVIDUALS EXPERIENCING HOMELESSNESS

Barry et al. JAMA 2024

- **Specific disorders:**
  - Any substance use disorder: 44%
  - Antisocial personality disorder: 26%
  - Major depression: 19%
  - Bipolar disorder: 8%
  - Schizophrenia: 7%

SCHIZOPHRENIA/PSYCHOTIC DISORDERS IN HOMELESS POPULATIONS

- Getinet Ayano, Ph.D.
- Research and Training Department
- Amanuel Mental Specialized Hospital, Ethiopia

SCHIZOPHRENIA/PSYCHOTIC DISORDERS IN HOMELESS POPULATIONS

- Conducted systematic review and meta-analysis aimed to estimate pooled prevalence of schizophrenia and other psychotic disorders among homeless people
- Included 31 studies involving **51,925** homeless people

SCHIZOPHRENIA/PSYCHOTIC DISORDERS IN HOMELESS POPULATIONS

- **Results:**
  - Higher prevalence of psychotic disorders among homeless people compared to general population at **21%**
    - 10% schizophrenia
    - 2.5% schizoaffective disorder
    - 9% psychosis NOS

METH USE AND HOMELESSNESS

- **Tripled in recent years due to:**
  - Meth use causing homelessness vs. homelessness causing meth use
  - Cheaper cost
  - More intense high

P2P METHAMPHETAMINE

- “Super Meth” arrives!
- Uses phenylacetone in place of banned stimulants

P2P METHAMPHETAMINE VS. OLD METH

- Cheaper
- More potent
- Purity greater than 90% in most samples
- More available
- Effects longer lasting

OPIOID USE DISORDERS IN HOMELESS VETERANS
Manhapra et al. 2021

- Opioid use disorders 11 times higher among homeless as compared to non-homeless veterans
- Odds of homelessness 3.1 times higher among veterans with OUD vs. no OUD

FENTANYL

- A synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine
- Cannot be seen, smelled or tasted
- Commonly mixed with other drugs
- Can be made into pills that resemble prescription drugs
- Street names include apache, dance fever, friend, goodfellas, jackpot, murder 8, Tango & Cash

“TRANQ”

- Powerful sedative approved for veterinary use
- Increasingly mixed with fentanyl
- Not an opioid, so not reversed with naltrexone

Are the homeless with mental illness more violent?

BACKGROUND

- Numerous studies show that individuals with schizophrenia, bipolar disorder, depression have increased risk of violence
- Numerous studies show that individuals with an alcohol or substance use disorder have an increased risk of violence

2014 STUDY OF CRIMINAL BEHAVIOR AND VICTIMIZATION AMONG HOMELESS INDIVIDUALS WITH SMI

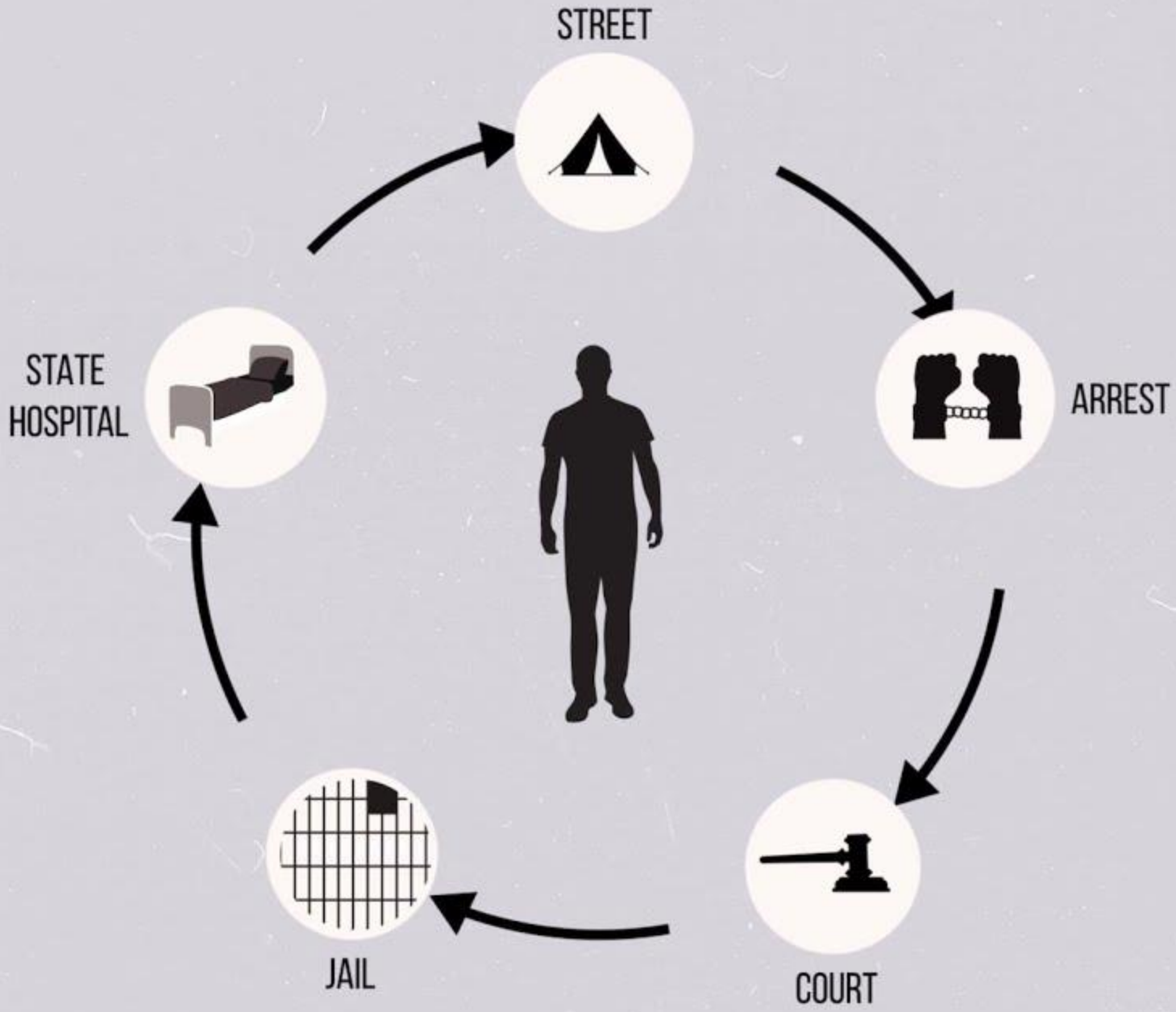
- Laurence Roy, Ph.D. and colleagues
- Reviewed 21 studies investigating relationship of homelessness to violence and victimization
- 15 studies specific to contacts with criminal justice system
- 6 studies specific to prevalence of victimization

2014 STUDY OF CRIMINAL BEHAVIOR AND VICTIMIZATION AMONG HOMELESS INDIVIDUALS WITH SMI

- **Results:**
  - –Lifetime arrest rates 63% to 90%
  - –Lifetime conviction rates 28% to 80%
  - –Lifetime incarceration rates 48% to 67%
  - –Lifetime victimization rates 74% to 87%

2014 STUDY OF CRIMINAL BEHAVIOR AND VICTIMIZATION AMONG HOMELESS INDIVIDUALS WITH SMI

- **Conclusion:**
  - Unhoused individuals with severe mental illness have higher rates of violence and victimization compared to house individuals with severe mental illness


STREET
ARREST
COURT
JAIL
STATE
HOSPITAL

TREATMENT FIRST MODEL

- “**Continuum of Care model**”
  - Linear model
  - Stepwise progression of services
  - “Housing readiness”

CUSTODIAL HOUSING APPROACH

- Board and care facilities
- Staff provide care
- Consumer patient has little choice over living companions, daily activities, placement
- Restrictive rules

CALIFORNIA BOARD AND CARE TRENDS

- Increasing housing costs and minimum wage increases driving up cost to run
- Board-and-care reimbursement rates stagnant
- Increase in facilities shutting doors
- Since 2012, San Francisco has lost more than 1/3rd of licensed facilities
- In 2023, LA shut down more than 200 beds

“HOUSING FIRST”

- Originated with Consumer Preference Supported Housing Model (CPSH)
- Private non-profit known as “Pathways To Housing”
- Housing is a “right” for all
- Interventions are client-centered

SEVEN KEY TENETS

- Unhoused individuals with SMI can live independently in housing with appropriate supports
- Individual chooses their housing
- Rent from a community landlord who does not provide support services
- Individual does not lose housing when in crisis

SEVEN KEY TENETS

- Services are provided by ACT team; available 24 hours a day
- Individual selects type, frequency, and order of services
- No form of treatment is required; follows harm reduction model

TSEMBERES 2004 RESEARCH

- Examined two year follow up outcomes of housing approaches for homeless with serious mental illness.
  - 53% of subjects had psychotic disorder diagnosis
- Compared two groups:
  - 126 assigned to Continuum of Care Model
  - 99 assigned to Housing First Model

TSEMBERES 2004 RESEARCH

- **Outcome**:
  - Individuals placed in Housing First were able to maintain independent housing over two-year period.
  - **NO DIFFERENCES** in substance use or psychiatric symptoms between the two groups

AUBRY SYSTEMATIC REVIEW (2020)

- Reviewed 27 articles examining effectiveness of permanent supportive housing and income assistance for homeless
- Most studies included unhoused individuals with SMI
- **Results:**
  - Housing stability improved at 6 year follow up
  - No improvement in substance use or mental health symptoms compared to controls

LOUBIERE ET AL SUDY (2022)

- Examined data from a randomized controlled trial involving homeless or at risk homeless in four French cities
- **Research participants:**
  - Either diagnosis of bipolar disorder (30%) or schizophrenia (70%) AND
  - Either two or more psych hospitalizations within past 5 years; co-occurring substance use disorder; history of arrest/incarceration past two years

“HOUSING FIRST” AND S. F. HOMELESS

- 1.1 billion dollar annual homeless budget, most for supportive housing
- “Housing First” approach is supposed to be **stable** housing
- 166 persons fatally overdosed in 2020 and 2021 while in supportive housing
- Murders and suicides also noted in housing placements

HARM REDUCTION

- **Definition:**
  - –Any practices, behaviors, and interventions intended to reduce the harmful consequences of substance use and other risk activities

LIVERPOOL, ENGLAND

- Cheap brown heroin flooded city
- “Smack City”
- High numbers of heroin users

MERSEY HARM REDUCTION MODEL

- **Key areas:**
  - Identify target group
  - Reduce drug use and if possible increase abstinence
  - Give clean needle exchange
  - Prescribe mostly methadone
  - Provide outreach and provision of information

KERMAN (2021) HARM REDUCTION OUTCOMES IN HOUSING FIRST

- Conducted systematic review of literature.
- **Two questions:**
  - What are the harm reduction outcomes in Housing First?
  - What are service providers' and tenants' experiences with harm reduction practices in Housing First?

KERMAN ET AL. (2021) REVIEW

- **Harm reduction outcomes in Housing First group**
  - Impact on binge drinking, drinking to intoxication, general substance use problems minimal
  - May decrease risk of having DTs and substance-related deaths

TSEMBERIS ET AL. (2004) REVIEW

- **Evaluated Housing First in dual diagnosed homeless individuals and Continuum of Care**
  - 225 participants randomly assigned to HF or CoC
  - Entry criteria:
    - Homeless 15 of past 30 days
    - History of homelessness in past 6 months
    - Axis I diagnosis of severe mental illness

TSEMBERIS ET AL. (2004) REVIEW

- **Study sample**
  - 53% psychotic disorder
  - 28% with depression/bipolar disorder
  - 19% other
- 90% had comorbid alcohol or substance use disorder
- Interviewed every six months x 2 years
- Used self-report for alcohol and drug use

TSEMBERIS ET AL. (2004) REVIEW

- **Results:**
  - No difference in psychiatric symptoms between two groups
  - No difference in alcohol or drug use between two groups
  - Housing First group less time homeless
  - Control group more substance use utilization

- What are “real life” outcomes of harm reduction in California?

LINKAGE CENTER “RESULTS”

- 19 million dollars to run
- No decrease in drug overdose deaths
- Created open air drug market
- Drug dealers lined up outside

What percentage of clients have been “linked” to services?

<0.1%

“H.O.P.E.”

- H: Housing
- O: Outcome tracking
- P: Professional supports
- E: Evidenced based approaches

Why can’t we remove them from the street then?

MARTIN V. CITY OF BOISE

9th Circuit Court of Appeals, 2017

- **Facts:**
  - Six homeless plaintiffs received citations under Boise city codes
  - Filed lawsuit alleging citations violated the Eighth Amendment-Cruel and Unusual Punishment Clause

MARTIN V. CITY OF BOISE

9th Circuit Court of Appeals, 2017

- **Issue:**
  - Do the Boise City Codes violate the Eighth Amendment when shelter space is not available?
- **Holding:**
  - Yes!

“As long as there is no option of sleeping indoors, the government cannot criminalize indigent, homeless people for sleeping outdoors on the false premise they had a choice in the matter.”

Judge Marsha Berzon

The Eighth Amendment bars punishing a person only for “lacking the means to live out the universal and unavoidable consequences of being a human being.”

CITY OF GRANTS PASS V. JOHNSON

U.S. Supreme Court, 2024

- **Facts:**
  - Grants Pass adopted three ordinances related to public sleeping and camping, including sidewalks, streets, or public parks.
  - Civil citations, not jail or criminal fines, given
  - Two citations can lead to barring from a City park for 30 days

CITY OF GRANTS PASS V. JOHNSON

U.S. Supreme Court, 2024

- **Facts:**
  - Grants Pass does not have enough shelter beds for all homeless individuals

CITY OF GRANTS PASS V. JOHNSON

U.S. Supreme Court, 2024

- **Question:**
  - Whether the enforcement of generally applicable laws regulating camping on public property constitutions “cruel and unusual punishment” as prohibited by the Eighth Amendment.

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CITY OF GRANTS PASS V. JOHNSON

U.S. Supreme Court, 2024

- **Holding:**
  - Local governments can enforce camping regulations against homeless individuals.
  - The regulations do not violate the 8th amendment's ban on cruel and unusual punishment.

COMMUNITY PROTECTION ORDERS

- **Definition:**
  - Legally mandated orders
  - Require psychiatric treatment for individuals with severe mental illness who do not accept voluntary treatment AND
  - A risk to self or others or unable to care for self
  - Failure to follow order may result in psychiatric hospitalization

COMMUNITY PROTECTION ORDERS

- **Suggested benefits:**
  - Earlier treatment intervention
  - Increased involvement of family and clinicians
  - Decreased hospitalization
  - Decreased victimization
  - Decreased involvement in criminal justice system

COMMUNITY PROTECTION ORDERS

- **Suggested harms:**
  - Disruptive to therapeutic alliance
  - Discourages seeking out mental health treatment
  - Unduly stigmatizes individual
  - Disproportionally used in minority groups

2017 COCHRANE REVIEW OF COMMUNITY PROTECTION ORDERS

- **Study:**
  - Reviewed three randomized controls trial of CCT compared with standard care for people with SMI
- **Findings:**
  - No difference in areas of service use
  - No different in social functioning
  - No difference in quality of life
  - Those with CCT less likely to be victims of violence

BEAGLEHOLE REVIEW (2022)

- **Overview**
  - Reviewed nearly 15,000 patients in New Zealand on CTO over 10-year period
  - Examined number of psychiatric inpatient admissions

BEAGLEHOLE REVIEW (2022)

- **Results:**
  - Those with psychotic disorders on CTOs fewer hospital admissions
  - Those with a mood disorder, dementia, or personality disorder placed on CTOs did not have fewer hospital admissions

CONTINGENCY MANAGEMENT

- Uses vouchers to award negative urines
- Points increase with each negative tests
- Improves outcome, particularly when combined with counseling

Only 55% of publicly funded programs use contingency management.

CONTINGENCY MANAGEMENT

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MEDICATION MANAGEMENT

- **Medication assisted treatment (MAT)**
  - Most appropriate for alcohol and opioid use disorders
- **Involuntary medication orders**
  - Evaluate capacity to consent or refuse treatment
  - Duration of untreated psychosis impact must be considered

SUMMARY

- Housing first involves supports!
- Harm reduction and housing first have not demonstrated decrease in substance use or psychotic symptoms
- Need to minimize the duration of untreated psychosis and maximize effective treatment important