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Southern California Homelessness: The Intersection of Housing and Mental Health

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SOUTHERN CALIFORNIA HOMELESSNESS:  
THE INTERSECTION OF HOUSING AND MENTAL HEALTH

By

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A capstone project submitted for  
Graduation with University Honors

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University Honors  
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APPROVED

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## Abstract

Over the last few years, homelessness in Southern California has been an increasingly relevant topic in political debates, public policy forums, and media coverage. Despite this public attention, little is known about the factors that contribute to it. In this research paper, I explored two factors that may contribute to the presence of homelessness in Southern California; a) housing shortages and unaffordability, resulting from the housing crisis, and b) the state's treatment of mental health. Before looking at the current day data, I conducted an extensive literature review that confirmed the housing market and mental health treatment as two major contributors to homelessness. Then, I examined the point-in-time counts of five counties in Southern California, the reported subpopulations, the Regional Housing Needs Assessment (RHNA) progress between cities, the trend of median rents and vacancy rates, the distribution of psychiatric beds across counties, and the supply of behavioral health professionals. As a result, I found that while all the data doesn't perfectly correlate with increases in homelessness, all five counties have weak mental health infrastructures and insufficient affordable housing which only act to make homelessness worse.

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## Introduction

In 2018, there were 38.1 million people in poverty. In that same year, the Department of Housing and Urban Development (HUD) estimated that 552,830 individuals were homeless in the United States of America. (Henry et al, 2019). This corresponds to about 17 in every 10,000 people experiencing homelessness or 0.17% of the population. Homelessness represents an extreme and visible form of poverty. HUD defines homeless as “a person who lacks a fixed, regular, and adequate nighttime residence.” (Henry et al, 2019). While it can be difficult to comprehend the level of poverty millions of Americans face, homelessness is much more visible in the public sphere. The average person may see a homeless person on the street on their way to work, school, or to the store on a daily basis. Homelessness is not just a regional issue but is widespread across the country. It is seen and experienced in urban streets, rural small towns, rich coastal areas, poor neighborhoods, and many other places. Nevertheless, perhaps the most prominent face of American homelessness over the past few decades has become California.

In 2018, California represented the state with the largest number of people experiencing homelessness at 129,972 individuals. (Henry et al, 2019). The state had one the largest rates of homelessness (33 for every 10,000 individuals) and the largest rate of unsheltered homeless (68.9%). Additionally, homelessness increased by 16.4% from 2018 to 2019 and by 8.8% from 2007 to 2019. (Henry et al, 2019). In recent years, California’s homeless crisis has been highly politicized and debated. In a 2019 California visit, President Donald Trump criticized California’s homeless problem calling it a “disgrace to our country”. (Cava, 2019). In a Public Policy Institute of California (PPIC) poll, one in four Californians ranked homelessness as the

top issue facing California. This was the first time homelessness ranked as the top issue on the minds of Californians since PPIC began polling in 1998. (Christopher, 2019).

Because of the high public interest in homelessness, there is much speculation as to how homelessness occurs. However, there are two major factors that I explore in this paper: the housing crisis and the treatment of mental illness in the state of California. The housing crisis refers to a lack of housing affordability and availability to individuals and families. Mental health treatment refers to the available medical infrastructure, which provides resources, facilities, beds, and professionals to counsel, treat, or diagnose individuals. Therefore, in investigating these factors, I examine a variety of data in an attempt of making the link between homelessness, housing, and mental illness clearer. I use as the basis of my measurement, the point-in-time (PIT) counts conducted every year in January. I also look at the Regional Housing Needs Assessment (RHNA), median rents, and rental vacancy rates between counties and cities. Based on the data, I find that most cities and counties are severely lacking in providing enough affordable housing for its communities. I also find that median rents are steadily increasing and rental vacancies remain steady but lower than most of the country. In terms of mental health treatment, I find that the supply of psychiatric beds have been decreasing the last few decades even while the population has been increasing. Additionally, the supply and distribution of behavioral health professionals points across California counties show meaningful discrepancies. These findings are not enough to claim that homelessness is directly caused by a lack of housing and mental health. There are many factors at play and more advanced statistical analysis would be required. However, these findings do suggest that Southern California faces a multi-faceted homeless problem made worse by lack of affordable housing and mental health services. In order

for a reduction of homelessness in Southern California to occur, low-cost housing and comprehensive mental health treatment need to be offered at much greater quantities.

### Background / Literature Review

Traditionally, poverty researchers have been divided into two camps on the causes of homelessness. In “Homelessness as a Property Problem”, Jane Baron characterizes this split as the Individual/Structural Paradigm. One side sees homelessness as “mostly the result of personal failures such as substance addiction, mental illness, or the inability to hold down a job.” (Baron, 2004). The other side sees homelessness as “mostly the result of institutional forces beyond any individual’s control such as a mismatch in supply and demand of low income housing” or decline in high paying jobs. (Baron, 2004). In my review of homeless research, these hypotheses are heavily investigated as reasons of homelessness.

Homelessness as a housing problem is a question that researchers have extensively investigated. Since homelessness stems in part from not having a stable home to live in, it seems natural to look to the housing market. Several literatures address the relationship between homelessness and the housing market.

For example, areas with higher median rents are correlated with higher incidence of homelessness. (Clark 2016, Quigley et al. 2001, Bohanon 1991, Fargo et al. 2013, Bryne et al. 2012). A 2013 analysis showed that out of all the determinants of homelessness (economic, demographic, safety net, behavioral, and health-related factors), the most consistent findings show that rental housing variables such as rent levels were positively associated with levels of homelessness in metropolitan and non-metropolitan areas. (Bryne et al., 2012). In that same



study, they found that homelessness in metropolitan and non-metropolitan area increased 15% and 39% for every \$100 increase in median rent, respectively. (Bryne et al, 2012). Dr. Barrett Lee explains that the price inflation of rental units has pushed lower-income families out of the market. Meanwhile, diminishing profit potential has slowed construction of new low income housing. Thus, this phenomenon has created a “tight, expensive market” making it harder for poor families to afford housing. (Lee et al., 2010). Steven Raphael demonstrated a possible explanation that higher median rents may stem from the levels of housing regulation in an area. Higher housing regulation can lead to higher rents and housing prices, and thus contribute to homelessness. (Raphael, 2010).

Additionally, it has been shown that areas with lower vacancy rates have higher rates of homelessness. (Quigley et al. 2001, Nisar et al. 2019, Eliot and Krivo 1991, Bryne et al., 2012). Lower vacancy rates create a tighter market by decreasing the amount of housing units available, and thus eliminating some individuals from attaining housing. In Eliot and Krivo’s cross-sectional study on the effect of structural determinants on the rate of homelessness in metropolitan areas, they found that a “lack of low-income housing is related to substantially greater levels of homelessness. (Eliot and Krivo, 1991).

When one looks at California’s housing market, an even deeper picture of California’s situation emerges. California is notorious for being one of the most expensive places to live in the United States. California renters pay 40 percent above the nationwide median for rent and nine of the nation’s ten least affordable metropolitan areas are in California. (Johnson and Meija, 2018). In 2016, California homeowners paid 113.3 percent higher for a single family home, on average, than the nationwide median. In terms of vacancy rates, in 2018 California’s rental

vacancy rate stood at 4.4 percent compared to the 6.9 percent nationwide average. (U.S. Census Bureau). California's residential vacancy rate was 1.2 percent, slightly below the national average of 1.5 percent. (U.S. Census Bureau). Additionally, when looking at California's housing supply, the state has been slowly improving in the number of housing permits allotted per year. Yet, housing construction still lags behind pre-Great Recession levels and California is ranked 48th in permits per capita from 2007 to 2017 (Perry et al, 2018).

The other side of the debate views homelessness as the result of personal problems such as addiction, job loss, or mental illness. It is well established that the homeless population suffers from mental illness and disorders at a higher rate in comparison to the general population. (Fazel et al 2008, Fischer and Breakley 1985, Shelton et al 2009, Marten 2001). Mental illness includes bipolar disorder, severe depression, schizophrenia, and various anxiety disorders. Mental illness can lead to the inability to secure or hold a job, substance abuse, violent behavior, and estrangement from family. A recent study found that homeless individuals with mental illness have significant barriers to obtaining a job. These barriers included substance abuse, having a criminal record, work-shelter impeding practices, and lack of psychiatric care. (Poremski et al., 2014).

Some scholars point to the deinstitutionalization of state psychiatric hospitals in the 60-70s as a sign of decreasing societal support for the mental ill. Chris Jencks explains that America's mental-health system was negatively transformed by the notion that "deinstitutionalization would save huge sums of money without hurting patients. That notion was greatly exaggerated." (Jencks 1994). In fact, there is evidence that permanent housing solutions for the mentally ill are more cost-effective than relying on emergency services. Researchers have

found that in a study of 238 individuals, when provided with permanent housing, there was a 57% reduction in mental health expenditures, 14% reduction in emergency room costs, 95% reduction in incarceration, and 32% reduction in ambulance transportation. (McLaughlin 2011). Previous rounds of deinstitutionalization were successfully able to move patients elsewhere. But by the 80s, the end of involuntary confinement and reduced government spending led to discharging many patients with nowhere else to go but the streets. (Jencks 1994).

### Data Description

In this paper, my goal is to examine the role of housing and mental illness in the homelessness problem of Southern California. As a barometer for the number of homeless in Southern California, I use the point-in-time count (PIT counts) from Los Angeles County, Orange County, San Diego County, San Bernardino County, and Riverside County. PIT counts are required by the federal government and are usually conducted annually in January. Data on homelessness is reported by Continuums of Care (CoC) of each county, which are tasked with tracking the homeless population and operating shelters in the area. Volunteers are assigned to canvass the city streets and to count all those that do not have stable housing. While this data source has been criticized for undercounting the homeless population and the differing counting methodologies across cities and counties, it is still the best measurement available to count the extent of homelessness in each county due to its universality and thoroughness.

In looking at housing availability, I look at the Regional Housing Needs Assessment (RHNA). RHNA is a state mandated process in which regional governmental jurisdictions assign cities a goal for building lower income, moderate income, and above moderate income housing.

Housing unit goals are given, by the state, to each county every seven years based on projected regional growth, as well as existing and future housing needs of the area. It is up to each regional government to distribute the housing units to each of its cities and counties. The current seven year RHNA cycle runs from 2013 to 2021. Once the cycle ends, a new seven year cycle begins with new assignments and goals for each regional government, county, and city.

The Orange County Register graded each city on how well it was supplying the housing it was allotted by RHNA for this current cycle. I have selected the top five most populous cities in Los Angeles County, Orange County, Riverside County, San Bernardino County, and San Diego County. In Figure 1.3, I show the housing permits allotted, permits needed to be on track with the goals, how many housing permits have been reported, and a corresponding grade. I will compare these grades in an effort to see which cities and counties are doing better in providing housing. In terms of housing affordability, I look at the median rents and rental vacancy rates across counties as provided by the American Community Survey. I will compare the trends of the past decade and compare that to the amount of homeless.

In looking at the treatment of mental illness, I look at the number of psychiatric beds supplied in California over the last few decades. Psychiatric beds offer patients with severe mental illness a place to stay, receive treatment, and be diagnosed. The measurement of psychiatric beds is a solid way to determine how much the mental health system is expanding or diminishing. I also look at the supply and distribution of psychiatrists and psychologists as another measure of mental health care in California. These professionals are very important as they require doctoral degrees and thousands of hours of supervised training that allow them to

diagnose patients. Psychiatrists prescribe medication while psychologists typically provide psychotherapy. (Coffman et al., 2018).

## Results

The first thing to look at is the PIT counts for Los Angeles City and County CoC, Orange County Coc, Riverside City and County CoC, San Bernardino City and County CoC, and San Diego City and County CoC from a five year period of 2015 to 2019 (which is demonstrated in Figure 1.1 of the Appendix). In Figure 1.1, Los Angeles city and county is the area with the greatest number of homeless people in Southern California. In 2019, they reported 56,247 homeless individuals, a 36% increase from 2015. While from a macro view, it appears that Riverside County and San Bernardino County have remained relatively flat the last five years, they actually have had a 18.5% increase (2811 homeless individuals) and 21.3% increase (2607 homeless individuals), respectively (Figure 1.2 shows the point in time counts of all counties except Los Angeles County for a better visual representation). Orange County had the highest increase of homeless individuals at 54% (6860 homeless individuals). Of these five CoCs, San Diego was the only one to report a decrease of homelessness (8102 homeless individuals). (CoC Homeless Populations and Subpopulations Reports 2020). *See Figure 1.1 and 1.2 in the Appendix.*

Overall, in terms of quantity, most of the homelessness continues to be driven by the Los Angeles area. They contain, by far, more homelessness than the other four CoCs combined. However, Orange County's homelessness is increasing at a faster rate. For context, total

homelessness in California increased 30.7% from 2015 to 2019. And the five CoC's studied total homelessness increased similarly at 30.1%.

### *Reported Subpopulations of Homelessness*

Within each PIT report from a CoC, there is breakdown on the demographics and subpopulations of the homeless population counted. Reported subpopulations give a reasonable estimate on the characteristics of the homeless population from year to year. Common subpopulations are chronic homelessness, severely mentally ill, chronic substance abuse, veterans, and victims of domestic abuse. Chronic homelessness and severe mental illness are the two most commonly cited subpopulations of homelessness. Chronic homelessness is defined as a homeless individual with a disability from the McKinney-Vento Act and “not living in a place not meant for human habitation, in a homeless shelter, or a safe haven for 12 months continuously or on at least four occasions in the last three years.” (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless, 2015) In Los Angeles County, San Bernardino County, and San Diego County, the chronically homeless are the largest subpopulation in at least four out of the last five years. In Orange County and Riverside County, chronically homeless people are in the top three largest subpopulations for each of the past five years. (CoC Homeless Populations and Subpopulations Reports, 2020)

The HUD Occupancy Handbook defines chronically mentally ill as a person with a severe “mental or emotional impairment that limits his or her ability to live independently.” (CHAPTER 3. ELIGIBILITY FOR ASSISTANCE AND OCCUPANCY 3-1, 2009). In all five counties studied, severe mental illness is cited in the top three subpopulations every year for the last five

years, except in 2017 for San Diego County and Riverside County. Additionally, some scholars, as previously mentioned, show that mental illness and substance abuse are linked in various ways. Substance abuse is also a cited reason for homelessness in some counties. Substance abuse has been the largest subpopulation for Riverside County and the second largest subpopulation for San Bernardino County for the last five years. While domestic abuse is rarely in the largest three subpopulations for other counties, in Orange County, victims of domestic abuse is the top subpopulation in four out of the last five years. (CoC Homeless Populations and Subpopulations Reports 2020).

The breakdowns of subpopulations can give helpful insight into how the people in that region become homeless. A large portion of chronically homeless can point to the sustained inability to find affordable housing or lack of a social safety net to keep people off the streets. Likewise, a large portion of mental ill can point to the lack of a mental health system in a region.

### *Housing Supply*

As described in the literature review, many scholars have pointed to the availability of affordable housing as a determinant of homelessness. In theory, there is a negative relationship between the two factors. As the availability of housing decreases, then the prevalence of homelessness increases. Conversely, as the availability of housing increases, the prevalence of homelessness decreases. The Regional Housing Needs Assessment (RHNA) is a benchmark designed to give cities a goal of housing construction based on the socioeconomic, geographic, and demographical needs of the area. Different levels of housing are broken up into four categories: Very Low Income, Low Income, Moderate Income, and Above Moderate Income. In

Figure 1.3 of the Appendix, I identified five counties in Southern California (Los Angeles County, Orange County, Riverside County, San Bernardino County, and San Diego County) and the five most populous cities in each county. Each city is given an overall RHNA grade and a grade in each income category, from the Orange County Register, based on the progress they have made in meeting their expected goals for the current RHNA cycle which extends from 2013 to 2021. (Johnson, 2019).

In summary, out of the 25 cities listed, only 4 cities attain a B- or higher in their overall RHNA grade. Only one city, Santa Ana, received an A. 13 cities received a D or an F. When further broken down into the very low income housing category, 23 out of 25 cities received a D or an F. Very low income housing is classified as 0-50% of the area median income (AMI). Additionally, in the low income housing category, 21 out of 25 cities received a D or an F. Low income housing is classified as 50-80% of the AMI. (Johnson, 2019) *See Figure 1.3*

These numbers show that affordable housing construction is a widespread issue across all five counties. According to the data, there is not a significant difference between counties in the rate of housing permits allotted. The cities studied receive bad marks uniformly across county lines. Yet, there are notable differences in the variations of homelessness between counties over time. For example, homelessness in the San Diego CoC has decreased by 7% since 2015. Meanwhile, all five of the most populated cities in San Diego County received Ds in building very low income housing and low income housing. In Orange County, Santa Ana receives an A in both very low income and low income housing yet leads the county in the number of homelessness. However, it should be noted that Santa Ana officials have provided evidence that other cities use Santa Ana as a “dumping ground” for the homeless. They allege that other cities



arrest homeless persons, transport them to the Intake Release Center in Santa Ana, and are released without being transported back to their cities. (Kopetman, 2020). It should also be considered that Santa Ana has a lower median household income and a higher poverty rate in comparison to Orange County as a whole, which could make it more susceptible to homelessness.

All of this goes to show that large amounts of low income housing don't necessarily correspond to lower amounts of homelessness. The data implies that there may not be a direct causal link between building low income housing (as defined by RHNA) and rates of homelessness in Southern California. As the case study of Santa Ana shows, many variables come into play when examining the rates of homelessness. Even so, the state's low rate of affordable housing construction only exacerbates the problem. Each of the five counties have not adequately built affordable housing, thus adding to the state's affordability crisis.

#### *Median Rents and Vacancy Rates*

As was shown in the literature review, areas with higher median rents are more susceptible to homelessness. In looking at the median rent estimates for the past five years, (which is displayed in *Figure 1.4*) there is a clear upward trend in Los Angeles County, San Diego County, Orange County, and the Inland Empire. From 2015 to 2019 median rent increased by 24% in the Los Angeles area, 37% in San Diego, 16% in Riverside and San Bernardino County, and by 29% in Orange County. Since the cumulative inflation rate during this period is an estimated 7.9%, these rent estimates exceed the rate of inflation and reflect a genuine rise in the cost of living. Additionally, aside from San Diego County, there is a positive relationship

between median rents and rates of homelessness among Los Angeles County, Orange County, San Bernardino County, and Riverside County. Interestingly enough, San Diego bucks this trend as it has the highest increase in median rent, yet its homelessness has decreased by 7%.

(Selected Housing Characteristics, 2019).

Another factor talked about in the literature review was vacancy rate. Theoretically, as vacancies go down, the prevalence of homelessness goes up since people are squeezed out of the housing market. According to American Community Survey Estimates (*see Figure 1.5*), the rental vacancies have slowly increased for Los Angeles County, Orange County, and San Diego County from 2015 to 2019. At the same time, rental vacancies have slowly decreased for Riverside County and San Bernardino County. These counties have lower rental vacancy rates than the national average, which has hovered around 7% during the same time period. In terms of homeowner vacancy rates (*see Figure 1.6*), Los Angeles County, San Diego County, Riverside County, and San Bernardino County have all seen slight decreases in the past five years. (Selected Housing Characteristics, 2019).

### *Psychiatric Bed Supply*

Another factor relevant to examining mental health treatment is the psychiatric bed supply. A majority of psychiatric beds are found in general acute care hospitals with the rest being found in acute psychiatric hospitals, and psychiatric health facilities. While the population of California grew 24.6% from 1995 to 2017, total psych beds have declined 27.5% and psych facilities have declined 42%. (calhospital.org 2019). Additionally, even though experts believe that 50 psych beds per 100,000 individuals is the minimum standard to meet current needs,

California falls well below that with roughly 30 beds per 100,000 individuals. 43% of the state (25 counties) are without adult psych beds and inpatient psych services, 72% of the state is without child psych beds (42 counties), and 95% of the state is without psych intensive beds (55 counties). (calhospital.org, 2019).

On a county by county comparison, as seen in Figure 1.7, Los Angeles County has 22.91 beds per 100,000 individuals, which is the largest rate out of the five counties studied. San Diego County has the second largest rate, with 20.79 beds per 100,000. San Bernardino and Orange counties had 16.64 and 15.82 beds per 100,000 respectively. Riverside County comes in at last with 8.21 beds per 100,000. All of these counties fall short of the 50 psych beds per 100,000 recommended as the bare minimum to meet the county's psychiatric needs. For example, in order to reach this goal, Los Angeles County would need to provide 5,609 more psych beds and Riverside County would need to provide 1,194 more psych beds. (calhospital.org 2019) See

*Figure 1.7*

### *Psychologist / Psychiatrists Supply*

Along with having beds and facilities to house the mentally ill, it is critical to have professional behavioral health practitioners that can interact, diagnose, and provide care for patients. California has six licensed behavioral health occupations: psychologists, psychiatrists, psychiatric technicians, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, and Licensed Professional Social Worker. All of these occupations require multiple federal/state mandated examinations, many hours of supervised professional experience in residency or clinics, and at least a master's degree (psychologists and psychiatrists require a

doctorate degree. (Coffman et al., 2018). Measuring the amount of behavioral health professionals in a region can provide more insight into how much professional mental health help is available in an area.

According to the Healthforce Center, looking at the active licensed behavioral health professionals per 100k population by region provides a per capita measurement to compare provider supplies across different population sizes. Additionally, it provides a benchmark for “assessing the adequacy of supplies of behavioral health professionals.” (Coffman et al, 2018). California averages 14.7 psychiatrists and 42.5 psychologists per 100k. The San Diego area boasts the highest ratio with 16.0 psychiatrists per 100k and 52.1 psychologists per 100k. The Los Angeles region is around the state average with 14.9 psychiatrists per 100k and 45.9 psychologists per 100k. Orange County is lower than the state average with 10.3 psychiatrists per 100k and 38.6 psychologists per 100k. Lastly, the Inland Empire area is much lower than the state average, with only 7.7 psychiatrists per 100k and 15.6 psychologists per 100k. (Coffman et al., 2018).

Another measure is also the distribution of behavioral health professionals by region. Psychiatrists and psychologists makeup 6.9 percent and 20.1 percent, respectively of the behavioral healthcare profession in California. In terms of psychiatrists per region, the San Diego area stands above the statewide average with 8.2 percent of its behavioral health professionals as psychiatrists. Los Angeles County stands near the statewide average at 7.2 percent. Both Orange County and the Inland Empire stand below the statewide average 5.3 percent and 5.7 percent, respectively. In terms of psychologists per region, San Diego, again, is above average the statewide average, at 26.7 percent. Los Angeles County and Orange County are near the

statewide average 22.1 percent and 19.8 percent, respectively. Lastly, the Inland Empire has 11.6 percent of its behavioral healthforce as psychologists. (Coffman et al, 2018).

## Discussion and Conclusion

The results above show many different variables that can contribute to homelessness. Housing supply (as defined by RHNA), median rents, and vacancy rates per region acted as factors to measure the housing market's susceptibility to homelessness. The RHNA grades showed a widespread problem of affordable housing construction in each of the five counties studied. A vast majority of the major cities in each county received a failing grade in constructing low income or very low income housing for the present RHNA cycle. Additionally, every county during the last five years has endured a significant increase in median rent. The median rent increases in the Inland Empire match closely with their increased rate of homelessness. Interestingly enough, Orange County's increasing homelessness far exceeds their increasing median rent and San Diego actually has decreased in homelessness while simultaneously experiencing the largest increase in median rent of the five counties studied. Lastly, the vacancy rates of all five counties have slightly fluctuated but remained low. Thus, the Southern California housing market has remained tight, with a limited amount of affordable housing, and has been much more expensive.

Meanwhile, the supply of psychiatric beds and behavioral health specialists per region acted as a measure of the mental health infrastructure of a region. All of the counties stand well below the recommended standard of 50 beds per 100,000 individuals. Out of the five counties studied, Los Angeles County and San Diego County perform the best in this regard. In terms of

supply of behavioral health professionals per region, San Diego County followed by Los Angeles County do the best while the Inland Empire does the worst. This data shows that the mental health infrastructure is lacking across the board but differences across counties exist. Given these results, there are three lessons that I take away from this project.

*Lesson #1:* When examining the relationship between two or three phenomenons, one can't always expect to see clear and concise results from the data. In real life, the data can present mixed and confusing results. Oftentimes in school, students are taught about theoretical relationships between two or more variables that present a clear picture of what is being studied. While these theories are undoubtedly great for grasping difficult concepts, it can skew one perception of the world to believe that all instances work this way. Yet, many real-world experiences are complex. Many phenomena have more than one cause. Those same lessons apply to this project. For example, many scholars agree that higher median rents lead to greater homelessness. Yet, this theory is unable to explain how San Diego's homelessness decreased by 7% while the median rent simultaneously increased by 37%. It could be a variety of other factors. As identified, San Diego does a better job among the counties studied in its mental health treatment. Maybe San Diego has lower poverty in general or provided other social safety net programs to alleviate some homelessness. However the point remains, that the real world is full of complex results that often go beyond traditional theories.

*Lesson #2:* While there might not always be clear links in the data between homelessness, housing, and mental health treatment, it doesn't mean that these components aren't contributing to homelessness. Housing and the mental illness are major contributors to homelessness. This study shows that there is a clear lack of affordable housing in Southern California. According to

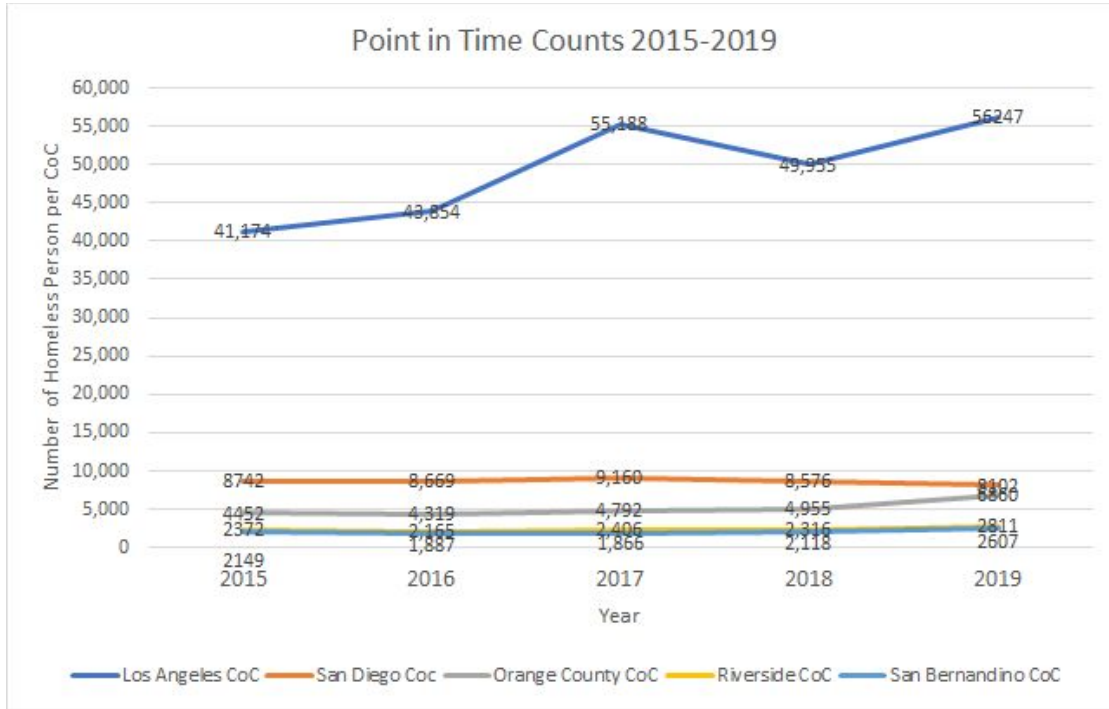
the Regional Housing Needs Assessment, most cities are failing to adequately supply housing permits for very low income, low income, and even moderate income individuals. This study also shows that median rents are continuing to rise every year. Additionally, while vacancy rates have fluctuated the past five years, they remain below the national average, thus creating a tighter, more expensive housing market. Lastly, the study shows that Southern California's mental health infrastructure is weak. Over the past few decades, psychiatric facilities have declined by 42%, psychiatric beds have declined 25%, and the supply of behavioral health professionals (specifically psychologists and psychiatrists) is not keeping up with the needs of the state. These factors must be addressed in order for homelessness to decrease.

*Lesson #3:* Looking at the situation, the homelessness crisis is getting worse and immediate action must be taken. It is important to acknowledge that state officials are taking steps to address homelessness. This year, the Governor proposed over a billion dollars in spending to combat homelessness and various bills were passed by the state legislature to combat homelessness. (Petek, 2020). Still, most signs point to a situation that is bound to get worse. Cities have been slow in following through on the housing construction goals dictated by RHNA. Median rents will continue to increase, house affordability will be harder to achieve, and vacancy rates will continue to be low. The Health Resources and Services Administration estimates that there will be a 35% decrease of psychiatrists by 2028. (Coffman et al, 2018). Lastly, it has yet to be realized the impacts that COVID-19 will have on unemployment, eviction rates, and mental illness. All these factors point to the serious multifaceted nature of homelessness in California. In order for homelessness to decrease, an approach grounded in investment in affordable housing construction and mental health treatment will be crucial.

## Appendix

*Figure 1.1 Point-in-Time Count for Los Angeles CoC, San Diego CoC, Orange County CoC, Riverside CoC, and San Bernardino CoC from 2015 to 2019*

(Source: CoC Homeless Populations and Subpopulations Reports 2015-2019)



*Figure 1.2 Point-in-Time Count for San Diego CoC, Orange County CoC, Riverside CoC, and San Bernardino CoC from 2015 to 2019 (exempts Los Angeles CoC to better see the trendlines of the other CoCs)*

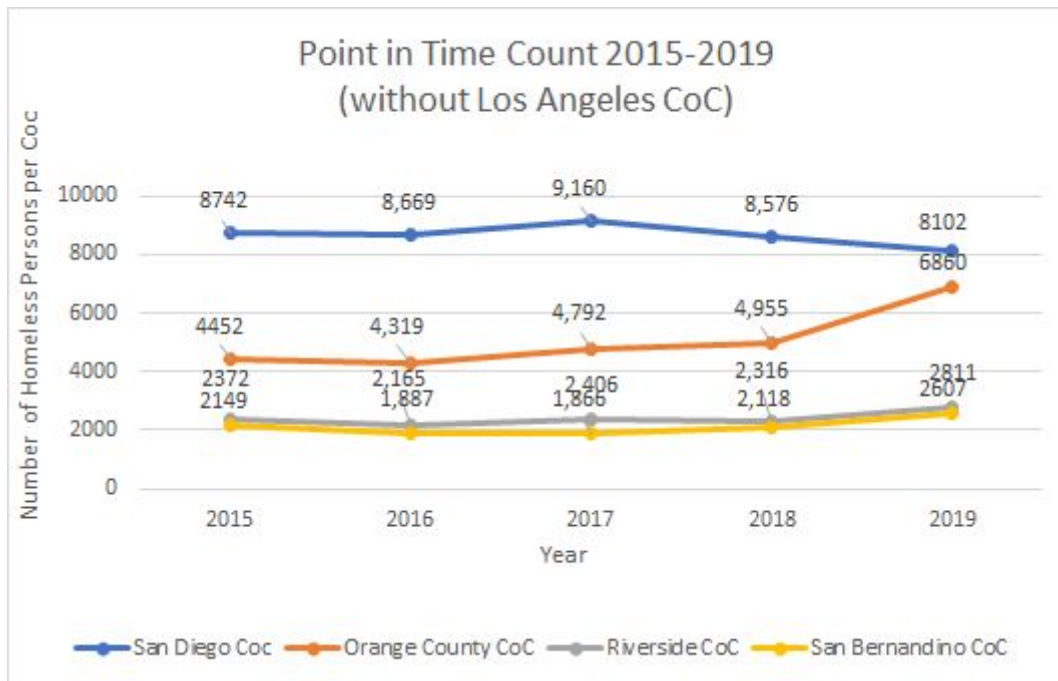




Figure 1.3 RHNA Breakdown of the top five most populated cities in Los Angeles County, Orange County, Riverside County, San Bernardino County, and San Diego County (Source: Johnson, Nikie. “Housing Permit Report Card: How We Graded Every City, County in California.” *Orange County Register* )

|   | Very low income RHNA | VLI permits needed to be on track | VLI permits reported | VLI grade | Low income RHNA | LI permits needed to be on track | LI permits reported | LI grade | Moderate income RHNA | MI permits needed to be on track | MI permits reported | MI grade | Above moderate income RHNA | AMI permits needed to be on track | AMI permits reported | AMI grade | Overall grade |
|---|----------------------|-----------------------------------|----------------------|-----------|-----------------|----------------------------------|---------------------|----------|----------------------|----------------------------------|---------------------|----------|----------------------------|-----------------------------------|----------------------|-----------|---------------|
| <b>Top 5 Cities (Los Angeles County)</b>    |                      |                                   |                      |           |                 |                                  |                     |          |                      |                                  |                     |          |                            |                                   |                      |           |               |
| Los Angeles                                 | 20,427               | 12,767                            | 4,265                | D         | 12,435          | 7,772                            | 2,588               | D        | 13,728               | 8,580                            | 430                 | D        | 35,412                     | 22,133                            | 73,387               | A         | C-            |
| Long Beach                                  | 1,773                | 1,108                             | 306                  | D         | 1,066           | 666                              | 62                  | D        | 1,170                | 731                              | 0                   | F        | 3,039                      | 1,899                             | 1,551                | B         | D             |
| Santa Clarita                               | 2,645                | 1,653                             | 13                   | D         | 1,678           | 1,049                            | 124                 | D        | 1,532                | 958                              | 155                 | D        | 5,126                      | 3,204                             | 1,944                | C         | D             |
| Glendale                                    | 508                  | 318                               | 89                   | D         | 310             | 194                              | 97                  | C        | 337                  | 211                              | 1                   | D        | 862                        | 539                               | 3,105                | A         | C             |
| Lancaster                                   | 627                  | 392                               | 135                  | D         | 384             | 240                              | 40                  | D        | 413                  | 258                              | 0                   | F        | 1,086                      | 679                               | 33                   | D         | 0.5 D-        |
| <b>Top 5 Cities (Orange County)</b>         |                      |                                   |                      |           |                 |                                  |                     |          |                      |                                  |                     |          |                            |                                   |                      |           |               |
| Anaheim                                     | 1,256                | 785                               | 71                   | D         | 907             | 567                              | 22                  | D        | 1,038                | 649                              | 49                  | D        | 2,501                      | 1,563                             | 6,234                | A         | C-            |
| Santa Ana                                   | 45                   | 28                                | 241                  | A         | 32              | 20                               | 440                 | A        | 37                   | 23                               | 41                  | A        | 90                         | 56                                | 1,565                | A         | 2.5 A+        |
| Irvine                                      | 2,817                | 1,761                             | 907                  | C         | 2,034           | 1,271                            | 3                   | D        | 2,239                | 1,399                            | 12,973              | A        | 5,059                      | 3,162                             | 12,137               | A         | 1.5 B         |
| Huntington Beach                            | 313                  | 196                               | 0                    | F         | 220             | 138                              | 0                   | F        | 248                  | 155                              | 0                   | F        | 572                        | 358                               | 0                    | F         | F-            |
| Garden Grove                                | 164                  | 103                               | 13                   | D         | 120             | 75                               | 47                  | C        | 135                  | 84                               | 79                  | B        | 328                        | 205                               | 102                  | D         | 0.5 C-        |
| <b>Top 5 Cities (Riverside County)</b>      |                      |                                   |                      |           |                 |                                  |                     |          |                      |                                  |                     |          |                            |                                   |                      |           |               |
| Riverside                                   | 2,002                | 1,251                             | 4                    | D         | 1,336           | 835                              | 0                   | F        | 1,503                | 939                              | 12                  | D        | 3,442                      | 2,151                             | 6,711                | D         | 0.5 D-        |
| Moreno Valley                               | 1,500                | 938                               | 0                    | F         | 993             | 621                              | 0                   | F        | 1,112                | 695                              | 84                  | D        | 2,564                      | 1,603                             | 5,371                | D         | F             |
| Corona                                      | 192                  | 120                               | 64                   | C         | 128             | 80                               | 91                  | A        | 142                  | 89                               | 67                  | B        | 308                        | 193                               | 1,732                | A         | 1 B+          |
| Murrieta                                    | 395                  | 247                               | 0                    | F         | 262             | 164                              | 0                   | F        | 289                  | 181                              | 0                   | F        | 627                        | 392                               | 1,131                | A         | D             |
| Temucula                                    | 375                  | 234                               | 15                   | D         | 251             | 157                              | 0                   | F        | 271                  | 169                              | 15                  | D        | 596                        | 373                               | 1,079                | A         | 0 D+          |
| <b>Top 5 Cities (San Bernardino County)</b> |                      |                                   |                      |           |                 |                                  |                     |          |                      |                                  |                     |          |                            |                                   |                      |           |               |
| San Bernardino                              | 980                  | 613                               | 57                   | D         | 696             | 435                              | 18                  | D        | 808                  | 505                              | 12                  | D        | 1,900                      | 1,188                             | 90                   | D         | D             |
| Fontana                                     | 1,442                | 901                               | 63                   | D         | 974             | 609                              | 147                 | D        | 1,090                | 681                              | 0                   | F        | 2,471                      | 1,544                             | 1,918                | A         | 0.5 D+        |
| Ontario                                     | 2,592                | 1,620                             | 50                   | D         | 1,745           | 1,091                            | 24                  | D        | 1,977                | 1,236                            | 1,434               | A        | 4,547                      | 2,842                             | 3,173                | A         | 1 B-          |
| Rancho Cucamonga                            | 209                  | 131                               | 18                   | D         | 141             | 88                               | 11                  | D        | 158                  | 99                               | 31                  | D        | 340                        | 213                               | 1,535                | A         | 0 C-          |
| Victorville                                 | 1,698                | 1,061                             | 0                    | F         | 1,207           | 754                              | 0                   | F        | 1,342                | 839                              | 104                 | D        | 3,124                      | 1,953                             | 14                   | D         | 0 F           |
| <b>Top 5 Cities (San Diego County)</b>      |                      |                                   |                      |           |                 |                                  |                     |          |                      |                                  |                     |          |                            |                                   |                      |           |               |
| San Diego                                   | 21,977               | 16,483                            | 1,779                | D         | 16,703          | 12,527                           | 2,302               | D        | 15,462               | 11,597                           | 10                  | D        | 33,954                     | 25,466                            | 28,737               | A         | 0 C-          |
| Oceanside                                   | 1,549                | 1,162                             | 310                  | D         | 1,178           | 884                              | 174                 | D        | 1,090                | 818                              | 176                 | D        | 2,393                      | 1,795                             | 833                  | D         | D             |
| Escondido                                   | 1,042                | 782                               | 93                   | D         | 791             | 593                              | 90                  | D        | 733                  | 550                              | 31                  | D        | 1,609                      | 1,207                             | 1,353                | A         | 0 C-          |
| Carlsbad                                    | 912                  | 684                               | 42                   | D         | 693             | 520                              | 223                 | D        | 1,062                | 797                              | 257                 | D        | 2,332                      | 1,749                             | 2,816                | A         | 0.5 C-        |
| El Cajon                                    | 1,448                | 1,086                             | 48                   | D         | 1,101           | 826                              | 83                  | D        | 1,019                | 764                              | 34                  | D        | 2,237                      | 1,678                             | 282                  | D         | 0 D           |

Figure 1.4: Median Rents Estimates from 2015-2019 for Los Angeles County, Orange County, San Diego County, Riverside County, and San Bernardino County (Riverside County and San Bernardino County have the same rent estimates) (Source: 50th Percentile Rent Estimates: HUD USER.” 50th Percentile Rent Estimates | HUD USER, U.S. Department of Housing and Urban Development)

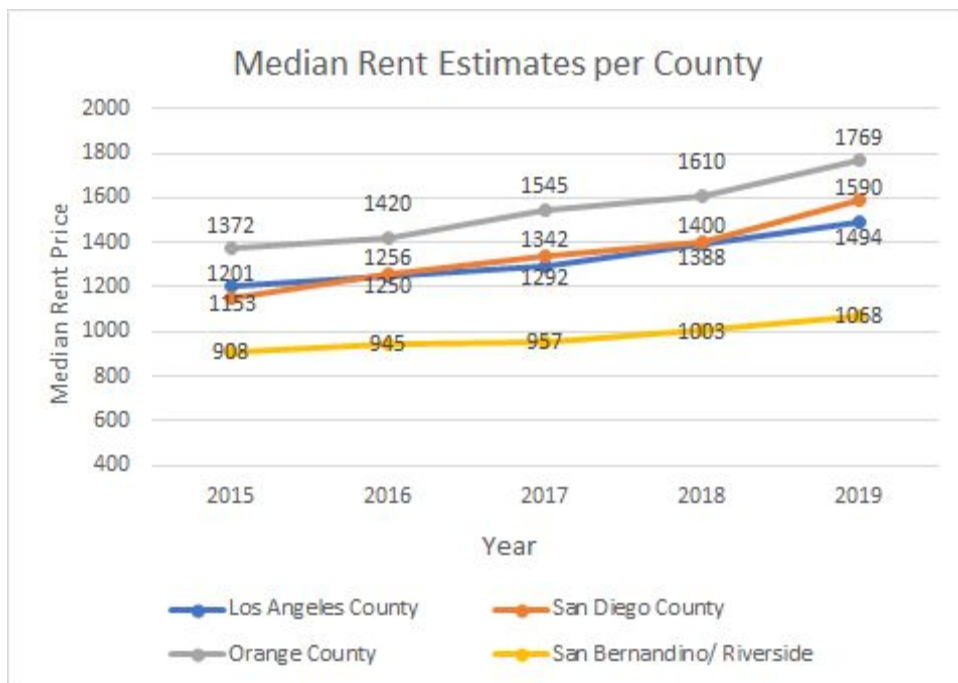


Figure 1.5: Rental Vacancy Rates for Los Angeles County, Orange County, San Diego County, Riverside County, and San Bernardino County from 2015 to 2019

(Source: Selected Housing Characteristics ." Data.census.gov, United States Census Bureau)

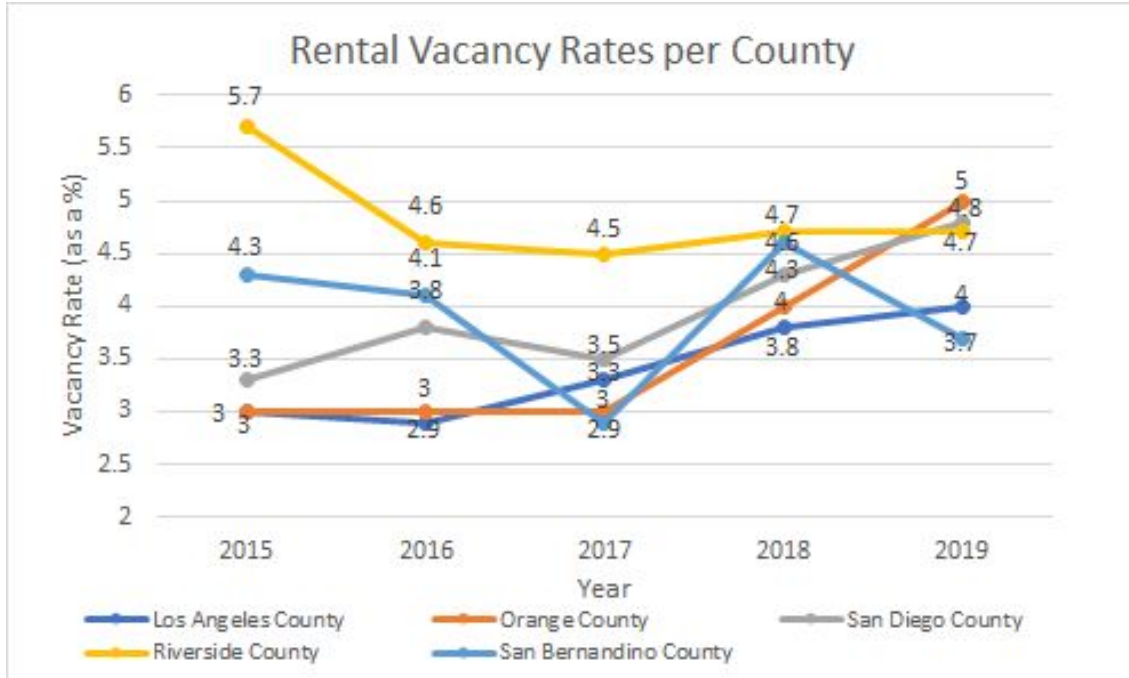


Figure 1.6: Homeowner Vacancy Rates for Los Angeles County, Orange County, San Diego County, Riverside County, and San Bernardino County from 2015 to 2019

(Source: Selected Housing Characteristics ." Data.census.gov, United States Census Bureau)

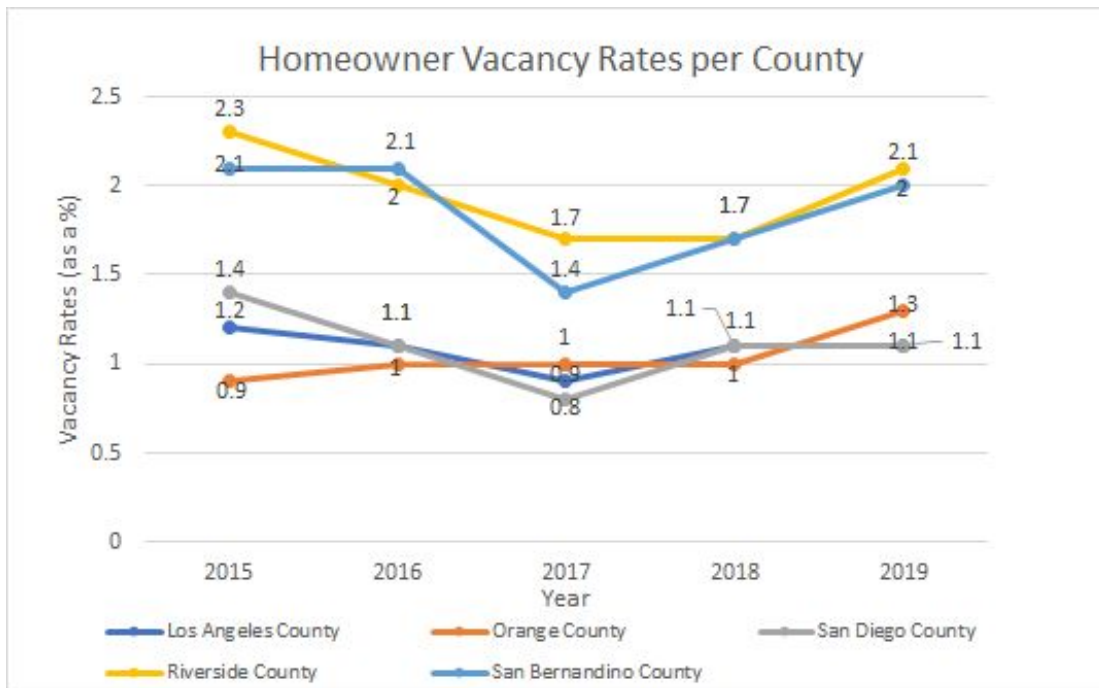
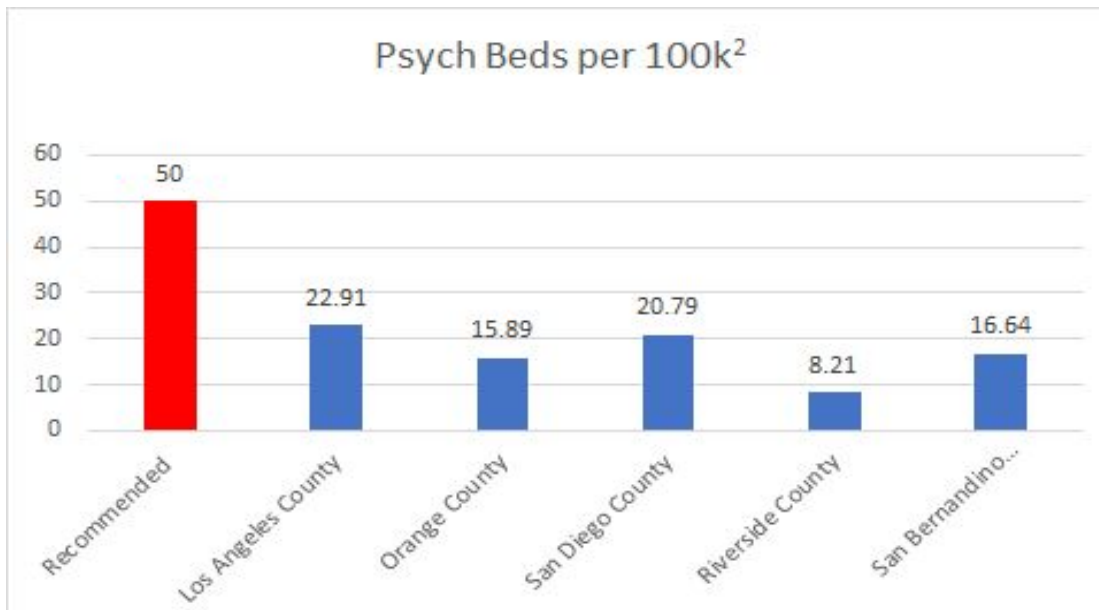


Figure 1.7 Psychological Beds per 100,000 individuals per county in 2019

(Source: "California's Acute Psychiatric Bed Loss." *Calhospital.org*, California Hospital Association, Feb. 2019)



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