California At The Edge Of The American Housing Crisis

A Literature Review of Poverty, Housing Insecurity, and Homelessness in the United States

California as a Microcosm and Magnifier of National Homelessness

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Publication date: July 2026
Series: Research Report No. 1

Executive Summary

The contemporary literature on homelessness in the United States is increasingly convergent on one foundational proposition: homelessness is neither reducible to personal pathology nor explained by poverty alone. It is produced through the interaction of structural housing scarcity, low and unstable incomes, racialized exposure to disadvantage, weak or rationed social protection, institutional discharge, family-network exhaustion, violence, disability, and behavioral health conditions. The empirical question is therefore not whether housing markets or individual vulnerabilities matter. Both do. The more precise question is how they operate at different levels of causation. Housing-market conditions help explain why homelessness rates differ sharply across places. Individual and household vulnerabilities help explain who, within a high-risk housing market, is most likely to lose housing, remain homeless, suffer the gravest harms, or require intensive support to exit homelessness (Quigley, Raphael, & Smolensky, 2001; Byrne et al., 2013; Colburn & Aldern, 2022; Kushel & Moore, 2023).

California is the most important American case for studying this interaction because it compresses the national crisis into an unusually visible form. The state combines extraordinary wealth with severe housing unaffordability, a large extremely low-income renter population, intense geographic inequality, divided metropolitan governance, and a persistently high level of unsheltered homelessness. The 2024 federal point-in-time count estimated 771,480 people experiencing homelessness nationwide and 187,084 in California. The 2025 count, released by HUD in May 2026, recorded a national decline from the 2024 peak and a California total of 181,934. Even after that improvement, California still accounted for roughly one-quarter of all people counted as homeless in the nation. The state is therefore not an exception detached from the American system. It is an intensified version of the same national contradictions: rising housing costs, inadequate low-cost rental supply, limited access to rental assistance, uneven wage growth, health and disability burdens, racial inequality, and public systems that often intervene after housing loss rather than before it (HUD, 2024, 2026).

The strongest literature supports a layered causal model. At the macro level, rent levels, vacancy rates, and the supply of low-cost housing are associated with variation in community homelessness rates. At the household level, income loss, eviction, relationship dissolution, violence, disability, institutional exits, and the depletion of informal support networks are common pathways into homelessness. At the system level, the effectiveness of prevention, shelter, rapid re-housing, permanent supportive housing, health care, and income support depends on access, targeting, implementation quality, and the availability of actual housing units. At the governance level, dispersed funding streams and weak outcome measurement can obscure whether programs reduce entry, increase exits, shorten duration, reduce returns to homelessness, or merely move people between institutions and public spaces.

California's evidence base is unusually valuable. The UCSF California Statewide Study of People Experiencing Homelessness (CASPEH), built from nearly 3,200 questionnaires and 365 in-depth interviews across eight regions, supplies a rare statewide account of pathways into homelessness, experiences while homeless, and barriers to re-housing. Its design also clarifies a central methodological problem: cross-sectional studies overrepresent people with longer episodes of homeless-

ness, including people with higher rates of behavioral health conditions, because long-duration cases are more likely to be observed on any given day. That insight matters nationally. It cautions against treating point-in-time samples as if they describe every person who experiences homelessness during a year (Kushel & Moore, 2023).

The intervention literature is strongest where assistance is matched to the mechanism of housing loss. Rental subsidies and vouchers directly reduce the rent-income gap; targeted emergency financial assistance can prevent imminent housing loss; permanent supportive housing improves housing stability for people with chronic homelessness and complex disabilities; rapid re-housing can shorten shelter stays for some households; and integrated health care can reduce avoidable harm even when it does not independently solve housing scarcity. The literature is weaker when a single intervention is treated as universal. A household facing a temporary income shock does not require the same response as an older adult with disabling illness after years of unsheltered homelessness. Conversely, treatment without a plausible housing exit does not resolve the housing shortage that structures the crisis.

The policy implication is a portfolio model organized around flows rather than visible stock. Governments must reduce entries into homelessness, increase exits to durable housing, reduce the duration and harm of homelessness, and prevent returns. California's 2024 State Auditor report demonstrates why this framework must be paired with program-level accountability. The auditor found that the state lacked current, consistent information on costs and outcomes across major homelessness programs; of five programs reviewed, Homekey and the CalWORKs Housing Support Program appeared cost-effective, while the remaining three could not be assessed because outcome data were insufficient. The lesson is not that spending is irrelevant or inherently ineffective. It is that expenditure without comparable outcome data prevents rational learning, replication, and correction (California State Auditor, 2024).

This review concludes that American homelessness should be understood as a systems failure centered on housing access but mediated by poverty, institutions, health, race, family networks, and governance. California offers the clearest national laboratory because nearly every causal mechanism and policy tension is present at scale. The state also illustrates the central strategic distinction for the next generation of policy: producing homelessness is not the same activity as managing homelessness. A credible national strategy must do both less of the former and better at the latter.

1. Scope, Method, and Bibliographic Integrity

This review synthesizes government reports, peer-reviewed research, university-based policy research, nonprofit data analyses, and selected legal and accountability materials. Priority is given to primary administrative data, representative surveys, longitudinal research, quasi-experimental and randomized studies, systematic reviews, and official audits. California is treated as an analytical case through which national causal theories can be tested rather than as a self-contained regional anomaly.

The review also subjects the supplied bibliography to a source-integrity audit. Several entries in the supplied list are verifiable and retained. Several projected publications have since become actual releases, most importantly HUD's 2025 AHAR Part 1, posted in May 2026. Other entries could not be located under the titles, authorship, journals, dates, or institutional imprints provided. Those items are not silently repeated as authoritative publications. Appendix A identifies their status. Verified replacement sources are supplied in the main bibliography. This is essential because a literature review is only as defensible as its citation chain.

The period of emphasis is 2016 through July 2026, but foundational earlier studies are included where they establish durable empirical relationships or methods. The review distinguishes among four kinds of claims: descriptive claims about prevalence and composition; causal claims about entry into and persistence of homelessness; evaluative claims about interventions; and institutional claims about implementation and governance. These are not interchangeable. A cross-sectional survey can describe the people observed but cannot by itself establish community-level causes. A city comparison can identify structural correlates but may not explain individual pathways. An audit

can establish data and oversight failures without proving that every funded program is ineffective. Maintaining those distinctions is central to the synthesis that follows.

2. Measurement: What the United States Counts, and What It Misses

The literature begins with a measurement problem. The federal homelessness data system relies primarily on the annual Point-in-Time (PIT) count and on Homeless Management Information System (HMIS) records. PIT counts estimate the number of people in shelters and, where counted, unsheltered locations on a single winter night. HMIS provides richer service-use records but excludes people who do not interact with participating programs and may be incomplete across systems. Neither source is equivalent to the number of distinct people who experience homelessness during a full year.

The distinction between stock and flow is not semantic. A PIT count is a stock measure: the number of people present at one point. Annual homelessness is a flow phenomenon: entries, exits, returns, and durations over time. A jurisdiction can house many people and still show a rising PIT count if inflow rises faster than exits. A jurisdiction can clear visible encampments without reducing homelessness if people are displaced to less visible locations or cycle through temporary placements. Evaluation therefore requires at least four quantities: entries, exits to durable housing, average or median duration, and returns. These measures should be stratified by population and intervention type.

CASPEH makes an especially important methodological contribution. UCSF explicitly notes that because most episodes are relatively short, people with longer episodes are more likely to be present in a cross-sectional sample. Behavioral health conditions can lengthen homelessness, so cross-sectional studies may report higher prevalence of such conditions than studies following everyone who becomes homeless over a year. This does not make behavioral health unimportant. It changes the inference: high prevalence among people currently homeless cannot be read backward as proof that behavioral health conditions are the primary community-level cause of homelessness (Kushel & Moore, 2023).

California's high unsheltered population intensifies counting error. Unsheltered enumeration is operationally difficult, affected by weather, volunteer coverage, geography, local count methodology, encampment displacement, and the visibility of vehicles or informal sleeping sites. Researchers have therefore explored alternative strategies, including network sampling that connects respondent-driven sampling with administrative data and computational approaches using 311 calls and street imagery. These innovations are promising but raise concerns about bias, privacy, and the risk of turning visibility into a proxy for need. The goal should not be surveillance of poor people. It should be more accurate population estimation and better evaluation of public systems (Almquist et al., 2023; Moon & Guha, 2024; Jung et al., 2025).

The measurement literature supports a practical principle for Bay Area and California research: no single number should carry more interpretive weight than its method allows. PIT data are valuable for long-run trend comparison when methods are stable; HMIS is powerful for service trajectories; administrative linkage can identify institutional pathways; representative surveys can clarify lived pathways and barriers; and qualitative interviews reveal mechanisms that administrative fields miss. The most credible evidence system triangulates across them.

3. The National Macrostructure: Poverty, Rent, and the Low-End Housing Market

The most consequential shift in recent scholarship is the move from moralized explanations of homelessness toward multilevel structural analysis. Poverty is a necessary part of the story but an insufficient geographic explanation. Many poor communities have relatively low homelessness rates, while some high-income metropolitan regions have very high rates. The literature resolves this apparent paradox by examining how poverty interacts with the price and availability of housing at the bottom of the rental market.

Quigley, Raphael, and Smolensky's classic California and national analysis found homelessness to vary with rental-market conditions, including rents and vacancy. Later community-level research similarly identified housing-market factors among the most consistent predictors of homelessness rates across jurisdictions. Colburn and Aldern synthesize this literature into a clear argument: individual vulnerabilities help explain who becomes homeless, but housing-market conditions are crucial to explaining why rates are much higher in some places than others (Quigley et al., 2001; Byrne et al., 2013; Colburn & Aldern, 2022).

The low-end housing market is the key transmission mechanism. Extremely low-income households do not compete for an abstract average unit. They compete for a limited stock of units that are both affordable and available to them. NLIHC's Gap reports repeatedly find a national shortage of millions of affordable and available rental homes for extremely low-income renters. The shortage exists in every state, but it is especially severe in high-cost states such as California. This shortage turns ordinary shocks - a missed paycheck, illness, reduced work hours, family conflict, rent increase, or benefit interruption - into housing crises because substitute housing is scarce.

The same framework explains why poverty measures that account for housing costs matter. California often looks less exceptional under the official poverty measure than under measures that incorporate regional costs and taxes and transfers. Public Policy Institute of California analyses using the California Poverty Measure and Census Supplemental Poverty Measure traditions show that high housing costs materially increase hardship and that safety-net programs prevent substantial additional poverty. For homelessness research, the implication is direct: income cannot be interpreted outside the cost structure against which it must secure housing.

This is also why employment is not a categorical protection against homelessness. The relevant variable is not simply whether a person works but whether income is stable and sufficient relative to rent, transportation, food, medical costs, child care, debt, and emergency expenses. A worker can be economically attached to a high-productivity metropolitan region while excluded from its housing market. California's coastal metros and the Bay Area make this contradiction unusually visible, but the same pattern is increasingly present in fast-growing metros across the Sun Belt and Mountain West.

The national increase in the 2024 PIT count should be read in this context. HUD's 2024 AHAR documented a major one-year increase to 771,480 people counted on a single night. HUD's 2025 report, posted in May 2026, documented a subsequent national decline. A one-year reversal is important, but the literature warns against treating one PIT movement as a verdict on any single policy. Housing-market lags, emergency programs, immigration flows, disasters, local count methods, shelter capacity changes, and program exits can all affect year-to-year counts. The analytical task is to identify the mechanisms behind changes, not merely celebrate or condemn the headline number (HUD, 2024, 2026).

4. California as Microcosm and Magnifier

California is analytically valuable because the state magnifies the American relationship among inequality, housing scarcity, and administrative division. It contains some of the world's most productive economic regions alongside deep poverty and housing insecurity. Its metropolitan labor markets are regional, but housing approvals and many services are governed locally. Its homelessness funding flows through federal programs, state agencies, Continuums of Care, counties, cities, and nonprofit contractors. The result is a system in which the economic production of housing risk and the administrative management of homelessness often operate at different scales.

The state's scale is unmistakable. California counted 187,084 people experiencing homelessness in the 2024 PIT count and 181,934 in 2025. The 2025 decline is meaningful, but the state still represented roughly one-quarter of national homelessness. The visibility of street homelessness is also shaped by a high unsheltered share, which produces public conflict over sidewalks, parks, vehicles, sanitation, enforcement, and encampment policy. That visibility can distort analysis by making homelessness appear to be primarily a disorder-management issue when the underlying system includes a much larger continuum of rent burden, overcrowding, doubled-up living arrangements, eviction risk, shelter stays, vehicle residency, and precarious institutional exits.

California's statewide representative evidence strongly challenges the recurrent claim that the state's crisis is primarily imported from elsewhere. CASPEH found that the overwhelming majority of participants lost their last housing while living in California. More importantly, its qualitative and quantitative findings locate housing loss within local economic and social processes: income loss, unaffordable rents, conflict, institutional exits, violence, and inadequate prevention. The policy relevance is substantial. If housing loss is predominantly local, then prevention capacity, income supports, landlord-tenant policy, discharge planning, and housing production are not peripheral. They are central.

The state also illustrates the aging of homelessness. The HOPE HOME study in Oakland and subsequent UCSF work document pathways into homelessness among older adults, significant symptom burden, caregiving needs, mortality risk, depression, and late-life homelessness. Older adults can enter homelessness after decades of housing stability through income shocks, job loss, rent increases, relationship loss, disability, or medical crisis. This population complicates narratives built around lifelong dysfunction. It also demonstrates how Social Security or disability income can be insufficient in high-cost rental markets (Brown et al., 2016; UCSF BHHI, 2024).

California is likewise a national microcosm of racial inequality. Black Californians are disproportionately represented in homelessness, reflecting cumulative exposure to discriminatory housing markets, labor-market inequality, criminal legal system contact, wealth gaps, and unequal access to stable housing. The correct inference is not that race is an independent individual trait causing homelessness. Race indexes the unequal distribution of structural exposure and institutional treatment. Similar patterns are visible nationally, but California's large data systems and research infrastructure make them unusually measurable.

The state's geography adds another layer. The San Francisco Bay Area is a single interconnected housing and labor market divided among nine counties, dozens of cities, multiple transit systems, distinct Continuums of Care, and different political coalitions. Housing scarcity in one jurisdiction affects rents and displacement elsewhere; enforcement in one city can move visible homelessness across boundaries; service availability and shelter capacity differ by locality; and public concern is often localized even when the causal market is regional. Bay Area research therefore supports regional planning, shared evidence standards, and cross-jurisdictional accountability (SPUR, 2017; Bay Area Council Economic Institute, 2019, 2021; Terner Center, 2021a, 2021b).

5. Pathways from Poverty and Housing Insecurity into Homelessness

A useful literature review must distinguish background risk from precipitating events. Deep poverty, rent burden, disability, and racial disadvantage create vulnerability. Entry into homelessness often occurs through a concrete transition: income loss, eviction, a rent increase, relationship dissolution, violence, discharge from an institution, loss of a shared living arrangement, or a health crisis. These transitions matter because prevention policy must be timed before housing loss becomes a completed event.

CASPEH found that loss of income was a frequently reported economic reason for housing loss and that many participants had extremely low incomes before homelessness. Yet only a minority received formal homelessness-prevention assistance before losing housing. Many people lost housing after living with family or friends rather than through a formal eviction from a lease in their own name. This exposes a blind spot in programs that define prevention only through court filings or rental arrears. Family-network exhaustion is an institutional issue because the informal safety net is often the last housing subsidy available to people excluded from the formal market.

Eviction research reinforces the need for early intervention but also cautions against assuming all evictions have identical trajectories. An eviction filing can damage future housing access even when a household is not physically removed. Formal eviction is one pathway among several; informal displacement, landlord pressure, rent increases, unsafe conditions, domestic violence, and overcrowding can also precipitate exits. The strongest prevention models therefore combine legal assistance, emergency cash, rental assistance, mediation, benefit access, and targeted case management rather than treating housing court as the only entry point.

Institutional discharge is another recurrent pathway. Hospitals, jails, prisons, foster care, treatment programs, and other institutions can release people into housing instability when discharge planning is weak or housing options are unavailable. The literature on veterans demonstrates the value of integrating housing assistance with institutional systems that can identify risk and intervene before street homelessness. California's scale suggests a broader principle: every institution capable of discharging a person should be measured partly by whether it discharges people to homelessness.

Violence and family conflict require distinct analysis. For survivors of intimate partner violence, leaving housing may be a safety-preserving act, while returning to an unsafe household cannot be treated as successful housing placement. Women, LGBTQ+ youth, and transgender or nonbinary people face specific pathways and risks, including family rejection, abuse, and high victimization. Prevention and re-housing systems must therefore account for safety, confidentiality, children, pets, and economic abuse, not merely tenancy status.

The literature ultimately supports a concept of housing shock absorption. Households with savings, credit, family resources, and access to affordable units can absorb income disruptions. Extremely low-income households in tight markets cannot. California demonstrates the endpoint of this process: when rents are high, low-cost vacancies are scarce, and assistance is rationed, ordinary economic volatility produces extraordinary housing consequences.

6. Behavioral Health, Substance Use, Disability, and the Direction of Causation

Behavioral health is the domain in which public debate most often confuses prevalence, causation, and policy design. Mental illness and substance use disorders are highly consequential among people experiencing homelessness, particularly among those with long durations and high service needs. But the existence of high prevalence does not establish that those conditions explain geographic variation in homelessness rates or that treatment alone can resolve a housing shortage.

The literature supports bidirectional causation. Behavioral health conditions can increase housing risk through impaired functioning, income instability, conflict, discrimination, and difficulty navigating institutions. Homelessness can also worsen depression, anxiety, trauma, substance use, sleep, chronic illness, and exposure to violence. Unsheltered homelessness creates conditions in which substances may be used in response to pain, fear, wakefulness, withdrawal, or social environment. The correct causal model is recursive rather than linear.

CASPEH's behavioral health work exemplifies this complexity. The study reports substantial mental health symptoms and substance use among participants, but it also documents barriers to voluntary treatment and the worsening effect of homelessness itself. The study's cross-sectional design note is critical: people with conditions associated with longer homelessness are more likely to be sampled. Thus, the policy conclusion is not to minimize treatment need. It is to avoid using treatment need as evidence that housing policy is irrelevant.

For people with chronic homelessness and serious disabilities, permanent supportive housing has one of the strongest evidence bases for improving housing stability. Housing First models remove treatment compliance or sobriety as preconditions for tenancy while offering services. Randomized and systematic-review evidence generally finds better housing stability than treatment-first or usual-care approaches, though effects on clinical outcomes vary and implementation quality matters. Permanent supportive housing is therefore best understood as an intervention for a defined high-need population, not as the sole strategy for all homelessness (Aubry et al., 2016; Aubry et al., 2020).

California's current policy debate frequently frames housing and treatment as competing priorities. The literature does not support that binary. People with severe behavioral health conditions need effective treatment, and many need housing subsidies or supportive housing. A treatment bed does not create an affordable apartment; a housing subsidy does not by itself guarantee adequate psychiatric or addiction care. The operational problem is sequencing and integration: stabilize

immediate danger, secure durable housing, ensure access to treatment, and design systems so that failure in one domain does not automatically terminate assistance in another.

7. Health Consequences and the Public Health Literature

The health literature treats homelessness both as a cause of illness and as a condition that complicates treatment. People experiencing homelessness have high burdens of chronic disease, disability, mental health symptoms, substance use disorders, trauma, and premature mortality. Care is often delivered through emergency departments, hospitals, jails, street medicine, shelters, and discontinuous outpatient systems. The absence of stable housing undermines medication storage, wound care, sleep, nutrition, hygiene, recovery after discharge, and continuity with clinicians.

California's longitudinal and statewide studies deepen the national evidence. HOPE HOME research on older adults in Oakland documents high symptom burden, caregiving needs, depression, victimization, and mortality. San Francisco studies document mortality and sudden death risks. More recent CASPEH-linked research examines health care access and use, substance use and treatment access, aging, pregnancy, and disparities among Black and Latine Californians. Together, these studies show that homelessness is not merely correlated with poor health. The living conditions of homelessness actively produce and intensify risk.

This evidence has two policy implications. First, health systems should be accountable for housing-related discharge outcomes, particularly when patients have complex needs. Second, health interventions should be evaluated for both health and housing outcomes without expecting medical care to substitute for affordable housing. Street medicine can reduce harm, build trust, and connect people to care, but it is not an alternative housing supply policy. Medical respite can improve recovery, but it is not permanent housing. The intervention hierarchy must remain conceptually clear.

The public-health framing also corrects the false economy of delayed intervention. When housing instability becomes prolonged homelessness, costs appear in emergency medicine, inpatient care, crisis response, sanitation, policing, courts, and mortality. Cost-offset studies vary and should not be overgeneralized, but the broader principle is robust: discontinuous crisis response can be expensive while producing poor continuity. Prevention and stable housing can shift resources from repeated emergency contact toward planned care and durable outcomes.

8. Racial Inequality and the Distribution of Housing Risk

Racial disparities in homelessness are among the most consistent findings in American data. Black Americans are dramatically overrepresented relative to their share of the general population. Native American and Alaska Native communities also face severe housing insecurity and homelessness in many regions. These disparities arise from cumulative processes: discriminatory housing policy, exclusion from homeownership and wealth accumulation, segregation, labor-market inequality, criminal legal system exposure, child welfare involvement, health inequities, and ongoing rental discrimination.

California provides a clear case. UCSF's 2024 report on Black Californians' experiences of homelessness situates contemporary housing loss within both immediate pathways and accumulated disadvantage. The Bay Area's extreme land and housing values make wealth inequality especially consequential. Households with family assets can buffer job loss or rent shocks; households denied intergenerational wealth have fewer options. The policy analysis must therefore move beyond race as a demographic control variable and examine how institutions distribute housing security.

The literature also warns against a purely aggregate equity language that obscures program mechanisms. An evidence system should ask whether prevention reaches households before eviction or informal displacement, whether voucher lease-up rates differ by race, whether coordinated-entry assessment tools reproduce bias, whether shelter and outreach services are equally accessible, and whether permanent housing placements are durable across groups. Equity should be measured at each stage of the outcome chain, not appended as a descriptive table after program evaluation.

Algorithmic allocation deserves particular scrutiny. Governments increasingly use risk scores, prioritization tools, and administrative prediction to allocate scarce assistance. Moon and Guha's human-centered review found limited attention to fairness in the literature they surveyed and identified tensions between explainability and ecological validity. Predictive systems can improve targeting, but they can also encode unequal institutional contact, punish missing data, or transform structural scarcity into an ostensibly neutral ranking problem. The ethical response is not to reject analytics but to govern them: publish variables and validation, audit disparities, allow human review, protect privacy, and never let a score substitute for expanding inadequate resources (Moon & Guha, 2024).

9. What Works: Prevention, Rental Assistance, Re-Housing, and Supportive Housing

The intervention literature is best understood as a portfolio organized by population and mechanism. No single program model is sufficient because homelessness is heterogeneous in duration, household composition, disability, income, and pathway. The evidence is strongest when policy aligns intervention intensity with the cause and persistence of housing loss.

Prevention. Emergency rental assistance, flexible cash, legal assistance, mediation, and targeted support can prevent homelessness when delivered before housing loss and when the household has a plausible path to ongoing affordability. Prevention is attractive because even modest assistance can be cheaper than a shelter episode and the downstream costs of homelessness. California's State Auditor found the CalWORKs Housing Support Program likely cost-effective relative to the costs associated with families remaining or becoming homeless. The challenge is targeting: broad eligibility can dilute limited resources, while overly narrow screening misses people whose risk is not captured by formal eviction data.

Rental assistance and vouchers. Federal rental assistance directly addresses the rent-income gap and has a strong conceptual and empirical basis for reducing housing instability. The central weakness is rationing: eligible households far exceed available assistance, and voucher holders may face landlord refusal, payment-standard constraints, discrimination, and difficulty finding units. In California, a voucher without a leasable unit is not an exit. Policy therefore must pair subsidies with preservation and production, landlord participation, search assistance, and realistic payment standards.

Rapid re-housing. Rapid re-housing provides short- or medium-term rental assistance and services designed to move people quickly out of shelter. Evidence suggests it can reduce shelter duration and support exits for many households, particularly those without the long-term service needs associated with permanent supportive housing. However, performance depends on rental-market conditions, subsidy duration, household income, and housing availability. In high-cost markets, time-limited assistance can fail if rent remains structurally unaffordable after the subsidy ends.

Permanent supportive housing. PSH combines permanent housing subsidy with voluntary services and is especially relevant for people with chronic homelessness and disabling conditions. Evidence strongly supports improved housing stability. The difficult questions concern scale, cost, service quality, siting, construction timelines, and matching intensity to need. California's Homekey program is important because it accelerated acquisition and conversion of existing properties; the 2024 State Auditor found it likely cost-effective relative to newly constructed units in the comparison used by the audit. This does not mean every acquisition is optimal. It shows the value of measuring cost per durable housing outcome rather than cost per contract or bed-night.

Shelter and interim housing. Emergency shelter can be life-preserving and can reduce exposure to weather, violence, and disease. But shelter performance cannot be evaluated only by occupancy. The key questions are access, safety, length of stay, housing exits, returns, and whether rules exclude people with partners, pets, disabilities, possessions, or behavioral health needs. Interim housing should function as a bridge to permanent housing; without exit capacity, the bridge becomes a holding system.

Health and treatment integration. Behavioral health care, addiction treatment, street medicine,

medical respite, and primary care are essential components of a humane homelessness response. Their strongest role is reducing harm and improving health while housing pathways are secured. Systems should avoid two opposite errors: assuming housing automatically resolves all health needs, and assuming treatment can resolve homelessness where no affordable housing exit exists.

Taken together, the evidence favors differentiated pathways. A prevention dollar for a family facing a temporary arrears crisis, a rapid re-housing subsidy for a household likely to regain income, and permanent supportive housing for a person with disabling chronic homelessness are not competing interventions. They are different tools for different causal profiles.

10. Enforcement, Encampments, and the Post-Grants Pass Policy Environment

Unsheltered homelessness creates urgent public-health, safety, sanitation, accessibility, and political conflicts. The literature nevertheless distinguishes between managing public space and ending homelessness. Encampment removal can change where homelessness is visible without reducing the number of people lacking housing. Displacement can interrupt medication, outreach relationships, identification documents, benefits access, and social support. At the same time, indefinite unmanaged encampments can expose residents and surrounding communities to serious harms. The policy question is therefore not whether public space matters but what sequence of actions produces durable exits rather than repeated displacement.

The Supreme Court's 2024 decision in City of Grants Pass v. Johnson held that generally applicable public-camping laws do not violate the Eighth Amendment's prohibition on cruel and unusual punishment merely because they are enforced against people experiencing homelessness. The decision expanded local legal latitude, especially in western states. It did not create housing capacity or settle the empirical question of whether enforcement reduces homelessness. The literature review therefore treats the ruling as a change in the legal environment, not as evidence of program effectiveness.

California's policy challenge is to prevent enforcement from becoming a substitute for outcome measurement. Encampment programs should track offers, acceptances, destinations, length of interim placement, permanent housing exits, returns to homelessness, geographic displacement, loss of property, and health or safety incidents. The success metric cannot be the number of tents removed. Nor should cities be required to tolerate hazardous conditions indefinitely. A defensible standard is durable resolution: the reduction of unsheltered homelessness through housing and appropriate supports while maintaining public access and safety.

This is particularly relevant to the Bay Area, where city boundaries are porous and service systems are divided. Local enforcement can export visibility to adjacent jurisdictions while the underlying regional housing market remains unchanged. Regional evidence infrastructure should therefore identify displacement effects and distinguish local clearance from regional reduction.

11. Governance, Spending, and the Accountability Problem

California's public debate often collapses into a crude equation: billions spent plus persistent homelessness equals proof that all spending failed. The literature does not support that inference. A rising stock can coexist with successful program exits if entries rise faster. A program can work for participants while being too small to move a statewide total. A state can spend heavily on crisis response while underinvesting in prevention or low-cost housing. Conversely, the existence of structural housing pressure does not excuse weak administration. The correct analysis requires an outcome chain.

The 2024 California State Auditor report is central. The auditor concluded that the state lacked current information on costs and outcomes because Cal ICH had not consistently tracked and evaluated statewide efforts. The audit reviewed five programs and found Homekey and the CalWORKs Housing Support Program likely cost-effective. It could not fully assess the State Rental Assistance Program, Encampment Resolution Funding, or HHAP because outcome data were insufficient. The

report also noted that the state had allocated nearly $24 billion for homelessness and housing over five fiscal years and that at least 30 programs were administered across nine state agencies (California State Auditor, 2024).

The audit's most important lesson is methodological. Accountability requires program-specific denominators and durable outcomes. For prevention: households assisted, housing loss averted, duration of stability, and comparison to credible counterfactual risk. For shelter: unique people served, length of stay, exits, returns, safety, and cost. For rapid re-housing: lease-up, subsidy duration, housing retention, returns, and income trajectory. For PSH: time to placement, occupancy, retention, health and service use, tenant experience, and cost. For encampment programs: durable destinations and returns, not sites closed.

California's Homeless Data Integration System represents an important infrastructure advance because it aggregates HMIS data from local Continuums of Care. Yet data aggregation alone is not evaluation. The State Auditor found concerns about accuracy and use of the system for program evaluation. A mature evidence system requires data quality controls, linkage across institutions, stable public definitions, privacy protections, version history, and transparent methods.

The Bay Area adds a regional accountability challenge. Residents experience one housing market but encounter different county and city systems. Comparative research should ask why similar populations experience different prevention access, shelter waits, housing placement rates, and program costs across jurisdictions. The goal is not a simplistic league table. It is institutional learning: identifying which differences in program design, housing availability, staffing, contracting, and governance explain better outcomes.

12. A California-Informed Framework for National Policy

The synthesis suggests a national strategy built around four simultaneous objectives: reduce inflow, increase exit velocity, reduce duration and harm, and prevent returns. California is useful precisely because partial strategies are visibly inadequate at its scale.

Reduce inflow. The strongest structural levers are expansion and preservation of housing affordable to people with very low incomes, deeper rental assistance, eviction and displacement prevention, income stabilization, benefit continuity, and discharge planning from institutions. Housing production is necessary but distribution matters: market-rate supply, subsidized housing, supportive housing, preservation, and tenant protection address different parts of the system. The goal is not a slogan about supply or protection. It is a functioning low-end housing market in which poor households can actually secure and retain units.

Increase exit velocity. Exits require units, subsidies, documentation, search assistance, landlord participation, service capacity, and timely coordination. California's high-cost markets demonstrate how case management can become a queue-management function when no housing is available. Federal policy can expand vouchers and project-based assistance; state and local policy can accelerate acquisition and construction, preserve low-cost units, reduce unnecessary administrative barriers, and align service contracts with housing outcomes.

Reduce duration and harm. While people are homeless, systems must provide safe shelter, hygiene, health care, behavioral health treatment, harm reduction, legal assistance, storage, transportation, and protection from violence. These services are not an alternative to housing. They are necessary because homelessness is dangerous and because prolonged instability makes re-housing more difficult.

Prevent returns. Housing placement is not the final metric. Systems should track six-, twelve-, and twenty-four-month housing stability; benefit continuity; income; service access; and reasons for returns. A placement that repeatedly fails may indicate poor housing match, inadequate services, unaffordable rent after subsidy expiration, unsafe conditions, or administrative barriers. Learning requires distinguishing these mechanisms.

Finance and governance must support the portfolio. Federal rental assistance remains structurally central because local governments cannot fully offset national income inequality and regional hous-

ing costs. States can provide flexible funding, data standards, capital investment, and enforcement of housing obligations. Regions can coordinate market-scale planning. Counties can integrate health and social services. Cities control key land-use and public-space decisions. CoCs coordinate federal homelessness resources. The institutional task is not to eliminate every layer but to assign responsibilities clearly and measure transitions across them.

13. Research Gaps and a Bay Area Agenda

The existing literature is much stronger on prevalence and correlates than on several operational questions. A California and Bay Area research agenda should prioritize longitudinal, program-linked, and geographically comparative work. First, the region needs a defensible inflow model. What proportion of first-time homelessness follows eviction, informal displacement, job loss, benefit interruption, institutional discharge, violence, family-network collapse, or medical crisis? How do these pathways differ by age, race, household type, disability, and county? Prevention cannot be optimized without knowing where and when entry occurs.

Second, the region needs a housing-exit bottleneck analysis. How much delay is attributable to voucher issuance, unit search, inspections, documentation, landlord participation, construction timelines, behavioral health capacity, or administrative processing? Measuring 'time to housing' without decomposing the wait conceals actionable failures.

Third, program evaluation should move beyond aggregate spending. The public should be able to follow the chain from appropriation to agency, contract, provider capacity, utilization, placement, durable housing, and return. Cost per durable result is a more useful accountability measure than spending totals or activity counts.

Fourth, regional displacement must be measured. When an encampment is cleared, where do people go after seven days, thirty days, six months, and one year? When a low-income renter leaves a high-cost city, does housing instability reappear in another county? Regional public policy cannot be evaluated with city-boundary blinders.

Fifth, the Bay Area needs stronger mortality and health surveillance linked to housing histories. Deaths during homelessness are a severe outcome of system failure, yet national mortality measurement remains inconsistent. California's local research demonstrates that linkage is possible. A regional system should identify preventable deaths, institutional contacts before death, and points at which housing or health intervention could have occurred.

Sixth, algorithmic governance requires public auditing. Coordinated-entry assessments, risk prediction, and prioritization tools should be documented, validated, and evaluated for disparate error. Automation should reduce administrative burden and improve targeting, not create opaque eligibility barriers.

Finally, research should include people with lived experience in study design, interpretation, and governance. This is not only an ethical preference. People who navigate shelters, streets, vehicles, family networks, hospitals, courts, and housing programs possess process knowledge that administrative datasets routinely omit. The best evidence infrastructure combines statistical rigor with institutional and lived-process knowledge.

Conclusion

The literature on homelessness has matured beyond single-cause explanations. The most defensible synthesis is multilevel. Housing scarcity and rent burdens structure the geographic risk of homelessness. Poverty and income volatility determine how close households are to housing loss. Racial inequality, disability, violence, institutional exposure, and family-network capacity distribute risk unevenly. Behavioral health conditions can both precede and be worsened by homelessness, especially affecting duration and service needs. Public systems determine whether crises are prevented, shortened, prolonged, or repeatedly managed without resolution.

California is the American crisis in concentrated form. Its housing market demonstrates how prosperity can coexist with mass insecurity when low-income households are excluded from the housing

produced by regional wealth. Its unsheltered homelessness demonstrates the consequences of insufficient shelter and housing exits. Its research base demonstrates the value of representative surveys and longitudinal studies. Its audits demonstrate the cost of divided accountability. Its Bay Area demonstrates the mismatch between regional markets and local governance.

The strategic distinction that follows is decisive: the institutions that produce homelessness are not identical to the institutions that manage homelessness after it occurs. Housing policy, labor markets, income support, health systems, criminal legal institutions, family policy, and land use shape entry. Shelters, outreach teams, CoCs, contractors, hospitals, police, sanitation departments, and supportive housing providers manage the consequences. A serious American response must reduce the production of housing loss while making the response system faster, more humane, more transparent, and more capable of producing durable housing outcomes.

California should therefore be studied neither as a cautionary caricature nor as an exceptional failure. It is a national warning and a national laboratory. The policy question is not whether the United States knows anything about how to reduce homelessness. The evidence base is substantial. The harder question is whether public institutions can align housing supply, deep affordability, prevention, services, and accountability at the scale and duration the crisis requires.

Appendix A. Audit of the Supplied Bibliography

The source list supplied for this assignment mixed verified publications, projected releases, and citations that could not be verified as written. The following audit preserves the supplied entries while preventing unverified citations from entering the authoritative bibliography.

1. **U.S. Department of Housing and Urban Development. (2024). The 2024 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time estimates of homelessness.**
   Status: Verified. Official HUD USER release, posted December 2024.
2. **U.S. Interagency Council on Homelessness. (2022). All In: The federal strategic plan to prevent and end homelessness.**
   Status: Verified.
3. U.S. Department of Housing and Urban Development. (2025). *The 2025 Annual Homeless Assessment Report (AHAR) to Congress, Part 1.**
   Status: Status updated. No longer projected: HUD posted the 2025 AHAR Part 1 in May 2026.
4. **National Alliance to End Homelessness. (2024). State of homelessness: 2024 edition.**
   Status: Verified series/title.
5. National Alliance to End Homelessness. (2025). *State of homelessness: 2025 edition.**
   Status: Status updated. 2025 edition is now published.
6. **National Low Income Housing Coalition. (2024). The gap: A shortage of affordable homes.**
   Status: Verified.
7. **National Low Income Housing Coalition. (2024). Out of reach 2024: The high cost of housing.**
   Status: Verified.
8. **Cunningham, M., & Batko, S. (2024). Homelessness in America: A data-driven approach to solutions. Urban Institute.**
   Status: Not verified as cited under this exact title/authorship/date. Excluded from authoritative bibliography pending a stable publisher record.
9. **Sard, B., & Fischer, W. (2024). Federal rental assistance can substantially reduce homelessness. Center on Budget and Policy Priorities.**
   Status: Not verified as cited under this exact title/authorship/date. Related CBPP voucher and rental-assistance research exists, but this citation is not repeated as a verified publication.

10. **Hunter, S. B., Ward, J., & Davis, L. M. (2024). Addressing homelessness in California: Evidence and emerging strategies. RAND Corporation.**
Status: Not verified as cited under this exact title/authorship/date. RAND publishes related California homelessness work, but this exact citation was not located.

11. **Colburn, G., & Aldern, C. P. (2022). Homelessness is a housing problem: How structural factors explain U.S. patterns. University of California Press.**
Status: Verified.

12. **Corinth, K. (2024). U.S. homelessness: Data, evidence, and policy. Journal of Economic Perspectives, 38(1), 3-30.**
Status: Not verified as cited. Excluded from authoritative bibliography.

13. **O'Flaherty, B. (2024). The dynamics of homelessness. Journal of Economic Perspectives, 38(1), 31-55.**
Status: Not verified as cited. Excluded from authoritative bibliography.

14. **Khadduri, J., & Culhane, D. P. (2024). Preventing homelessness. Journal of Economic Perspectives, 38(1), 57-80.**
Status: Not verified as cited. Excluded from authoritative bibliography.

15. **Kushel, M. B., & Moore, T. (2024). Health and homelessness. Journal of Economic Perspectives, 38(1), 81-105.**
Status: Not verified as cited. The authors are central to CASPEH, but this exact JEP citation was not located.

16. **Tsai, J. (2024). Homelessness and health outcomes in U.S. veterans: An updated systematic review. American Journal of Public Health, 114(4), 389-398.**
Status: Not verified as cited under this exact title/volume/pages.

17. **Byrne, T., Culhane, D. P., & Metraux, S. (2024). Predictors of shelter entry among low-income renters: A longitudinal analysis of administrative data. Housing Policy Debate, 34(3), 275-296.**
Status: Not verified as cited under this exact title/volume/pages.

18. U.S. Department of Housing and Urban Development. (2026). *The 2026 AHAR Part 1.**
Status: Still prospective as of July 2026; January 2026 PIT data cannot yet be treated as a published AHAR Part 1 report unless and until HUD posts it.

19. Urban Institute. (2025). *Homelessness prevention during the post-pandemic housing transition.**
Status: Not verified as a published report under this exact title.

20. Corinth, K., & Notowidigdo, M. (2025). *The geography of homelessness and the role of housing supply constraints. Review of Economics and Statistics (forthcoming).**
Status: Not verified as cited under this exact title and publication status. Excluded pending a stable journal or working-paper record.

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Institutional Credit

This report is credited solely to **Citizens Transparency Institute of the California San Francisco Bay Area**.