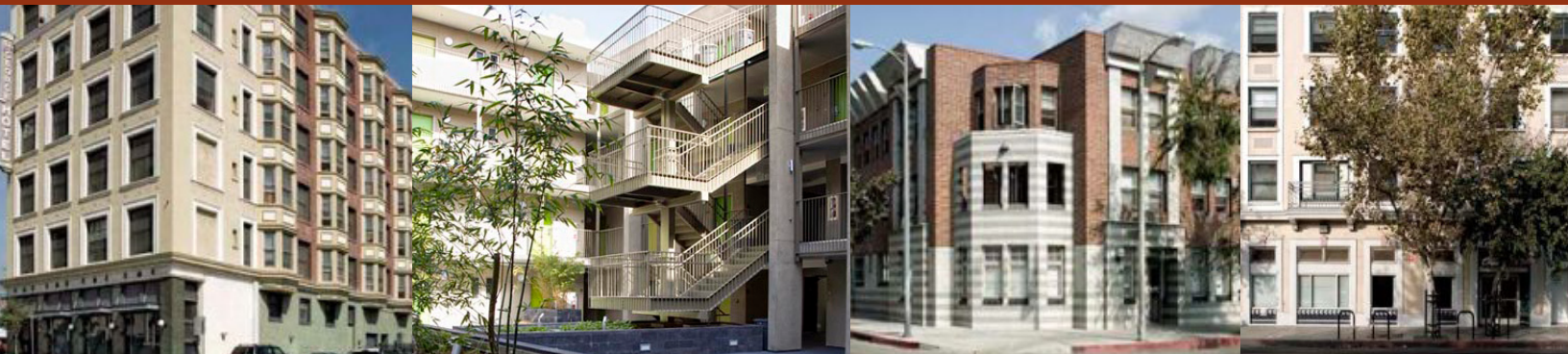




Where We Sleep

Costs when Homeless and Housed in Los Angeles



2009

Underwritten through the Los Angeles Homeless Services Authority by the
County of Los Angeles, City of Los Angeles, Corporation for Supportive Housing,
The California Endowment, and the Economic Roundtable



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This report has been prepared by the Economic Roundtable homeless cost avoidances study team, which assumes all responsibility for its contents. Data, interpretations and conclusions contained in this report are not necessarily those of any other organization that supported or assisted this project.

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Executive Summary

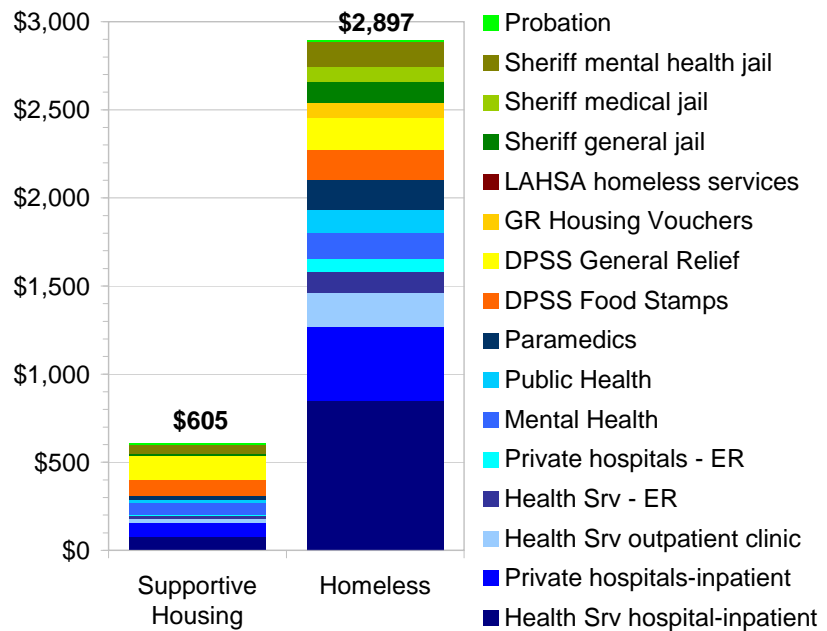
The central question investigated in this study is the public costs for people in supportive housing compared to similar people that are homeless. The typical public cost for residents in supportive housing is \$605 a month. The typical public cost for similar homeless persons is \$2,897, five-times greater than their counterparts that are housed. This remarkable finding shows that **practical, tangible public benefits result from providing supportive housing for vulnerable homeless individuals. The stabilizing effect of housing plus supportive care is demonstrated by a 79 percent reduction in public costs for these residents.**

The study encompasses 10,193 homeless individuals in Los Angeles County, 9,186 who experienced homelessness while receiving General Relief public assistance and 1,007 who exited homeless by entering supportive housing. Two different methods were used to independently verify changes in public costs when individuals are housed compared to months when they are homeless. There are six bottom line findings:

1. Public costs go down when individuals are no longer homeless
 - a. 79 percent for chronically homeless, disabled individuals in supportive housing
 - b. 50 percent for the entire population of homeless General Relief recipients when individuals move temporarily or permanently out of homelessness
 - c. 19 percent for individuals with serious problems – jail histories and substance abuse issues – who received only minimal assistance in the form of temporary housing

2. Public costs for homeless individuals vary widely depending on their attributes. Young single adults 18 to 29 years of age with no jail history, no substance abuse problems or mental illness, who are not disabled cost an average of \$406 a month. Older single adults 46 or more years of age with co-occurrent substance abuse and mental illness, and no

Average Monthly Public Costs for Persons in Supportive Housing and Comparable Homeless Persons



Source: 279 Matched pairs of supportive housing residents and homeless General Relief recipients. Costs shown in 2008 dollars.

recent employment history cost an average of \$5,038 a month. **A range of solutions is required that match the needs of different groups in the homeless population.**

3. Public costs increase as homeless individuals grow older. There is a strong case for intervening early rather than deferring substantive help until problems become acute.
4. **Most savings in public costs come from reductions in health care outlays** – 69 percent of the savings for supportive housing residents are in reduced costs for hospitals, emergency rooms, clinics, mental health, and public health.
5. **Higher levels of service for high-need individuals produce higher cost savings**, as shown by the higher savings from supportive housing compared to voucher housing, and by the higher saving for supportive housing residents in service-rich environments.
6. One of the challenges in addressing homelessness is housing retention – keeping individuals who may well be socially isolated, mentally ill and addicted from abandoning housing that has been provided for them.

Recommended Solutions

Link housing strategies to cost savings – The cost map for single homeless adults developed through this study can guide cost effective housing strategies.

Strengthen government-housing partnerships and leverage resources – It is difficult to convert cost savings of hospitals and other public agencies into cash that can be reallocated to underwrite supportive housing because the demand for these agencies' services often exceeds the number of people they can serve. The homeless person who is not served may simply open up a hospital bed for another sick person. However, there is a powerful public interest in housing homeless persons and reducing the public costs for crises in their lives. It is critically important to expand the role of public agencies in providing on-site services for supportive housing, including mental health and drug and alcohol services, and SSI advocacy. It is also critically important to use available funds, such as General Relief, to house more homeless people.

Improve retention rates for individuals in supportive housing – Supportive housing organizations need public help in providing higher levels of on-site services to improve housing retention rates. Individuals with above-average risks of leaving housing include those that have co-occurrent mental health and substance abuse problems, those with jail histories, and young adults.

Increase the supply of supportive housing – Los Angeles County has far less supportive housing than is needed to shelter its disabled homeless population. This housing inventory can be expanded through new construction, master leases, and scattered site rentals. All three approaches need to be expanded. There is a window of opportunity for affordable master leases in the currently less expensive housing market.

Produce information for developing comprehensive strategies and improving outcomes – Los Angeles needs to get its arms around its homeless residents by getting enough information to understand who they are and what they require, and by acting on that information to provide shelter. This includes the size and composition of the population, cycles and duration of homelessness, family and immigrant homelessness, and outcomes for those who leave housing.

Chapter 2

Study Design

Purpose

This study began as an investigation of public costs for chronically homeless individuals who received permanent housing and supportive services through the Skid Row Collaborative.¹ As additional data became available, it expanded into a much larger study of over 10,000 homeless single adults and their housed counterparts. The housed populations include current and former residents in supportive housing provided by the Skid Row Housing Trust (SRHT) and individuals who received basic single-room-occupancy housing through Los Angeles County's emergency housing vouchers for General Relief recipients.² *The purpose of this study is to identify public costs for different types of homeless individuals when they are housed and when they are unhoused, the extent to which any cost savings when housed are sufficient to pay the cost of housing, and the public agencies that bear these costs.*

Context

The larger context for this study is a nationwide body of research into the cost of homelessness and the savings that are achieved by housing homeless residents, particularly individuals who are chronically homeless and mentally ill. In addition, this study builds on research and policy analysis that is specific to homelessness in Los Angeles.

National Dialogue

The landmark study of the public costs that are avoided by housing homeless residents was undertaken in New York City by Dennis Culhane, Stephen Metraux and Trevor Hadley. The study examined cost-offsets associated with a major initiative to provide 3,700 units of supported housing targeted to nearly 10,000 homeless persons with severe mental illness. It was published in 2002 and showed that people with a severe mental illness who were homeless used an average of \$40,500 per year in services (1998 dollars). Once housed, people used fewer services, for an average decline of \$16,200 in expenditures per occupied unit per year. Costs that were tracked included health, corrections and shelter service. The cost of the supported housing intervention was \$17,200 per unit per year, resulting in a net cost of approximately \$1,000 per unit per year. The study provided significant evidence that ending homelessness among people in New York City with severe mental illness was nearly a break-even proposition.³

The following brief survey of subsequent "cost avoidance" research draws on two reviews of the body of literature prepared by Dennis Culhane and coauthors.⁴ Nearly 50 American communities have undertaken local studies to determine the costs of providing services to chronically homeless persons. The finding that homeless persons reduce their utilization of acute care services such as inpatient hospitalizations and jail stays subsequent to housing placement is nearly universal.⁵

Findings about the cost of public services for homeless residents and the savings obtained after providing housing have varied widely among communities. Factors that affect findings include the severity of disabilities in the population that is studied, size of the sample, level of services and accessibility of services for homeless residents in the city being studied, and the types of cost information that were obtained. Studies using large and inclusive samples of chronically homeless persons have found more modest service utilization costs, and accordingly more modest savings, than studies using smaller, less inclusive samples.⁶

Fewer than half of the studies have examined the costs of services use by people only during homeless episodes; the others looked at people who had been homeless and then placed in housing, comparing the costs before and after their housing placement. Few have involved comparison or control groups. This diminishes the level of scientific rigor that can be attributed to many of the studies as well as confidence that their findings are generalizable rather than simply illustrative.⁷

Researchers, policymakers and service providers have a very limited understanding of the cost dynamics for the vast majority of homeless persons who do not have a serious mental illness and the potential economic benefits of programs that assist these persons. Much remains to be learned about the effects of different types of housing intervention for individuals that are not chronically homeless. In particular, homeless families have not been studied as intensively as single adults.⁸

This study was designed to address several of these methodological challenges. Costs are analyzed for the specific months in which individuals are known to be homeless. Multiple types of cost comparisons are made, the most rigorous being comparison groups comprised of homeless individuals identified as matching the attributes of housed counterparts based on *propensity scores*.⁹ This study investigates public costs for over 10,000 homeless individuals with a broad range of attributes and widely varying degrees of vulnerability, and breaks out costs for detailed subgroups within the overall population.

Los Angeles Dialogue

Who is homeless in Los Angeles County? What kinds of help do different groups need to escape homelessness? How many people need each kind of help? What are the public costs for different groups of homeless persons? Answers to these practical questions are just beginning to emerge and to provide the rough outlines of a realistic plan for addressing homelessness.

Homeless individuals are defined by the absence of crucial connections that give us much of our information about the American population, making it difficult to delineate the size and characteristics of these residents. One or more of the following connections are typically absent from the lives of homeless individuals and families:¹⁰

1. *Housing*, which provides the framework for enumeration of the American population by the Census Bureau.
2. *Place*, homeless individuals have exceptionally high mobility rates.
3. *Family*, the long-term homeless are often single individuals without active family connections.

From the research of others¹¹ and subsequent local work we know that the homeless people who we see on a given day at shelters and meal programs or on sidewalks are

predominantly individuals who have been homeless for extended periods. Yet the total population that is homeless over the course of a year is predominantly people who have had shorter stints of homelessness, and many of them are in families. In other words, when the music stops and we look at those who are un-housed rather housed on a given night, most of the homeless “slots” are taken up by people who have held them for a long time. However, because a much larger population of precariously housed individuals cycles through the smaller number of short-term homeless “slots”, they account for a majority of the people who experience homelessness over the course of a year.

This population is not static. Homelessness is the most extreme manifestation of poverty and the population in poverty fluctuates with the economy¹² as well as with the trajectories of individual lives. Many people experience stints of poverty and a few remain fixed in poverty. Some, especially the most destitute, experience stints of homelessness; for some this is a page or a chapter in their lives, but for others homelessness becomes the entire story.

There is evidence, including in this study, that the impacts of protracted homelessness become progressively more severe over time. Older homeless individuals are likely to have more problems and higher public costs than younger people. The range of needs, as well as the range of autonomous capabilities, among homeless persons calls for a broad array of types of housing assistance. However, Los Angeles does not yet have enough reliable information about the composition of its point-in-time and annual homeless populations to plan comprehensive, balanced housing strategies.

Los Angeles is generally thought to have more homeless residents than any other U.S. urban area, with an unusually high proportion of those residents living without shelter on the streets, alleys, and overpasses, or in cars, doorways or encampments.¹³ Table 1 shows the four most recent estimates of Los Angeles County’s homeless population, with significant divergence in the shares that are chronically homeless versus members of families.¹⁴

Table 1
Estimates of Los Angeles County Homeless Population 2002 to 2009

	Bring LA Home 2002	Homeless Count 2005	Homeless Count 2007	Homeless Count 2009
Point-in-Time (PIT) Homeless Population	78,600	88,345	73,702	48,053
PIT as % of Poverty Population	4.7%	5.4%	5.1%	2.8%
% of PIT Chronically Homeless	17%	49%	33%	24%
% of PIT in Families	43%	24%	24%	11%
Annual Homeless Population	232,600	237,648	152,261	96,169
Annual as % of Poverty Population	14%	15%	11%	6%
Los Angeles County Poverty Population	1,658,000	1,626,000	1,437,000	1,745,000

The four *point-in-time* (PIT) homeless estimates as a percent of the poverty population in the year of the estimate range from 2.8 to 5.4 percent. The highest estimate of the share of the poverty population that is homeless is nearly double the lowest and most recent estimate.¹⁵

Estimates of the *annual* homeless population have varied more widely than estimates of the point-in-time population – from 6 to 15 percent of the poverty population. Divergent estimates of the size of the *annual* homeless population are the result of divergent estimates of the composition of the *point-in-time* homeless population, particularly the share that is

chronically homeless and turns over very little, and the share in families, which typically have access to higher welfare benefits, short stints of homelessness and more turnover. More turnover means a larger *annual* population and less turnover means a smaller population.

Strengths and limitation of the four most recent estimates of the composition and annual size of the homeless population include:

- The 2002 estimate by the Economic Roundtable was based on records for 216,708 public assistance recipients who experienced homelessness during that year. A *strength* of this data set is that eligibility for public assistance requires documentation and verification of information, making this a convincing measure of the number of people that experienced homelessness over the course of that year. This large record set was a rich source of data about the demography and family structure of homeless persons but a *limitation* was that it did not provide reliable information about the duration of homeless stints.¹⁶ A second *limitation* was that the estimate of chronically homeless persons included only those that were homeless for twelve or more consecutive months. This is more restrictive than HUD's definition.¹⁷
- A *limitation* of the 2005 estimate was that a non-random survey that was conducted to determine the composition of the homeless population. Because the survey was non-random, it cannot be counted on to be representative of the overall homeless population.¹⁸
- A *limitation* of the 2007 count was that a non-random survey was again conducted to estimate the composition of the homeless population.¹⁹ A second *limitation* was that the annual estimate was based on a formula from a national study for projecting the annual population when no personal information is available about the homeless population rather than on information specific to Los Angeles County.²⁰
- A *strength* of the 2009 count was that it covered more census tracts than previous counts. A second *strength* was that it surveyed a random sample of homeless persons to obtain information about their characteristics. The estimate that 24 percent of the population is chronically homeless closely matches HUD's national estimate of 23 percent.²¹ A *limitation* is that the estimate of the annual population does not appear to be based on information specific to Los Angeles County.²²

The most serious uncertainty in these estimates of the homeless population is the annual number and characteristics of individuals that experience homelessness. There is a significant disparity between the lowest annual estimate that under one-hundred-thousand people were homeless in a year with a high poverty rate whereas nearly a quarter of a million people were identified as being homeless in a year when the poverty rate was lower.

Los Angeles does not yet have consistent information about the characteristics of people who are homeless or how those characteristics affect the duration of homelessness. The impact of this lack of consistent information about the composition of the homeless population for housing policy is that Los Angeles does not have a road map for meeting the housing needs of homeless residents. Many chronically homeless are disabled and need supportive housing, whereas many people with short stints of homelessness and less acute problems simply need some form of affordable housing. Better information about the composition of the homeless population will guide better and more confident planning about the mix of housing needed by homeless residents.

A range of affordable and supportive housing is needed for Los Angeles' large, diverse homeless population. This study seeks to provide some missing pieces of information about the characteristics of single homeless adults in Los Angeles County, the size of subgroups within this population, and their public costs when homeless and housed.

People

A major strength of this study is the large population for which a wide range of data was available. The study encompasses 10,193 homeless individuals in Los Angeles County; 9,186 who experienced homelessness while receiving General Relief public assistance and 1,007 who exited homelessness by entering supportive housing provided by Skid Row Housing Trust (Figure 1). We have complete cost data for General Relief recipients from January 2006 through October 2007, and for SRHT residents from July 2005 through December 2008.²³

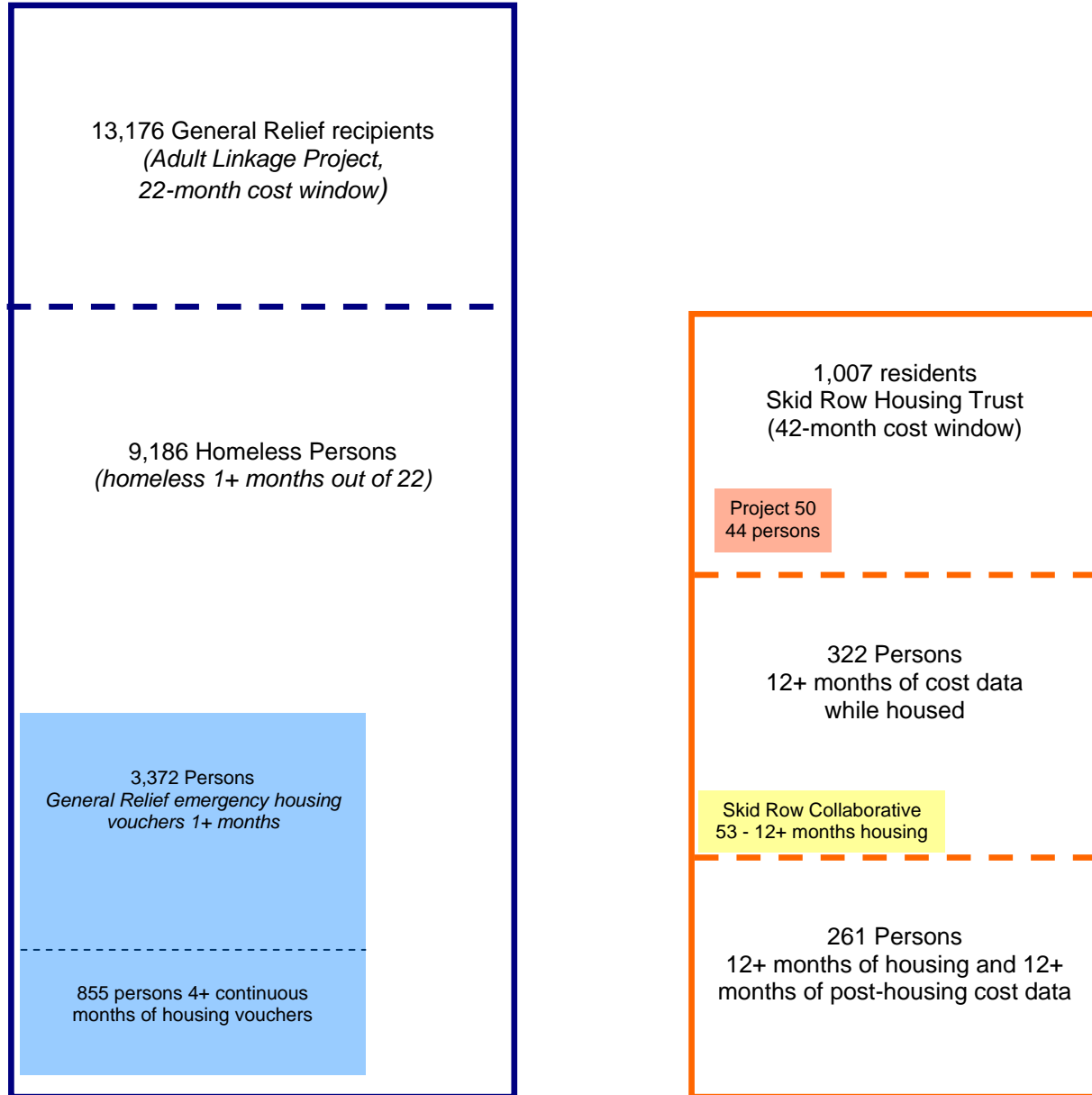
Each population is distinct and provides valuable information. The 1,007 current and former residents in Skid Row Housing Trust (SRHT) supportive housing provide information about public costs when disabled individuals, many with histories of mental illness and substance abuse, receive housing and comprehensive case management services. Information about these individuals' characteristics, services and costs was extracted from records of the county departments of Health Services, Mental Health, Public Health, Public Social Services, Probation, and Sheriff, and the Los Angeles Homeless Services Authority.²⁴ Costs of inpatient and emergency room services at private hospitals, and emergency medical transportation were estimated.²⁵

The 9,186 General Relief recipients with documented episodes of homelessness,²⁶ out of the 13,176 General Relief recipients in LA County's Adult Linkage Project,²⁷ provide information about monthly homeless status²⁸ as well as the same information about client characteristics, public services and costs that was obtained for SRHT residents. This provides a large comparison population of unhoused individuals.

We use information about the characteristics and costs of these two populations in multiple ways to compare costs when homeless to costs when housed. Analyses that we report on include:

1. Comparison of costs for persons in supportive housing with comparable homeless individuals. Comparison groups are identified based on:
 - a. Two-hundred-seventy-nine matched pairs of housed and homeless individuals identified through a statistical methodology known as propensity score matching explained in Appendix 1.
 - b. Individuals with similar gender, age, work histories, and disability status.
 - c. Comparison of pre-housing costs for Project 50 residents in months when they were homeless with costs of comparable individuals residing in Skid Row Housing Trust apartments, using propensity score matches.²⁹
 - d. Comparison of costs for housed participants in the Skid Row Collaborative Project with comparable homeless individuals using propensity score matches.³⁰
 - e. Breakouts of the costs typically paid by each public agency before and after individuals are housed.

Figure 1
Populations in Study



2. Comparison of costs for persons who have left supportive housing with comparable individuals residing in supportive housing. Comparison groups were identified based on:
 - a. Two-hundred-thirty-eight matched pairs of individuals based on similar propensity scores.

- b. Breakouts of costs typically paid by each public agency before and after individuals have left housing.
 3. Analysis of costs for 9,186 General Relief recipients with episodes of homelessness, including:
 - a. Costs when homeless and when not homeless for subpopulations broken out by gender, age, work experience, disability, mental health, substance abuse history, incarceration history, veteran's status, nativity, language, ethnicity, and HIV/AIDS status.
 - b. Percent of months homeless for each subpopulation.
 - c. Breakout of the costs typically paid by each public agency for each subpopulation when individuals are homeless and when they are housed.
 - d. Breakouts of costs before and during housing for 855 individuals who received 4 or more continuous months of General Relief emergency housing vouchers.

In addition, we examine the geographic origins of homeless General Relief recipients.

Costs

Methods of Comparing Costs

Two different methods are used in this study to estimate public costs for homeless individuals, with limited additional use of a third method. None of these methods is completely reliable by itself, but each method provides a double-check for findings produced by other methods.

1. *Comparison groups formed through matched pairs based on propensity scores.*
 Matching on propensities is a powerful statistical technique that incorporates all of the descriptive data about people in a group that reliably defines that group and reduces it to a single score – this score is the *propensity* of individuals to be in that group. Some members are highly typical of a group and they will have high propensity scores. Other members have few of the traits that characterize a group and they will have low propensity scores. After propensity scores are calculated for each member of a group, for example, formerly homeless people living in supportive housing, the same fields of descriptive data that were used to calculate propensity scores for the group are used again to calculate the propensity scores of candidates for a comparison group. In this example, the comparison group candidates are homeless General Relief recipients. The final step in creating the comparison group is to create matched pairs with similar propensity scores. In this example the pairs are made up of one person in housing and a second similar homeless person who becomes part of the comparison group. This is the most unbiased and statistically reliable tool available in this study for comparing costs of housed individuals with their homeless counterparts, however it is not a perfect tool, and for this reason, other methods of comparison are used in parallel with propensity score matches. The 15 fields of descriptive data available for computing propensity scores are listed below. Propensity score methodology is explained further in Appendix 1.³¹

- i. Gender
 - ii. Ethnicity (African American, Latino, White, Other)
 - iii. Nativity (U.S., non-U.S.)
 - iv. Language (Spanish, English, Other)
 - v. Age
 - vi. Veteran status
 - vii. Jail record
 - viii. Jail medical facility record
 - ix. Jail mental health facility record
 - x. Probation record
 - xi. Employment earnings record
 - xii. Mental illness
 - xiii. Substance abuse problem
 - xiv. Disability
 - xv. HIV/AIDS status
2. *Comparison of costs for the same group of individuals when homeless and when housed.* The strength of this method is that no comparison group is needed – the cost data being compared is for the same individuals. The quite serious limitation of this method is that the pre-housing data for individuals may capture a crises period in which their problems peaked. When we look at month-by-month data for subjects in this study, we often see cost spikes before individuals enter housing. This interval of heightened services at a turning point in a person’s life may well not be typical of his or her longer-term pattern of service usage and public costs.³² The population in this study for which this method is most feasible is the 9,186 homeless General Relief recipients. Many people in this population appear to cycle frequently from homelessness to short-term or precarious housing, and then back to homelessness. We do not understand these dynamics well enough to know how the severity of problems and also the availability of service varies at different points in this cycle, but these variations are likely to affect public costs.
3. *Comparison groups based on common attributes.* This method uses descriptive information obtained from individuals’ records with public agencies to break them into detailed subgroups that share common characteristics. A strength of this approach is that comparisons are made between groups with similar characteristics that are identified in existing public records. If housing referral decisions were made using the same combinations of existing administrative data shown in this report, the impact on public costs might well be similar to what is shown by this type of comparison. A limitation of this method of comparison is that a large sample is required to break out detailed subgroups that are still large enough to yield reliable data. The group in this study that is best suited for this method is the 9,186 homeless General Relief recipients. Fifteen variables were available across all groups in this study for breaking out subpopulations.

The most reliable method of comparing costs, random assignment of individuals to a treatment group (for example, supportive housing) and a control group (for example, no unusual interventions to end homelessness) was not possible in this project.³³ An offsetting strength of

this project is the large number of homeless individuals that was studied and the multiple ways in which costs were analyzed.

Cost Windows

Two different windows of cost data were available. For the 9,186 homeless General Relief recipients from the Adult Linkage Project, there were 22 months of cost data, from January 2006 through October 2007.³⁴ For the 1,007 current and former residents of the Skid Row Housing Trust, there were 42 months of cost data, from July 2005 through December 2008. All costs were converted to 2008 dollars and calculated on an average monthly basis.

Types of Costs Identified

Seventeen types of costs could be determined for all persons in this study, based on data provided by county departments and other agencies:

1. Los Angeles County Department of Health Services hospitals-inpatient³⁵
2. Los Angeles County Department of Health Services outpatient clinics
3. Los Angeles County Department of Health Services emergency rooms
4. Private hospitals-inpatient³⁶
5. Private hospitals-emergency room³⁷
6. Emergency Medical Transportation³⁸
7. Los Angeles County Department of Mental Health
8. Los Angeles County Department of Public Health³⁹
9. Los Angeles County Department of Public Social Services Food Stamps⁴⁰
10. Los Angeles County Department of public Social Services General Relief⁴¹
11. Los Angeles County Department of Public Social Services GR Housing Vouchers⁴²
12. Los Angeles Homeless Services Authority services⁴³
13. Los Angeles County Probation Department⁴⁴
14. Los Angeles County Sheriff's Department general jail facilities and services⁴⁵
15. Los Angeles County Sheriff's Department medical jail facilities and services⁴⁶
16. Los Angeles County Sheriff's Department mental health jail facilities and services
17. Supportive housing costs of the Skid Row Housing Trust

Twelve types of costs could not be determined and are left out of this study:

1. Homeless services not in shown in the Los Angeles Consortium of Care Homeless Management Information System (HMIS) and not directly funded by LAHSA. These missing costs include a significant number of agencies funded by LAHSA, matching costs by all LAHSA service providers, and all nonprofit service providers not funded by LAHSA, including faith-based missions and food pantries.
2. Non-county outpatient clinics such as JWCH Institute or Homeless Health Care Los Angeles⁴⁷
3. Non-county substance abuse facilities
4. Non-county mental health facilities
5. Veteran's Administrations services

6. State incarceration and parole
7. Federal incarceration
8. City of Los Angeles Police Department
9. Courts
10. Business environment impacts
11. Los Angeles City Business Improvement Districts
12. Costs outside of Los Angeles County

These twelve types of costs were unavailable for both housed and homeless individuals in this study, so the absence of this data did not create any asymmetry in cost comparisons. However, this missing data results in understating the amount of public costs for homeless residents, and where there are cost savings from housing homeless individuals, to understate the amount of those savings.

It is also important to note that some of the public costs presented in this study include only direct client costs and not total organizational administrative overhead and capital costs for facilities. Our review of cost information indicates that a reasonable approximation of total costs, including overhead and facilities, is shown for Department of Health Services inpatient, emergency room and outpatient services, private hospital inpatient and emergency room services, emergency medical transportation, and Department of Public Social Services Food Stamps and General Relief. Only client-linked direct costs are shown for the Department of Mental Health, Department of Public Health, Department of Public Social Services General Relief housing vouchers, Probation Department, Sheriff's general jail, medical and mental health jail facilities, and services funded by the Los Angeles Homeless Services Authority.

Incomplete cost data has two effects on this analysis:

1. Public costs are somewhat under-stated in comparison to supportive housing costs, because supportive housing costs include capital costs and administrative overhead.
2. Cost savings are somewhat under-stated because there are cost savings for most housed individuals, and to the extent that not all public costs are visible, not all savings are visible.

Supportive Housing

All of the supportive housing residents in this study were housed by the Skid Row Housing Trust (SRHT). SRHT is a non-profit housing, community development, and social services organization that provides permanent, affordable, independent apartments and supportive services to homeless and very low-income individuals. Currently, the Trust provides 1,325 units of permanent affordable housing; most of it for formerly homeless individuals. Skid Row Housing Trust has adopted the Housing First approach to addressing homelessness, together with a harm reduction approach to service delivery. Homeless individuals enter supportive housing as quickly as possible regardless of the challenges they are experiencing. A range of services are then immediately offered to tenants to help them achieve stability, remain housed, and enhance their overall well-being. Housing is not contingent upon participation in services. Through a variety of early engagement and community-building activities, coupled with a safe, supportive environment, easy access to services, no predetermined sequence or set of

services, and a highly client-driven approach to developing a services plan, staff engages residents in services designed meet their specific needs.

SRHT residents in this study were in buildings with two types of services configurations. In buildings constructed and renovated since 2003, the Trust has created dedicated supportive service space. Two of the buildings included in this study were opened after 2003 and have dedicated space for supportive services – the Rainbow and St. George. This allows provision of on-site services including primary medical care and psychiatric services. These services are provided through community partners that work with Trust staff as members of an integrated services team.

On-site Resident Services Coordinators (RSCs) are responsible for providing comprehensive case management services. RSCs meet regularly with residents, conduct initial and on-going assessments, update individual service plans, coordinate resident care with providers in the community as needed, and offer on-site life skills, psychoeducational, and interest-oriented groups as well as socialization activities. RSCs also work with residents to develop resident-run groups and activities. In buildings with limited dedicated service space to meet the residents' needs for medical care, mental health and psychiatric services and benefits advocacy, RSCs facilitate residents' access to community-based services.

Summary

The purpose of this study is to identify public costs for different types of homeless individuals when they are housed and when they are unhoused, the extent to which any cost savings when housed are sufficient to pay the cost of housing, and the public agencies that bear these costs.

This study joins a nationwide body of research demonstrating that public costs are saved when disabled and mentally ill homeless individuals are housed. However, there is very limited understanding of the cost dynamics for homeless persons who do not have a serious mental illness. In particular, homeless families have not been studied as intensively as single adults.

Los Angeles does not have reliable information about the characteristics of people who are homeless, how those characteristics affect the duration of homelessness, or the dynamics of entrances into and exits out of homelessness among precariously housed individuals.

A major strength of this study is the large population for which a wide range of data was available. The study encompasses 10,193 homeless individuals in Los Angeles County; 9,186 who experienced homelessness while receiving General Relief public assistance and 1,007 who exited homelessness by entering supportive housing.

Two primary methods are used in this study to estimate public costs for homeless individuals when housed and unhoused: 1) comparison groups formed through matched pairs based on propensity scores – the most reliable method, and 2) comparison of longitudinal costs for the same group of individuals when homeless and when housed. Limited use is made of a third method: 3) comparison groups based on common attributes. To the extent that these different methods show similar results, they provide additional validation for findings from this study.

Some but not all public costs resulting from homelessness are captured in this study. Most expenditures by Los Angeles County departments are captured. To the extent that cost data

is missing, this study understates the amount of public costs for homeless residents, and where there are cost savings from housing homeless individuals, the study understates the amount of those savings.

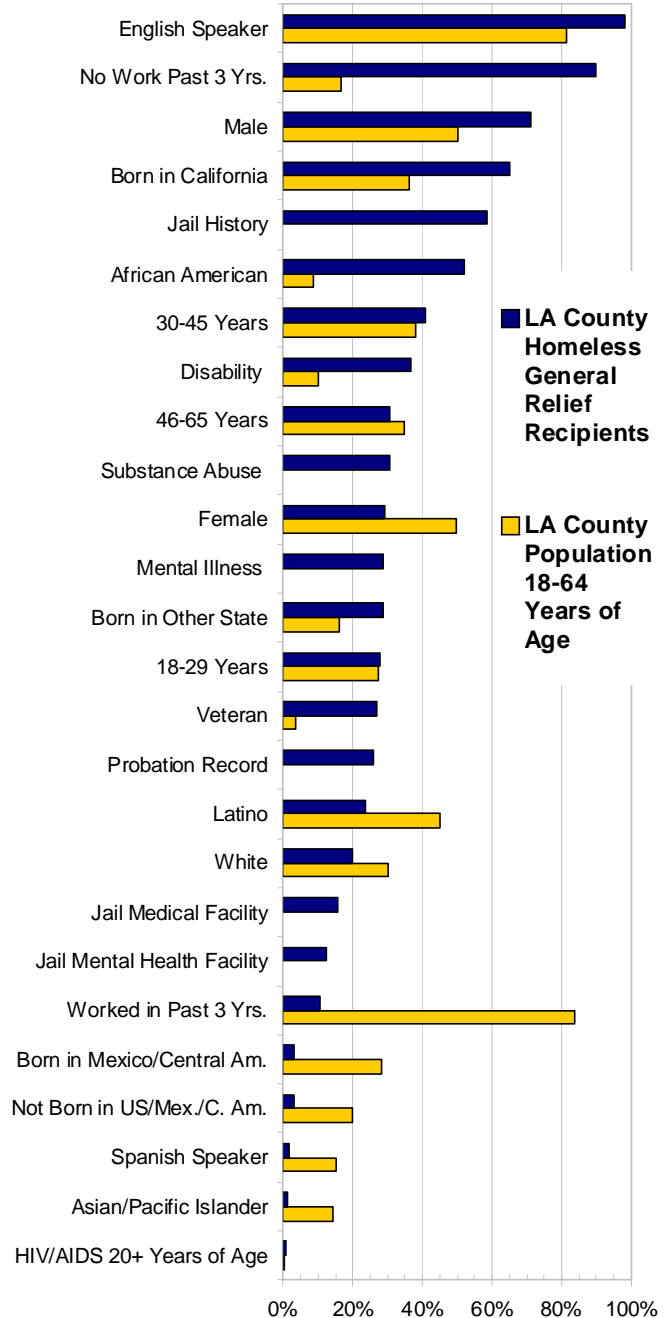
Public Costs When Homeless

The study population of 9,186 homeless General Relief recipients is large enough to provide detailed baseline information about public costs for many types of homeless individuals. This enables us to determine the change in public costs when homeless individuals with different attributes receive housing, and if costs are reduced, which public agencies see these savings. This information has practical operational applications for prioritizing homeless residents for housing assistance and for identifying public agencies that are likely to achieve net cost savings by using funds preemptively to provide housing and avoid the costs of homelessness.

Profile

It is probable that this sample of homeless residents closely represents homeless single adults in Los Angeles County who are legal residents of the U.S. General Relief (GR) is the primary form of cash aid available for these individuals, so this data captures a large share of this homeless population.⁴⁸ Under GR, individuals are considered to be homeless if they are living on the street, in their cars, parks, motels, emergency shelters, or are staying on a temporary basis with friends or relatives.⁴⁹ This sample leaves out undocumented immigrants and homeless families. A profile of these homeless residents, with the total population of Los Angeles County 18-64 years of age included for comparison, is shown in Figure 2.⁵⁰ Highlights of this homeless population include:

Figure 2
Profile of All Residents and Homeless General Relief Recipients in Los Angeles County - 2007



Sources: 9,186 homeless General Relief recipients, American Community Survey 2007, Los Angeles County Department of Public Health

- 98 percent are English speakers vs. 82 percent for the county
- 90 percent have not worked in the past 3 years vs. 16 percent for the county
- 71 percent are men vs. 50 percent for the county
- 65 percent were born in California vs. 36 percent for the county
- 59 percent have been in jail in the past five years – county data not available
- 52 percent are African American vs. 9 percent for the county
- 41 percent are 30-45 years of age vs. 38 percent for the county
- 37 percent have a documented disability vs. 10 percent for the county
- 31 percent are 40-65 years of age vs. 35 percent for the county
- 30 percent have a documented history of substance abuse – county data not available
- 29 percent are women vs. 50 percent for the county
- 29 percent have a documented history of mental illness – county data not available
- 28 percent were born in another state vs. 16 percent for the county
- 28 percent are under 30 vs. 27 percent for the county
- 27 percent are veterans vs. 4 percent for the county
- 10 percent have worked in the past three years vs. 84 percent for the county
- 3 percent were born in Mexico or Central America vs. 28 percent for the county
- 3 percent were born in a country other than the U.S., Mexico or Central America vs. 20 percent for the county
- 2 percent speak Spanish as their primary language vs. 15 percent for the county
- 1 percent are Asian or Pacific Islanders vs. 14 percent for the county
- 0.9 percent of those 20+ years of age are living with AIDS vs. 0.4 percent for the county⁵¹

English speaking non-immigrant, African American males without a recent work history are heavily over-represented among homeless single adults in comparison to the general population of the county that is 18 to 64 years of age.

Costs for Homeless Women and Men

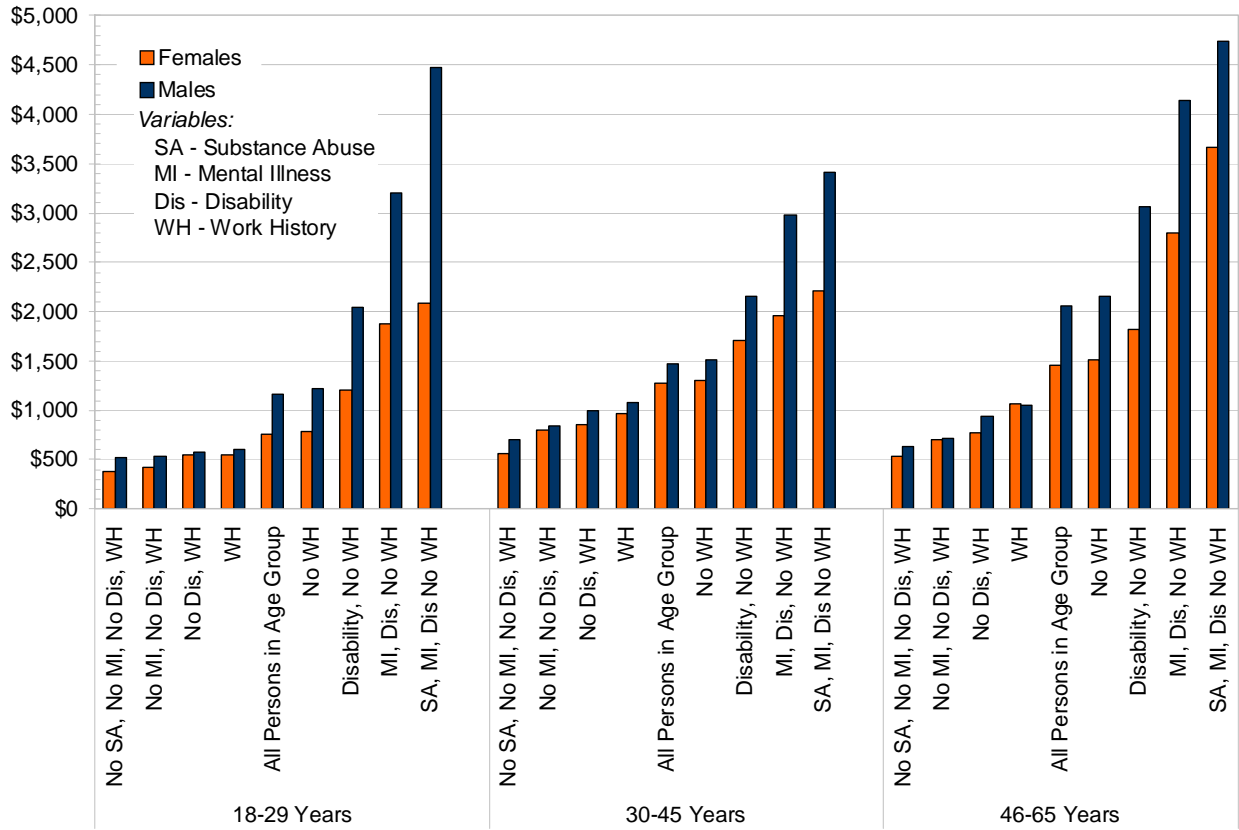
Many of the attributes in this profile have a direct bearing on public costs when homeless individuals remain unhoused. Public costs increase if homeless residents are:

- Older
- Disconnected from employment
- Disabled
- Mentally ill
- Substance abusers

Detailed tables of costs for this population when homeless and when not homeless, broken out by the six variables of gender, age, work history, disability status, mental illness and substance abuse are provided in Tables A2 and A3 in the Data Appendix.

At the low end of the cost range, a woman 18 to 29 years of age with a recent work history, no disability, no mental illness and no substance abuse problem has average monthly costs of \$126 a month in the months when she is not homeless. At the high end of the cost

Figure 3
Average Monthly Costs for General Relief Recipients when Homeless – 2008 dollars



Source: 9,186 homeless General Relief recipients in Los Angeles County

range, a man 46 to 65 years of age with no recent work history, a disability, mental illness and a substance abuse problem has public costs of \$4,739 in the months when he is homeless.

The typical public costs for homeless men are 40 percent higher than for homeless women. The cost progression as individuals age and have more acute problems is much the same for both sexes except that costs for the youngest group of men, those 18 to 29 years of age, with mental illness and substance abuse problems exceed those of counterparts in their middle years, 30 to 45 years of age. The energy of young men, the futility of being homeless, and the exacerbating factors of mental illness and substance abuse create significant and costly public impacts. As individuals age, the neglect that accompanies homelessness takes a physical toll. Homeless individuals 46 to 65 years of age have public health costs that are more than five times greater than for individuals under thirty years of age, creating the highest public costs of any homeless age group.

Cost Deciles

When we rank homeless General Relief recipients by their public costs and break them into ten groups of equal size, we find that most of the population has comparatively low public costs, as shown in Figure 4.⁵² Forty percent of homeless individuals have public costs of less

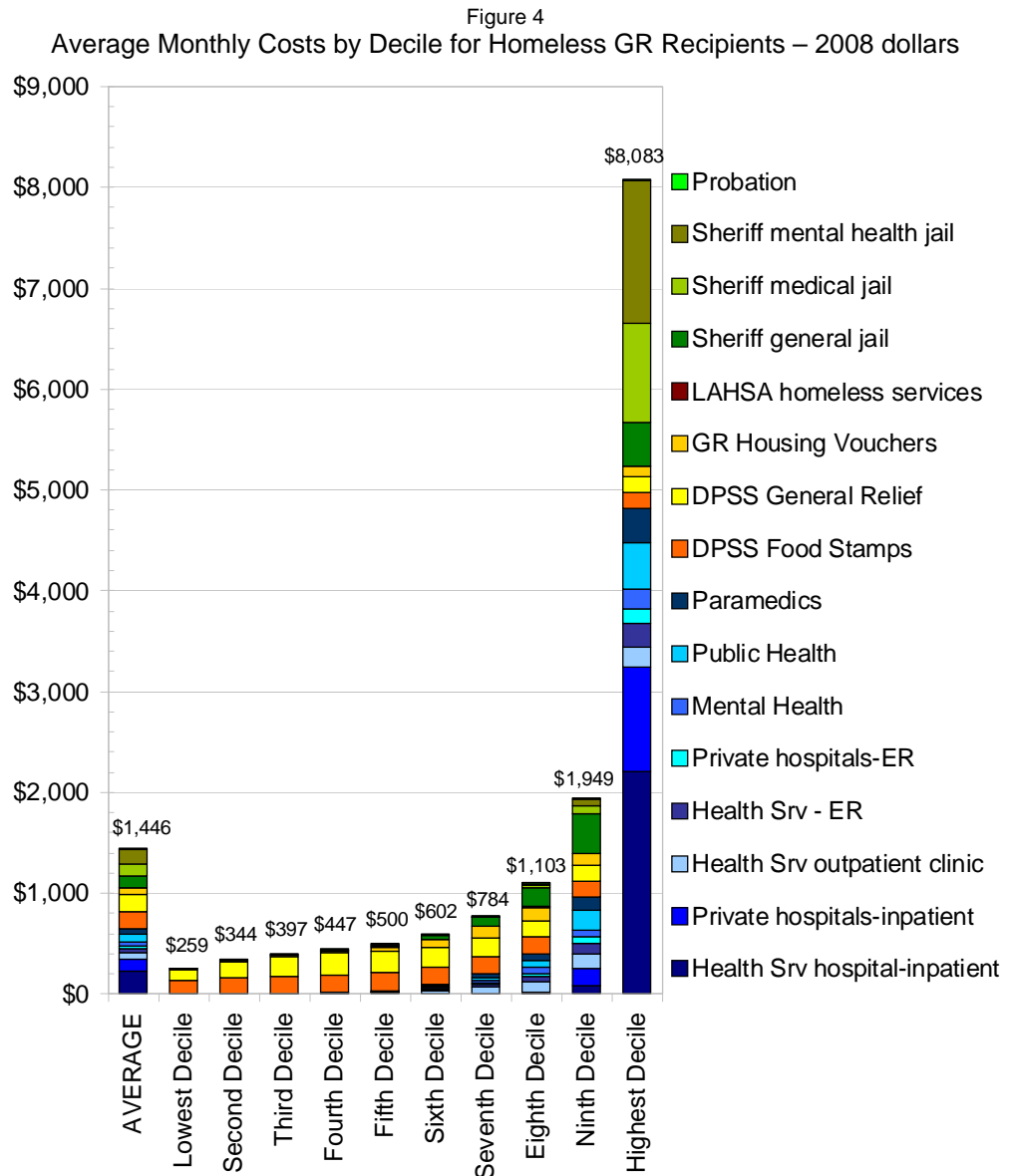
than \$500 a month. It is the extremely high public costs of the most expensive 10 percent, \$8,083 per month, which raises the overall average for this population to \$1,446 per month. Roughly 80 percent of homeless residents have costs below this average.

For the most expensive decile, 45 percent of costs are for hospitals and emergency rooms, and 35 percent for jails, with most of this for medical and mental health costs while incarcerated.

This costly tenth accounts

for over half of all public costs for homelessness. In contrast, public costs for the lowest five deciles are largely for minimal necessities – 87 percent of costs are for General Relief grants (averaging \$180 per month) and Food Stamps (averaging \$160 per month).

The reality that underscores the need for appropriately targeted services for all groups within the homeless population is that public costs increase as individuals age. The median age of individuals in the least expensive decile is 33 years; the median age of individuals in the most expensive decile is 42 years. *If intervention is deferred until problems become acute, the solutions become much more expensive.*



Source: 9,186 homeless General Relief recipients in Los Angeles County

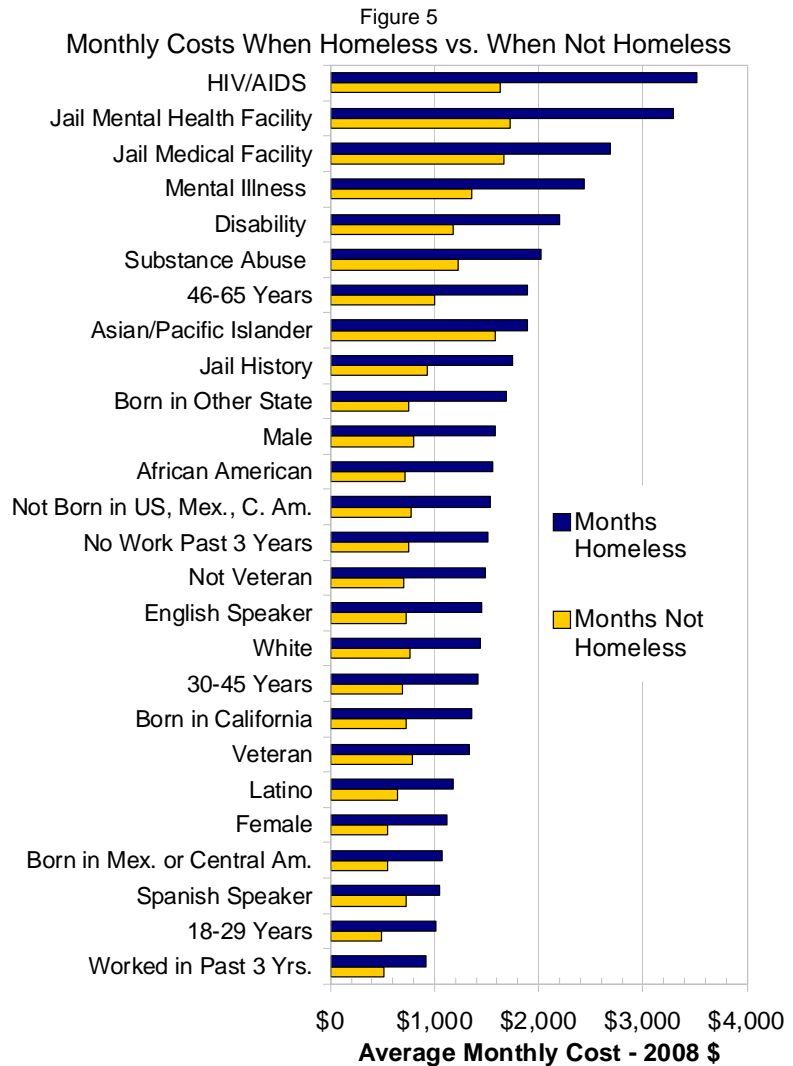
Cost Savings

Public costs for typical homeless General Relief recipients decrease 50 percent in the months they are not homeless, from \$1,446 to \$728, as shown in Tables A2 and A3 in the Data Appendix. Individuals were classified as homeless in any month in which one or more of the following four conditions were met: a) their mailing address was an office of the Los Angeles County Department of Public Social Services or a homeless shelter, b) they received a GR emergency housing voucher, c) they received services funded by the Los Angeles Homeless Services Authority, or d) they began a jail stint immediately following a month in which they were homeless. In months when they were homeless, most were living on the street or in emergency shelters.

GR recipients were classified as not homeless in any month when none of these conditions were met. This

population shows up in our data as being *not* homeless 51 percent of the time, with variation for the groups shown in Data Appendix Table A3 ranging from 38 to 71 percent. The available data under-reports months when individuals were homeless, and provides little information about their living circumstances in months when they were not homeless. Despite this conservative demarcation of homeless intervals, there are marked reductions in public costs during months when individuals are *not* shown to be homeless. Possible non-homeless living circumstances include:

- Staying with relatives or friends
- Doubling up in housing with other individuals receiving cash grants
- Occupying housing that is paid for with earned income
- A jail stint following a month when the person was not flagged as homeless
- Occupying housing with a long-term rent subsidy



Source: 9,186 homeless General Relief recipients in Los Angeles County

It would be valuable to achieve a clearer understanding of when and for whom these non-homeless outcomes occur. It is particularly important to understand how to replicate and strengthen positive outcomes such as employment and permanent housing. A recent study of the General Relief population found that nearly three quarters had held jobs in the past decade.⁵³ Another earlier study of homeless adults in Los Angeles reported that 68 percent had worked in the past five years.⁵⁴ Employment is often intermittent, generating more income than General Relief benefits, but lifting only about one-sixth of individuals out of poverty.⁵⁵

When we break out individuals by discrete attributes in the months when they were homeless, we see cost savings for every group in the homeless population when costs in months they are homeless are compared to costs in months when they are not homeless, as shown in Tables A4 and A5 in the Data Appendix and Figure 5.⁵⁶ Highlights of these monthly cost savings when not homeless include:

- \$1,896 or 54 percent savings for people with living with AIDS
- \$1,559 or 47 percent savings for people who have been in jail mental health facilities.
- \$1,091 or 45 percent savings for people with documented mental illness
- \$1,028 or 38 percent savings for people who have been in jail medical facilities
- \$1,021 or 46 percent savings for people with documented disabilities
- \$898 or 47 percent savings for people with documented substance abuse problems
- \$815 or 47 percent savings for people who have been in jail
- \$796 or 39 percent savings for people 46-65 years of age

Public Agencies Bearing the Cost of Homelessness

Average monthly costs borne by service providers for homeless General Relief recipients, in months when they are homeless as well as months when they are not homeless are shown in Figure 6.⁵⁷ The amount and payer of costs vary greatly depending on whether individuals are homeless in a given month and the severity of their problems. In general, costs decrease by about half in months when individuals are not homeless. General Relief recipients typically have \$1,446 in costs in months when they are homeless (left cost bar in Figure 6). These costs are distributed as follows:

- 16 percent Department of Health Services hospital-inpatient
- 12 percent DPSS General Relief
- 11 percent DPSS Food Stamps
- 10 percent Sheriff mental health jail facility
- 8 percent Private hospitals-inpatient
- 8 percent Sheriff general jail facility
- 8 percent Sheriff medical jail facility
- 5 percent Department of Public Health
- 5 percent DPSS General Relief Housing Vouchers
- 4 percent Paramedics
- 4 percent Department of Health Services outpatient clinic
- 3 percent Department of Health Services emergency room
- 3 percent Department of Mental Health

- 2 percent Private hospitals-emergency room
- 1 percent Probation Department
- 0.1 percent LAHSA homeless services

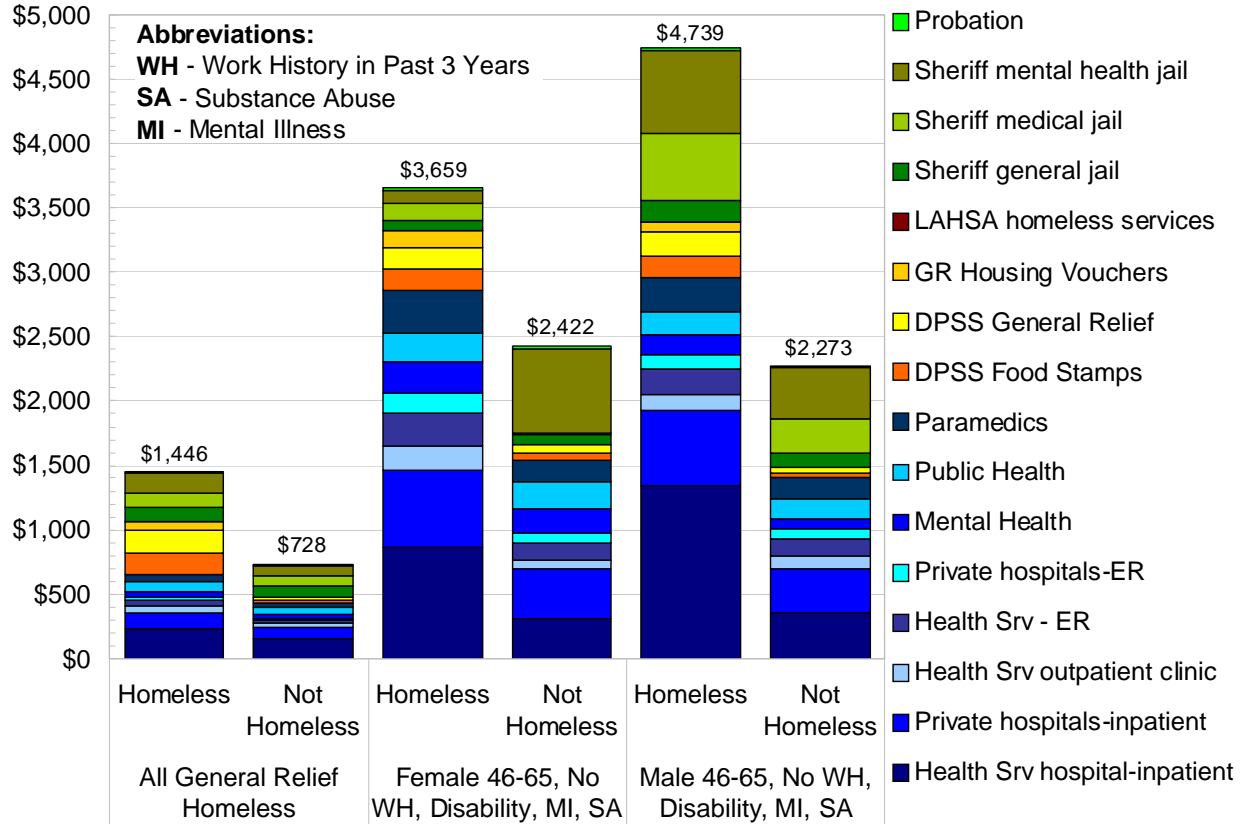
Health Care Costs

Costs for health problems account for the majority of all public costs for homelessness. Poor health can contribute to being homeless, and being homeless can lead to poor health. People without shelter or life stability are at greatly increased risk of illness, injury and diminished well-being. Health risks include tuberculosis, HIV/AIDS, malnutrition, severe dental problems, alcoholism, addiction, mental illness, diabetes, hypertension, and physical disabilities.

Costs for health care services provided by the county departments of Health Services and Public Health, together with private hospitals, account for 38 percent of all costs in months when individuals are homeless. The share of costs for health needs increases to 56 percent if we include the Sheriff’s medical and mental health incarceration facilities.

Health costs make up a much larger share of total costs among *high-cost* homeless individuals, such as the older persons with disabilities, mental illness and substance abuse problems shown in Figure 6. The groups of individuals shown in Appendix Table A2 with

Figure 6
Average Monthly Costs of Public Agencies per Homeless General Relief Recipient – 2008 dollars



Source: 9,186 homeless General Relief recipients in Los Angeles County

monthly costs of \$2,500 or more in months when they are homeless make up 16 percent of the homeless population but account for 46 percent of total homeless health care costs for all homeless General Relief recipients.

Forty-eight percent of the costs when homeless for these high-cost individuals are for health care, a figure that goes up to 73 percent when we include medical and mental health incarceration. Their health care costs average \$1,561 in months when they are homeless, and increase to \$2,366 with medical and mental health incarceration included. In months when they are not homeless, health care costs drop 56 percent, to \$686 per person, or \$1,062 with medical and mental health incarceration included.

Hospitalizations account for nearly two-thirds of non-incarcerated health care costs. The rate of hospitalizations increases as the number of vulnerabilities impacting individuals increase. These vulnerabilities include age, disabilities, mental illness, substance abuse and HIV/AIDS. However, even within highly vulnerable subpopulations there is significant variation in costs among individuals, largely because some individuals are hospitalized and others are not.

In the overall homeless General Relief population, only 4.6 percent of individuals were hospitalized in a county Department of Health Services hospital during a month when they were homeless within the cost window for this study (and 3.2 percent in a month when they were not homeless). Even among 229 high-risk homeless General Relief recipients who were 46-65 years of age, with no recent work history, a disability, mental illness, and substance abuse problems, only 30 percent were hospitalized during the 22-month cost window for this study. Only 21 percent were hospitalized in a month when they were homeless and an additional 9 percent were hospitalized in a month when they were not homeless.

It is possible to identify the groups that are most likely to have high health costs, but it is more difficult to identify specific individuals. Frequency of health care encounters explains only a quarter of the variation in health care costs among homeless persons.⁵⁸ This suggests that in order to reduce public health care costs, it is more feasible to target housing and services toward high-risk groups rather than toward specific individuals.

Health risks and reduction of costs for health problems can most effectively be addressed by designing and targeting interventions that are responsive to the needs of specific homeless subpopulations. By reducing group rates of hospitalization, these interventions are likely to yield significant net savings in public costs.

Place of Birth

The percent of Los Angeles County residents born in each state that show up in the database of homeless General Relief recipients investigated in this study provides a measure of over- and under-representation of individuals from other states in the homeless population. This information is shown in Figure 7.

Five Southern states with high poverty rates have the highest shares of their native sons and daughters represented among local homeless residents. These states are:

- Arkansas
- Tennessee
- Louisiana
- Mississippi

- Alabama

The average monthly public costs for residents born in the five most strongly represented states as well as California are:

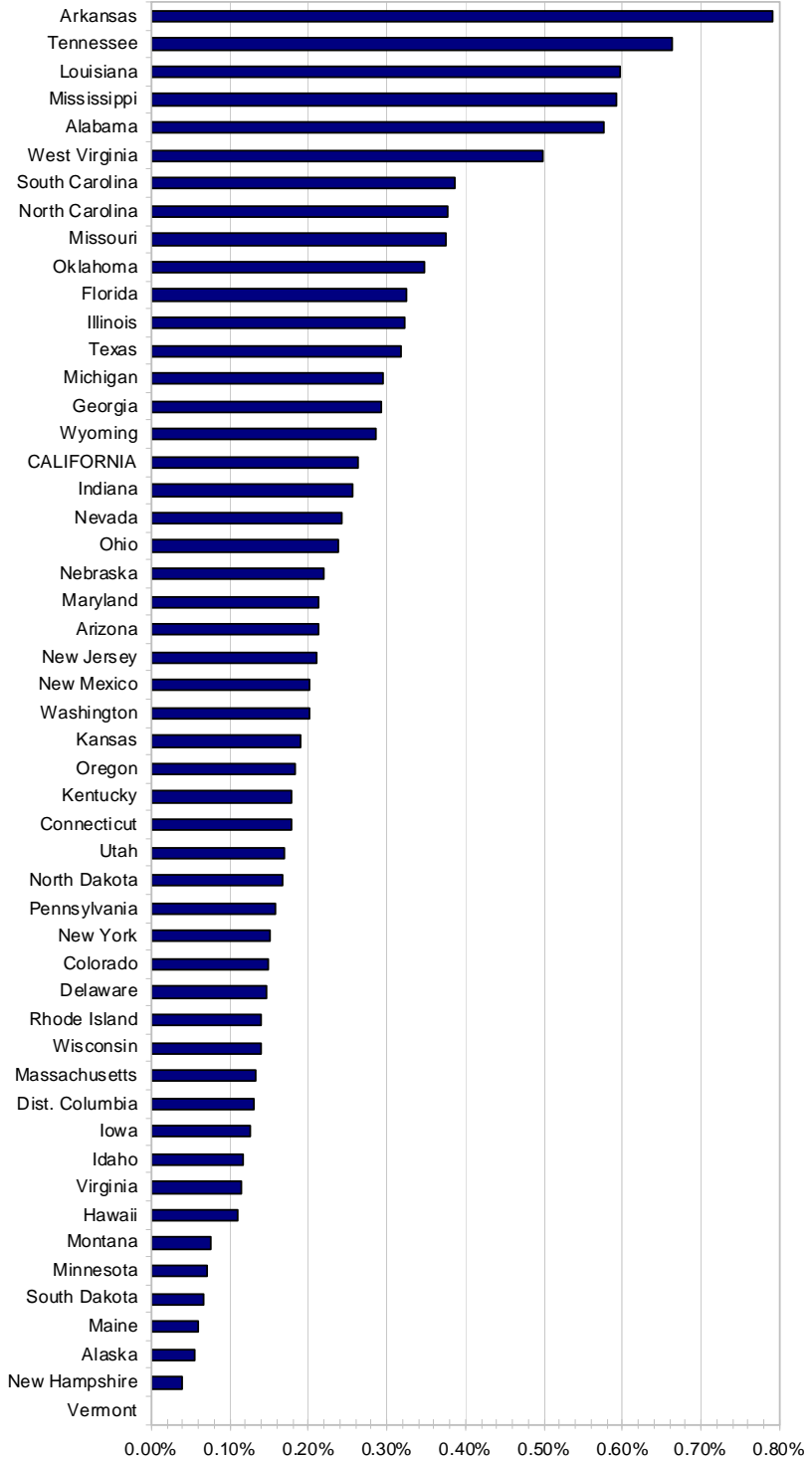
- Arkansas \$4,157
- Tennessee \$935
- Louisiana \$1,472
- Mississippi \$1,080
- Alabama \$1,023
- California \$1,071

The homeless individuals from Arkansas in our study stand out for their exceptionally high public costs – roughly four times greater than the overall average for homeless residents. Their very high costs are accounted for by 23 percent of these individuals with very serious health and mental health problems; 10 percent use hospitals intensively and another 13 percent are incarcerated in medical and mental health jail facilities. Acute poverty and damaged life histories cause far-reaching ripple effects, stretching across state lines and touching opposite corners of the country.

Summary

The sample of homeless General Relief recipients in this study appears to closely represent the overall population of homeless single adults in Los Angeles County.

Figure 7
Percent of LA County Residents 18-65 Years of Age Born in Each State that Are in Database of Homeless General Relief Recipients



Source: 9,186 homeless General Relief recipients in Los Angeles County, American Community Survey 2007

Angeles County who are legal residents of the United States. English-speaking non-immigrant males in their thirties to mid-forties without a recent work history are heavily over-represented among homeless single adults in comparison to the general population.

Public costs increase if homeless residents are: older, disconnected from employment, disabled, mentally ill, or substance abusers. The cost progression as individuals age and have more acute problems is much the same for both sexes except for unusually high costs for the youngest group of men, those 18 to 29 years of age, with mental illness and substance abuse problems.

Forty percent of homeless individuals have public costs of less than \$500 a month. It is the extremely high public costs of the most expensive 10 percent, \$8,083 per month, which raises the overall average for this population to \$1,446 per month.

For the most expensive decile, 45 percent of costs are for hospitals and emergency rooms, and 35 percent for jails, with most of this for medical and mental health costs while incarcerated. In contrast, public costs for the lowest five deciles are largely for minimal necessities – 87 percent of costs are for General Relief grants and Food Stamps.

The median age of individuals in the least expensive cost decile is 33 years; the median age of individuals in the most expensive decile is 42 years. If intervention is deferred until problems become acute, the solutions become much more expensive.

Health risks and reduction of costs for health problems can most effectively be addressed by designing and targeting interventions that are responsive to the needs of specific high-risk homeless subpopulations rather than by trying to identify specific high-cost individuals. By reducing group rates of hospitalization, targeted interventions are likely to yield significant net savings in public costs.

Public costs for the typical homeless General Relief recipient decrease 50 percent in the months they are not homeless, from \$1,446 to \$728. Cost savings of roughly half can be seen for all subgroups of homeless General Relief recipients in months when they are not homeless.

Costs for Persons in Supportive Housing and Comparable Homeless Persons

The central question investigated in this study is: What is the public cost for people in supportive housing compared to similar people that are homeless? Reliable evidence of lower costs is a powerful argument that tangible cost savings result from housing homeless individuals. Comparison groups of housed and homeless individuals formed through matched-pair propensity scores were the most reliable tool available in this study for making this comparison. In this chapter, matched-pair groups are used to compare the average monthly cost of three groups of formerly homeless individuals who entered supportive housing: 1) Skid Row Housing Trust (SRHT) residents, 2) Skid Row Collaborative (SRC) participants and 3) Project 50 participants.

Costs for Supportive Housing Residents and Comparable Homeless Persons

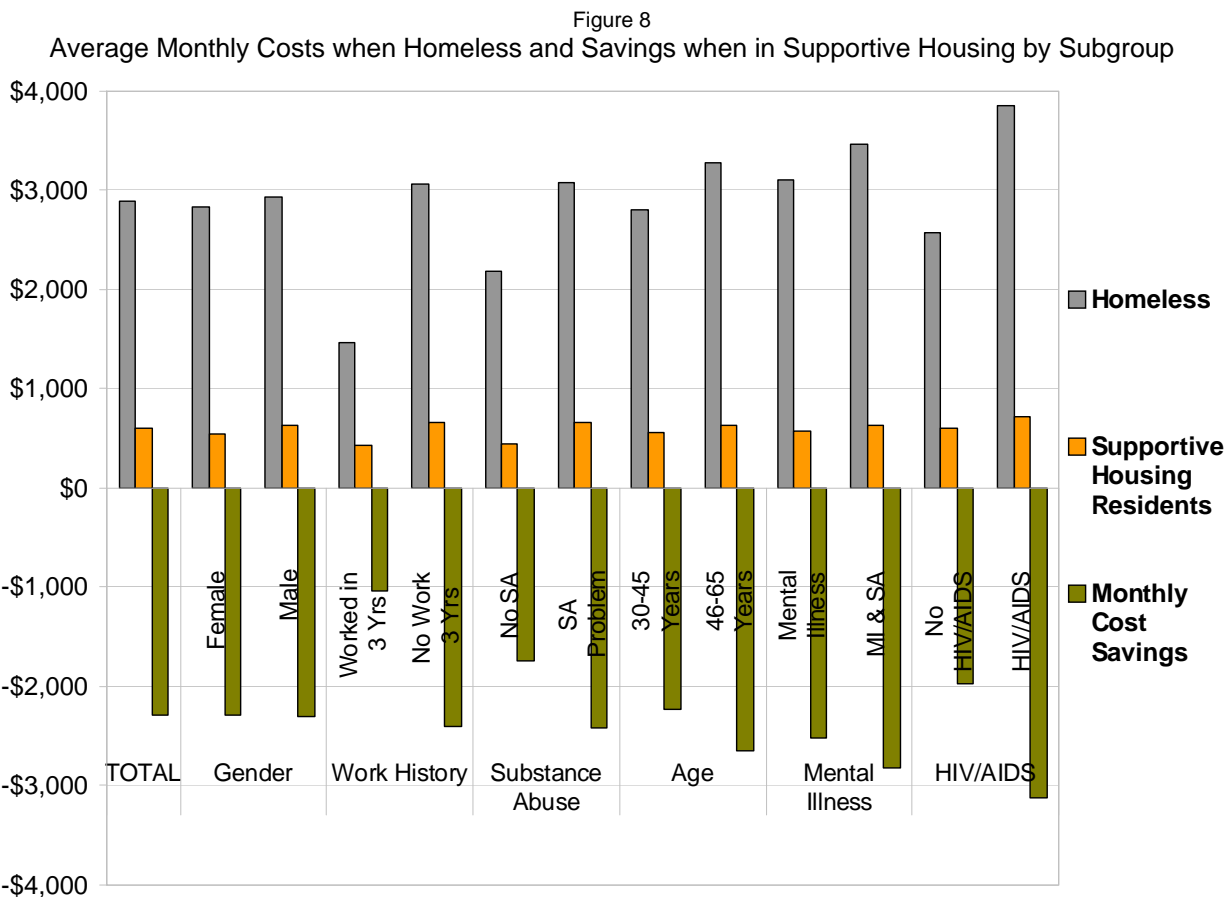
Costs for Supportive Housing Residents

The impact of supportive housing on public costs for homeless persons was estimated by comparing 279 formerly homeless individuals who have lived in supportive housing for at least a year with a matched-pair comparison group of 279 similar homeless persons (identified through

Table 2
Average Monthly Costs and Savings for Public Services Received by Supportive Housing Residents and Matched-Pair Homeless Comparison Group

		Costs for Public Services		Monthly Cost Savings	Percent Monthly Savings
		Homeless	Supportive Housing		
ALL SUPPORTIVE HOUSING RESIDENTS		\$2,897	\$605	-\$2,291	79%
Gender	Female	\$2,831	\$539	-\$2,292	81%
	Male	\$2,936	\$635	-\$2,301	78%
Age	30-45 Years	\$2,800	\$565	-\$2,235	80%
	46-65 Years	\$3,286	\$634	-\$2,652	81%
Race/Ethnicity	African American	\$3,340	\$617	-\$2,723	82%
	White	\$2,017	\$812	-\$1,204	60%
Recent Work History	No Work in Past 3 Years	\$3,062	\$656	-\$2,407	79%
	Worked in Past 3 Years	\$1,467	\$437	-\$1,030	70%
Mental Health	Mental Illness	\$3,104	\$582	-\$2,522	81%
	Mental Illness w/ SA Problem	\$3,462	\$639	-\$2,823	82%
Substance Abuse (SA)	No SA Problem	\$2,182	\$442	-\$1,740	80%
	SA Problem	\$3,084	\$664	-\$2,420	78%
HIV/AIDS	No Documentation of HIV/AIDS	\$2,571	\$597	-\$1,974	77%
	HIV/AIDS Documented	\$3,851	\$726	-\$3,125	81%

Source: 279 Matched pairs of SRHT supportive housing residents and homeless General Relief recipients



Source: 279 Matched pairs of SRHT supportive housing residents and homeless General Relief recipients

one-by-one matches based on similar propensity scores - see Appendix 1).⁵⁹ The central findings from this study are the dramatic reductions in average monthly costs after disabled homeless individuals enter supportive housing. These findings for all supportive housing residents, as well as for subgroups with different attributes, are shown in both Table 2 and Figure 8.

The typical monthly cost for supportive housing residents is \$605. The typical public cost for similar homeless persons is \$2,897, five-times greater than their counterparts that are housed. This remarkable finding that public costs are reduced by four-fifths when homeless individuals entered supportive housing demonstrates that practical, tangible public benefits result from providing housing and services for vulnerable homeless individuals.

Cost Savings

The stabilizing effect of housing plus supportive services is demonstrated by the \$2,291 average monthly cost savings for the typical supportive housing resident in this study. This is a 79 percent reduction in public costs. There are cost savings for every group, as shown in Table 1. In rank order, the average monthly cost savings associated with supportive housing for individuals with the problems or characteristics listed below include:

- *HIV/AIDS* - \$3,125 or 81 percent cost reduction; average monthly costs decline from \$3,851 when homeless to \$726 when housed
- *Mental Illness and Substance Abuse* - \$2,823 or 82 percent cost reduction; average monthly costs decline from \$3,462 when homeless to \$639 when housed
- *46-65 Years of Age* - \$2,652 or 81 percent cost reduction; average monthly costs decline from \$3,286 when homeless to \$634 when housed
- *Mental Illness* - \$2,522 or 81 percent cost reduction; average monthly costs decline from \$3,104 when homeless to \$582 when housed
- *Substance Abuse* - \$2,420 or 78 percent cost reduction; average monthly costs decline from \$3,084 when homeless to \$664 when housed
- *No Work in Past 3 Years* - \$2,407 or 79 percent cost reduction; average monthly costs decline from \$3,062 when homeless to \$656 when housed

Cost Comparisons for Subgroups

Highlights of costs when housed are shown below with a detailed breakout in Table 2.

- Males in housing have an average monthly cost of \$635 - 18 percent higher than for females in housing.
- The average monthly cost for older persons, age 46 to 65, in housing is \$634. Their costs are 12 percent higher than the costs for housed persons age 30 to 45.
- Residents who have not worked in the past 3 years have an average monthly cost of \$656 - 50 percent higher than residents with recent work histories.
- The average monthly cost for residents that have a co-occurring mental illness and substance abuse problems is \$639 - 10 percent more than for residents with only a mental illness.
- The average monthly cost for residents with a substance abuse problem is \$664 - 50 percent higher than for residents with no indications of a substance abuse problem.
- Residents with HIV/AIDS have the highest average monthly cost at \$726, which is 20 percent higher than the overall average cost for all residents.

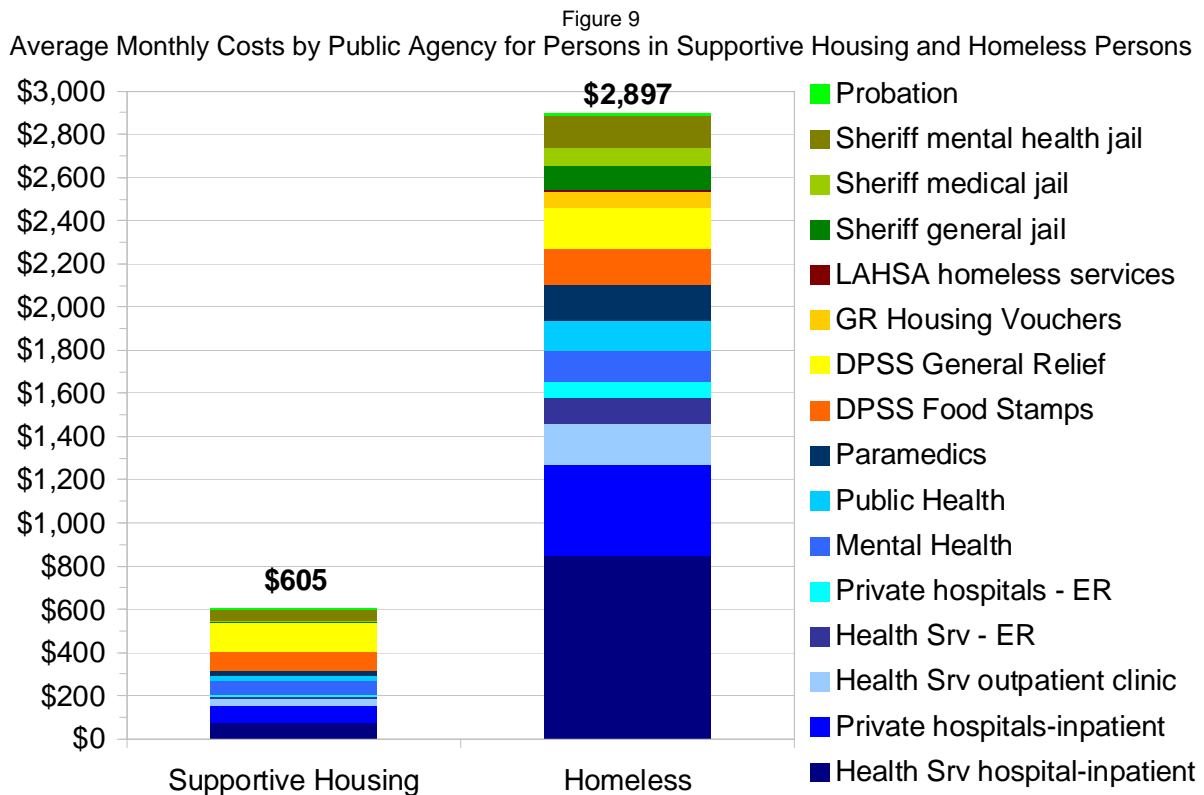
Cost Distribution among Public Agencies when Homeless and Housed

Average monthly costs borne by service providers for supportive housing residents and comparable homeless persons in this analysis are shown in Figure 9.⁶⁰ The amount of costs and the payer of costs vary greatly between people that are homeless and those that are housed. The \$605 average monthly cost for supportive housing residents and the \$2,897 average monthly cost for comparable homeless persons are distributed as follows among service providers:

<i>Public Agency</i>	<i>Supportive Housing Residents</i>	<i>Homeless</i>
• Health Services hospital-inpatient	13 percent	29 percent
• Private hospitals-inpatient	13 percent	15 percent
• Health Services outpatient clinic	4 percent	7 percent
• DPSS General Relief	23 percent	6 percent

• DPSS Food Stamps	15 percent	6 percent
• Paramedics	4 percent	6 percent
• Sheriff mental health jail	8 percent	5 percent
• Mental Health	11 percent	5 percent
• Public Health	3 percent	5 percent
• Health Services - ER	2 percent	4 percent
• Sheriff general jail	1 percent	4 percent
• Sheriff medical jail	1 percent	3 percent
• GR Housing Vouchers	0 percent	3 percent
• Private hospitals - ER	2 percent	3 percent
• Probation	1 percent	0.3 percent
• LAHSA homeless services	0 percent	0.1 percent
TOTAL⁶¹	100 percent	100 percent

Costs for health care services provided by the county departments of Health Services and Public Health, together with private hospitals, account for a majority – 62 percent – of the total cost for the matched-pair comparison group of homeless persons. Department of Public Social Service costs and justice system costs account for an additional 15 percent and 12 percent of total costs for homeless persons, respectively. The distribution of costs by public agency is quite different for supportive housing residents. The major difference is the share of total costs borne



Source: 279 Matched pairs of SRHT supportive housing residents and homeless General Relief recipients

by agencies providing health services. Only 37 percent of total costs for supportive housing residents are in Health Services, Public Health and private hospitals. The Food Stamp and General Relief programs of the Department of Public Social Services account for an additional 15 and 23 percent, respectively, of the total costs for supportive housing residents.

Cost Savings by Public Agencies

Overall, the public cost for the typical person in SRHT supportive housing is 79 percent less than their homeless counterpart. This cost saving is seen across all public agencies, as shown in Figure 9, with the largest savings in health care services. Highlights of average monthly cost savings for housed individuals by public agency are as follows:

- \$768 or 91 percent savings for Health Services – inpatient hospitalizations
- \$348 or 82 percent savings for Private hospitals – inpatient hospitalizations
- \$165 or 87 percent savings for Health Services – outpatient clinics
- \$144 or 87 percent savings for Paramedics
- \$114 or 85 percent savings for Public Health
- \$110 or 95 percent savings for Sheriff general jail
- \$105 or 89 percent savings for Health Services emergency rooms
- \$99 or 67 percent savings for Sheriff mental health jail
- \$81 or 56 percent savings for Department of Mental Health
- \$81 or 47 percent savings for DPSS – Food Stamps
- \$80 or 95 percent savings for Sheriff medical jail

Overall Cost Savings for Persons in Supportive Housing

The comparison group analysis shows that the typical formerly homeless person in supportive housing saves public agencies an average of \$2,291 in costs per month, as discussed earlier. A true measure of cost savings, however, requires that the operating costs⁶² for supportive housing and the capital costs⁶³ of creating housing units be taken into consideration. **When we estimate these costs and add them into the costs to house this population, the average monthly savings to the public is \$1,190 per person.** A breakout of overall cost savings by single demographic attributes of residents is shown in Table 3. In rank order, the overall average monthly cost savings for persons in supportive housing with the following problems or characteristics are:

- HIV/AIDS - \$2,001 or 52 percent cost reduction
- Mental Illness and Substance Abuse - \$1,709 or 49 percent cost reduction
- 46-65 Years - \$1,564 or 48 percent cost reduction
- Mental Illness - \$1,426 or 46 percent cost reduction
- Substance Abuse - \$1,303 or 42 percent cost reduction

These findings demonstrate that public investment in supportive housing is more than offset by the cost savings that result from housing homeless individuals who are disabled, aged, or have acute health or mental health problems. Investment in permanent

Table 3
Overall Average Monthly Savings for Residents in Supportive Housing after Operating and Capital Costs for Housing and Costs for Public Services

	Average Monthly Cost Savings for Public Services	Costs per Supportive Housing Resident		Average Monthly Savings in Public Costs	Percent Savings in Public Costs	
		Operating Cost - Average Monthly Rent Subsidy	Capital Costs - Average Monthly Cost per Unit			
ALL SUPPORTIVE HOUSING RESIDENTS	-\$2,291	\$352	\$750	-\$1,190	41%	
Gender	Female	-\$2,292	\$381	\$750	-\$1,162	41%
	Male	-\$2,301	\$339	\$750	-\$1,212	41%
Age	30-45 Years	-\$2,235	\$401	\$750	-\$1,084	39%
	46-65 Years	-\$2,652	\$339	\$750	-\$1,564	48%
Race/Ethnicity	African American	-\$2,723	\$361	\$750	-\$1,612	48%
	White	-\$1,204	\$281	\$750	-\$173	9%
Work History	No Work in Past 3 Years	-\$2,407	\$340	\$750	-\$1,317	43%
	Worked in Past 3 Years	-\$1,030	\$395	\$750	\$114	-8%
Mental Health	Mental Illness	-\$2,522	\$346	\$750	-\$1,426	46%
	Mental Illness w/ SA Problem	-\$2,823	\$364	\$750	-\$1,709	49%
Substance Abuse	No SA Indicators	-\$1,740	\$306	\$750	-\$684	31%
	SA Problem	-\$2,420	\$367	\$750	-\$1,303	42%
HIV/AIDS	No Documented HIV/AIDS	-\$1,974	\$350	\$750	-\$874	34%
	HIV/AIDS Documented	-\$3,125	\$374	\$750	-\$2,001	52%

Source: 279 Matched pairs of SRHT supportive housing residents and homeless General Relief recipients

housing with supportive services is a cost effective strategy that provides homeless individuals with access to shelter and care that is essential for improving their well-being.

Another key finding from this data is that *not all subgroups have sufficient cost savings to offset the operating and capital costs of supportive housing*. Twenty-two percent of supportive housing residents had worked in the past three years and had a high rate of cost savings – 70 percent – however their costs when homeless were comparatively low (\$1,467), so the monthly savings of \$1,030 did not offset the capital and operating cost of \$1,145 for their supportive housing. *A range of cost avoidance strategies is needed to provide housing that meets different levels of need in different groups.*

Population Profiles

The population of formerly homeless single adults living in supportive housing provided by the Skid Row Housing Trust (SRHT) is in some ways distinct from the overall population of homeless GR recipients. And the populations of two special projects housed at SRHT – the Skid Row Collaborative and Project 50 – are in some ways distinct from the overall population of residents housed by the Trust.⁶⁴ Profiles of all four of these populations are shown in Figure 10.

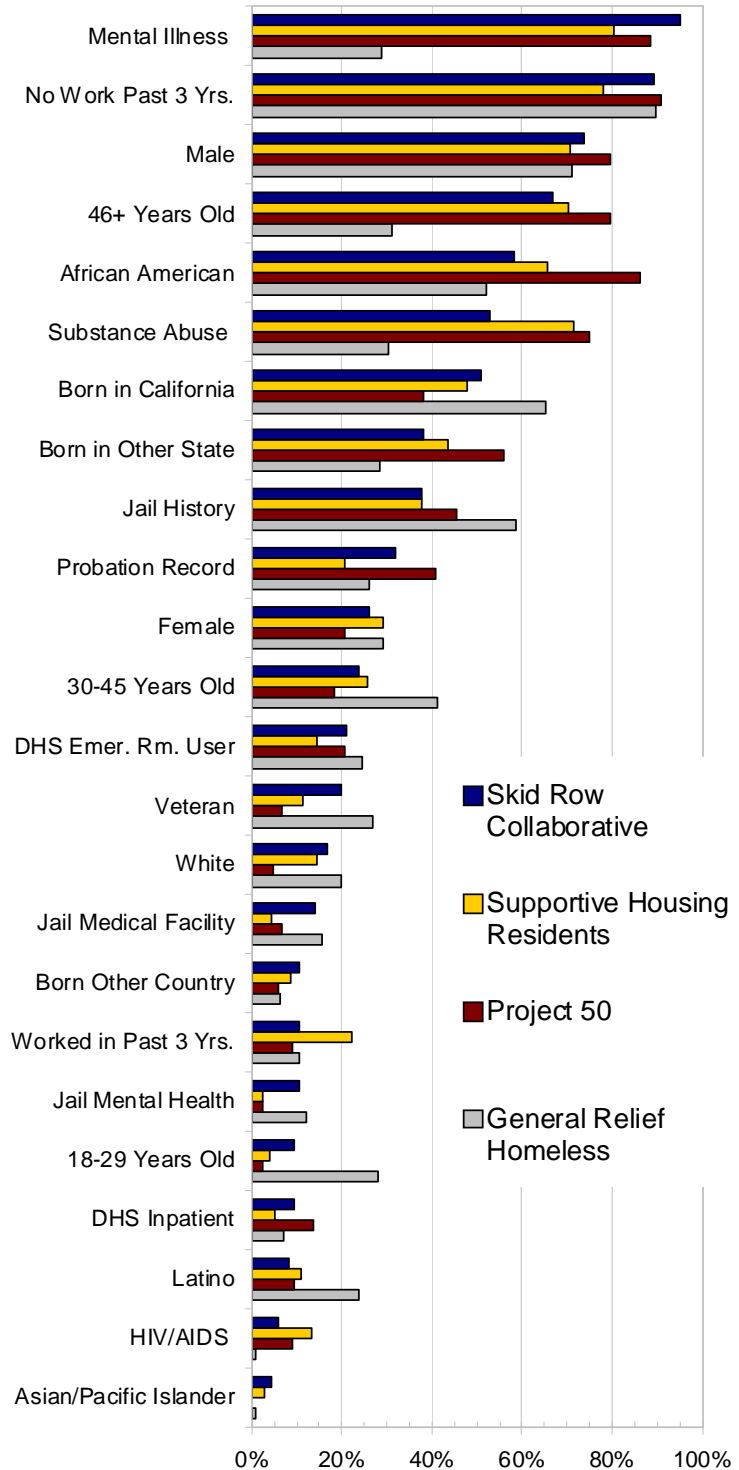
The Skid Row Collaborative was one of 11 national demonstration projects funded under the federal government’s Chronic Homelessness Initiative. It began in fall 2003 and ended in June 2007. It was organized by the Skid Row Housing Trust and Lamp Community, with support from the Corporation for Supportive Housing.⁶⁵ The Collaborative included twelve public and nonprofit agencies as partners in providing coordinated services and permanent housing to chronically homeless individuals.⁶⁶ Client records were available for 85 former Skid Row Collaborative participants.

Project 50 was initiated by the Los Angeles County Board of Supervisors with the goal of moving fifty of the most acutely vulnerable chronically homeless persons living in Skid Row into permanent housing with supportive services. A central component is provision of integrated supportive services by a team of county departments and community agencies.⁶⁷ Housing is provided by the Skid Row Housing Trust. At the time of this study, client records were available for 44 participants in Project 50.

SRHT Supportive Housing Residents

Compared to the overall population of homeless GR recipients, supportive housing residents are:

Figure 10
Profile of Homeless GR Recipients, Current Supportive Housing Residents, SRC Participants, and Project 50 Participants



Sources: 9,186 homeless General Relief recipients, 322 current residents of Skid Row Housing Trust, 85 Skid Row Collaborative participants, 44 Project 50 participants

- 1343 percent more likely to be living with HIV/AIDS
- 180 percent more likely to have a mental illness
- 136 percent more likely to have a substance abuse problem
- 127 percent more likely to be 46 or more years of age
- 113 percent more likely to have worked in the past 3 years
- Only 65 percent as likely to have been in jail
- Only 62 percent as likely to be 30 to 45 years of age
- Only 45 percent as likely to be Latino
- Only 43 percent as likely to be a veteran
- Only 15 percent as likely to be 18 to 29 years of age

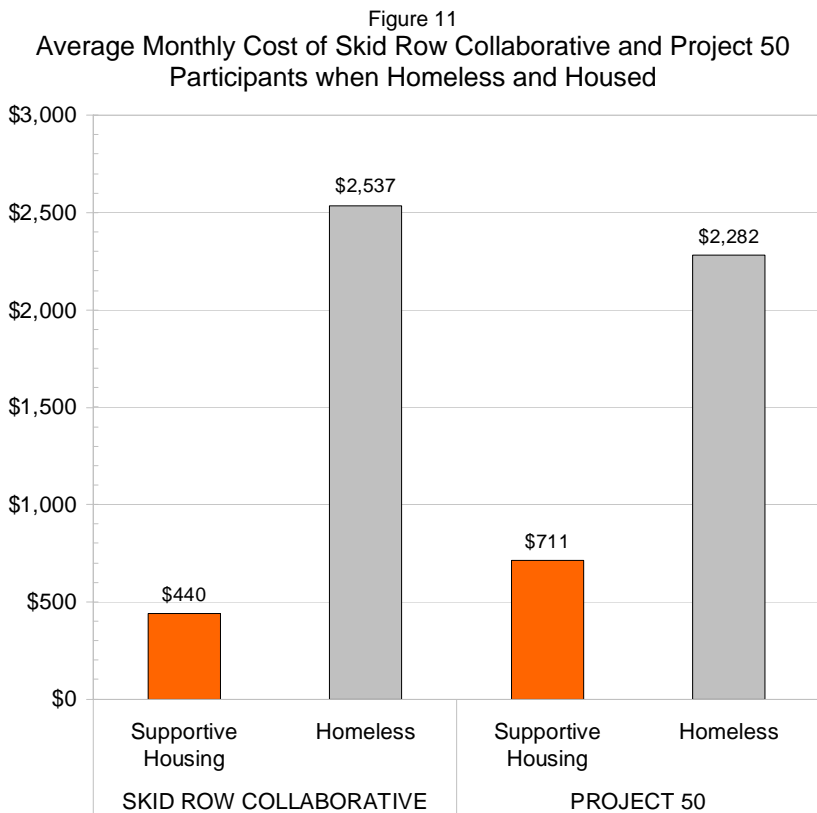
In summary, the supportive housing population in this study is older, more likely to be living with HIV/AIDS, and more likely to have mental illness and substance abuse problems than the overall population of homeless single adults.

Skid Row Collaborative Participants

Compared to the overall population of supportive housing residents, participants in the now-ended Skid Row Collaborative project were:

- 326 percent more likely to have been incarcerated in a jail mental health facility
- 225 percent more likely to have been incarcerated in a jail medical facility
- 135 percent more likely to be 18 to 29 years of age
- 18 percent more likely to be mentally ill
- Only 48 percent as likely to have worked in the past 3 years
- Only 44 percent as likely to be living with HIV/AIDS

In summary, participants in the Skid Row Collaborative were more likely than other supportive housing residents to have been



Sources: 54 matched pairs of homeless and housed persons for the Skid Row Collaborative and 43 matched pairs for Project 50

incarcerated in a mental health or medical jail facility, to be young adults, and they were less likely to have a recent work history or to be living with AIDS.

Project 50 Participants

Compared to the overall population of supportive housing residents, participants in the recently begun Project 50 are:

- 174 percent more likely to have been an inpatient at a county hospital
- 100 percent more likely to have a probation record
- 20 percent more likely to have been in jail
- Only 41 percent as likely to have worked in the past 3 years

In summary, participants in Project 50 are more likely than other supportive housing residents to have a major health problem and a criminal record, and less likely to have an employment record.

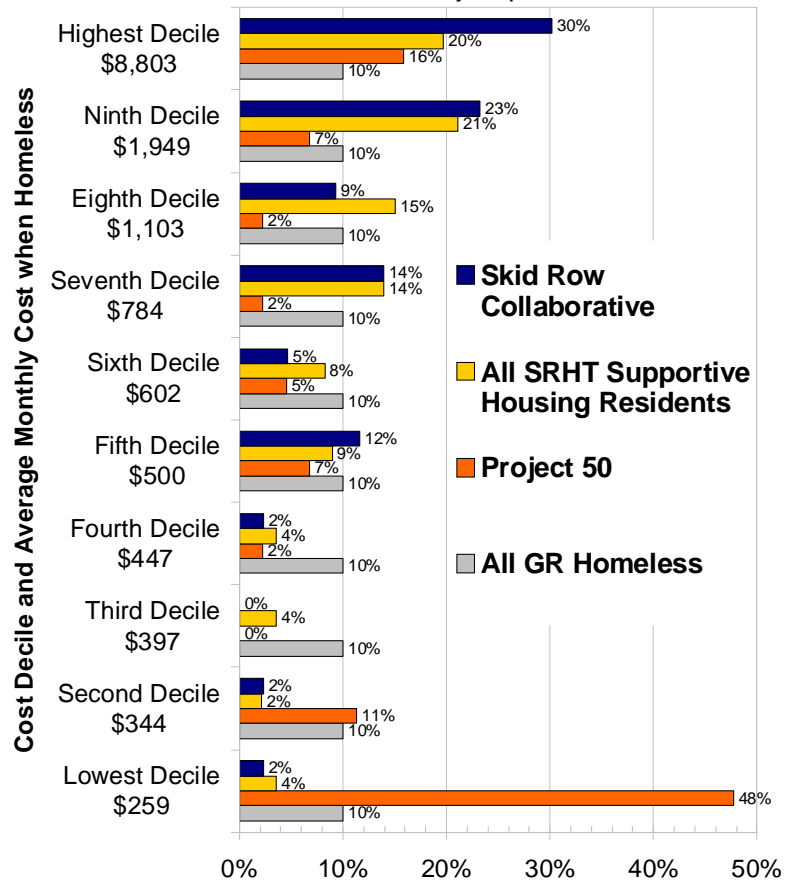
Cost Impacts of the Skid Row Collaborative and Project 50

Total Monthly Costs

Looking at monthly costs for residents of the Skid Row Housing Trust that participated in the Skid Row Collaborative compared to costs for their comparison group, and costs for Project 50 participants compared to costs for their comparison group (Figure 11), we see:⁶⁸

- Skid Row Collaborative participants living in supportive housing had public costs that were only 17 percent of the costs of their matched-pair homeless counterparts - \$440 vs. \$2,537 per month.
- The public costs for Project 50 participants when they were homeless were three times greater than the costs of their

Figure 12
Distribution by Cost Decile of Monthly Public Costs when Homeless for Four Study Populations



Sources: 9,186 homeless General Relief recipients in Los Angeles County, matched-pair homeless comparison groups for 279 supportive housing residents of SRHT and 54 Skid Row Collaborative participants, and 44 Project 50 participants prior to entering housing

comparable matched-paired neighbors with cost histories while in supportive housing - \$2,282 when homeless vs. \$711 when housed.

The rate of cost savings for the remaining Skid Row Collaborative residents compared to their homeless counterparts is 83 percent; the estimated savings for Project 50 residents is 69 percent. The high rate of cost savings for the Skid Row Collaborative participants may be the result of some higher-risk, higher-cost participants having moved out of housing before the cost window for this study opened in January 2006, leaving a residual population within the cost window that is somewhat more stable and less prone to crises.

Costs by Decile

The three supportive housing populations were broken out by their public costs when homeless, using the cost deciles developed earlier for the total homeless General Relief population, as shown in Figure 12.⁶⁹ In contrast to the GR homeless population, which is evenly distributed across each decile, the study populations in supportive housing are more heavily represented in the high-cost deciles, and in the case of Project 50, also in the lowest-cost decile.

- 53 percent of Skid Row Collaborative participants are in the two highest-cost deciles. This results in high cost savings for this group when it is housed.
- 41 percent of all supportive housing residents are in the two highest cost deciles.
- 23 percent of Project 50 participants are in the two highest cost deciles and 48 percent are in the lowest decile. A possible explanation for this concentration in the lowest cost decile may be that some participants were disconnected from public services prior to entering Project 50.⁷⁰

Rent and Rent Subsidy

Operating funds are in short supply to pay for the portion of monthly rent that residents in supportive housing cannot afford to pay, as well as pay for much needed services such as case management, mental health care and substance abuse treatment. Monthly rent for permanent, affordable housing with supportive services provided by the SRHT varies by unit, with average rents in buildings ranging from as low as \$429 to as high as \$652. The overall average monthly rent is \$499 per month.⁷¹ This monthly rent covers the operating costs for SRHT facilities and services. Rent revenue is a critical part of the day-to-day financial equation for supportive housing. In contrast, most capital costs for developing and constructing these supportive housing apartment complexes are fully paid for when the buildings open.

Table 4
Rent and Rent Subsidy for Supportive Housing Residents

	Average Monthly Rent	Resident's Average Monthly Rent	Average Monthly Rent Subsidy	Rent Subsidy as a Percent of Monthly Rent
All Residents	\$499	\$138	\$361	72%
Residents Receiving SSI	\$497	\$229	\$268	54%
Residents Receiving General Relief	\$497	\$61	\$436	88%

Source: SRHT rent data for 497 residents

Given that the formerly homeless residents in these buildings often face significant physical, health and mental health barriers that prevent them from working, a large share of their income comes from federal, state and local programs and a large share of their rent is subsidized. Residents in units for which the SRHT has a Shelter Plus Care (SPC)⁷² rental subsidy contribute 30 percent of their gross income for rent. The gap between the monthly rent and the resident's share of rent is filled by the SPC rental subsidy.

On average, residents contribute \$138 for rent, which leaves the balance of \$361 to be filled by subsidies. This subsidy accounts for 72 percent of the average resident's monthly rent. There is a marked difference in the amount of subsidy required by residents who receive Federal assistance through the Supplement Security Income (SSI)⁷³ program and those who receive aid through the County-funded General Relief program. A break-out of the monthly rent and rent subsidy for these residents are shown in Table 4.

The average SRHT resident with SSI contributes \$229 for rent and requires a subsidy for only 54 percent of his/her monthly rent. The average resident with General Relief, however, contributes a modest \$61 for rent and requires a subsidy for 88 percent of his/her rent. The effective result of providing higher rent subsidies for General Relief tenants is that fewer supportive housing residents can be housed with the limited amount of subsidy funds that are available.

Since General Relief tenants require an average subsidy of \$436 a month, it costs \$43,600 per month to subsidize the rent for 100 of these tenants. But since an average monthly subsidy of only \$268 is required for SSI tenants, the same amount of subsidy funds required for 100 GR tenants will subsidize 162 SSI tenants. *Moving disabled homeless persons off of GR and onto SSI increases the size of the homeless population that can be covered by housing subsidy funds by 62 percent.*

An additional important benefit of qualifying tenants for SSI benefits is that their health care is then covered by Medi-Cal, which can be used to pay for more of the health and mental health services needed by tenants. If proposed state-level reforms are enacted, these funds can also be used to help offset case managements costs for supportive housing.⁷⁴ These findings highlight the importance of Los Angeles County's efforts to strengthen advocacy services to help physically and mentally disabled GR recipients apply for and obtain SSI benefits.⁷⁵

Summary

The central question investigated in this study is: What is the public cost for people in supportive housing compared to similar people that are homeless?

The typical monthly cost for supportive housing residents is \$605. The typical public cost for similar homeless persons is \$2,897, five-times greater than their counterparts that are housed. This remarkable finding that public costs are reduced by four-fifths when homeless individuals entered supportive housing demonstrates that practical, tangible public benefits result from providing housing and services for vulnerable homeless individuals.

The stabilizing effect of housing plus supportive services is demonstrated by the \$2,291 average monthly cost savings for the typical supportive housing resident in this study. This is a 79 percent reduction in public costs.

Costs for health care services provided by the county departments of Health Services and Public Health, together with private hospitals, account for 62 percent of total public costs for homeless residents before they enter supportive housing. After entering supportive housing, health care providers see the following reductions in costs for these individuals:

- *County Health Services inpatient hospitalizations - 91 percent savings*
- *County Health Services emergency rooms - 89 percent savings*
- *County Health Services outpatient clinics - 87 percent savings*
- *Paramedics - 87 percent savings*
- *County Public Health - 85 percent savings*
- *Private hospital inpatient hospitalizations - 82 percent savings*

Not all subgroups have sufficient cost savings to offset the operating and capital costs of supportive housing. For example, supportive housing residents that had worked in the past three years had a high rate of cost savings, 70 percent; however their monthly savings of \$1,030 did not offset the capital and operating costs for their supportive housing. A range of cost avoidance strategies is needed to provide housing that meets different levels of need in different groups.

Moving disabled homeless persons off of General Relief and onto SSI increases the size of the homeless population that can be covered by housing subsidy funds by 62 percent. An additional important benefit of qualifying tenants for SSI is that their health care is then covered by Medi-Cal, which can be used to pay for more of the health and mental health services they need.

Tenure in Supportive Housing and Costs after Leaving

The retention of formerly homeless persons in supportive housing, particularly those with co-occurring substance abuse problems and mental illnesses, is a problem that universally challenges service providers.⁷⁶ Housing providers are faced with the difficult task of helping stabilize the lives of individuals who often cycle through permanent housing, homelessness, hospitals, jails and temporary shelters. The inability to sustain long-term tenancy in supportive housing disrupts the continuity of care that is essential for individuals to benefit from services. Consequently, the retention of formerly homeless persons in supportive housing is a key factor for ensuring that individuals receive the type of care that meets their needs, as well as for providing benefits to the wider public. One such public benefit, which has been shown throughout this report, comes in the form of substantial cost savings that result from the housing and supportive services provided to vulnerable homeless individuals.

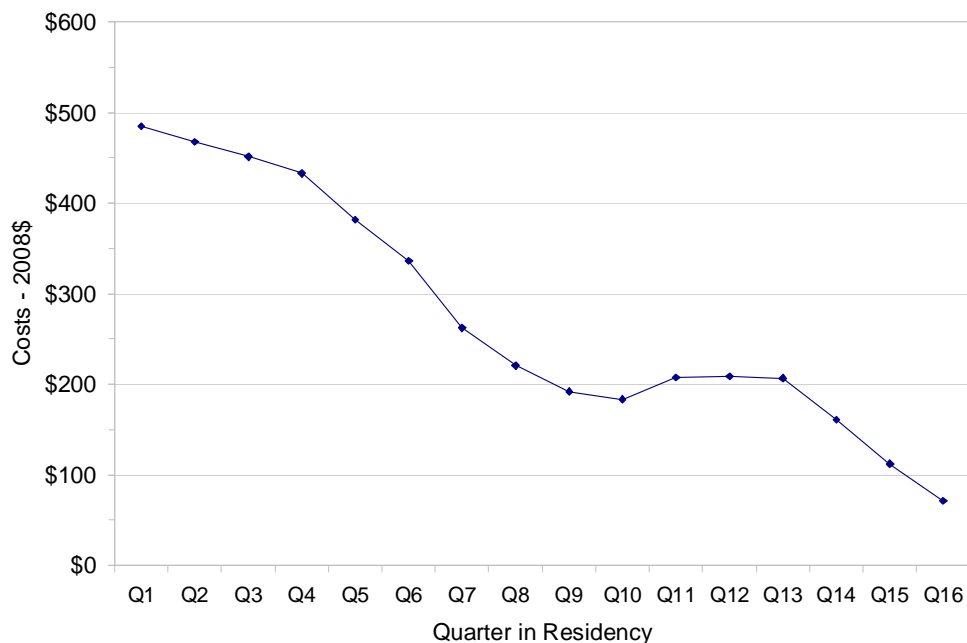
The study population of current and former Skid Row Housing Trust (SRHT) residents provides us with the opportunity to explore several issues related to tenure in housing. In the following sections we examine:

- The median monthly cost of housed individuals by quarter in residency
- The point of departure for individuals who leave supportive housing
- The cost of persons while housed in supportive housing and the cost of persons after they have left supportive housing

Tenure and Costs

An examination of cost data by quarters in residency shows that cost savings for SRHT residents⁷⁷ increase as individuals extend their stay in housing. The median monthly cost for residents in their earlier quarters in housing is substantially higher than their costs during later periods of their residency. Figure 13 shows the median⁷⁸ monthly cost for SRHT residents by their quarter in residency. It is important to note that these costs do not include estimated costs for private hospital services and emergency medical transportation, which add an estimated 20 percent to the public costs of housed persons and are included in other cost analyses in this report.⁷⁹ For the first 4 quarters in residency, median monthly costs are between \$400 and \$500. Thereafter, median monthly costs largely stay below \$300.⁸⁰ This trend of decreasing costs as tenure in residency increases suggests three conclusions: 1) factors of self-selection probably reduce the share of crisis-prone, higher-cost residents among the long-term population, 2) housing and continuity of supportive care are effective factors in stabilizing the lives of homeless persons, many of whom have mental illnesses and substance abuse problems, but when stabilized have less need for public services, and 3) cost savings can be increased if retention rates for residents are increased.

Figure 13
Median Monthly Cost for Supportive Housing Residents by Quarter in Residency



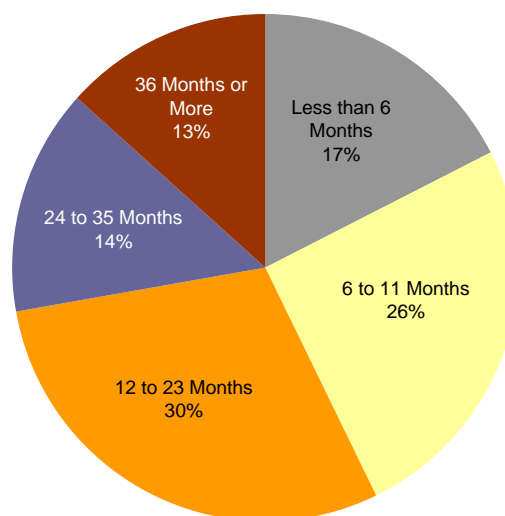
Source: 322 SRHT residents housed for at least 12 months during cost window (July 2005 – Dec 2008)
Note: A 3-month moving average is used to present cost data

Point of Departure for Housing Leavers

An examination of 746 former⁸¹ SRHT residents shows that large shares of residents who exit housing depart early in their tenancy. Seventeen percent of residents who depart from housing do so within the first 6 months of being housed and 26 percent leave housing after 6 to 11 months (Figure 14). The fact that a large share of residents who disengage from services do so before making it through one year of housing may well indicate that unresolved issues stemming from chronic homelessness, mental health problems and substance abuse problems cause them to prematurely leave secure affordable housing.

A breakout of these former residents by demographic attributes is shown in Figure 15.⁸² Of those who leave housing, males, younger

Figure 14
Tenure before Departing Supportive Housing

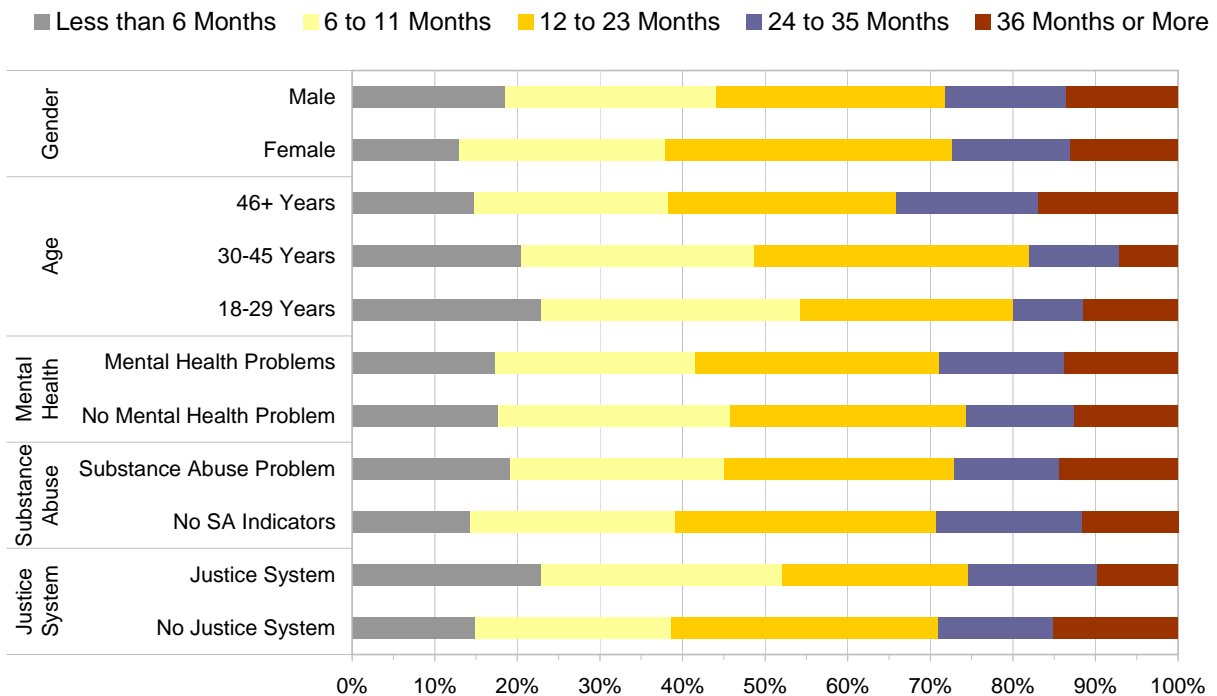


Source: SRHT Data

individuals, and persons with a history of substance abuse or incarceration are more likely to depart housing earlier in their residency rather than later. Highlights from this breakout include:

- Forty-four percent of males who exit supportive housing leave before making it through one year compared to 38 percent of females.
- A majority (54 percent) of young individuals (age 18 to 29) who exit supportive housing leave before reaching the 12-month mark compared to 38 percent of individuals over the age of 45.
- Forty-five percent of individuals with a history of substance abuse who exit supportive housing leave within one year compared to 39 percent of persons without substance abuse problems.
- Fifty-one percent of residents with an incarceration history who exit supportive housing leave within one year compared to 39 percent of residents without an incarceration history.

Figure 15
Tenure before Departing Supportive Housing by Individual Characteristics



Source: 746 former SRHT residents who left housing between January 2003 and March 2007

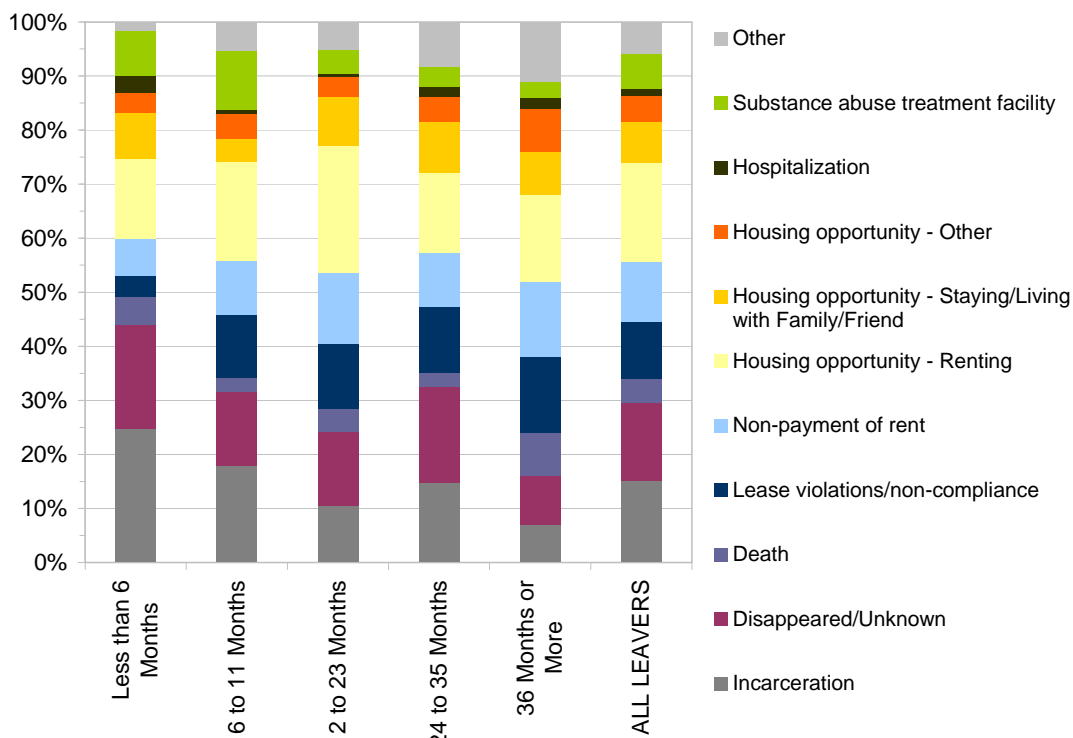
A further review of records for former SRHT residents shows that roughly a third of these departures are to move into other housing accommodations, which includes renting a room, apartment or house, moving in with a family member or friend, or moving into other housing designated for the homeless. Eight percent of residents depart housing to receive specific care to address medical, psychiatric or substance abuse problems. Most notably, over half of departures reflect undesirable outcomes in individual’s lives (disappearing, incarceration, nonpayment of

rent, and lease violations). The SRHT identified the following reasons for departure of 746 former residents:

- Housing opportunity - Renting 18 percent
- Disappeared/unknown 15 percent
- Incarceration 15 percent
- Non-payment of rent 11 percent
- Lease violations/non-compliance 11 percent
- Housing opportunity – Staying with Family/Friend 8 percent
- Substance abuse treatment facility 7 percent
- Other 6 percent
- Housing opportunity – Other 5 percent
- Death 4 percent
- Hospitalization 1 percent

The breakout of reasons for leaving housing by tenure, shown in Figure 16,⁸³ reveals that individuals who departed housing earlier in their tenure were more likely than those who left later in their tenure to have left because of incarceration or to have simply disappeared. A quarter of housing leavers who departed housing within the first 6 months left because of incarceration and 19 percent disappeared. Together, these two reasons account for the plurality of departures for former residents who departed within their first six months of housing.

Figure 16
Reasons for Leaving Supportive Housing by Tenure



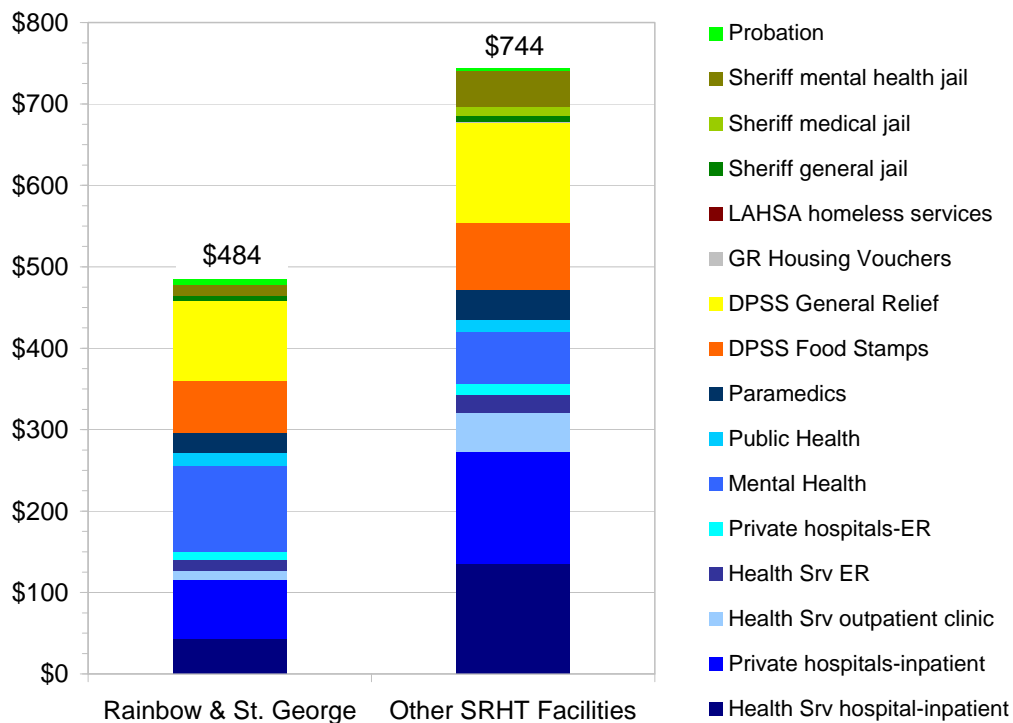
Source: 746 former SRHT residents who left housing between January 2003 and March 2007

Looking at the entire population of housing leavers, incarcerations and disappearances each accounted for 15 percent of departures. Underlying the varying shares of departure reasons for early-leavers and late-leavers is the fact that most individuals who depart from supportive housing do so for reasons that reflect negative outcomes in their life. A history of incarceration and substance abuse, combined with the vitality and independence of a young person, may well lead individuals to abruptly disconnect from services or fall back into previous behavior patterns that lead to incarceration. These same risk factors may also serve as barriers that prevent individuals from paying rent or complying with lease and program requirements resulting in premature departures from housing. While these findings are not surprising, they do underscore the need to target focused retention efforts on high-risk populations that are likely to depart early from housing and create significant public costs.

Level of Service and Costs

Given that residents largely leave housing for undesirable reasons and over 40 percent of residents who leave housing depart before the one-year mark, increasing the level of on-site services to meet residents' needs may well yield net public cost saving. To further examine this issue of service levels and its impact on public cost, we examined two distinct sets of residents living in different SRHT facilities.

Figure 17
Average Monthly Costs by Departments for Residents in the Rainbow and St. George Apartments and Comparable Residents in Other SRHT Facilities (Matched Pairs)



Source: SRHT Data

Residents in the Rainbow and St. George Apartments and Comparable Residents in Other Facilities

SRHT offers a wider array of on-site services at its Rainbow and St. George apartments than at its other buildings. Residents in the two buildings receive higher levels of primary medical care and psychiatric services and benefit from a lower resident to case manager ratio.

Sixty-five Skid Row Housing Trust residents in the Rainbow and St. George apartments were paired (based on propensity scores) with comparable persons living in other SRHT buildings to examine whether higher levels of service result in discernable cost savings. The average monthly public cost for residents in the Rainbow and St. George Apartments is \$484, as shown in Figure 17.⁸⁴ The average cost for comparable residents in other SRHT facilities is \$744, over 50 percent higher than costs for residents in the Rainbow and St. George. The benefits of offering higher levels of services are demonstrated by these cost savings. The breakout of costs by county department shows that the greatest cost savings were in health services. Highlights of the typical monthly cost savings for residents in the Rainbow and St. George apartments compared to residents in other SRHT buildings include:

- Los Angeles County Department of Health Services hospital-inpatient -\$91
- Private hospitals-inpatient -\$66
- Los Angeles County Department of outpatient clinic -\$37
- Los Angeles County Sheriff's mental health jail facilities/services -\$29

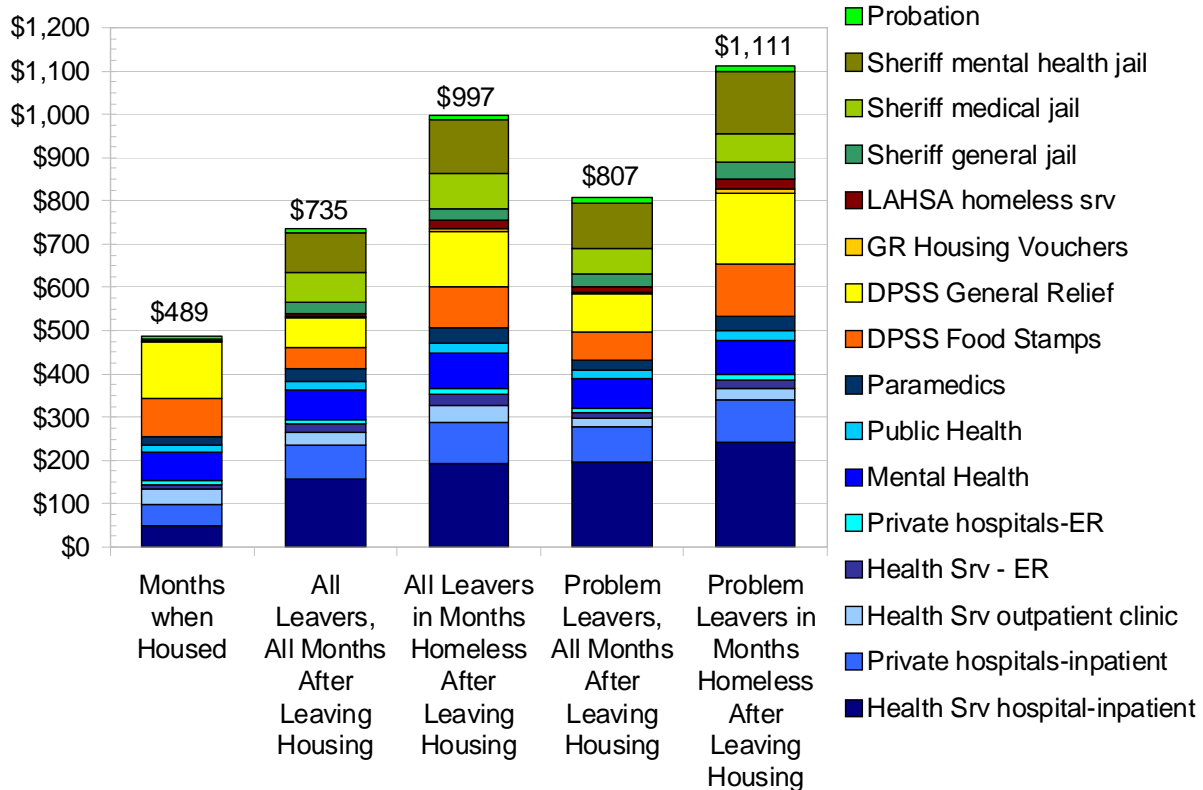
Costs while Housed versus Costs after Housing

Comparison groups, formed through matched pairs based on propensity scores, were used to compare the costs of persons while in supportive housing to the cost of persons who left housing. Costs for persons who left supportive housing are derived from 238 persons who were housed for at least 12 months before exiting supportive housing and who also had at least 12 months out of SRHT housing during our cost window. The costs for persons while housed are derived from 238 SRHT residents who were housed for at least 12 months during the cost window of July 2005 through December 2008 for this study, and who were identified through their *propensity scores* as being closely matched to the individuals who had left housing.

This analysis shows average monthly public costs of \$489 for persons while in supportive housing and \$997 for persons out of housing in the months that they were homeless, or \$735 in all post housing months, including both homeless and non-homeless months. Costs for housed persons are less than half of the costs of persons who left housing and entered homelessness, as shown in Figure 18.⁸⁵ The breakout of costs by departments shows that cost increases after leaving housing are largely borne by health service agencies and incarceration facilities. Notable average monthly cost increases, comparing months housed to months homeless, are as follows:

- \$142 increase for Health Services – inpatient hospitalizations
- \$126 increase for Sheriff mental health jail
- \$77 increase for Sheriff medial jail
- \$48 increase for Private hospitals
- \$26 increase for Sheriff general jail

Figure 18
Average Monthly Costs for Persons while in Supportive Housing and for Persons after Exiting Supportive Housing by Public Agency (Matched Pair)



Source: 238 Matched Pairs from SRHT Data

Public costs for residents increase after they leave supportive housing, but costs for the overall population of housing leavers do not increase to the level that is typical for homeless General Relief recipients. Reasons for this include: 1) some people leave supportive housing for positive reasons rather than because of a crises and these individuals are likely to have continued low costs; 2) some of the incarcerated individuals are likely to have gone to state or federal facilities where their cost data was unavailable for this study; and 3) some of the individuals who re-united with their families are likely to have moved to locations outside of Los Angeles where their cost data was unavailable. When we break out people who left supportive housing for negative reasons (“problem leavers” in Figure 18) – criminal activity and incarceration, lease violations and noncompliance, nonpayment of rent, and simply disappearing – we see average monthly public costs of \$1,111 in months when they are homeless. This is 128 percent more than the cost when this population is housed.

The issues of retention rates and post-housing outcomes merit further investigation in a follow-on study. *Findings about post-housing costs presented in this section should be taken with the caveat that uncertainties about the current location and circumstances of housing leavers may well have resulted in inclusion of cases for which data about actual costs was unavailable to this study. As a result, the average monthly cost for persons who left housing presented in this section may underestimate actual costs.*

Summary

Cost data for supportive housing residents shows that cost reductions increase as individuals extend their stay in housing. For the first 4 quarters in residency, median monthly public costs are between \$400 and \$500. Thereafter, median monthly costs largely stay below \$300.

An examination of former supportive housing residents shows that large shares of residents who exit housing depart earlier rather than later in their tenancy. Over 40 percent of residents who depart from housing leave before reaching the one-year mark. Further examination of housing leavers shows that a majority of all departures reflect undesirable outcomes in individuals' lives. This includes simply disappearing, incarceration, nonpayment of rent, and lease violations.

Supportive housing residents living in buildings with higher levels of primary medical care and psychiatric services and a lower ratio of residents to case managers had public costs that were \$260 a month, or 35 percent, less than their matched-pair counterparts in buildings with lower levels of supportive services. Higher levels of supportive services may well pay for themselves through improved tenant outcomes.

Increases in public costs after residents leaving housing are largely borne by health service agencies and incarceration facilities.

Retention efforts should be targeted on high-risk populations that are likely to depart early from housing. The retention of formerly homeless persons in supportive housing is a key factor for ensuring that individuals receive the type of care that meets their needs, as well as for minimizing public costs.

General Relief Emergency Housing Voucher Recipients

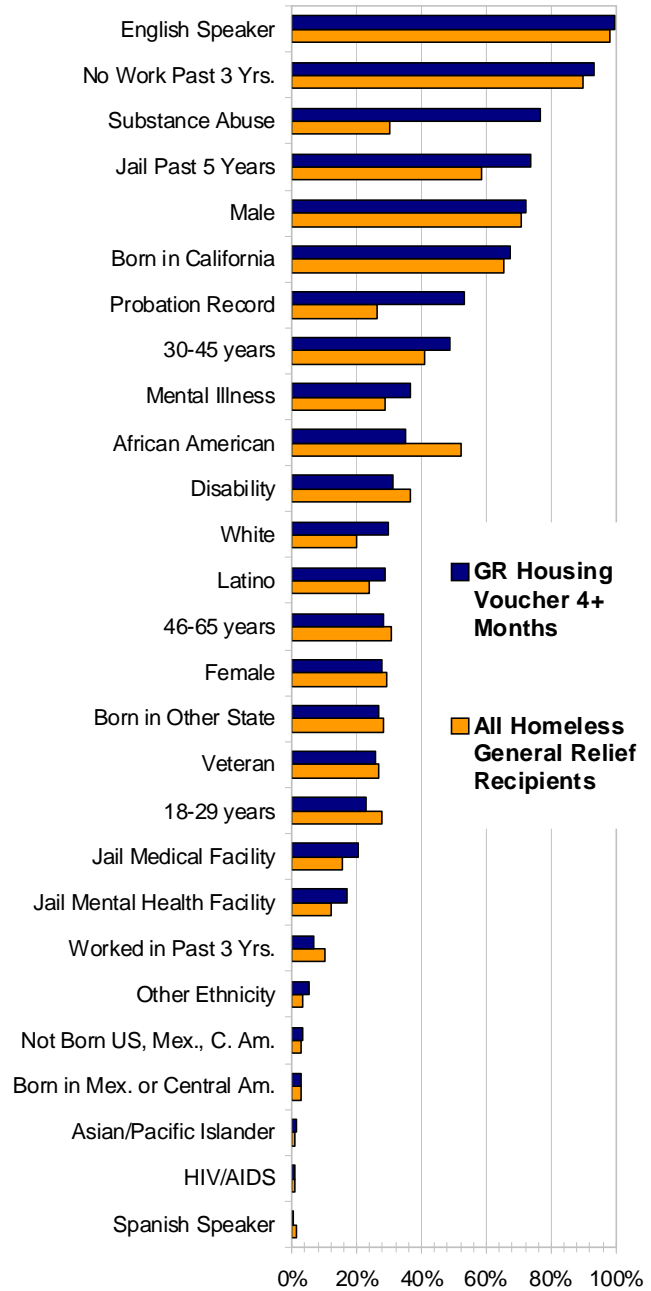
The study population of homeless General Relief recipients includes 3,372 people who received emergency housing vouchers, 855 of whom received the vouchers for four or more months. This population of longer-term emergency housing voucher recipients received the vouchers for an average of six months. Many of these voucher recipients appear to have been beneficiaries of a predecessor program to Los Angeles County’s “Just In-Reach” program that was initiated as part of the Homeless Prevention Initiative.⁸⁶ The outcomes of these voucher recipients offer a window into the impact of minimal housing services on the public cost for homeless individuals with comparatively severe problems.

Emergency housing vouchers are available for applicants of General Relief (GR) who declare that they are homeless and appear to be eligible for GR benefits. The vouchers can be used at vendor hotels that have agreements with the county, including Weingart Center, SRO Housing Corporation’s Russ Hotel and several vendor motels in the county. The vouchers provided for this study population had an average value of \$260 a month. Voucher recipients had \$4.53 deducted from their \$221 monthly General Relief (GR) benefits for every day they received a voucher.

Profile of Housing Voucher Recipients

Those receiving emergency housing vouchers for 4 or more months were heavily skewed toward men with justice system histories and substance abuse problems, and included more with mental health problems and fewer African American than the over-

Figure 19
Profile of Recipients of GR Housing Voucher for 4+ Months and All Homeless General Relief Recipients



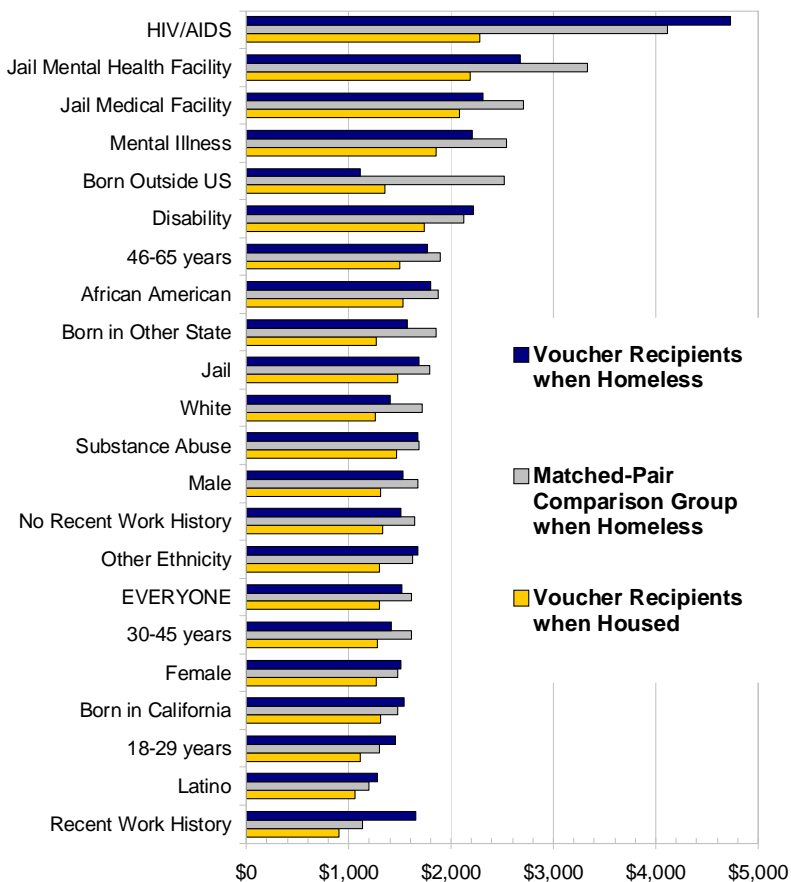
Source: 9,186 homeless General Relief recipients in Los Angeles County

all population of homeless GR recipients, as shown in Figure 19.⁸⁷

- 77 percent had documented substance abuse problems vs. 30 percent for all homeless GR recipients
- 74 percent had been in jail in the past 5 years vs. 59 percent for all homeless GR recipients
- 53 percent had Probation records vs. 26 for all homeless GR recipients
- 37 percent had documented mental illness problems vs. 29 percent for all homeless GR recipients
- 35 percent were African American compared to 52 percent for all homeless GR recipients

In summary, many individuals in this population had significant problems that were likely to create above-average public costs.

Figure 20
Monthly Costs When Homeless vs. When Not Homeless



Source: 9,186 homeless General Relief recipients in Los Angeles County, including 855 receiving General Relief emergency housing vouchers for 4+ months and the matched-pair comparison group for voucher recipients

Costs When Housed and Homeless

The assistance provided to these GR voucher recipients included short-term basic housing and for some, short-term case management in developing post-jail transition plans. The cost of services received by different segments of this population when housed and homeless, as well as by the matched-pair comparison group when homeless,⁸⁸ can be seen broken out by single variables in Tables A6-A8 of the Data Appendix, and is shown in Figure 20.⁸⁹ A six-variable breakout of costs when homeless vs. the matched-pair comparison group when housed is provided in Data Appendix Table A9. Outcomes from this program are valuable for understanding the effectiveness of a low-cost housing program for different subgroups of homeless individuals.

While in voucher housing, this subgroup of GR recipients had average monthly costs of \$1,302, which was 79 percent more than the typical cost of \$728 for the total population of General Relief recipients in months when housed rather than homeless (Data Appendix Table

A3). These above-average costs likely reflect the greater prevalence of problems such as addiction and criminal histories in this group.

In the months when they were homeless, this group had average monthly costs of \$1,524. Their matched-pair comparison group, a more reliable benchmark,⁹⁰ had average monthly costs of \$1,615 in months when homeless. The average monthly *cost savings* for this group when they were in voucher housing compared to months when they were homeless was \$222, when compared to costs for the matched-pair comparison group in months when they were homeless the savings was \$313. These savings roughly offset the cost of the housing vouchers provided to these individuals.

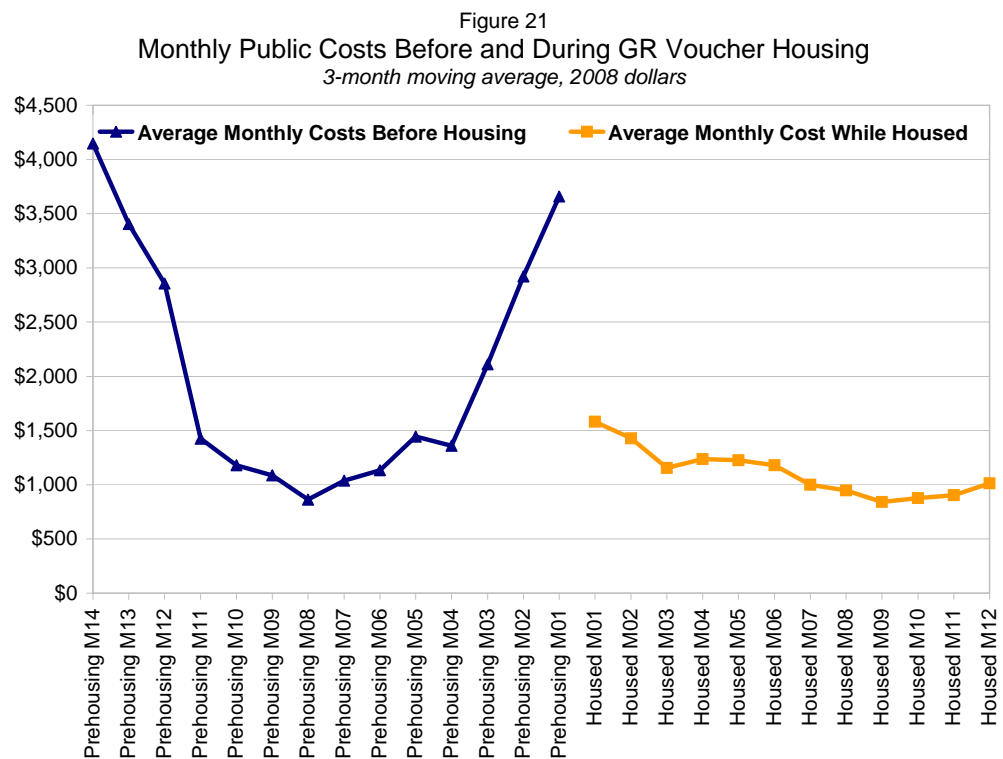
When we look at where the GR voucher recipient group fell within the cost deciles for the entire population of homeless GR recipients, we see that they were heavily skewed toward the high cost end of the spectrum. Only 11 percent of these individuals were in the lowest cost half of the decile range and 89 percent were in the most expensive half of the range.⁹¹ Higher costs, of course, are concomitant to more severe problems.

Subgroups of GR voucher recipients with cost savings that exceeded the average \$260 monthly cost of emergency housing vouchers, that is, whose cost while in housing was at least \$260 less than the cost of their matched-pair comparison group when homeless, included:

- *HIV/AIDS* - monthly saving of \$1,828, or 44 percent
- *Mental Illness* - \$688, or monthly saving of 27 percent
- *History in jail medical or mental health facility* - monthly saving of \$657, or 25 percent
- *No recent work history* - monthly saving of \$317, or 19 percent

Monthly Cost Trends when Homeless and Housed

A month-by-month breakout of public costs for the GR voucher housing group covering 14 months before they were housed and 12 months during the time they were housed suggests cycles of pre-housing crises, followed by steadily



Source: 855 homeless General Relief recipients in LA County that received General Relief emergency housing vouchers for 4+ months

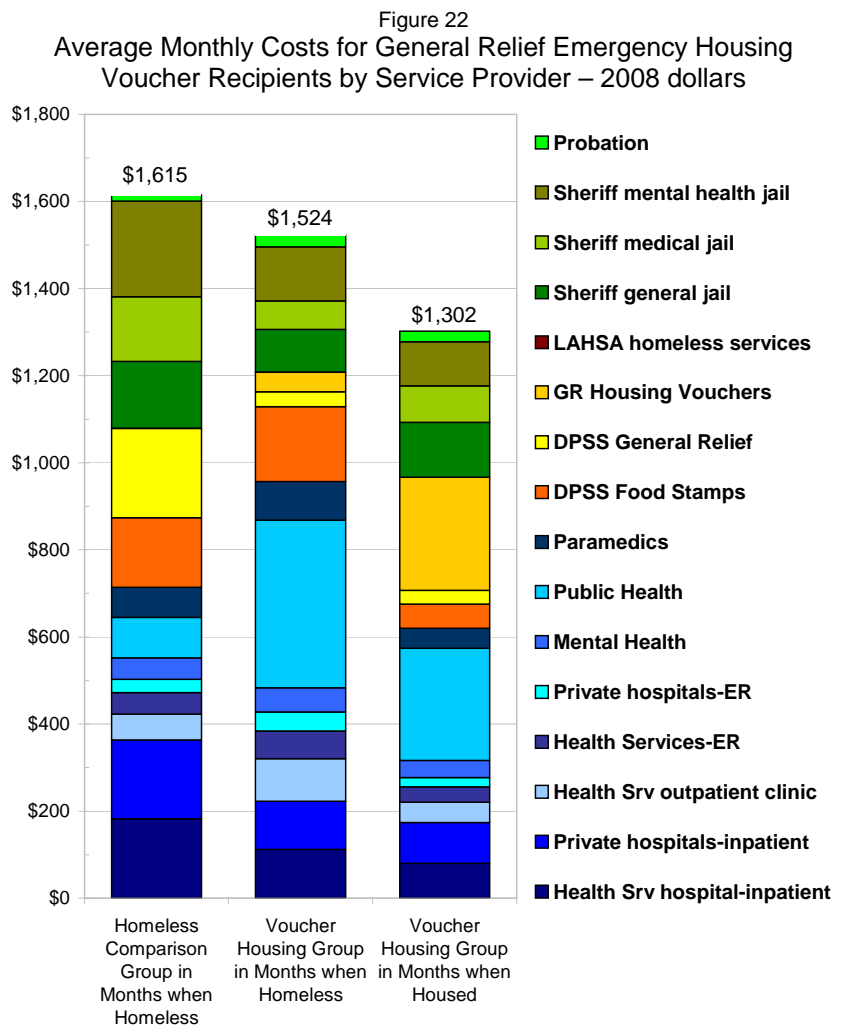
declining costs while housed (Figure 21).⁹² The month just prior to entering housing and the first month in housing provide reliable cost data because these months have large samples of records with cost information,⁹³ however there are unexpected patterns in this cost data.

- There was a three-month build-up in costs prior to entering voucher housing, during which time costs increase 169 percent. One possible explanation is that major changes in the lives of homeless persons, such as seeking housing and services, are often demarcated by crises in which service utilization and public costs increase.
- During the first month in housing, public costs decreased 57 percent from the preceding month. Some or all of this decrease may be attributable to the stabilizing effect of being housed.
- There was an earlier spike in public costs 12 to 14 months prior to entering housing. This data is supported by a comparatively small number of records but may suggest *cycles* of crises in the lives of this population, many of whom were chronically homeless, intermittently incarcerated addicts.

This data raises the possibility that there are cycles of crisis associated with elevated public costs that precede entry into housing, underscoring the value of using matched pairs identified through propensity scores to create cost comparison groups. The homeless half of the matched pairs will also have cycles of crises, but these cycles and the accompanying elevated cost will be randomly distributed rather than possibly linked sequentially to entry into housing.

Public Agencies Bearing the Costs of Homeless Voucher Recipients

Costs in months when homeless, both for the GR voucher group and their matched-pair comparison group, along with costs during months in voucher housing are shown in Figure



Source: 855 homeless General Relief recipients with emergency housing vouchers for 4+ months and their matched-pair comparison group

22.⁹⁴ The two measures of costs when homeless are mutually validating, with monthly costs when homeless for the voucher group coming within 6 percent of costs for their matched-pair homeless comparison group.

Costs shown in Figure 22 are color coded into three broad categories – blue for health costs, orange-yellow for public assistance costs, and green for justice system costs. Costs in all three categories went down when housed but the distribution of costs when homeless, as shown by the matched-pair comparison group, was similar to the distribution when housed.

- Total costs for health services went down 13 percent when housed; health services as a share of total costs shifted from 44 percent when homeless to 48 percent when housed.
- Total costs for public assistance went down 5 percent when housed; public assistance as a share of total costs shifted from 23 percent when homeless to 27 percent when housed.
- Total justice system costs went down 37 percent when housed; justice system costs as a share of total costs shifted from 33 percent when homeless to 26 percent when housed.

The modest, short-term investment in housing by the GR voucher program provided modest saving in public costs.

Cost Savings from GR Emergency Housing Vouchers Compared to Savings from Supportive Housing for Specific Homeless Subgroups

One of the difficulties of comparing the amount of cost saving in one program to savings in another program is that one group is likely to have more disabilities than the other group, making the groups and the resulting savings uncomparable. To address this problem we

Table 5
Comparison of Average Monthly Cost Change for Similar Individuals Living in General Relief Voucher Housing and Supportive Housing

Characteristics				GR Housing-Voucher Recipients and Matched-Pair Comparison Group					Supportive Housing Residents and Matched-Pair Comparison Group				
				Homeless GR Recipients in Matched Pairs with Voucher Recipients		GR Housing Voucher Recipients for 4+ Months		Average Monthly Cost Change when in Voucher Housing	Homeless GR Recipients in Matched Pairs with Supportive Housing Residents		Supportive Housing Residents		Average Monthly Cost Change when in Supportive Housing
Gender	Age Group	Worked in Past 3 Years	Disability Status	Number in Homeless Comparison Group	Average Monthly Cost for Homeless Comparison Group	Number in GR Voucher Housing Group	Average Monthly Cost while in GR Voucher Housing	GR Voucher Housing Compared to Homeless Comparison Group	Number in Homeless Comparison Group	Average Monthly Cost for Homeless Comparison Group	Number in Supportive Housing Group	Average Monthly Cost while in Supportive Housing	Supportive Housing Compared to Homeless Comparison Group
Female	46-65	No	Disabled	34	\$2,044	30	\$2,835	\$791 39%	30	\$2,758	48	\$603	-\$2,155 -78%
Male	30-45	No	Disabled	83	\$2,039	75	\$1,713	-\$325 -16%	66	\$3,040	27	\$783	-\$2,258 -74%
Male	46-65	No	Disabled	63	\$2,353	70	\$1,467	-\$886 -38%	58	\$4,123	111	\$710	-\$3,414 -83%
AVERAGE					\$2,145		\$2,005	-\$140 -5%		\$3,307		\$699	-\$2,609 -78%

Sources: Subgroups within 855 General Relief Housing Voucher recipients and their matched-pair homeless General Relief recipients, and within 279 supportive housing residents and their matched-pair homeless General Relief recipients

identified three subgroups defined by gender, age, work history, and disability status that each had enough records in the GR voucher program, the SRHT supportive housing program, and the matched-pair comparison groups for each program to produce reliable cost savings data. The cost data for this cross-program comparison is shown in Table 5.

Even though there appear to be differences in the groups being compared (the SRHT residents are more likely to be mentally ill and therefore have higher public costs when homeless), these somewhat similar subgroups enable us to move closer to an apples-to-apples comparison. What we see is that the three GR housing voucher subgroups had average cost savings of 5 percent (the subgroup of older females had higher rather than lower costs while in voucher housing, substantially eroding overall savings for the three subgroups), whereas the same three subgroups in supportive housing had average cost savings of 78 percent. Savings for each subgroup were as follows:

- Females 40 to 65 years of age that have not worked in the past three years and are disabled: 39 percent cost increase while in voucher housing⁹⁵ vs. 78 percent cost savings while in supportive housing
- Males 30 to 45 years of age that have not worked in the past three years and are disabled: 16 percent cost savings while in voucher housing vs. 74 percent savings while in supportive housing
- Males 46 to 55 years of age that have not worked in the past three years and are disabled: 38 percent cost savings while in voucher housing vs. 83 percent savings while in supportive housing

To the extent that we are able to isolate comparable subgroups and make cross-program comparisons of cost savings for these three subgroups of high-need, high-cost homeless individuals, the combination of supportive services and permanent housing that is provided by supportive housing yielded far greater savings than the minimal assistance of temporary housing provided by the voucher program. The level of assistance provided by supportive housing appears to have been a much more effective strategy for high-need homeless individuals, with the result that three-quarters of the public costs for their homeless counterparts were eliminated, whereas the voucher housing recipients saw only one-twentieth of the public costs for their homeless counterparts eliminated.

New General Relief Housing Subsidy and Case Management Project

Los Angeles County's Jail In-Reach pilot program has been modified to provide a monthly rental subsidy of up to \$300 to be used in combination with \$136 from GR grants (or \$115 for shared housing situations) to pay for housing. Move-in assistance funds and access to supportive services for mental health and substance abuse issues are also provided. The program serves 900 chronically homeless GR recipients and individuals eligible for SSI benefits at any point in time on a first come, first served basis.⁹⁶ This modified program with larger housing subsidies is called the General Relief Housing Subsidy and Case Management Project.

The county has used cost savings figures from the 2002 New York study by Culhane, Metraux and Hadley to extrapolate the cost savings that are likely to be generated by this redesigned program.⁹⁷ Projected first-year savings are:

- Mental health and public health 15 to 25 percent

- Health services 10 to 12 percent
- Incarceration 20 to 30 percent

Taking into account the differing sizes of the underlying outlays in these different service areas, in aggregate, the projected cost savings represent about one-fifth of total public costs without this intervention. This is consistent with the level of savings shown by this study to be associated with the Jail In-Reach program and appears to be a realistic projection of savings that can be expected to result from the General Relief Housing Subsidy and Case Management Project.

Summary

Shallow, short-term housing subsidies for chronically homeless, intermittently incarcerated addicts produce cost savings that offset the cost of the subsidies. However, these cost savings, which are typically one-fifth of the public costs in months when this population is homeless, are far smaller than the four-fifths savings achieved through larger subsidies provided for supportive housing residents in the form of permanent housing and case management.

The two measures of homeless costs provided by the GR voucher group and their matched-pair comparison in months when each was homeless are mutually validating. Costs for the voucher group were within 6 percent of costs for the matched-pair comparison group. Cost benchmarks provided by matched-pair comparison groups are probably the most reliable, but because of their similarity, both appear credible.

A cross-program comparison of cost savings for three high-need, high-cost subgroups that are represented both in the GR housing voucher program and the SRHT supportive housing program show average cost savings of 5 percent for the three subgroups when in GR voucher housing and average savings of 78 percent when in supportive housing. The savings for these high-need groups resulting from supportive housing appear to be several orders of magnitude greater than savings resulting from the much lower investment provided by GR housing vouchers.

There may well be cyclical variation in public costs for homeless residents associated with fluctuations in the severity of mental illness, jail recidivism and relapse into addiction. It may be the case that there are cost spikes at crisis or transition points in the lives of homeless individuals. Better information about movement into and out of homelessness, and into and out of public caseloads is needed to support more effective interventions for reducing costs and improving life prospects for homeless residents.

Conclusions and Recommendations

Bottom Line

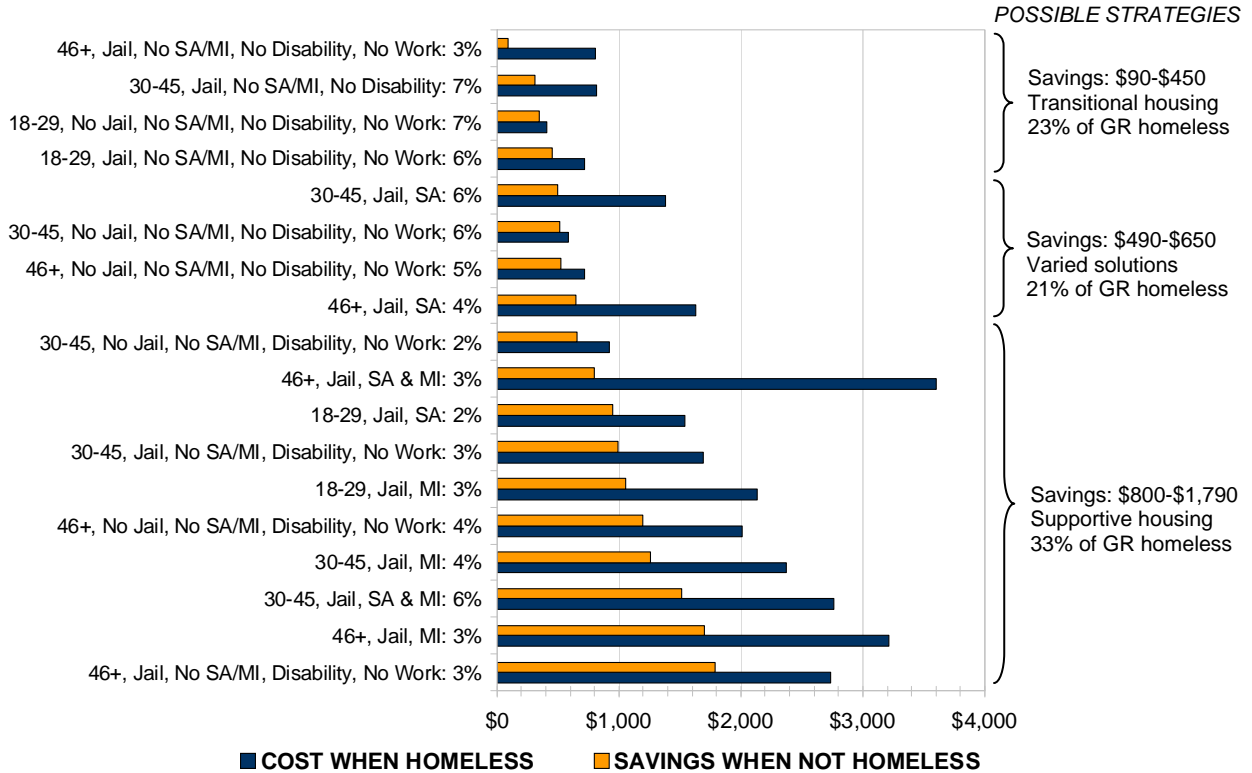
Eight different cost comparisons carried out in this study show consistent findings that public costs are reduced when homeless individuals are housed, and that these cost savings vary both by type of housing and type of individual (Table 6). There are six bottom line findings from this study of public costs when individuals are homeless compared to when they are housed:

1. Public costs go down when individuals are no longer homeless.
 - a. 79 percent for disabled, chronically homeless individuals that move into supportive housing.
 - b. 50 percent for the entire population of homeless General Relief recipients when individuals move temporarily or permanently out of homelessness (we have very little information about these non-homeless intervals).
 - c. 19 percent for individuals with jail histories and substance abuse problems who received short-term General Relief emergency housing vouchers for four or more months (compared to costs of their matched-pair homeless comparison group).
2. Public costs for homeless individuals vary widely depending on their attributes. Young single adults 18 to 29 years of age with no jail history, no substance abuse problems or mental illness, who are not disabled cost an average of \$406 a month. Older single adults 46 or more years of age with co-occurrent substance abuse and mental illness, and no recent employment history cost an average of \$5,038 a month (Table A11). A range of solutions is required to meet the needs of different groups in the homeless population.
3. Public costs increase as homeless individuals grow older. There is a strong case for intervening early rather than deferring substantive help until problems become acute.
4. Most savings in public costs come from reductions in health care outlays – 69 percent of the savings for supportive housing residents are in reduced costs for hospitals, emergency rooms, clinics, mental health, and public health.
5. Higher levels of service for high-need individuals result in higher cost savings, as shown by the much higher savings from supportive housing compared to voucher housing, and by the higher saving for residents in the service-rich St. George and Rainbow buildings compared to comparable residents in other supportive housing.
6. One of the challenges in addressing homelessness is housing retention – keeping individuals who may well be socially isolated, mentally ill and addicted from abandoning housing that has been provided for them.

Table 6
Overview of Eight Cost Comparisons in Study

Study Group	Comparison Group(s)	Description of Comparison	Average Monthly Cost Change for Study Group <i>2008 Dollars</i>
Supportive housing residents in housing for 12 or more months (<i>n</i> = 279)	Comparable General Relief recipients matched based on propensity scores, in months when homeless (<i>n</i> = 279)	Average monthly cost while in supportive housing compared to costs of similar General Relief recipients matched based on propensity scores in months when homeless, with breakouts for subgroups as supported by sample size	-\$2,291 -79%
Skid Row Collaborative participants (<i>n</i> = 54)	Comparable General Relief recipients matched based on propensity scores, in months when homeless (<i>n</i> = 54)	Average monthly cost while in supportive housing compared to costs of matched-pair General Relief recipients in months when homeless	-\$2,097 -83%
Project 50 comparison group of supportive housing residents matched based on propensity scores (<i>n</i> = 43)	Project 50 participants – homeless costs in months before entering supportive housing (<i>n</i> = 43)	Comparison of pre-housing costs for Project 50 participants (i.e., average monthly costs covering months when they were homeless) with housed costs for similar residents in supportive housing identified through propensity score matches	-\$1,571 -69%
General Relief recipients in months when <i>not</i> homeless (<i>n</i> = 9,186)	General Relief recipients in months when homeless (<i>n</i> = 9,186)	Average monthly cost in months when homeless compared to costs for the same individuals in months when not homeless. Cost breakouts for detailed subgroups	-\$719 -64%
General Relief emergency housing voucher recipients in months when housed – most with jail histories and substance abuse problems (<i>n</i> = 855)	1) Same individuals in months when homeless (<i>n</i> = 855) 2) Comparable General Relief recipients matched based on propensity scores, in months when homeless (<i>n</i> = 820)	Average monthly cost while in voucher housing compared to: 1) cost for same persons in months when homeless, and 2) cost of similar General Relief recipients matched based on propensity scores in months when homeless	<i>Compared to same persons in months when homeless</i> -\$222 -15% <i>Compared to matched-pairs</i> -\$313 -19%
Three subgroups of supportive housing residents with multiple vulnerabilities – see Table 5 (<i>n</i> = 186)	Three subgroups of General Relief housing voucher recipients with the same gender, age, work history, and disability status as the supportive housing residents – see Table 5 (<i>n</i> = 175)	Each of the three <i>supportive housing</i> subgroups are compared to General Relief recipients matched based on propensity scores, in months when homeless; Each of the three similar <i>voucher housing</i> subgroups are compared to separate sets of General Relief recipients matched based on propensity scores, in months when homeless The cost differences between the three groups of <i>supportive housing</i> residents and their corresponding sets of homeless matched pairs are compared to the cost differences between the three similar <i>voucher housing</i> groups and their corresponding sets of homeless matched pairs	<i>Average change for supportive housing</i> -\$2,609 -78% <i>Average change for voucher housing</i> -\$140 -5%
Supportive housing residents in service-rich buildings (<i>n</i> = 65)	Comparable supportive housing residents in buildings with fewer services – matched based on propensity scores (<i>n</i> = 65)	Average monthly cost in two service-rich supportive housing buildings compared to costs of similar supportive housing residents in other buildings matched based on propensity scores	-\$260 -35%
Individuals that left supportive housing after being housed 12+ months (<i>n</i> = 238)	Comparable supportive housing residents matched based on propensity scores, in months when residing in supportive housing (<i>n</i> = 238)	Average monthly cost of matched-pair comparison group in supportive housing compared to: 1) average cost in all months after leaving housing, and 2) estimated average monthly cost in months when homeless	<i>All months</i> +\$246 +50% <i>Homeless months</i> +\$508 +104%

Figure 23
 Average Monthly Costs and Savings for Homeless Single Adults Broken Out by Age, Jail History in Past 5 Years, Substance Abuse and/or Mental Illness, Disability, and Employment in Past 3 Years
Percents are the share of homeless General Relief recipients in each group



MI = Mental Illness; SA = Substance Abuse; Jail = Jail in Past 5 Years; Work = Earned Income in Past 3 Years
 Source: 9,186 homeless General Relief recipients; percent shown for each group is that group's share of all homeless General Relief recipients; graph shows 77 percent of the homeless GR population

Link Housing Strategies to Cost Savings

The cost map for single homeless adults developed through this study can help in planning cost effective housing strategies for this population. Some of the attributes that can be used to analyze costs and develop housing strategies are shown below in Figure 23, with full supporting data in Tables A10-A11 in the Data Appendix. The five factors used to develop the three-tier housing scheme shown in Figure 23 are age, jail history, substance abuse and/or mental illness, disability status, and employment history.

Three cost-savings cluster are shown in Figure 23. These clusters identify some straightforward opportunities as well as some complexities in developing housing strategies based on cost savings. The three clusters represent over three-quarters of homeless single adults.

Low Savings, Low Public Costs

The first cluster of individuals with lower levels of cost savings – \$450 or less per month when not homeless – includes nearly a quarter of homeless single adults. These individuals are

candidates for transitional housing provided by emergency shelters or General Relief housing vouchers. Most of these individuals have comparatively few problems – no substance abuse, no mental illness, no disability. Most have not worked in the past three years and most have spent time in jail in the past five years. *It is very important to reconnect employable individuals in this population, particularly younger individuals, with the labor market.*⁹⁸ These individuals are not candidates for SSI, so their primary opportunity for a sustaining income is through employment.

Moderate Savings, Moderate to High Public Costs

The second cluster of individuals with moderate cost savings – \$500 to \$650 per month when not homeless – includes roughly a fifth of homeless single adults. None of the groups in this cluster shows evidence of having disabilities that would qualify them for SSI. This cluster breaks into two cohorts with similar age ranges but different characteristics:

- The two groups with jail history in the past 5 years, no substance abuse or mental illness problems, no disabilities, and no employment history in the past 3 years – people 30 to 45 years of age and 46 or more years of age – have modest public costs that go down 82 percent when they are not known to be homeless. These individuals appear to have comparatively stable life styles but limited earning capacity. They are candidates for affordable housing.
- The two groups with jail histories and substance abuse problems – people 30 to 45 years of age and 46 or more years of age – have high public costs that go down only 37 percent when they are not known to be homeless. Many individuals in these two groups are difficult to connect with stable life styles, ongoing sources of income and permanent housing. The high public costs they incur when homeless – roughly \$1,500 a month – suggest that targeted drug rehabilitation and/or probation programs may be cost-effective supplements to housing programs.

Disabilities plus Medium to High Savings and Medium to High Public Costs

The third cluster of individuals with moderate to high cost savings – \$800 to \$1,790 per month when not homeless – includes a third of homeless single adults. All have cost savings when not homeless that are sufficient to offset the operating costs and rent subsidies for supportive housing. The average cost savings for these groups when they find respite from homelessness is 54 percent. Supportive housing has been shown to produce higher rates of cost saving for these groups, so actual savings are likely to be greater when supportive housing is provided. All but one of the groups in this cluster have disabilities, either physical disabilities or mental illness that might qualify them for SSI. The two-part strategy for this cluster is:

- Intensive efforts to qualify individuals for SSI
- Referral to supportive housing providers

The remaining 23 percent of homeless single adults not shown in Figure 23 fall into smaller groups. The principles for assessing cost saving prospects and service needs, and making appropriate housing and service referrals are the same as for the three major clusters. First, build on strengths, including youth, work history, good health, and (not in the study data

set) education and family supports. Second, realistically assess limitations: age, disconnection from work, health problems, disabilities, mental illness, substance abuse, incarceration history, educational limitations, and absence of family supports.

Strengthen Government-Housing Partnerships and Leverage Resources

Public agencies and housing providers that serve homeless individuals have important shared interests. This network of organizations and the homeless people they serve will benefit from closer collaboration. Recent progress in strengthening collaboration for addressing homelessness in Los Angeles has been documented by Martha Burt.⁹⁹ An important caveat, however, is that this collaboration may take forms other than transferring public cost savings to help pay for more housing. Public agencies, particularly health care providers, are able to avoid cost they otherwise would incur when disabled homeless individuals receive permanent housing and supportive services. However, *it is difficult to convert these savings into fungible cash that can be reallocated to underwrite supportive housing. This is because the demand for these agencies' services often exceeds the number of people they are able to serve. The homeless person who is not served may simply open up a hospital bed or a jail cell for the next person in line for these services.*

The reason for public agencies to collaborate is their need to find housing for their clients that will reduce public costs and improve the quality of life for those clients. The reason for housing provider to collaborate is their need for public agencies to provide a wide array of on-site services for their residents as well as to refer screened and appropriate clients.

Public agency support is needed by housing providers to furnish services that will help residents achieve stability, address problems in their lives and remain in housing. These services include:

- On-site mental health services.
- On-site drug and alcohol rehabilitation services.
- On-site primary health care with access to specialty care.
- Expanded and more effective efforts to qualify disabled homeless adults for SSI
 - Current tenants who are already residing in housing, have disabilities, but are receiving only General Relief .
 - New referrals for housing of clients who have already been qualified for SSI.
- Advocacy of state efforts to add a waiver to the State Medicaid Plan to enable federal funding of Medi-Cal reimbursement for case management, transportation, vocational services, outreach and engagement strategies, and linkage to permanent housing for Medi-Cal eligible homeless persons.¹⁰⁰ These reimbursements will make it possible to provide much needed services for SSI-eligible residents in supportive housing.

Improve Retention Rates for Individuals in Supportive Housing

Many homeless individuals who receive supportive housing make decisions, or are propelled by life events, to abandon the safe harbor provided by their housing. Often the reasons for their departure are unfavorable – incarceration, serious lease violations, nonpayment

of rent, or simply disappearing. These individuals are likely to create much higher public costs and have diminished life quality after leaving housing.

Supportive housing organizations need to be able to provide higher levels of on-site services to improve retention rates. It would help to modify HUD regulations to allow tenant mobility among supportive housing buildings.¹⁰¹ Individuals with above-average risks of leaving housing as well as their service needs can be identified. Needs that should be addressed through active, on-site collaboration from public agencies in delivering services and through broader coverage of supportive services for SSI-eligible residents through Medi-Cal reform include:

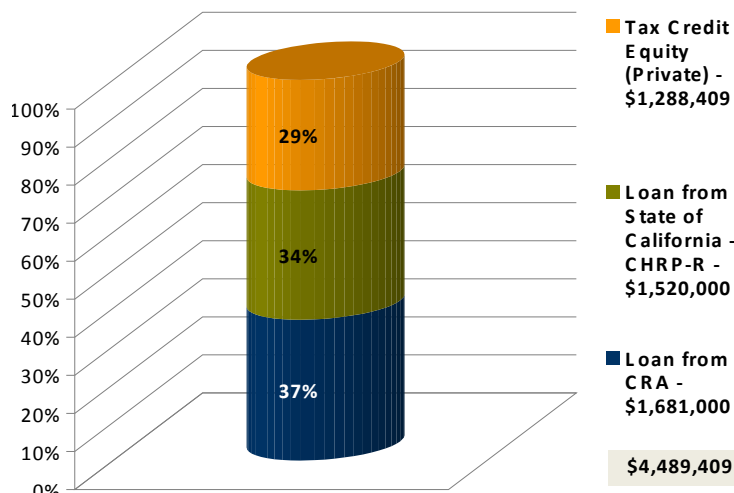
- Providing tenants who are at high risk of leaving housing with services targeted to their needs. These high-risk groups include:
 - Residents with co-occurrent mental health and substance abuse problems
 - Residents who have been incarcerated
 - Young adults
- Providing mental health, substance abuse services and primary health care on-site at each building
- Lowering the ratio of case managers to residents
- Providing more training for case managers to raise skill and knowledge levels

Increase the Supply of Supportive Housing

Los Angeles County has far less supportive housing than is needed to shelter its disabled homeless population. This housing inventory can be expanded in three ways.

1. *New construction* is very capital intensive but often necessary in order to have residential facilities with enough office and meeting space to provide high levels of on-site services. It will be necessary to continue building these service-intensive residential facilities to house the most vulnerable homeless individuals.
2. *Master leases* provide a pay-as-you go method for obtaining blocks of housing units or housing complexes. This is a highly advantageous strategy for locking in housing prices when they are most affordable, as they are now in the current recession. To the extent that public cost savings can actually be made fungible or housing funds for groups such as General Relief recipients are available, this is an advantageous time to negotiate long-term leases. Some facilities available for lease may also have office and meeting space for on-site services. Other facilities may

Figure 24
Las Americas Hotel
Placed in service in 1992, 61 Units (42 Subsidized)



Source: Skid Row Housing Trust

simply provide a centralized point of contact for low-intensity case management services.

3. *Scattered site and clustered apartments* that accept housing vouchers or long-term leases can be used to house the significant segment of homeless residents that simply need affordable housing.

New Construction

When we look at how LA’s skilled cadre of nonprofit housing developers assemble financing packages to pay for building housing for homeless residents we are likely to see a combination of funding sources similar to what is shown in Figures 24-26, which show the permanent funding sources for three buildings constructed by the Skid Row Housing Trust from the early 1990s through 2004. The mix of funds changed among the projects, what did not change was that the funds were in short supply.

A single unit of newly constructed supportive housing typically costs \$260,000 to \$280,000 to develop. This includes the costs of land, construction, and development services. Most of these funds are committed when the facility is built rather than paid for through long-term mortgages, as is the case with much market-rate housing. Most of the funds for developing homeless housing do not originate from local government or local organizations. Major funding sources and their constraints are as follows:

- *Tax Credits* – A significant share of the funding is likely to be obtained by syndicating tax credits and depreciation for the housing and selling it in the commercial market. The federal government has an annual cap on these financial instruments, and divides this allocation among states. In California the Tax Credit Allocation Committee (TCAC) decides on how to allocate this resource among housing projects. These funds

Figure 25
The Boyd Hotel
Placed in service in 1996, 61 Units (47 Subsidized)

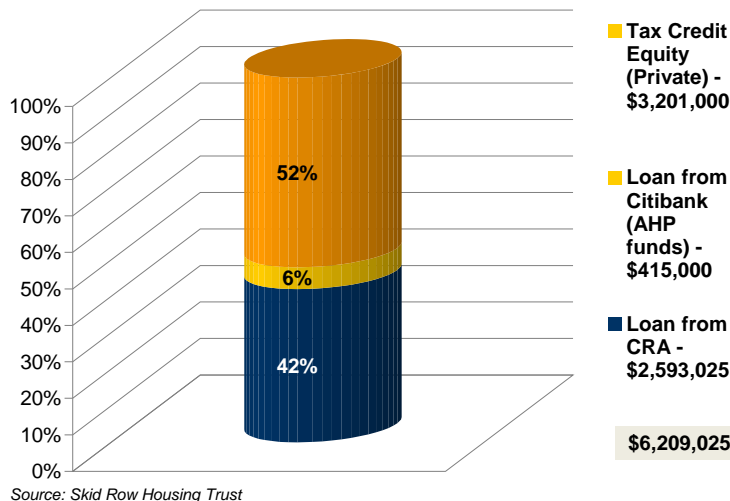
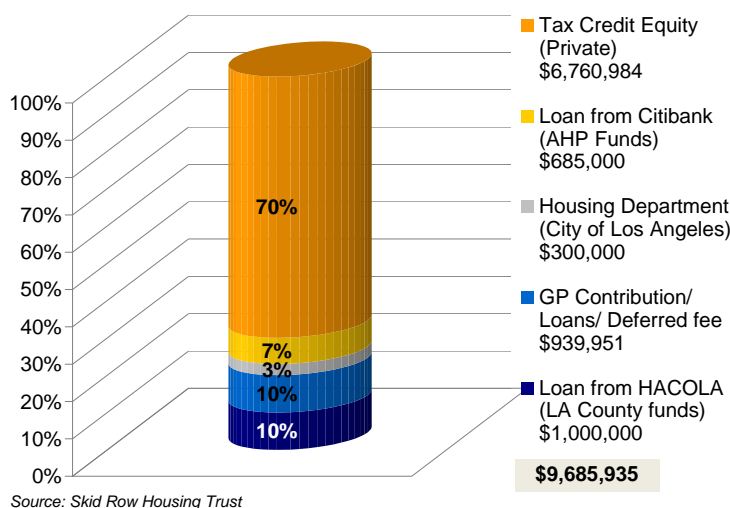


Figure 26
The St. George Hotel
Placed in service in 2004, 88 Units (86 Subsidized)



can be increased by raising the federal cap or by increasing the share that the State of California allocates to homeless housing.

- *State HCD* – A significant share of the funding may come from the California Department of Housing and Community Development. The funds are allocated through a competitive application process, with applications exceeding available funds.
- *CRA Tax Increment* – Tax increment funds that community redevelopment agencies set aside for affordable housing are an important funding source. State law requires that 20 percent of tax increment receipts from redevelopment projects be set aside for affordable housing; Los Angeles sets aside 25 percent. The amount of these funds that is available for homeless housing can be increased if more cities use their “housing set aside” for homeless housing.
- *HUD Grants* – Funds that cities and counties receive from the federal Department of Housing and Urban Development (HUD) in the form of Community Development Block Grants (CDBG) and Home Investments Partnership (HOME) grants often make up a piece of the financing. The amount of these funds available for homeless housing can be increased if more cities allocate them for such projects, or if the federal government increases the level of funding for these grants.
- *HUD Homeless Funds* – A small portion of the funding may come from three HUD programs that are often referred to as HUD McKinney funding or Targeted Homeless Assistance Programs. These funds can be increased through increased federal allocations.
- *Bank AHP Funds* – The Affordable Housing Program (AHP) administered by the Federal Home Loan Bank (FHLB) may provide a portion of the funding. These funds come as a loan that converts to a grant in 15 years.
- *Tenant Rent* – Rent from tenants may provide a revenue stream that repays a commercial loan for 5 to 10 percent of the project cost. The amount of these funds can be increased if homeless tenants have higher incomes from working or receiving SSI benefits.

In summary, even though the federal government provides most of the funding used to build homeless housing, local government still has significant discretion in deciding whether or not to use available grant programs for these projects. Local governmental jurisdictions in Los Angeles County receive a total of \$220 million each year from HUD (through Community Development Block Grants, HUD Home Investments Partnership or “HOME” grants, and Housing Opportunities for Persons with HIV/AIDS or “HOPWA” grants) that can be used to build homeless housing, along with meeting other community development, housing and social service needs. At this time only a handful of cities in the county (with Los Angeles prominent among them) are using any of their HUD block grant funds or housing funds generated by redevelopment projects to build housing for their homeless residents. To increase the supply of housing for LA’s homeless residents it is essential that:

1. All cities participate actively and equitably in allocating local revenues such as tax increment funds from redevelopment areas for homeless housing.
2. All cities participate actively and equitably in ensuring that all new housing developments include affordable housing.

3. All cities make increasing use of block grant funds and state and federal financing tools for developing affordable housing.
4. State and federal agencies increase the level of financing that is available to local government and nonprofit developers to build homeless housing.
5. New dedicated funding sources are created to augment limited existing development funding.

Produce Information for Developing Comprehensive Strategies and Improving Outcomes

Los Angeles needs to get its arms around its homeless population – by getting enough information to understand who they are and what they require, and by acting on that information to provide shelter. Information that will have direct importance for effective housing strategies includes:

- A clearer understanding of the *size and composition* of the homeless population.
- *Cycles in and out of homelessness* – where do people go, how do they cope, how are public costs impacted?
- *Duration of homelessness* – what is the breakout of the homeless population in terms of the length of time people are homeless?
- Homeless *families* – how many families are homeless? What are their characteristics? What impact do they have on different human service systems? How long are they homeless? Do they have multiple cycles of homeless? How are children affected?
- Spanish-speaking and *immigrant homeless* individuals – what services do they draw on? How long are they homeless? What are their characteristics? What are their paths into and out of homelessness?
- *Housing leavers* – where do they go, what are their costs?

Summary

The cost map for single homeless adults developed through this study can guide cost effective housing strategies. Three clusters that account for three-quarters of homeless single adults are:

1. *Individuals with low public costs and comparatively few problems who need transitional housing. It is very important to reconnect employable individuals in this population, particularly younger individuals, with the labor market.*
2. *Individuals with moderate to high public costs, some of whom simply need affordable housing. Others have jail histories and substance abuse problems, but no disabilities, and require services that are more intensive.*
3. *The third cluster, with moderate to high public costs and disabilities make up a third of this population and are candidates for supportive housing.*

It is important to expand the role of public agencies in providing on-site services for supportive housing, including mental health and drug and alcohol services, and SSI advocacy.

Supportive housing organizations need to be able to provide higher levels of on-site services to improve retention rates. Individuals with above-average risks of leaving housing include those that have co-occurrent mental health and substance abuse problems, those with jail histories, and young adults.

Los Angeles County has far less supportive housing than is needed to shelter its disabled homeless population. This housing inventory can be expanded through new construction, master leases, and scattered site rentals. All three approaches need to be expanded. There is a window of opportunity for affordable master leases in the currently less expensive housing market.

Los Angeles needs to get its arms around its homeless population – by getting enough information to understand who they are and what they require, and by acting on that information to provide shelter. This includes the size and composition of the population, cycles and duration of homelessness, family and immigrant homelessness, and outcomes for those who leave housing.

Propensity Score Matching

Gerald Sumner, Project Statistician

In examining the effects a particular program has on its participants, a comparison group of non-participants is invaluable. But if selection of participants has not been random, then personal characteristics (e.g., the demographic profile) of participants may vary systematically from those of non-participants in ways that confound (or bias) the measurement of program effects. For example, the prevalence of disability may be higher among program participants. The solution is to assemble a sub-group of non-participants who collectively resemble (i.e., “are balanced with”) the participant group with respect to the confounding characteristics, or “covariates”.

If these covariate effects can be captured in just three or four variables, then selection of a comparison group of non-participants may be straightforward. Otherwise, it may be useful to use instead a single function of the several covariates. One way of doing this is to create what is called “propensity scores”. A propensity score reflects an individual’s probability of being selected into the program, given the respective individual’s covariate profile. The idea is that if you match a participant and a non-participant who share the same propensity, you in effect have an approximate match with respect to the covariates that are important for measuring program effect. Not only will the treatment and comparison groups resemble, but the one-to-one matching enables matched-pair analysis, which often is statistically more efficient than group comparisons. Briefly,

The basic idea of a propensity score is to replace a collection of confounding covariates in any observational study with one function of these covariates. It can be used to balance confounding covariates in treatment group and control group, therefore to reduce selection bias in observational studies, where the investigator has no control over the treatment assignment. (Yang, Stemkowski and Saunders)

Typically, propensity scores are created by applying logistic regression to the combined population of participants and non-participants, with “participation” (“yes” or “no”) as the dependent variable, and the covariates as independent variables. Covariates that are categorical can be specified as dummy variable sets. Predicted probabilities are a standard output of logistic regression.

Having decided to employ propensity scores, and to use a particular model (e.g., logistic regression) to create them, one must decide on the covariates to specify. Covariates that are themselves affected by the program must be excluded. Generally, covariates of interest are those that influence selection into the program and/or influence program outcomes. It may be that some relevant covariates are unobservable, or even unknown, so the analyst can only hope that the specification collectively reflects the important confounding effects. At the same time, it is best to avoid the multi-collinearities of too many covariates that may result in a statistically unstable model.

After the propensity scores are estimated, one should compare their separate distributions for participants and non-participants to verify that the two groups overlap enough to find matches for all or most participants.

There are various versions of the actual procedure for matching. Some versions use non-replacement (restricting non-participants to only one matched pair) while others permit replacement. Some involve matching multiple non-participants to each participant. There is also the question of how close two propensity scores must be to qualify as a match. The choice of matching algorithm involves tradeoffs relating to precision of results, ability to find matches for all participants, ease of implementing the matching, and ease of analysis.

Matching on propensities is a powerful technique with limitations. In this study, the logistic regressions that produced the propensities were very tight, meaning that almost all covariates used were highly significant, and there was very little intercorrelation among covariates. As a tool in this and other studies, propensity scores are a way of incorporating a large number of descriptors into the process of selecting a comparison group, but an admission of failure at being able to match on those descriptors exactly. The resulting pairs match only in a statistical sense. For pairs with high scores, these matches are quite strong, but for pairs with low scores the matches may be weak. For example, some housed cases will actually have low propensity scores. They will be matched with unhoused cases that have the same scores. There may be numerous permutations of descriptors that produce the same low score.

Summary of Propensity Score Matching for this Study

Propensity score matching were implemented for four participant groups:

1. General Relief emergency housing voucher recipients
2. Skid Row Housing Trust residents
3. Non-housed former residents of the Skid Row Housing Trust
4. Program 50 clients within the Skid Row Housing Trust

Propensity Score Estimation

For each group, stepwise logistic regression was employed, with covariates drawn from the following possibilities, all categorical variables:

- Gender
- Ethnicity (African American, Latino, Other)
- Nativity (U.S., non-U.S.)
- Language (Spanish, English)
- Age group
- Veteran status
- Jail or probation record
- Hospital-jail record (in medical or mental health facility)

- Employment earnings record
- Mental disability
- Record of substance abuse
- Physical disability
- HIV/AIDS status

The particular choice of covariates for each group depended on examination of covariate stability (as measured by significance levels) and percentage of correct predictions.

Matching Propensity Scores

The matching was implemented with a modification of an SPSS routine written by John Painter in 2004.¹⁰² The result might be characterized as multi-pass caliper non-replacement matching. The data set is first sorted by participant/non-participant, then by propensity score, and then in random sequence within score. Beginning with the first participant record, all non-participant records are searched for the closest match. If the difference in scores for the closest match is within a specified limit, or “caliper”, an eligible match is declared, and the matching non-participant is removed from consideration for subsequent matches. If the difference is outside the caliper, no match is declared. Then the same procedure is repeated for the second participant, and so on.

Participants that remain unmatched at the end of this process are then submitted to a second pass of the procedure. If need be, the procedure is repeated three or more times, with broader caliper ranges. Eventually, all participants are matched except outliers that have no reasonably close matches among the non-participants. Because of the multiple passes, some non-participants may be matched to more than one participant, so the procedure ultimately is with replacement.

Housing Voucher Recipients

The comparison population for voucher recipients (four months or more) was drawn from among cases in the ALP dataset. Of these, 820 participants and 5683 non-participants remained after screening out: recipients of fewer than four months of voucher housing, recipients of any transitional housing, persons over 65, extremely high-cost cases, languages other than English or Spanish, and missing ethnic or nativity information. The selected covariates were substance abuse, ethnicity, physical disability, employment, Hospital-jail, and language.

Matching was accomplished with two passes, with caliper limits set at .01 and .02, respectively. Matches were obtained for all 820 participants.

Skid Row Housing Trust Residents

The comparison population for SRHT clients was drawn from among cases in the ALP dataset. Of these, 712 participants and 9030 non-participants remained after screening out persons over 65 and cases with missing ethnicity information. The selected covariates were

HIV, mental disability, jail/probation, substance abuse, ethnicity, physical disability, veteran, and Hospital-jail.

Matching was accomplished with six passes, with caliper limits set at .01, .02, .05, .05, .05, and .10, respectively. Matches were obtained for 652 of the 712 participants.

Non-housed Former Residents of Skid Row Housing Trust

The comparison population for former SRHT clients with at least 12 months of housing and at least 12 months of post-housing cost data was drawn from among SRHT clients with at least 12 months of housing and at least 12 months of cost data while housed. Of these, 266 participants and 199 non-participants remained after screening out persons over 65 and cases with missing ethnicity information. The selected covariates were physical disability, mental disability, substance abuse, and jail/probation.

Matching was accomplished with three passes, with caliper limits set at .01, .20, and .20, respectively. Matches were obtained for 253 of the 266 participants.

Program 50 Clients

The comparison population for Program 50 clients was drawn from among SRHT clients with at least 24 months of housing and at least 12 months of cost data while housed. Of these, 44 participants and 249 non-participants remained after screening out persons over 65 and cases with missing ethnicity information. The selected covariates were jail/probation, age, ethnicity, and mental disability.

Matching was accomplished with two passes, with caliper limits set at .01 and .20, respectively. Matches were obtained for 43 of the 44 participants..

Outcomes of Matches

The results of propensity score matches for each of the four match groups were reviewed by dividing the pairs into treatment and comparison groups and then comparing the respective distributions with respect to the covariates that went into the logistic regressions. This makes it possible to assess whether the propensities actually translated into comparable demographics and attributes.

The within-group distributions for the respective covariates for the four housed types are shown in Table A1. Within each type, the distributions for covariates used to estimate the respective propensities can be compared. The distributions are separate for treatment group, comparison group, and for the 'pool' from which matched comparisons were selected. As can be seen in the table, treatment and comparison groups are very much alike, whereas they both differ from the respective 'pools'.

Table A1
 Within-Group Distributions for Housed, Matched Unhoused, and Unhoused Pool
 The 'pools' from which unhoused matches are drawn are different for each housed group

General Relief Recipients with Emergency Housing Vouchers for 4+ Months Matched with Homeless General Relief Recipients

		Housed Group	Unhoused Matches	Unhoused Pool
	n	820	820	5,683
Ethnicity	AfAmer	35	35	56
	Latino	29	29	24
	Other	36	36	20
Language	Spanish	0	0	2
	English	100	100	98
Med/MH Jail	yes	31	31	19
	no	69	69	81
Employment	yes	7	6	11
	no	93	94	89
SubstanceAbuse	yes	77	77	18
	no	23	23	82
PhysicalDisability	yes	31	31	36
	no	69	69	65

Current and Former Skid Row Housing Trust Residents Matched with Homeless General Relief Recipients

		Housed Group	Unhoused Matches	Unhoused Pool
	n	712	652	9,065
Ethnicity	AfAmer	73	73	52
	Latino	10	7	24
	Other	18	20	24
Veteran	yes	10	15	27
	no	90	85	73
Jail/Probation	yes	25	42	62
	no	75	58	39
Med/MH Jail	yes	0	17	23
	no	100	81	77
MentalDisability	yes	75	78	29
	no	25	22	71
SubstanceAbuse	yes	68	75	31
	no	32	25	69
PhysicalDisability	yes	78	79	37
	no	22	21	64
HIV	yes	20	21	1
	no	80	79	99

Former Skid Row Housing Trust Residents Matched with Current Residents

		Housed Group	Unhoused Matches	Unhoused Pool
	n	266	253	216
Jail/Probation	yes	28	27	18
	no	72	73	82
MentalDisability	yes	70	74	84
	no	30	26	16
SubstanceAbuse	yes	65	66	73
	no	35	34	27
PhysicalDisability	yes	77	83	93
	no	23	17	7

Current Project 50 Residents Matched with Homeless General Relief Recipients

		Housed Group	Unhoused Matches	Unhoused Pool
	n	44	43	249
Ethnicity	AfAmer	86	88	63
	Latino	9	7	12
	Other	5	5	25
AgeGroup	18-28	11	9	18
	29-44	71	72	76
	45-64	18	19	6
Jail/Probation	yes	43	37	19
	no	57	63	81
MentalDisability	yes	89	88	82
	no	12	12	18

Supportive Housing Residents with higher levels of supportive services in the Rainbow and St. George Apartments Matched with Supportive Housing Residents in Other Buildings

		Group in Service-Rich Buildings	Matches in Other Buildings	Pool in Other Buildings
	n	44	43	257
PhysicalDisability	yes	98%	98%	88%
	no	20%	2%	12%
MentalDisability	yes	97%	97%	76%
	no	3%	3%	24%

Appendix 2

Data Tables Appendix

The following eleven tables provide detailed information about public costs for different subgroups of homeless individuals, in different housed or unhoused settings, often accompanied by breakouts of the costs incurred by each public agency that served them. Information in each table is summarized below.

Table Number	Chapter Reference	Description
A2	3	Average monthly costs of 9,186 Los Angeles County General Relief recipients when they are <i>homeless</i> , with subgroups broken out by six attributes: gender, age, work history, disability, mental illness, and substance abuse, with costs by public agency.
A3	3	Average monthly costs of 9,186 Los Angeles County General Relief Recipients when they are <i>not</i> homeless, with subgroups broken out by six attributes: gender, age, work history, disability, mental illness, and substance abuse, with costs by public agency.
A4	3	Monthly costs of 9,186 Los Angeles County General Relief recipients when they are <i>homeless</i> , with costs broken out separately by each descriptor in the study database, and with costs by public agency.
A5	3	Monthly costs of 9,186 Los Angeles County General Relief recipients when they are <i>not</i> homeless, with costs broken out separately by each descriptor in the study database, and with costs by public agency.
A6	6	Monthly costs of 855 Los Angeles County General Relief recipients that received emergency housing vouchers for 4+ consecutive months when they were <i>housed</i> , with costs broken out separately by each descriptor in the study database, and with costs by public agency.
A7	6	Monthly costs when <i>homeless</i> of 820 matched-pair comparison group members identified through <i>propensity scores</i> as comparable to the General Relief recipients that received emergency housing vouchers for 4+ consecutive months, with costs broken out separately by each descriptor in the study database, and with costs by public agency.
A8	6	Monthly costs of 855 Los Angeles County General Relief recipients that received emergency housing vouchers for 4+ consecutive months when they were <i>homeless</i> , with costs broken out separately by each descriptor in the study database, and with costs by public agency.

Table Number	Chapter Reference	Description
A9	6	Average monthly costs of subgroups broken out by six attributes: gender, age, work history, disability, mental illness, and substance abuse, with data for both the 855 Los Angeles County General Relief recipients that received emergency housing vouchers for 4+ consecutive months when they were <i>housed</i> , and their matched pair comparison group in months when homeless.
A10	7	Average monthly costs of 9,186 Los Angeles County General Relief recipients when they are <i>homeless</i> , with subgroups broken out by five attributes: age, jail history in past 5 years, substance abuse and/or mental illness, disability, and whether employed in past 3 years, with costs by public agency.
A11	7	Average monthly costs of 9,186 Los Angeles County General Relief recipients when they are <i>not</i> homeless, with subgroups broken out by five attributes: age, jail history in past 5 years, substance abuse and/or mental illness, disability, and whether employed in past 3 years, with costs by public agency.

Note: Table A1, “Within-Group Distributions for Housed, Matched Unhoused, and Unhoused Pool,” is referenced in *Appendix 1: Propensity Score Matching*, and also appears there.

Appendix 2 - Data Table A2 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv hospital-inpatient	LA Co Dept Health Sv outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR	Housing Vouchers	LHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general facilities/services	LA Co Sheriff medical facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
No Mental Illness	10	49%	\$0	\$77	\$41	\$0	\$0	\$160	\$171	\$9	\$0	\$0	\$8	\$3	\$0	\$0	\$0	\$36	\$67	\$572
No Substance Abuse	10	49%	\$0	\$77	\$41	\$0	\$0	\$160	\$171	\$9	\$0	\$0	\$8	\$3	\$0	\$0	\$0	\$36	\$67	\$572
Substance Abuse	0																			
Mental Illness	10	66%	\$0	\$9	\$13	\$140	\$4	\$140	\$224	\$9	\$39	\$0	\$0	\$5	\$0	\$0	\$0	\$8	\$15	\$608
No Substance Abuse	7	70%	\$0	\$11	\$13	\$108	\$0	\$153	\$242	\$13	\$13	\$0	\$0	\$7	\$0	\$0	\$0	\$7	\$12	\$580
Substance Abuse	3	56%	\$0	\$5	\$13	\$214	\$13	\$112	\$182	\$0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$12	\$23	\$674
30-45 years	938	44%	\$125	\$83	\$52	\$63	\$89	\$162	\$172	\$80	\$2	\$11	\$77	\$22	\$102	\$122	\$34	\$71	\$1,267	
No Recent Work History	836	44%	\$132	\$82	\$55	\$67	\$88	\$163	\$173	\$82	\$2	\$11	\$80	\$23	\$107	\$127	\$36	\$76	\$1,305	
No Disability	510	37%	\$43	\$63	\$38	\$52	\$111	\$159	\$156	\$100	\$0	\$12	\$80	\$33	\$71	\$56	\$25	\$50	\$1,050	
No Mental Illness	342	36%	\$18	\$44	\$26	\$0	\$103	\$160	\$166	\$78	\$0	\$10	\$55	\$43	\$0	\$29	\$20	\$38	\$789	
No Substance Abuse	230	39%	\$3	\$24	\$13	\$0	\$0	\$162	\$190	\$35	\$0	\$3	\$35	\$51	\$0	\$17	\$10	\$20	\$564	
Substance Abuse	112	32%	\$49	\$88	\$52	\$0	\$314	\$156	\$115	\$166	\$0	\$23	\$95	\$28	\$0	\$53	\$39	\$75	\$1,251	
Mental Illness	168	37%	\$93	\$101	\$62	\$158	\$127	\$158	\$138	\$146	\$1	\$16	\$131	\$13	\$215	\$111	\$37	\$75	\$1,582	
No Substance Abuse	68	45%	\$51	\$106	\$52	\$69	\$0	\$160	\$206	\$75	\$0	\$6	\$117	\$0	\$55	\$56	\$34	\$66	\$1,053	
Substance Abuse	100	32%	\$122	\$97	\$69	\$219	\$214	\$156	\$201	\$195	\$1	\$23	\$140	\$21	\$324	\$149	\$39	\$82	\$1,942	
Disability	326	54%	\$272	\$112	\$81	\$90	\$53	\$168	\$200	\$53	\$4	\$10	\$81	\$7	\$164	\$238	\$54	\$115	\$1,702	
No Mental Illness	132	55%	\$284	\$102	\$43	\$0	\$47	\$165	\$201	\$42	\$2	\$11	\$114	\$6	\$0	\$219	\$28	\$67	\$1,332	
No Substance Abuse	80	56%	\$252	\$82	\$27	\$0	\$0	\$165	\$220	\$15	\$3	\$3	\$79	\$8	\$0	\$207	\$19	\$50	\$1,130	
Substance Abuse	52	52%	\$332	\$133	\$69	\$0	\$119	\$165	\$172	\$84	\$0	\$24	\$167	\$3	\$0	\$238	\$42	\$94	\$1,642	
Mental Illness	194	54%	\$265	\$120	\$106	\$152	\$57	\$170	\$199	\$61	\$5	\$10	\$59	\$8	\$275	\$250	\$71	\$148	\$1,955	
No Substance Abuse	100	59%	\$194	\$76	\$103	\$161	\$0	\$169	\$234	\$34	\$1	\$5	\$54	\$0	\$311	\$168	\$67	\$135	\$1,713	
Substance Abuse	94	49%	\$340	\$166	\$109	\$142	\$118	\$171	\$161	\$89	\$9	\$14	\$64	\$16	\$237	\$337	\$75	\$162	\$2,212	
Recent Work History	102	46%	\$62	\$91	\$27	\$34	\$93	\$156	\$163	\$66	\$1	\$12	\$48	\$10	\$62	\$87	\$16	\$35	\$963	
No Disability	63	43%	\$16	\$89	\$16	\$21	\$101	\$160	\$148	\$74	\$1	\$14	\$61	\$16	\$94	\$26	\$7	\$15	\$861	
No Mental Illness	43	44%	\$23	\$93	\$7	\$0	\$122	\$162	\$166	\$48	\$0	\$18	\$77	\$24	\$0	\$38	\$5	\$13	\$796	
No Substance Abuse	29	47%	\$34	\$37	\$11	\$0	\$0	\$160	\$171	\$7	\$0	\$6	\$22	\$35	\$0	\$56	\$8	\$19	\$566	
Substance Abuse	14	39%	\$0	\$210	\$0	\$375	\$168	\$155	\$131	\$0	\$44	\$191	\$0	\$0	\$0	\$0	\$0	\$0	\$1,274	
Mental Illness	20	41%	\$0	\$81	\$34	\$66	\$56	\$156	\$111	\$132	\$1	\$6	\$27	\$0	\$297	\$0	\$11	\$21	\$1,001	
No Substance Abuse	9	43%	\$0	\$108	\$41	\$44	\$0	\$152	\$177	\$32	\$0	\$0	\$5	\$0	\$0	\$0	\$0	\$18	\$33	\$610
Substance Abuse	11	39%	\$0	\$60	\$28	\$84	\$102	\$159	\$57	\$215	\$3	\$11	\$46	\$0	\$541	\$0	\$6	\$11	\$1,321	
Disability	39	50%	\$137	\$92	\$45	\$56	\$80	\$150	\$187	\$53	\$2	\$8	\$26	\$0	\$9	\$186	\$29	\$67	\$1,126	
No Mental Illness	21	49%	\$254	\$33	\$49	\$0	\$81	\$153	\$196	\$27	\$3	\$12	\$22	\$0	\$0	\$345	\$28	\$75	\$1,277	
No Substance Abuse	18	50%	\$99	\$35	\$26	\$0	\$0	\$149	\$207	\$18	\$3	\$13	\$26	\$0	\$0	\$77	\$11	\$26	\$691	
Substance Abuse	3	45%	\$1,184	\$20	\$192	\$0	\$664	\$178	\$135	\$77	\$0	\$0	\$0	\$0	\$1,949	\$125	\$367	\$4,792		
Mental Illness	18	51%	\$0	\$162	\$39	\$122	\$80	\$147	\$175	\$83	\$0	\$4	\$31	\$0	\$19	\$0	\$32	\$58	\$950	
No Substance Abuse	9	62%	\$0	\$23	\$193	\$0	\$165	\$219	\$0	\$0	\$0	\$0	\$14	\$0	\$38	\$0	\$0	\$0	\$653	
Substance Abuse	9	41%	\$0	\$301	\$78	\$50	\$159	\$128	\$132	\$166	\$0	\$7	\$48	\$0	\$0	\$63	\$116	\$1,248		

Appendix 2 - Data Table A2 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv Hospital-inpatient	LA Co Dept Health Sv Outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general facilities/services	LA Co Sheriff medical facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
46-65 years	741	53%	\$239	\$118	\$65	\$59	\$75	\$172	\$194	\$57	\$2	\$8	\$52	\$20	\$40	\$216	\$42	\$93	\$1,452
No Recent Work History	636	54%	\$258	\$116	\$69	\$62	\$79	\$173	\$196	\$57	\$2	\$8	\$54	\$21	\$47	\$229	\$45	\$100	\$1,516
No Disability	282	48%	\$183	\$71	\$36	\$21	\$77	\$174	\$179	\$54	\$1	\$6	\$43	\$0	\$25	\$177	\$26	\$61	\$1,133
No Mental Illness	226	49%	\$191	\$62	\$23	\$0	\$40	\$175	\$183	\$45	\$1	\$6	\$34	\$0	\$0	\$147	\$16	\$40	\$963
No Substance Abuse	183	52%	\$215	\$49	\$17	\$0	\$0	\$176	\$199	\$13	\$1	\$2	\$23	\$0	\$0	\$136	\$12	\$31	\$874
Substance Abuse	43	34%	\$89	\$117	\$49	\$0	\$210	\$169	\$113	\$179	\$0	\$22	\$84	\$0	\$0	\$195	\$34	\$77	\$1,340
Mental Illness	56	44%	\$149	\$106	\$89	\$108	\$226	\$172	\$165	\$88	\$0	\$6	\$77	\$0	\$124	\$298	\$68	\$146	\$1,822
No Substance Abuse	37	49%	\$192	\$126	\$89	\$21	\$162	\$199	\$80	\$60	\$0	\$3	\$48	\$0	\$187	\$384	\$70	\$156	\$1,799
Substance Abuse	19	36%	\$66	\$69	\$89	\$81	\$666	\$193	\$97	\$142	\$1	\$13	\$133	\$0	\$0	\$128	\$63	\$124	\$1,866
Disability	354	58%	\$318	\$152	\$94	\$95	\$80	\$173	\$210	\$59	\$3	\$9	\$63	\$38	\$64	\$271	\$61	\$131	\$1,820
No Mental Illness	198	58%	\$99	\$129	\$45	\$0	\$62	\$172	\$211	\$47	\$1	\$7	\$52	\$0	\$0	\$131	\$31	\$66	\$1,054
No Substance Abuse	146	60%	\$114	\$121	\$40	\$0	\$0	\$168	\$232	\$19	\$0	\$1	\$25	\$0	\$0	\$142	\$28	\$62	\$952
Substance Abuse	52	53%	\$57	\$153	\$59	\$0	\$237	\$185	\$153	\$127	\$1	\$22	\$129	\$0	\$0	\$101	\$39	\$78	\$1,341
Mental Illness	156	57%	\$596	\$182	\$157	\$215	\$103	\$173	\$208	\$75	\$6	\$12	\$76	\$66	\$145	\$449	\$98	\$212	\$2,793
No Substance Abuse	86	61%	\$382	\$175	\$78	\$196	\$0	\$179	\$238	\$31	\$9	\$5	\$69	\$50	\$182	\$326	\$51	\$118	\$2,089
Substance Abuse	70	53%	\$859	\$190	\$255	\$239	\$229	\$166	\$172	\$127	\$3	\$20	\$85	\$130	\$100	\$569	\$156	\$329	\$3,659
Recent Work History	105	50%	\$124	\$130	\$40	\$38	\$55	\$165	\$178	\$62	\$5	\$6	\$38	\$14	\$0	\$137	\$22	\$51	\$1,067
No Disability	66	47%	\$0	\$96	\$32	\$50	\$76	\$165	\$161	\$74	\$1	\$6	\$44	\$22	\$0	\$0	\$16	\$30	\$773
No Mental Illness	48	45%	\$0	\$48	\$32	\$0	\$100	\$164	\$162	\$71	\$2	\$4	\$51	\$30	\$0	\$0	\$14	\$26	\$704
No Substance Abuse	39	46%	\$0	\$18	\$12	\$0	\$0	\$169	\$180	\$42	\$2	\$0	\$55	\$37	\$0	\$0	\$6	\$12	\$533
Substance Abuse	9	41%	\$0	\$179	\$118	\$0	\$531	\$141	\$88	\$196	\$0	\$21	\$34	\$0	\$0	\$0	\$49	\$89	\$1,445
Mental Illness	18	53%	\$0	\$224	\$33	\$182	\$14	\$168	\$158	\$81	\$0	\$12	\$23	\$0	\$0	\$0	\$21	\$39	\$957
No Substance Abuse	11	44%	\$0	\$221	\$28	\$96	\$0	\$166	\$167	\$94	\$0	\$13	\$6	\$0	\$0	\$0	\$23	\$42	\$855
Substance Abuse	7	67%	\$0	\$229	\$41	\$317	\$35	\$172	\$145	\$60	\$0	\$12	\$50	\$0	\$0	\$0	\$19	\$35	\$1,116
Disability	39	55%	\$335	\$187	\$54	\$19	\$20	\$165	\$208	\$41	\$11	\$6	\$30	\$0	\$0	\$368	\$33	\$87	\$1,564
No Mental Illness	27	57%	\$325	\$174	\$26	\$0	\$19	\$167	\$198	\$46	\$1	\$2	\$37	\$0	\$0	\$241	\$20	\$54	\$1,310
No Substance Abuse	18	61%	\$0	\$61	\$10	\$0	\$0	\$165	\$233	\$18	\$1	\$0	\$7	\$0	\$0	\$0	\$8	\$14	\$516
Substance Abuse	9	49%	\$974	\$402	\$59	\$0	\$58	\$172	\$128	\$103	\$2	\$5	\$97	\$0	\$0	\$722	\$45	\$133	\$2,900
Mental Illness	12	52%	\$358	\$217	\$115	\$62	\$22	\$159	\$230	\$30	\$35	\$16	\$13	\$0	\$0	\$653	\$62	\$160	\$2,134
No Substance Abuse	8	44%	\$205	\$113	\$116	\$93	\$0	\$156	\$212	\$43	\$52	\$8	\$0	\$0	\$0	\$340	\$61	\$136	\$1,536
Substance Abuse	4	67%	\$663	\$425	\$115	\$2	\$67	\$165	\$265	\$5	\$0	\$32	\$40	\$0	\$0	\$1,279	\$64	\$207	\$3,330
Male	6,521	46%	\$273	\$52	\$41	\$33	\$74	\$166	\$175	\$67	\$1	\$10	\$147	\$147	\$186	\$121	\$27	\$58	\$1,577
18-29 years	1,590	42%	\$67	\$24	\$23	\$31	\$65	\$159	\$160	\$61	\$1	\$13	\$160	\$142	\$160	\$52	\$15	\$32	\$1,166
No Recent Work History	1,448	41%	\$74	\$25	\$24	\$32	\$71	\$160	\$157	\$64	\$1	\$13	\$168	\$155	\$173	\$57	\$15	\$32	\$1,220
No Disability	1,117	38%	\$29	\$18	\$16	\$23	\$70	\$158	\$150	\$66	\$1	\$13	\$156	\$127	\$99	\$19	\$11	\$21	\$977
No Mental Illness	891	37%	\$17	\$14	\$9	\$0	\$42	\$158	\$154	\$56	\$0	\$11	\$128	\$88	\$0	\$12	\$7	\$14	\$712
No Substance Abuse	726	39%	\$9	\$12	\$8	\$0	\$0	\$157	\$172	\$24	\$0	\$7	\$121	\$86	\$0	\$6	\$12	\$12	\$621

Appendix 2 - Data Table A2 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv Hospital-inpatient	LA Co Dept Health Sv Outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general facilities/services	LA Co Sheriff medical facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Substance Abuse	165	29%	\$51	\$25	\$14	\$0	\$229	\$161	\$72	\$198	\$0	\$32	\$161	\$95	\$0	\$38	\$11	\$23	\$1,111
Mental Illness	226	41%	\$77	\$34	\$43	\$115	\$181	\$162	\$134	\$103	\$2	\$18	\$264	\$283	\$488	\$43	\$26	\$50	\$2,022
No Substance Abuse	133	46%	\$86	\$19	\$37	\$81	\$0	\$150	\$163	\$44	\$1	\$12	\$333	\$321	\$714	\$52	\$23	\$46	\$2,082
Substance Abuse	93	35%	\$64	\$55	\$52	\$163	\$441	\$179	\$92	\$187	\$4	\$25	\$167	\$229	\$165	\$29	\$30	\$57	\$1,937
Disability	331	52%	\$226	\$47	\$48	\$63	\$73	\$164	\$183	\$58	\$2	\$15	\$208	\$246	\$423	\$187	\$30	\$68	\$2,042
No Mental Illness	197	52%	\$203	\$40	\$26	\$0	\$86	\$162	\$185	\$60	\$2	\$15	\$184	\$66	\$0	\$161	\$19	\$46	\$1,255
No Substance Abuse	154	55%	\$133	\$30	\$15	\$0	\$0	\$163	\$211	\$27	\$2	\$7	\$123	\$61	\$0	\$57	\$11	\$24	\$863
Substance Abuse	43	38%	\$454	\$76	\$67	\$0	\$392	\$158	\$94	\$179	\$3	\$41	\$403	\$85	\$0	\$534	\$46	\$123	\$2,657
Mental Illness	134	53%	\$258	\$56	\$80	\$157	\$54	\$166	\$180	\$55	\$3	\$14	\$245	\$511	\$1,046	\$46	\$101	\$3,199	
No Substance Abuse	93	56%	\$242	\$54	\$46	\$58	\$0	\$166	\$212	\$19	\$2	\$13	\$279	\$715	\$605	\$117	\$35	\$72	\$2,636
Substance Abuse	41	46%	\$296	\$61	\$158	\$380	\$178	\$165	\$106	\$137	\$4	\$19	\$166	\$50	\$2,045	\$471	\$73	\$167	\$4,476
Recent Work History	142	47%	\$0	\$22	\$19	\$19	\$3	\$153	\$187	\$34	\$0	\$9	\$78	\$12	\$33	\$0	\$14	\$26	\$610
No Disability	123	46%	\$0	\$19	\$14	\$3	\$3	\$152	\$185	\$35	\$0	\$10	\$87	\$14	\$29	\$0	\$11	\$20	\$583
No Mental Illness	104	44%	\$0	\$19	\$13	\$0	\$3	\$152	\$187	\$31	\$0	\$10	\$86	\$9	\$0	\$0	\$10	\$18	\$538
No Substance Abuse	93	45%	\$0	\$19	\$14	\$0	\$0	\$152	\$189	\$24	\$0	\$9	\$80	\$0	\$0	\$0	\$11	\$20	\$517
Substance Abuse	11	41%	\$0	\$20	\$5	\$0	\$24	\$151	\$172	\$89	\$0	\$17	\$141	\$85	\$0	\$0	\$5	\$9	\$718
Mental Illness	19	53%	\$0	\$18	\$21	\$18	\$6	\$152	\$175	\$56	\$1	\$12	\$91	\$44	\$191	\$0	\$16	\$29	\$829
No Substance Abuse	13	57%	\$0	\$15	\$21	\$22	\$0	\$152	\$187	\$30	\$1	\$9	\$36	\$40	\$279	\$0	\$13	\$24	\$828
Substance Abuse	6	42%	\$0	\$25	\$21	\$12	\$18	\$154	\$148	\$114	\$0	\$17	\$209	\$51	\$0	\$0	\$21	\$39	\$829
Disability	19	56%	\$0	\$39	\$50	\$126	\$1	\$164	\$199	\$29	\$0	\$4	\$18	\$0	\$56	\$0	\$35	\$63	\$785
No Mental Illness	11	57%	\$0	\$25	\$24	\$0	\$1	\$146	\$197	\$34	\$0	\$7	\$22	\$0	\$0	\$0	\$19	\$34	\$509
No Substance Abuse	10	56%	\$0	\$28	\$26	\$0	\$0	\$146	\$200	\$38	\$0	\$8	\$24	\$0	\$0	\$0	\$20	\$38	\$528
Substance Abuse	1	64%	\$0	\$0	\$0	\$0	\$10	\$144	\$169	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$322
Mental Illness	8	55%	\$0	\$59	\$87	\$300	\$0	\$190	\$201	\$22	\$0	\$0	\$14	\$0	\$132	\$0	\$56	\$104	\$1,164
No Substance Abuse	5	58%	\$0	\$53	\$12	\$321	\$0	\$183	\$163	\$12	\$0	\$0	\$15	\$0	\$211	\$0	\$9	\$17	\$996
Substance Abuse	3	48%	\$0	\$67	\$211	\$265	\$0	\$202	\$266	\$38	\$0	\$0	\$12	\$0	\$0	\$0	\$135	\$248	\$1,443
30-45 years	2,833	44%	\$162	\$48	\$40	\$35	\$82	\$165	\$175	\$72	\$1	\$11	\$161	\$147	\$175	\$111	\$27	\$57	\$1,468
No Recent Work History	2,560	43%	\$166	\$48	\$42	\$36	\$80	\$165	\$175	\$75	\$1	\$11	\$165	\$156	\$189	\$115	\$28	\$59	\$1,510
No Disability	1,634	37%	\$47	\$30	\$27	\$15	\$88	\$163	\$161	\$83	\$0	\$11	\$157	\$125	\$129	\$53	\$18	\$37	\$1,145
No Mental Illness	1,272	35%	\$31	\$26	\$16	\$0	\$79	\$162	\$163	\$80	\$0	\$10	\$132	\$75	\$0	\$40	\$12	\$25	\$853
No Substance Abuse	939	37%	\$36	\$20	\$14	\$0	\$0	\$161	\$187	\$41	\$0	\$5	\$121	\$73	\$0	\$49	\$10	\$21	\$739
Substance Abuse	333	31%	\$16	\$44	\$24	\$0	\$302	\$167	\$97	\$188	\$0	\$23	\$162	\$81	\$0	\$16	\$19	\$36	\$1,176
Mental Illness	362	44%	\$101	\$42	\$64	\$69	\$119	\$164	\$153	\$94	\$1	\$15	\$245	\$300	\$584	\$99	\$39	\$79	\$2,169
No Substance Abuse	168	49%	\$49	\$41	\$58	\$69	\$0	\$162	\$190	\$41	\$0	\$9	\$290	\$352	\$595	\$51	\$34	\$67	\$2,008
Substance Abuse	194	41%	\$146	\$43	\$68	\$69	\$222	\$167	\$120	\$140	\$2	\$21	\$206	\$255	\$575	\$139	\$43	\$90	\$2,308

Appendix 2 - Data Table A2 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv	LA Co Dept Health Sv	LA Co Dept Health Sv	LA Co Dept Health Sv	LA Co Public Health	LA Co DPSS Food	LA Co DPSS General	LA Co DPSS GR	Housing Vouchers	LHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general	LA Co Sheriff medical	LA Co Sheriff mental	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Disability	926	54%	\$80	\$68	\$71	\$67	\$169	\$199	\$199	\$60	\$1	\$10	\$180	\$211	\$294	\$225	\$44	\$97	\$2,154	
No Mental Illness	522	53%	\$376	\$36	\$0	\$81	\$170	\$194	\$63	\$0	\$0	\$10	\$166	\$112	\$0	\$158	\$26	\$58	\$1,515	
No Substance Abuse	352	55%	\$410	\$84	\$30	\$0	\$173	\$214	\$41	\$0	\$0	\$5	\$114	\$93	\$0	\$157	\$22	\$52	\$1,392	
Substance Abuse	170	48%	\$244	\$89	\$49	\$0	\$163	\$153	\$110	\$1	\$1	\$22	\$275	\$153	\$0	\$159	\$33	\$71	\$1,770	
Mental Illness	404	56%	\$401	\$76	\$110	\$164	\$49	\$169	\$205	\$55	\$3	\$10	\$196	\$340	\$674	\$312	\$68	\$148	\$2,980	
No Substance Abuse	211	59%	\$263	\$61	\$80	\$87	\$0	\$169	\$231	\$29	\$1	\$6	\$168	\$352	\$830	\$166	\$47	\$98	\$2,588	
Substance Abuse	193	53%	\$552	\$92	\$144	\$248	\$103	\$170	\$175	\$83	\$5	\$15	\$228	\$326	\$503	\$471	\$92	\$202	\$3,407	
Recent Work History	273	51%	\$130	\$49	\$24	\$32	\$159	\$180	\$48	\$3	\$3	\$10	\$122	\$62	\$39	\$71	\$17	\$37	\$1,078	
No Disability	196	49%	\$146	\$41	\$16	\$29	\$157	\$174	\$47	\$4	\$4	\$9	\$135	\$42	\$21	\$73	\$12	\$27	\$999	
No Mental Illness	162	48%	\$77	\$42	\$13	\$0	\$158	\$174	\$48	\$4	\$4	\$9	\$106	\$50	\$0	\$51	\$10	\$22	\$845	
No Substance Abuse	121	49%	\$64	\$35	\$13	\$0	\$158	\$187	\$26	\$4	\$8	\$105	\$9	\$9	\$0	\$61	\$9	\$21	\$700	
Substance Abuse	41	43%	\$118	\$64	\$14	\$0	\$156	\$137	\$112	\$3	\$15	\$112	\$170	\$4	\$121	\$177	\$21	\$51	\$1,274	
Mental Illness	34	53%	\$470	\$34	\$31	\$169	\$5	\$151	\$172	\$43	\$4	\$8	\$274	\$4	\$121	\$177	\$21	\$51	\$1,734	
No Substance Abuse	21	54%	\$13	\$37	\$19	\$50	\$160	\$164	\$9	\$2	\$2	\$2	\$244	\$0	\$159	\$55	\$12	\$26	\$951	
Substance Abuse	13	52%	\$1,209	\$27	\$52	\$360	\$13	\$136	\$186	\$99	\$6	\$17	\$321	\$9	\$59	\$375	\$36	\$93	\$2,999	
Disability	77	57%	\$90	\$70	\$42	\$40	\$162	\$167	\$197	\$51	\$0	\$11	\$88	\$114	\$86	\$66	\$31	\$62	\$1,278	
No Mental Illness	47	58%	\$47	\$55	\$27	\$0	\$129	\$159	\$195	\$35	\$0	\$9	\$104	\$176	\$0	\$26	\$21	\$41	\$1,024	
No Substance Abuse	36	57%	\$62	\$68	\$32	\$0	\$0	\$161	\$200	\$22	\$0	\$7	\$95	\$230	\$0	\$34	\$24	\$47	\$982	
Substance Abuse	11	60%	\$0	\$13	\$11	\$0	\$551	\$153	\$179	\$78	\$1	\$13	\$135	\$0	\$0	\$0	\$0	\$11	\$21	\$1,164
Mental Illness	30	56%	\$158	\$95	\$65	\$102	\$214	\$179	\$200	\$75	\$0	\$16	\$63	\$16	\$221	\$130	\$47	\$95	\$1,675	
No Substance Abuse	15	57%	\$0	\$38	\$24	\$114	\$0	\$172	\$243	\$47	\$0	\$5	\$13	\$0	\$179	\$0	\$15	\$27	\$878	
Substance Abuse	15	55%	\$315	\$151	\$105	\$91	\$428	\$186	\$157	\$102	\$0	\$26	\$112	\$32	\$263	\$260	\$79	\$163	\$2,471	
46-65 years	2,070	52%	\$585	\$80	\$55	\$30	\$70	\$173	\$186	\$63	\$2	\$8	\$118	\$154	\$225	\$189	\$37	\$81	\$2,055	
No Recent Work History	1,872	52%	\$636	\$79	\$58	\$29	\$74	\$174	\$186	\$65	\$1	\$8	\$125	\$163	\$242	\$199	\$38	\$84	\$2,161	
No Disability	883	47%	\$121	\$45	\$31	\$15	\$70	\$175	\$159	\$78	\$1	\$8	\$109	\$70	\$112	\$87	\$21	\$45	\$1,148	
No Mental Illness	717	46%	\$87	\$45	\$20	\$0	\$64	\$175	\$160	\$78	\$0	\$8	\$99	\$36	\$0	\$66	\$15	\$33	\$884	
No Substance Abuse	527	49%	\$82	\$37	\$14	\$0	\$175	\$180	\$43	\$0	\$3	\$84	\$21	\$0	\$44	\$11	\$22	\$717		
Substance Abuse	190	39%	\$100	\$66	\$36	\$0	\$241	\$174	\$103	\$176	\$1	\$20	\$138	\$78	\$0	\$125	\$28	\$61	\$1,346	
Mental Illness	166	48%	\$266	\$49	\$81	\$81	\$96	\$173	\$158	\$80	\$4	\$11	\$155	\$218	\$597	\$46	\$98	\$2,290		
No Substance Abuse	92	52%	\$364	\$38	\$81	\$86	\$0	\$176	\$181	\$40	\$0	\$6	\$142	\$259	\$663	\$164	\$48	\$100	\$2,348	
Substance Abuse	74	44%	\$144	\$62	\$82	\$74	\$215	\$169	\$131	\$129	\$8	\$16	\$170	\$166	\$515	\$196	\$45	\$96	\$2,218	
Disability	989	57%	\$1,097	\$109	\$81	\$41	\$77	\$174	\$210	\$53	\$2	\$8	\$139	\$246	\$359	\$298	\$53	\$119	\$3,065	
No Mental Illness	648	58%	\$1,201	\$99	\$47	\$0	\$73	\$175	\$211	\$49	\$1	\$7	\$130	\$149	\$0	\$247	\$33	\$77	\$2,499	
No Substance Abuse	473	60%	\$1,552	\$92	\$43	\$0	\$177	\$225	\$34	\$1	\$4	\$118	\$136	\$0	\$256	\$31	\$74	\$2,744		
Substance Abuse	175	51%	\$251	\$118	\$56	\$0	\$272	\$169	\$173	\$90	\$0	\$14	\$162	\$185	\$0	\$223	\$38	\$86	\$1,838	
Mental Illness	341	56%	\$899	\$127	\$147	\$119	\$85	\$171	\$206	\$60	\$3	\$11	\$158	\$430	\$1,040	\$395	\$92	\$197	\$4,142	
No Substance Abuse	182	56%	\$510	\$127	\$107	\$92	\$0	\$173	\$224	\$46	\$2	\$8	\$158	\$348	\$1,382	\$233	\$68	\$141	\$3,620	

Appendix 2 - Data Table A2 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Substance Abuse	159	56%	\$1,345	\$127	\$192	\$150	\$182	\$169	\$186	\$76	\$4	\$14	\$157	\$524	\$649	\$681	\$120	\$262	\$4,739
Recent Work History	198	52%	\$97	\$93	\$35	\$43	\$31	\$161	\$186	\$48	\$5	\$8	\$51	\$63	\$59	\$101	\$23	\$50	\$1,055
No Disability	122	48%	\$94	\$70	\$25	\$54	\$20	\$156	\$187	\$47	\$1	\$8	\$62	\$53	\$28	\$81	\$17	\$37	\$941
No Mental Illness	99	47%	\$76	\$70	\$15	\$0	\$17	\$158	\$188	\$47	\$1	\$8	\$39	\$26	\$0	\$40	\$11	\$23	\$720
No Substance Abuse	80	47%	\$74	\$53	\$11	\$0	\$0	\$156	\$197	\$40	\$1	\$6	\$33	\$22	\$0	\$11	\$9	\$16	\$629
Substance Abuse	19	47%	\$88	\$141	\$31	\$0	\$89	\$168	\$152	\$72	\$1	\$17	\$64	\$44	\$0	\$163	\$22	\$52	\$1,103
Mental Illness	23	53%	\$168	\$68	\$67	\$289	\$31	\$148	\$183	\$47	\$2	\$8	\$161	\$171	\$148	\$259	\$44	\$98	\$1,892
No Substance Abuse	16	49%	\$0	\$23	\$19	\$13	\$0	\$145	\$203	\$35	\$0	\$4	\$126	\$0	\$213	\$0	\$16	\$29	\$824
Substance Abuse	7	62%	\$553	\$172	\$178	\$920	\$102	\$154	\$137	\$75	\$6	\$17	\$241	\$562	\$0	\$851	\$107	\$258	\$4,333
Disability	76	59%	\$102	\$131	\$53	\$24	\$49	\$168	\$185	\$50	\$12	\$7	\$34	\$77	\$108	\$133	\$33	\$70	\$1,238
No Mental Illness	52	62%	\$132	\$115	\$46	\$0	\$39	\$169	\$193	\$50	\$15	\$7	\$31	\$14	\$0	\$159	\$28	\$62	\$1,061
No Substance Abuse	34	62%	\$127	\$137	\$41	\$0	\$0	\$173	\$215	\$30	\$22	\$0	\$16	\$22	\$0	\$129	\$22	\$49	\$981
Substance Abuse	18	60%	\$143	\$73	\$55	\$0	\$113	\$163	\$151	\$89	\$3	\$20	\$58	\$0	\$0	\$217	\$39	\$87	\$1,212
Mental Illness	24	53%	\$38	\$167	\$68	\$76	\$71	\$166	\$168	\$50	\$4	\$8	\$39	\$214	\$342	\$77	\$45	\$88	\$1,621
No Substance Abuse	10	55%	\$0	\$204	\$27	\$140	\$0	\$153	\$166	\$14	\$3	\$7	\$20	\$3	\$36	\$0	\$27	\$50	\$851
Substance Abuse	14	53%	\$64	\$140	\$97	\$30	\$122	\$176	\$170	\$76	\$5	\$9	\$53	\$365	\$560	\$133	\$58	\$115	\$2,172

Appendix 2 - Data Table A3
 Six-Variable Breakouts of Average Monthly Costs of 9,186 Los Angeles County General Relief Recipients in Months when Not Homeless

Subgroups defined by gender, age, work history, disability, mental illness, and substance abuse
 Costs for January 2006 through October 2007, Converted to 2008 Dollars
 Small subpopulations (<25) with less reliable data are highlighted

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Social Srv Food Stamps	LA Co Dept Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Not Homeless	Difference: Not Homeless minus Homeless
Everyone	9,186	\$152	\$32	\$24	\$28	\$62	\$22	\$24	\$9	\$83	\$81	\$78	\$86	\$15	\$33	\$728	-\$719
Female	2,665	\$103	\$38	\$23	\$33	\$65	\$25	\$29	\$7	\$47	\$10	\$56	\$67	\$14	\$31	\$549	-\$577
18-29 years	970	\$19	\$18	\$9	\$20	\$37	\$15	\$15	\$6	\$34	\$3	\$26	\$25	\$7	\$15	\$249	-\$503
No Recent Work History	842	\$20	\$18	\$9	\$21	\$39	\$14	\$14	\$6	\$35	\$3	\$28	\$28	\$7	\$14	\$254	-\$528
No Disability	689	\$15	\$15	\$8	\$10	\$40	\$12	\$11	\$6	\$32	\$0	\$6	\$24	\$6	\$13	\$198	-\$491
No Mental Illness	555	\$13	\$14	\$7	\$0	\$28	\$11	\$10	\$4	\$29	\$0	\$0	\$19	\$5	\$11	\$150	-\$419
No Substance Abuse	472	\$14	\$14	\$6	\$0	\$0	\$7	\$8	\$3	\$13	\$0	\$0	\$16	\$5	\$10	\$96	-\$374
Substance Abuse	83	\$13	\$10	\$11	\$0	\$186	\$28	\$16	\$15	\$115	\$0	\$0	\$33	\$9	\$19	\$455	-\$671
Mental Illness	134	\$22	\$22	\$11	\$54	\$93	\$18	\$15	\$12	\$48	\$0	\$29	\$47	\$9	\$19	\$397	-\$791
No Substance Abuse	82	\$21	\$16	\$10	\$61	\$0	\$14	\$15	\$6	\$30	\$0	\$16	\$45	\$8	\$17	\$257	-\$596
Substance Abuse	52	\$24	\$31	\$12	\$44	\$240	\$25	\$15	\$20	\$76	\$0	\$50	\$50	\$10	\$22	\$619	-\$1,098
Disability	153	\$42	\$29	\$15	\$67	\$31	\$23	\$28	\$7	\$47	\$16	\$128	\$44	\$10	\$22	\$509	-\$693
No Mental Illness	90	\$4	\$18	\$6	\$0	\$10	\$17	\$21	\$5	\$35	\$4	\$0	\$11	\$4	\$9	\$144	-\$582
No Substance Abuse	78	\$0	\$13	\$4	\$0	\$0	\$15	\$20	\$2	\$22	\$0	\$0	\$0	\$0	\$3	\$85	-\$563
Substance Abuse	12	\$30	\$51	\$14	\$0	\$78	\$31	\$27	\$24	\$118	\$32	\$0	\$81	\$13	\$30	\$529	-\$706
Mental Illness	63	\$98	\$45	\$29	\$164	\$62	\$31	\$38	\$11	\$65	\$33	\$313	\$91	\$18	\$40	\$1,038	-\$845
No Substance Abuse	43	\$142	\$60	\$34	\$162	\$0	\$25	\$30	\$3	\$17	\$48	\$283	\$133	\$21	\$48	\$1,005	-\$787
Substance Abuse	20	\$0	\$12	\$16	\$168	\$202	\$46	\$55	\$28	\$174	\$0	\$381	\$0	\$13	\$23	\$1,118	-\$960
Recent Work History	128	\$9	\$17	\$12	\$16	\$22	\$24	\$24	\$9	\$26	\$0	\$17	\$11	\$9	\$17	\$212	-\$339
No Disability	108	\$11	\$17	\$7	\$6	\$27	\$20	\$18	\$9	\$31	\$0	\$0	\$13	\$4	\$9	\$171	-\$373
No Mental Illness	88	\$13	\$18	\$6	\$0	\$23	\$16	\$13	\$7	\$32	\$0	\$0	\$16	\$4	\$9	\$156	-\$267
No Substance Abuse	78	\$15	\$12	\$7	\$0	\$0	\$14	\$10	\$5	\$30	\$0	\$0	\$18	\$5	\$10	\$126	-\$261
Substance Abuse	10	\$0	\$65		\$0	\$202	\$30	\$30	\$20	\$45	\$0	\$0	\$0	\$0	\$0	\$391	-\$313
Mental Illness	20	\$0	\$12	\$9	\$34	\$43	\$41	\$43	\$20	\$26	\$0	\$0	\$0	\$5	\$9	\$242	-\$836
No Substance Abuse	14	\$0	\$7	\$14	\$32	\$0	\$25	\$30	\$16	\$20	\$0	\$0	\$0	\$7	\$13	\$165	-\$585
Substance Abuse	6	\$0	\$23		\$37	\$137	\$74	\$73	\$27	\$38	\$0	\$0	\$0	\$0	\$0	\$408	-\$1,436
Disability	20	\$0	\$21	\$40	\$68	\$0	\$46	\$57	\$7	\$2	\$0	\$106	\$0	\$31	\$57	\$432	-\$158

Appendix 2 - Data Table A3 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Social Srv Food Stamps	LA Co Dept Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Not Homeless	Difference: Not Homeless minus Homeless
No Mental Illness	10	\$0	\$31	\$32	\$0	\$0	\$35	\$33	\$8	\$0	\$0	\$0	\$0	\$25	\$46	\$210	-\$362
No Substance Abuse	10	\$0	\$31	\$32	\$0	\$0	\$35	\$33	\$8	\$0	\$0	\$0	\$0	\$25	\$46	\$210	-\$362
Substance Abuse	0																
Mental Illness	10	\$0	\$10	\$48	\$135	\$0	\$56	\$81	\$5	\$3	\$0	\$212	\$0	\$37	\$67	\$655	\$47
No Substance Abuse	7	\$0	\$10	\$33	\$104	\$0	\$52	\$75	\$8	\$5	\$0	\$303	\$0	\$30	\$55	\$673	\$94
Substance Abuse	3	\$0	\$10	\$81	\$209	\$0	\$67	\$96	\$0	\$0	\$0	\$0	\$0	\$53	\$97	\$612	-\$62
30-45 years	938	\$129	\$43	\$28	\$40	\$95	\$27	\$32	\$10	\$68	\$9	\$40	\$82	\$18	\$39	\$660	-\$607
No Recent Work History	836	\$135	\$40	\$29	\$43	\$98	\$26	\$30	\$10	\$72	\$10	\$44	\$80	\$19	\$40	\$675	-\$629
No Disability	510	\$55	\$21	\$16	\$15	\$102	\$18	\$18	\$10	\$72	\$11	\$33	\$45	\$11	\$23	\$451	-\$600
No Mental Illness	342	\$74	\$22	\$11	\$0	\$89	\$14	\$13	\$8	\$60	\$11	\$0	\$51	\$7	\$17	\$377	-\$412
No Substance Abuse	230	\$81	\$19	\$10	\$0	\$0	\$10	\$10	\$3	\$31	\$12	\$0	\$45	\$6	\$14	\$242	-\$322
Substance Abuse	112	\$60	\$27	\$12	\$0	\$269	\$23	\$18	\$19	\$119	\$9	\$0	\$63	\$9	\$22	\$652	-\$599
Mental Illness	168	\$16	\$18	\$27	\$47	\$130	\$25	\$30	\$13	\$98	\$12	\$101	\$35	\$18	\$35	\$604	-\$979
No Substance Abuse	68	\$17	\$17	\$24	\$27	\$0	\$18	\$27	\$7	\$60	\$0	\$8	\$36	\$21	\$40	\$302	-\$751
Substance Abuse	100	\$14	\$18	\$29	\$61	\$218	\$30	\$32	\$17	\$124	\$20	\$163	\$34	\$16	\$32	\$807	-\$1,135
Disability	326	\$269	\$71	\$51	\$90	\$90	\$38	\$51	\$10	\$73	\$8	\$63	\$133	\$31	\$66	\$1,044	-\$659
No Mental Illness	132	\$150	\$77	\$36	\$0	\$84	\$32	\$38	\$10	\$74	\$5	\$0	\$114	\$23	\$51	\$692	-\$640
No Substance Abuse	80	\$241	\$67	\$26	\$0	\$0	\$26	\$33	\$4	\$44	\$4	\$0	\$149	\$15	\$37	\$644	-\$486
Substance Abuse	52	\$17	\$92	\$49	\$0	\$205	\$40	\$44	\$18	\$117	\$6	\$0	\$60	\$37	\$72	\$759	-\$884
Mental Illness	194	\$353	\$67	\$62	\$153	\$95	\$43	\$60	\$9	\$72	\$11	\$107	\$147	\$36	\$76	\$1,290	-\$665
No Substance Abuse	100	\$105	\$55	\$40	\$133	\$0	\$39	\$60	\$6	\$35	\$0	\$161	\$72	\$23	\$47	\$777	-\$936
Substance Abuse	94	\$611	\$80	\$85	\$175	\$194	\$47	\$59	\$14	\$110	\$22	\$50	\$227	\$49	\$106	\$1,829	-\$383
Recent Work History	102	\$78	\$74	\$23	\$16	\$72	\$38	\$46	\$9	\$28	\$0	\$3	\$101	\$15	\$34	\$537	-\$425
No Disability	63	\$39	\$55	\$18	\$10	\$71	\$32	\$35	\$10	\$14	\$0	\$0	\$77	\$14	\$30	\$406	-\$455
No Mental Illness	43	\$58	\$54	\$13	\$0	\$82	\$22	\$28	\$12	\$20	\$0	\$0	\$113	\$8	\$23	\$434	-\$362
No Substance Abuse	29	\$84	\$32	\$7	\$0	\$0	\$15	\$21	\$3	\$16	\$0	\$0	\$168	\$6	\$23	\$376	-\$190
Substance Abuse	14	\$0	\$102	\$27	\$0	\$258	\$37	\$45	\$30	\$28	\$0	\$0	\$0	\$13	\$25	\$564	-\$710
Mental Illness	20	\$0	\$56	\$26	\$32	\$50	\$52	\$49	\$7	\$3	\$0	\$0	\$0	\$25	\$46	\$346	-\$656
No Substance Abuse	9	\$0	\$51	\$32	\$56	\$0	\$54	\$52	\$0	\$0	\$0	\$0	\$0	\$30	\$55	\$329	-\$281
Substance Abuse	11	\$0	\$60	\$22	\$12	\$91	\$51	\$47	\$13	\$5	\$0	\$0	\$0	\$21	\$38	\$359	-\$963
Disability	39	\$143	\$107	\$31	\$26	\$74	\$47	\$64	\$7	\$51	\$0	\$9	\$139	\$16	\$39	\$753	-\$374
No Mental Illness	21	\$87	\$74	\$24	\$0	\$66	\$43	\$54	\$8	\$58	\$0	\$0	\$77	\$16	\$35	\$542	-\$735
No Substance Abuse	18	\$101	\$74	\$28	\$0	\$0	\$46	\$56	\$10	\$68	\$0	\$0	\$90	\$18	\$40	\$532	-\$159
Substance Abuse	3	\$0	\$71		\$0	\$461	\$23	\$44	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$599	-\$4,193

Appendix 2 - Data Table A3 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost When Not Homeless	Difference: Not Homeless minus Homeless
Mental Illness	18	\$216	\$150	\$40	\$60	\$86	\$52	\$76	\$5	\$41	\$0	\$20	\$212	\$16	\$45	\$1,020	\$69
No Substance Abuse	9	\$0	\$37		\$77	\$0	\$42	\$63	\$0	\$62	\$0	\$47	\$0	\$0	\$0	\$327	-\$325
Substance Abuse	9	\$383	\$238	\$68	\$48	\$152	\$60	\$87	\$9	\$24	\$0	\$0	\$423	\$33	\$90	\$1,615	\$367
46-65 years	741	\$187	\$62	\$34	\$39	\$67	\$37	\$46	\$6	\$38	\$21	\$120	\$105	\$20	\$44	\$826	-\$627
No Recent Work History	636	\$196	\$59	\$33	\$42	\$61	\$35	\$43	\$6	\$42	\$24	\$141	\$106	\$19	\$42	\$849	-\$667
No Disability	282	\$175	\$37	\$12	\$8	\$38	\$19	\$21	\$5	\$41	\$0	\$131	\$27	\$7	\$14	\$535	-\$599
No Mental Illness	226	\$218	\$34	\$8	\$0	\$39	\$15	\$15	\$4	\$30	\$0	\$0	\$34	\$4	\$10	\$412	-\$551
No Substance Abuse	183	\$254	\$26	\$4	\$0	\$0	\$11	\$11	\$1	\$12	\$0	\$0	\$25	\$2	\$6	\$352	-\$522
Substance Abuse	43	\$75	\$65	\$24	\$0	\$195	\$34	\$30	\$18	\$102	\$0	\$0	\$71	\$13	\$29	\$655	-\$685
Mental Illness	56	\$0	\$51	\$28	\$38	\$35	\$36	\$47	\$7	\$85	\$0	\$656	\$0	\$15	\$28	\$1,027	-\$795
No Substance Abuse	37	\$0	\$56	\$17	\$11	\$0	\$32	\$47	\$4	\$44	\$0	\$195	\$0	\$10	\$19	\$435	-\$1,364
Substance Abuse	19	\$0	\$43	\$46	\$87	\$97	\$44	\$46	\$12	\$158	\$0	\$1,481	\$0	\$25	\$46	\$2,086	\$220
Disability	354	\$214	\$76	\$50	\$69	\$80	\$47	\$62	\$7	\$44	\$44	\$149	\$168	\$29	\$64	\$1,104	-\$717
No Mental Illness	198	\$103	\$63	\$24	\$0	\$66	\$41	\$52	\$4	\$36	\$29	\$0	\$98	\$16	\$36	\$568	-\$485
No Substance Abuse	146	\$93	\$49	\$19	\$0	\$0	\$28	\$38	\$1	\$19	\$0	\$0	\$95	\$13	\$31	\$386	-\$566
Substance Abuse	52	\$130	\$104	\$36	\$0	\$249	\$74	\$92	\$15	\$82	\$108	\$0	\$106	\$24	\$52	\$1,073	-\$268
Mental Illness	156	\$359	\$93	\$84	\$160	\$98	\$56	\$74	\$11	\$54	\$65	\$342	\$258	\$45	\$100	\$1,799	-\$994
No Substance Abuse	86	\$401	\$111	\$42	\$136	\$0	\$55	\$78	\$5	\$36	\$111	\$76	\$154	\$21	\$49	\$1,274	-\$815
Substance Abuse	70	\$309	\$73	\$132	\$188	\$213	\$57	\$70	\$18	\$76	\$11	\$653	\$385	\$74	\$163	\$2,422	-\$1,236
Recent Work History	105	\$135	\$77	\$43	\$27	\$100	\$48	\$59	\$6	\$11	\$0	\$2	\$99	\$27	\$57	\$691	-\$376
No Disability	66	\$14	\$37	\$25	\$26	\$86	\$42	\$48	\$5	\$9	\$0	\$3	\$21	\$11	\$22	\$351	-\$423
No Mental Illness	48	\$19	\$29	\$5	\$0	\$59	\$44	\$53	\$1	\$12	\$0	\$0	\$29	\$4	\$10	\$267	-\$437
No Substance Abuse	39	\$24	\$11	\$7	\$0	\$0	\$40	\$47	\$0	\$6	\$0	\$0	\$36	\$6	\$13	\$189	-\$344
Substance Abuse	9	\$0	\$106		\$0	\$313	\$59	\$80	\$8	\$37	\$0	\$0	\$0	\$0	\$0	\$604	-\$842
Mental Illness	18	\$0	\$61	\$80	\$98	\$162	\$38	\$34	\$14	\$2	\$0	\$13	\$0	\$30	\$55	\$586	-\$370
No Substance Abuse	11	\$0	\$95	\$6	\$123	\$0	\$48	\$55	\$12	\$3	\$0	\$23	\$0	\$3	\$6	\$373	-\$482
Substance Abuse	7	\$0	\$13	\$182	\$62	\$394	\$23	\$4	\$16	\$0	\$0	\$0	\$0	\$71	\$131	\$897	-\$219
Disability	39	\$346	\$147	\$76	\$30	\$125	\$57	\$79	\$8	\$14	\$0	\$0	\$231	\$54	\$115	\$1,281	-\$283
No Mental Illness	27	\$330	\$98	\$60	\$0	\$43	\$46	\$57	\$2	\$20	\$0	\$0	\$154	\$42	\$88	\$939	-\$371
No Substance Abuse	18	\$469	\$104	\$56	\$0	\$43	\$50	\$43	\$0	\$0	\$0	\$0	\$174	\$38	\$82	\$1,016	\$500
Substance Abuse	9	\$84	\$87	\$65	\$0	\$120	\$50	\$68	\$5	\$56	\$0	\$0	\$114	\$50	\$101	\$800	-\$2,100
Mental Illness	12	\$379	\$249	\$107	\$93	\$297	\$81	\$124	\$20	\$0	\$0	\$0	\$406	\$80	\$175	\$2,010	-\$124
No Substance Abuse	8	\$246	\$41	\$100	\$102	\$0	\$89	\$130	\$10	\$0	\$0	\$0	\$406	\$73	\$163	\$1,359	-\$176
Substance Abuse	4	\$645	\$666	\$120	\$73	\$890	\$64	\$112	\$40	\$0	\$0	\$0	\$406	\$94	\$201	\$3,311	-\$18

Appendix 2 - Data Table A3 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost When Not Homeless	Difference: Not Homeless minus Homeless
Male	6,521	\$172	\$29	\$24	\$25	\$61	\$21	\$22	\$9	\$98	\$111	\$86	\$93	\$15	\$33	\$801	-\$776
18-29 years	1,590	\$108	\$14	\$20	\$42	\$38	\$14	\$13	\$12	\$115	\$104	\$75	\$62	\$10	\$23	\$650	-\$516
No Recent Work History	1,448	\$117	\$14	\$22	\$45	\$39	\$14	\$12	\$12	\$116	\$109	\$79	\$65	\$11	\$24	\$679	-\$541
No Disability	1,117	\$33	\$8	\$8	\$18	\$36	\$11	\$8	\$11	\$116	\$118	\$48	\$23	\$5	\$12	\$457	-\$520
No Mental Illness	891	\$11	\$7	\$3	\$0	\$28	\$10	\$8	\$10	\$99	\$63	\$0	\$10	\$2	\$5	\$257	-\$455
No Substance Abuse	726	\$5	\$6	\$3	\$0	\$0	\$8	\$7	\$6	\$84	\$68	\$0	\$9	\$2	\$5	\$204	-\$418
Substance Abuse	165	\$38	\$10	\$4	\$0	\$154	\$20	\$12	\$26	\$163	\$41	\$0	\$13	\$3	\$7	\$492	-\$619
Mental Illness	226	\$120	\$11	\$26	\$87	\$68	\$16	\$12	\$17	\$186	\$332	\$236	\$77	\$17	\$37	\$1,242	-\$780
No Substance Abuse	133	\$42	\$6	\$21	\$37	\$0	\$4	\$6	\$12	\$213	\$455	\$340	\$24	\$14	\$28	\$1,203	-\$879
Substance Abuse	93	\$233	\$20	\$35	\$160	\$165	\$33	\$20	\$23	\$146	\$154	\$85	\$153	\$21	\$49	\$1,297	-\$640
Disability	331	\$419	\$35	\$73	\$145	\$47	\$25	\$27	\$13	\$116	\$78	\$193	\$205	\$29	\$68	\$1,473	-\$569
No Mental Illness	197	\$16	\$22	\$9	\$0	\$42	\$22	\$22	\$13	\$99	\$114	\$0	\$12	\$6	\$11	\$389	-\$866
No Substance Abuse	154	\$21	\$25	\$10	\$0	\$0	\$21	\$23	\$7	\$63	\$127	\$0	\$16	\$6	\$12	\$330	-\$532
Substance Abuse	43	\$0	\$15	\$5	\$0	\$177	\$26	\$19	\$33	\$214	\$73	\$0	\$0	\$4	\$8	\$575	-\$2,082
Mental Illness	134	\$1,002	\$52	\$165	\$356	\$55	\$28	\$35	\$13	\$141	\$25	\$473	\$488	\$64	\$151	\$3,047	-\$152
No Substance Abuse	93	\$594	\$49	\$37	\$47	\$0	\$22	\$34	\$9	\$147	\$26	\$233	\$128	\$21	\$48	\$1,394	-\$1,242
Substance Abuse	41	\$1,871	\$60	\$429	\$1,012	\$170	\$42	\$36	\$23	\$129	\$23	\$982	\$1,304	\$160	\$386	\$6,627	\$2,151
Recent Work History	142	\$18	\$14	\$7	\$12	\$27	\$17	\$22	\$8	\$96	\$52	\$33	\$34	\$4	\$10	\$355	-\$255
No Disability	123	\$21	\$17	\$5	\$1	\$31	\$15	\$19	\$9	\$105	\$54	\$39	\$40	\$4	\$10	\$369	-\$214
No Mental Illness	104	\$25	\$17	\$5	\$0	\$21	\$12	\$15	\$15	\$100	\$8	\$0	\$47	\$4	\$11	\$274	-\$265
No Substance Abuse	93	\$28	\$16	\$6	\$0	\$0	\$11	\$14	\$8	\$83	\$9	\$0	\$52	\$5	\$12	\$243	-\$274
Substance Abuse	11	\$0	\$25	\$0	\$0	\$195	\$24	\$19	\$23	\$246	\$0	\$0	\$0	\$0	\$0	\$532	-\$186
Mental Illness	19	\$0	\$15	\$6	\$7	\$85	\$33	\$44	\$9	\$129	\$301	\$248	\$0	\$5	\$9	\$889	\$60
No Substance Abuse	13	\$0	\$8	\$5	\$2	\$0	\$28	\$46	\$6	\$117	\$440	\$362	\$0	\$3	\$5	\$1,022	\$193
Substance Abuse	6	\$0	\$31	\$8	\$17	\$268	\$43	\$40	\$14	\$154	\$0	\$0	\$0	\$9	\$16	\$601	-\$229
Disability	19	\$0	\$0	\$17	\$81	\$0	\$28	\$37	\$4	\$43	\$44	\$0	\$0	\$3	\$6	\$264	-\$521
No Mental Illness	11	\$0	\$0	\$0	\$0	\$0	\$6	\$10	\$7	\$69	\$76	\$0	\$0	\$0	\$0	\$169	-\$341
No Substance Abuse	10	\$0	\$0	\$0	\$0	\$0	\$7	\$11	\$8	\$21	\$0	\$0	\$0	\$0	\$0	\$47	-\$481
Substance Abuse	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$553	\$836	\$0	\$0	\$0	\$0	\$1,389	\$1,067
Mental Illness	8	\$0	\$0	\$39	\$193	\$0	\$59	\$74	\$0	\$7	\$0	\$0	\$0	\$8	\$14	\$394	-\$770
No Substance Abuse	5	\$0	\$0	\$63	\$268	\$0	\$71	\$83	\$0	\$10	\$0	\$0	\$0	\$12	\$23	\$531	-\$466
Substance Abuse	3	\$0	\$0	\$0	\$67	\$0	\$40	\$60	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$166	-\$1,276
30-45 years	2,833	\$118	\$26	\$22	\$21	\$59	\$21	\$21	\$9	\$102	\$120	\$80	\$65	\$13	\$29	\$706	-\$762
No Recent Work History	2,560	\$127	\$26	\$22	\$21	\$59	\$20	\$21	\$9	\$102	\$127	\$88	\$69	\$14	\$30	\$736	-\$774

Appendix 2 - Data Table A3 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost When Not Homeless	Difference: Not Homeless minus Homeless
No Disability	1,634	\$45	\$14	\$14	\$11	\$60	\$15	\$12	\$9	\$96	\$131	\$42	\$40	\$9	\$19	\$518	-\$626
No Mental Illness	1,272	\$32	\$13	\$9	\$0	\$50	\$14	\$11	\$8	\$86	\$129	\$0	\$32	\$6	\$13	\$405	-\$448
No Substance Abuse	939	\$14	\$11	\$8	\$0	\$0	\$8	\$8	\$4	\$66	\$151	\$0	\$31	\$6	\$12	\$318	-\$420
Substance Abuse	333	\$84	\$21	\$11	\$0	\$192	\$30	\$20	\$22	\$145	\$67	\$0	\$35	\$7	\$16	\$650	-\$525
Mental Illness	362	\$93	\$18	\$34	\$51	\$95	\$18	\$16	\$13	\$130	\$137	\$192	\$66	\$20	\$41	\$921	-\$1,248
No Substance Abuse	168	\$25	\$14	\$17	\$41	\$0	\$11	\$11	\$7	\$123	\$231	\$188	\$18	\$9	\$18	\$714	-\$1,295
Substance Abuse	194	\$149	\$21	\$47	\$58	\$175	\$24	\$20	\$18	\$136	\$58	\$195	\$107	\$28	\$60	\$1,098	-\$1,210
Disability	926	\$278	\$47	\$38	\$40	\$58	\$30	\$36	\$8	\$114	\$121	\$172	\$120	\$22	\$49	\$1,134	-\$1,020
No Mental Illness	522	\$223	\$49	\$24	\$0	\$65	\$29	\$34	\$9	\$106	\$145	\$0	\$86	\$14	\$31	\$814	-\$701
No Substance Abuse	352	\$58	\$56	\$25	\$0	\$0	\$25	\$33	\$3	\$84	\$100	\$0	\$45	\$14	\$29	\$472	-\$919
Substance Abuse	170	\$561	\$35	\$20	\$0	\$198	\$37	\$36	\$20	\$151	\$237	\$0	\$171	\$13	\$36	\$1,515	-\$255
Mental Illness	404	\$348	\$45	\$56	\$91	\$50	\$32	\$39	\$8	\$124	\$90	\$393	\$165	\$33	\$72	\$1,545	-\$1,434
No Substance Abuse	211	\$415	\$44	\$46	\$106	\$0	\$29	\$38	\$5	\$101	\$114	\$432	\$110	\$25	\$54	\$1,520	-\$1,069
Substance Abuse	193	\$274	\$46	\$68	\$74	\$104	\$34	\$40	\$12	\$150	\$64	\$350	\$224	\$41	\$92	\$1,573	-\$1,834
Recent Work History	273	\$38	\$26	\$16	\$20	\$54	\$26	\$28	\$8	\$99	\$48	\$6	\$28	\$10	\$21	\$428	-\$650
No Disability	196	\$50	\$22	\$13	\$9	\$71	\$18	\$18	\$7	\$93	\$52	\$8	\$32	\$9	\$18	\$419	-\$580
No Mental Illness	162	\$30	\$21	\$11	\$0	\$90	\$18	\$17	\$7	\$80	\$30	\$0	\$15	\$7	\$14	\$332	-\$513
No Substance Abuse	121	\$0	\$15	\$8	\$0	\$0	\$15	\$15	\$6	\$68	\$20	\$0	\$0	\$5	\$8	\$149	-\$551
Substance Abuse	41	\$120	\$40	\$22	\$0	\$319	\$27	\$22	\$11	\$144	\$63	\$0	\$59	\$15	\$32	\$875	-\$399
Mental Illness	34	\$143	\$22	\$21	\$50	\$26	\$20	\$26	\$8	\$155	\$151	\$45	\$113	\$15	\$35	\$830	-\$905
No Substance Abuse	21	\$64	\$30	\$27	\$77	\$0	\$23	\$33	\$1	\$136	\$218	\$18	\$66	\$20	\$41	\$755	-\$197
Substance Abuse	13	\$270	\$10	\$10	\$7	\$67	\$15	\$14	\$20	\$186	\$42	\$89	\$187	\$7	\$26	\$951	-\$2,048
Disability	77	\$6	\$36	\$25	\$47	\$12	\$45	\$52	\$9	\$116	\$39	\$0	\$19	\$14	\$28	\$449	-\$829
No Mental Illness	47	\$0	\$21	\$16	\$0	\$11	\$37	\$43	\$8	\$106	\$29	\$0	\$0	\$10	\$18	\$298	-\$727
No Substance Abuse	36	\$0	\$23	\$20	\$0	\$0	\$37	\$46	\$6	\$62	\$37	\$0	\$0	\$13	\$23	\$266	-\$715
Substance Abuse	11	\$0	\$11	\$0	\$0	\$52	\$36	\$31	\$19	\$264	\$0	\$0	\$0	\$0	\$0	\$413	-\$751
Mental Illness	30	\$15	\$61	\$41	\$125	\$14	\$58	\$66	\$10	\$132	\$57	\$0	\$50	\$22	\$44	\$695	-\$980
No Substance Abuse	15	\$0	\$48	\$15	\$18	\$0	\$47	\$43	\$6	\$65	\$0	\$0	\$0	\$10	\$17	\$270	-\$609
Substance Abuse	15	\$31	\$74	\$68	\$232	\$27	\$70	\$89	\$14	\$199	\$113	\$0	\$100	\$35	\$70	\$1,121	-\$1,350
46-65 years	2,070	\$301	\$45	\$32	\$19	\$92	\$28	\$30	\$8	\$81	\$105	\$106	\$157	\$20	\$47	\$1,059	-\$996
No Recent Work History	1,872	\$320	\$43	\$34	\$20	\$52	\$27	\$29	\$8	\$83	\$112	\$117	\$163	\$21	\$49	\$1,078	-\$1,083
No Disability	883	\$173	\$26	\$20	\$17	\$44	\$16	\$13	\$7	\$83	\$102	\$71	\$97	\$14	\$32	\$715	-\$433
No Mental Illness	717	\$116	\$18	\$12	\$0	\$42	\$15	\$12	\$7	\$72	\$79	\$0	\$77	\$8	\$20	\$478	-\$406
No Substance Abuse	527	\$122	\$18	\$10	\$0	\$0	\$10	\$8	\$3	\$60	\$89	\$0	\$76	\$6	\$17	\$420	-\$297

Appendix 2 - Data Table A3 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost When Not Homeless	Difference: Not Homeless minus Homeless
Substance Abuse	190	\$100	\$19	\$18	\$0	\$156	\$28	\$21	\$17	\$105	\$52	\$0	\$78	\$13	\$29	\$633	-\$713
Mental Illness	166	\$428	\$58	\$57	\$94	\$54	\$22	\$20	\$10	\$129	\$203	\$386	\$185	\$37	\$81	\$1,764	-\$526
No Substance Abuse	92	\$508	\$36	\$45	\$116	\$0	\$19	\$20	\$6	\$126	\$356	\$238	\$233	\$26	\$64	\$1,791	-\$557
Substance Abuse	74	\$333	\$83	\$72	\$68	\$118	\$26	\$21	\$14	\$133	\$20	\$564	\$124	\$51	\$102	\$1,730	-\$488
Disability	989	\$458	\$60	\$47	\$22	\$59	\$37	\$44	\$8	\$84	\$122	\$161	\$221	\$27	\$65	\$1,416	-\$1,649
No Mental Illness	648	\$572	\$55	\$31	\$0	\$52	\$37	\$45	\$7	\$75	\$97	\$0	\$225	\$18	\$49	\$1,266	-\$1,233
No Substance Abuse	473	\$465	\$51	\$26	\$0	\$0	\$34	\$42	\$4	\$68	\$72	\$0	\$210	\$15	\$43	\$1,030	-\$1,714
Substance Abuse	175	\$856	\$65	\$45	\$0	\$190	\$46	\$54	\$15	\$95	\$162	\$0	\$267	\$26	\$67	\$1,888	\$50
Mental Illness	341	\$241	\$69	\$76	\$63	\$72	\$38	\$43	\$9	\$101	\$171	\$467	\$212	\$44	\$96	\$1,702	-\$2,439
No Substance Abuse	182	\$150	\$45	\$27	\$51	\$0	\$36	\$47	\$7	\$92	\$83	\$527	\$92	\$17	\$37	\$1,211	-\$2,408
Substance Abuse	159	\$347	\$98	\$135	\$78	\$157	\$39	\$38	\$12	\$110	\$276	\$396	\$350	\$75	\$162	\$2,273	-\$2,466
Recent Work History	198	\$120	\$62	\$14	\$11	\$357	\$32	\$35	\$7	\$63	\$40	\$2	\$105	\$9	\$24	\$882	-\$173
No Disability	122	\$122	\$57	\$16	\$7	\$29	\$22	\$24	\$6	\$81	\$22	\$3	\$70	\$11	\$25	\$494	-\$447
No Mental Illness	99	\$103	\$49	\$8	\$0	\$30	\$24	\$25	\$6	\$61	\$27	\$0	\$22	\$6	\$12	\$371	-\$348
No Substance Abuse	80	\$128	\$47	\$6	\$0	\$0	\$23	\$21	\$4	\$62	\$0	\$0	\$27	\$5	\$10	\$333	-\$296
Substance Abuse	19	\$0	\$55	\$14	\$0	\$150	\$29	\$42	\$14	\$56	\$133	\$0	\$0	\$11	\$20	\$526	-\$577
Mental Illness	23	\$201	\$92	\$49	\$37	\$24	\$15	\$17	\$9	\$165	\$1	\$14	\$278	\$32	\$78	\$1,011	-\$881
No Substance Abuse	16	\$224	\$62	\$55	\$6	\$0	\$10	\$14	\$5	\$229	\$0	\$20	\$332	\$35	\$88	\$1,079	\$255
Substance Abuse	7	\$149	\$161	\$33	\$109	\$79	\$27	\$23	\$17	\$19	\$4	\$0	\$155	\$24	\$55	\$854	-\$3,479
Disability	76	\$118	\$70	\$11	\$17	\$888	\$48	\$55	\$7	\$34	\$71	\$0	\$162	\$6	\$22	\$1,508	\$270
No Mental Illness	52	\$52	\$49	\$9	\$0	\$15	\$42	\$44	\$8	\$31	\$37	\$0	\$31	\$5	\$12	\$334	-\$727
No Substance Abuse	34	\$79	\$53	\$3	\$0	\$0	\$26	\$36	\$1	\$32	\$0	\$0	\$48	\$3	\$9	\$291	-\$690
Substance Abuse	18	\$0	\$41	\$19	\$0	\$43	\$72	\$58	\$22	\$29	\$110	\$0	\$0	\$9	\$16	\$419	-\$793
Mental Illness	24	\$260	\$117	\$15	\$54	\$2,786	\$61	\$78	\$4	\$39	\$143	\$0	\$447	\$8	\$45	\$4,057	\$2,436
No Substance Abuse	10	\$0	\$161	\$4	\$72	\$0	\$55	\$57	\$3	\$60	\$0	\$0	\$0	\$4	\$8	\$424	-\$427
Substance Abuse	14	\$460	\$83	\$24	\$41	\$4,929	\$65	\$94	\$4	\$24	\$253	\$0	\$766	\$10	\$72	\$6,825	\$4,653

Appendix 2 - Data Table A4
 Single Variable Breakouts of Average Monthly Costs of 9,186 Los Angeles County General Relief Recipients in Months when Homeless
 Costs for January 2006 through October 2007, Converted to 2008 Dollars
 Small subpopulations (<25) with less reliable data are highlighted

	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srvc hospital-inpatient	LA Co Dept Health Srvc outpatient clinic	LA Co Dept Health Srvc emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Dept Public Social Srv GR Housing Vouchers	LAHSA homeless services	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
GENDER																			
Female	2,665	45%	\$127	\$72	\$45	\$52	\$77	\$163	\$179	\$61	\$2	\$8	\$54	\$14	\$59	\$121	\$29	\$62	\$1,126
Male	6,521	46%	\$273	\$52	\$41	\$33	\$74	\$166	\$175	\$67	\$1	\$10	\$147	\$147	\$186	\$121	\$27	\$58	\$1,577
AGE																			
18-29 years	2,560	41%	\$59	\$26	\$23	\$33	\$66	\$158	\$165	\$56	\$1	\$10	\$112	\$89	\$112	\$51	\$15	\$32	\$1,009
30-45 years	3,771	44%	\$153	\$57	\$43	\$42	\$83	\$164	\$174	\$74	\$1	\$11	\$140	\$116	\$157	\$114	\$29	\$60	\$1,418
46-65 years	2,811	52%	\$494	\$90	\$58	\$38	\$71	\$173	\$188	\$62	\$2	\$8	\$100	\$118	\$176	\$196	\$38	\$84	\$1,896
EMPLOYMENT																			
No Recent Work History	8,233	45%	\$248	\$57	\$44	\$39	\$76	\$166	\$176	\$67	\$1	\$10	\$126	\$117	\$163	\$128	\$29	\$62	\$1,508
Recent Work History	953	50%	\$79	\$65	\$27	\$31	\$58	\$157	\$180	\$47	\$3	\$9	\$69	\$35	\$35	\$67	\$18	\$37	\$916
DISABILITY																			
No Disability	5,826	40%	\$61	\$36	\$25	\$21	\$77	\$162	\$162	\$71	\$1	\$10	\$113	\$77	\$84	\$56	\$17	\$35	\$1,008
Disability	3,360	55%	\$523	\$96	\$71	\$67	\$70	\$170	\$201	\$56	\$2	\$10	\$131	\$164	\$262	\$235	\$46	\$102	\$2,207
MENTAL ILLNESS																			
No Mental Illness	6,544	44%	\$197	\$49	\$23	\$0	\$65	\$164	\$176	\$61	\$1	\$9	\$103	\$62	\$0	\$83	\$16	\$36	\$1,044
Mental Illness	2,642	50%	\$312	\$82	\$90	\$133	\$98	\$166	\$177	\$76	\$3	\$12	\$161	\$224	\$519	\$217	\$56	\$117	\$2,443
SUBSTANCE ABUSE																			
No Substance Abuse	6,400	47%	\$218	\$47	\$29	\$23	\$0	\$164	\$197	\$33	\$1	\$5	\$103	\$95	\$130	\$87	\$20	\$42	\$1,194
Substance Abuse	2,786	42%	\$258	\$84	\$72	\$74	\$246	\$166	\$129	\$140	\$2	\$20	\$158	\$139	\$194	\$199	\$46	\$99	\$2,025
JUSTICE SYSTEM																			
No jail or probation	3,605	44%	\$247	\$66	\$35	\$39	\$39	\$169	\$190	\$53	\$2	\$0	\$0	\$0	\$0	\$115	\$23	\$51	\$1,030
Jail and/or Probation	5,581	47%	\$219	\$53	\$46	\$38	\$98	\$162	\$167	\$73	\$1	\$16	\$197	\$179	\$246	\$125	\$30	\$65	\$1,715
PROBATION																			
No Probation Record	6,789	46%	\$199	\$57	\$39	\$39	\$46	\$166	\$186	\$51	\$1	\$0	\$84	\$82	\$99	\$119	\$26	\$55	\$1,250
Probation Record	2,397	45%	\$318	\$62	\$50	\$37	\$155	\$162	\$148	\$105	\$1	\$37	\$221	\$183	\$291	\$128	\$33	\$70	\$2,002
JAIL																			
No Jail	3,791	44%	\$237	\$67	\$34	\$38	\$42	\$169	\$189	\$55	\$2	\$2	\$0	\$0	\$0	\$111	\$23	\$50	\$1,018
Jail	5,395	47%	\$225	\$52	\$48	\$38	\$97	\$162	\$167	\$72	\$1	\$15	\$204	\$185	\$254	\$128	\$31	\$66	\$1,748

Appendix 2 - Data Table A4 (cont.)

	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sr hospital-inpatient	LA Co Dept Health Sr outpatient clinic	LA Co Dept Health Sr emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Dept Public Social Srv GR Housing Vouchers	LAHSA homeless services	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless	
JAIL MEDICAL FACILITY																				
No Jail Medical Facility	7,771	45%	\$225	\$60	\$38	\$39	\$72	\$166	\$178	\$64	\$1	\$8	\$80	\$0	\$97	\$110	\$25	\$55	\$1,220	
Jail Medical Facility	1,415	49%	\$259	\$48	\$61	\$35	\$87	\$159	\$164	\$70	\$1	\$18	\$337	\$705	\$439	\$180	\$40	\$86	\$2,690	
JAIL MENTAL HEALTH FACILITY																				
No Jail Mental Health Facility	8,060	45%	\$231	\$59	\$36	\$29	\$73	\$165	\$177	\$64	\$1	\$9	\$96	\$63	\$0	\$109	\$24	\$52	\$1,189	
Jail Mental Health Facility	1,126	49%	\$227	\$54	\$83	\$105	\$82	\$162	\$169	\$75	\$2	\$18	\$290	\$436	\$1,219	\$206	\$51	\$108	\$3,289	
HIV/AIDS																				
No HIV/AIDS	9,101	46%	\$224	\$56	\$42	\$38	\$74	\$165	\$176	\$65	\$1	\$10	\$118	\$108	\$148	\$116	\$27	\$59	\$1,427	
HIV/AIDS	85	51%	\$958	\$350	\$80	\$42	\$161	\$164	\$188	\$59	\$2	\$12	\$278	\$121	\$246	\$660	\$54	\$146	\$3,522	
VETERAN																				
Not Veteran	6,727	46%	\$258	\$59	\$43	\$38	\$71	\$166	\$176	\$65	\$1	\$10	\$118	\$118	\$151	\$127	\$28	\$61	\$1,489	
Veteran	2,459	46%	\$154	\$57	\$39	\$39	\$84	\$163	\$176	\$65	\$2	\$10	\$125	\$84	\$146	\$105	\$26	\$55	\$1,330	
LANGUAGE																				
English speaker	9,031	46%	\$232	\$58	\$42	\$38	\$75	\$165	\$176	\$66	\$1	\$10	\$121	\$109	\$152	\$121	\$28	\$59	\$1,453	
Spanish speaker	141	49%	\$116	\$83	\$38	\$24	\$29	\$163	\$207	\$32	\$6	\$3	\$28	\$76	\$26	\$135	\$27	\$59	\$1,050	
Speaks other language	14	54%	\$0	\$107	\$33	\$52	\$81	\$147	\$203	\$33	\$1	\$28	\$253	\$0	\$0	\$0	\$10	\$19	\$970	
NATIVITY																				
Born in California	5,999	45%	\$217	\$53	\$39	\$34	\$75	\$163	\$173	\$64	\$1	\$11	\$127	\$96	\$121	\$101	\$26	\$54	\$1,354	
Born in Other State	2,618	47%	\$279	\$67	\$47	\$45	\$76	\$169	\$183	\$65	\$2	\$8	\$115	\$157	\$211	\$167	\$31	\$69	\$1,692	
Born in Other Country	280	44%	\$215	\$70	\$55	\$67	\$69	\$168	\$190	\$80	\$1	\$9	\$83	\$23	\$244	\$160	\$32	\$70	\$1,536	
Born in Mexico or Central Am.	284	46%	\$80	\$83	\$43	\$41	\$59	\$169	\$175	\$62	\$4	\$9	\$53	\$16	\$85	\$85	\$34	\$69	\$1,068	
ETHNICITY																				
African American	4,795	48%	\$301	\$61	\$41	\$30	\$39	\$162	\$188	\$44	\$1	\$8	\$130	\$163	\$192	\$117	\$28	\$59	\$1,565	
Asian/Pacific Islander	92	44%	\$459	\$35	\$45	\$34	\$42	\$166	\$167	\$79	\$0	\$12	\$77	\$40	\$45	\$470	\$29	\$87	\$1,887	
Latino	2,181	43%	\$128	\$48	\$35	\$31	\$111	\$163	\$168	\$74	\$1	\$11	\$126	\$37	\$63	\$102	\$25	\$52	\$1,175	
White	1,815	42%	\$174	\$64	\$48	\$62	\$123	\$175	\$158	\$102	\$1	\$12	\$94	\$56	\$143	\$140	\$30	\$64	\$1,446	

Appendix 2 - Data Table A5
 Single Variable Breakouts of Average Monthly Costs of 9,186 Los Angeles County General Relief Recipients in Months when Not Homeless
 Costs for January 2006 through October 2007, Converted to 2008 Dollars
 Small subpopulations (<25) with less reliable data are highlighted

	Number of Persons	LA Co Dept Health Sr hospital-inpatient	LA Co Dept Health Sr outpatient clinic	LA Co Dept Health Sr emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless	Difference: Not Homeless minus Homeless
GENDER																	
Female	2,665	\$103	\$38	\$23	\$33	\$65	\$25	\$29	\$7	\$47	\$10	\$56	\$67	\$14	\$31	\$549	-\$577
Male	6,521	\$172	\$29	\$24	\$25	\$61	\$21	\$22	\$9	\$98	\$111	\$86	\$93	\$15	\$33	\$801	-\$776
AGE																	
18-29 years	2,560	\$74	\$15	\$16	\$34	\$37	\$15	\$14	\$10	\$84	\$65	\$56	\$48	\$9	\$20	\$497	-\$512
30-45 years	3,771	\$121	\$30	\$23	\$26	\$68	\$22	\$24	\$9	\$94	\$92	\$70	\$69	\$15	\$32	\$695	-\$723
46-65 years	2,811	\$271	\$49	\$32	\$24	\$78	\$30	\$34	\$7	\$70	\$83	\$110	\$143	\$20	\$46	\$998	-\$898
EMPLOYMENT																	
No Recent Work History	8,233	\$163	\$31	\$25	\$29	\$56	\$22	\$23	\$9	\$86	\$87	\$86	\$89	\$15	\$34	\$752	-\$755
Recent Work History	953	\$62	\$41	\$17	\$16	\$115	\$29	\$33	\$8	\$64	\$30	\$10	\$58	\$11	\$24	\$519	-\$397
DISABILITY																	
No Disability	5,826	\$66	\$18	\$13	\$13	\$52	\$15	\$14	\$9	\$82	\$79	\$42	\$43	\$9	\$19	\$474	-\$534
Disability	3,360	\$310	\$56	\$44	\$54	\$80	\$35	\$43	\$9	\$86	\$86	\$142	\$160	\$25	\$57	\$1,185	-\$1,021
MENTAL ILLNESS																	
No Mental Illness	6,544	\$116	\$26	\$13	\$0	\$47	\$19	\$20	\$8	\$73	\$70	\$0	\$60	\$8	\$20	\$480	-\$564
Mental Illness	2,642	\$242	\$46	\$53	\$97	\$100	\$31	\$35	\$11	\$109	\$110	\$274	\$149	\$30	\$65	\$1,352	-\$1,091
SUBSTANCE ABUSE																	
No Substance Abuse	6,400	\$113	\$27	\$15	\$16	\$0	\$17	\$20	\$5	\$65	\$83	\$55	\$60	\$9	\$22	\$508	-\$686
Substance Abuse	2,786	\$241	\$43	\$44	\$53	\$204	\$34	\$33	\$18	\$125	\$78	\$129	\$144	\$26	\$58	\$1,230	-\$796
JUSTICE SYSTEM																	
No jail or probation	3,605	\$177	\$33	\$17	\$28	\$28	\$20	\$22	\$0	\$0	\$0	\$0	\$71	\$10	\$24	\$429	-\$601
Jail and/or Probation	5,581	\$136	\$31	\$28	\$27	\$84	\$24	\$25	\$14	\$137	\$134	\$128	\$96	\$17	\$39	\$920	-\$795
PROBATION																	
No Probation Record	6,789	\$166	\$31	\$20	\$27	\$32	\$21	\$23	\$0	\$49	\$54	\$51	\$83	\$12	\$29	\$597	-\$653
Probation Record	2,397	\$112	\$34	\$35	\$29	\$149	\$28	\$27	\$33	\$181	\$160	\$153	\$93	\$20	\$44	\$1,098	-\$904
JAIL																	
No Jail	3,791	\$176	\$33	\$17	\$28	\$30	\$20	\$23	\$2	\$0	\$0	\$0	\$73	\$10	\$24	\$436	-\$582

Appendix 2 - Data Table A5 (cont.)

	Number of Persons	LA Co Dept Health Sv hospital-inpatient	LA Co Dept Health Sv outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless	Difference: Not Homeless minus Homeless
Jail	5,395	\$135	\$30	\$29	\$28	\$85	\$24	\$25	\$14	\$142	\$138	\$132	\$95	\$18	\$39	\$932	-\$815
JAIL MEDICAL FACILITY																	
No Jail Medical Facility	7,771	\$144	\$32	\$22	\$27	\$62	\$22	\$24	\$7	\$57	\$0	\$44	\$75	\$13	\$29	\$558	-\$662
Jail Medical Facility	1,415	\$196	\$31	\$36	\$29	\$65	\$23	\$23	\$15	\$229	\$530	\$265	\$144	\$23	\$52	\$1,662	-\$1,028
JAIL MENTAL HEALTH FACILITY																	
No Jail Mental Health Facility	8,060	\$154	\$32	\$20	\$21	\$53	\$22	\$24	\$8	\$69	\$67	\$0	\$79	\$13	\$29	\$589	-\$600
Jail Mental Health Facility	1,126	\$141	\$27	\$52	\$79	\$125	\$24	\$24	\$15	\$187	\$190	\$640	\$138	\$28	\$61	\$1,731	-\$1,559
HIV/AIDS																	
No HIV/AIDS	9,101	\$149	\$30	\$24	\$27	\$62	\$22	\$24	\$9	\$83	\$82	\$78	\$84	\$14	\$32	\$719	-\$707
HIV/AIDS	85	\$540	\$207	\$51	\$60	\$39	\$36	\$43	\$10	\$157	\$71	\$47	\$252	\$33	\$79	\$1,626	-\$1,896
VETERAN																	
Not Veteran	6,727	\$146	\$31	\$23	\$25	\$64	\$22	\$24	\$8	\$84	\$77	\$77	\$80	\$14	\$31	\$705	-\$783
Veteran	2,459	\$170	\$33	\$27	\$35	\$58	\$24	\$26	\$9	\$82	\$94	\$79	\$100	\$16	\$36	\$789	-\$541
LANGUAGE																	
English speaker	9,031	\$152	\$31	\$24	\$28	\$63	\$22	\$24	\$9	\$84	\$83	\$76	\$86	\$15	\$33	\$728	-\$725
Spanish speaker	141	\$190	\$33	\$22	\$5	\$3	\$32	\$40	\$3	\$19	\$20	\$208	\$109	\$13	\$32	\$729	-\$321
Speaks other language	14	\$0	\$118	\$45	\$37	\$19	\$21	\$28	\$23	\$85	\$9	\$0	\$0	\$30	\$54	\$469	-\$500
NATIVITY																	
Born in California	5,999	\$135	\$30	\$24	\$27	\$68	\$21	\$22	\$9	\$90	\$86	\$76	\$86	\$15	\$33	\$724	-\$629
Born in Other State	2,618	\$196	\$35	\$23	\$23	\$51	\$24	\$27	\$7	\$76	\$84	\$73	\$86	\$14	\$32	\$750	-\$942
Born in Other Country	280	\$127	\$36	\$26	\$76	\$58	\$27	\$33	\$8	\$45	\$25	\$174	\$95	\$16	\$35	\$780	-\$755
Born in Mexico or Central Am.	284	\$140	\$34	\$23	\$26	\$38	\$27	\$28	\$9	\$46	\$10	\$54	\$76	\$14	\$30	\$554	-\$513
ETHNICITY																	
African American	4,795	\$136	\$35	\$24	\$23	\$40	\$22	\$26	\$7	\$86	\$119	\$86	\$73	\$14	\$32	\$722	-\$843
Asian/Pacific Islander	92	\$1,021	\$23	\$14	\$61	\$29	\$19	\$24	\$10	\$53	\$21	\$162	\$106	\$10	\$26	\$1,580	-\$308
Latino	2,181	\$119	\$26	\$21	\$19	\$93	\$22	\$22	\$10	\$92	\$31	\$60	\$90	\$14	\$32	\$651	-\$524
White	1,815	\$175	\$32	\$25	\$43	\$83	\$24	\$22	\$10	\$69	\$51	\$69	\$115	\$15	\$36	\$769	-\$677

Appendix 2 - Data Table A6
 Single-Variable Breakouts of Average Monthly Costs in Months they were Housed for 855 Los Angeles County General Relief Recipients that Received
 Emergency Housing Vouchers for 4+ Consecutive Months

Subgroups by ethnicity, nativity, jail history, gender, age, work history, disability, mental illness, substance abuse, and HIV/AIDS
 Costs for January 2006 through October 2007. Converted to 2008 Dollars
 Small subpopulations (<25) with less reliable data are highlighted

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv hospital-inpatient	LA Co Dept Health Sv outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	DPS Food Stamps	DPS General Relief	DPS GR Housing Vouchers	LA Co Probation	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Housed	Difference re Matched- Pair Comparison Group	Difference Re Same Persons Not Housed
EVERYONE	820	29%	81	47	35	39	258	55	32	260	24	126	84	101	\$93	\$21	\$46	\$1,302	-\$313	-\$222
ETHNICITY																				
African American	288	36%	98	74	45	39	282	62	42	260	19	143	140	144	\$102	\$26	\$56	\$1,534	-\$339	-\$265
Asian/Pacific Islander	10	24%	0	9	45	3	226	24	16	261	43	228	98	794	\$0	\$0	\$0	\$1,702	\$980	\$672
Latino	236	26%	67	37	26	31	225	54	31	257	28	131	39	20	\$61	\$18	\$38	\$1,064	-\$131	-\$213
White	243	25%	78	29	31	48	265	49	22	261	25	85	68	116	\$117	\$19	\$43	\$1,257	-\$459	-\$146
Other	43	24%	68	33	37	38	246	57	25	260	29	197	35	12	\$97	\$24	\$52	\$1,210	-\$584	-\$617
NATIVITY																				
California	553	30%	91	38	34	44	266	52	29	260	25	126	79	96	\$105	\$20	\$44	\$1,311	-\$168	-\$230
Other State	219	30%	66	71	36	28	238	61	34	259	19	130	84	94	\$76	\$23	\$48	\$1,269	-\$585	-\$303
Other Country	26	26%	27	32	35	23	299	54	35	264	34	140	139	336	\$39	\$28	\$54	\$1,538	-\$2,201	\$488
Mexico and Central America	22	17%	32	53	44	37	198	70	60	260	35	77	113	20	\$47	\$30	\$58	\$1,134	\$535	-\$50
JAIL HISTORY																				
No Jail	215	24%	23	49	23	46	221	58	30	261	5	0	0	0	\$42	\$14	\$28	\$801	-\$334	-\$263
Jail	605	31%	101	46	39	37	271	54	32	259	31	171	113	137	\$111	\$24	\$52	\$1,481	-\$310	-\$206
JAIL MEDICAL FACILITY																				
No Jail Medical Facility	654	28%	62	48	34	40	261	55	32	259	23	93	0	47	\$83	\$21	\$44	\$1,103	-\$236	-\$220
Jail Medical Facility	166	34%	152	45	37	34	246	54	31	261	31	259	411	312	\$133	\$24	\$53	\$2,083	-\$626	-\$233
JAIL MENTAL HEALTH FACILITY																				
No Jail Mental Health Facility	679	28%	46	47	30	35	271	56	33	260	24	112	87	0	\$61	\$19	\$39	\$1,118	-\$128	-\$166
Jail Mental Health Facility	141	36%	248	48	59	61	196	50	27	259	28	198	65	590	\$247	\$35	\$81	\$2,190	-\$1,140	-\$489
GENDER																				
Female	226	28%	72	63	37	54	318	58	43	258	24	91	27	27	\$124	\$24	\$54	\$1,273	-\$208	-\$233
Male	594	30%	84	41	34	34	235	54	28	260	24	140	105	129	\$81	\$20	\$43	\$1,313	-\$367	-\$218
AGE																				
18-29 years	189	23%	88	27	18	43	196	48	22	257	29	124	46	101	\$76	\$11	\$25	\$1,112	-\$192	-\$340
30-45 years	398	30%	69	37	30	40	288	52	31	259	25	133	99	78	\$75	\$19	\$40	\$1,277	-\$334	-\$139

Appendix 2 - Data Table A6 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sv hospital-inpatient	LA Co Dept Health Sv outpatient clinic	LA Co Dept Health Sv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	DPS Food Stamps	DPS General Relief	DPS GR Housing Vouchers	LA Co Probation	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Housed	Difference re Matched-Pair Comparison Group	Difference Re Same Persons Not Housed
46-65 years	233	33%	94	80	56	34	256	66	41	263	20	116	88	140	\$137	\$34	\$73	\$1,498	-\$396	-\$269
WORK HISTORY																				
No Recent Work History	765	29%	86	46	36	39	263	55	31	260	25	128	83	108	\$100	\$22	\$48	\$1,330	-\$317	-\$185
Recent Work History	55	36%	0	70	19	37	189	54	44	263	20	98	86	0	\$0	\$11	\$19	\$910	-\$225	-\$744
DISABILITY																				
No Disability	564	26%	64	33	21	20	236	48	24	260	24	120	59	92	\$60	\$13	\$29	\$1,104	-\$280	-\$105
Disability	256	36%	116	77	66	80	307	70	48	259	26	140	137	122	\$166	\$39	\$84	\$1,738	-\$384	-\$480
MENTAL ILLNESS																				
No Mental Illness	519	27%	27	35	12	0	260	53	26	260	25	124	100	0	\$34	\$9	\$18	\$982	-\$30	-\$143
Mental Illness	301	32%	173	68	73	107	255	59	42	260	24	130	55	275	\$194	\$44	\$94	\$1,853	-\$688	-\$357
SUBSTANCE ABUSE																				
No Substance Abuse	190	29%	12	36	17	9	0	50	23	265	13	126	56	90	\$16	\$12	\$22	\$747	-\$635	-\$278
Substance Abuse	630	29%	101	51	40	48	335	57	34	258	28	126	92	104	\$116	\$24	\$53	\$1,468	-\$217	-\$206
HIV/AIDS																				
No HIV/AIDS	813	29%	80	44	34	39	260	55	31	260	24	125	84	97	\$93	\$21	\$46	\$1,293	-\$294	-\$203
HIV/AIDS	7	42%	165	386	74	114	62	60	57	253	38	249	2	538	\$155	\$43	\$90	\$2,285	-\$1,828	-\$2,445

Appendix 2 - Data Table A7
 Single-Variable Breakouts of Average Monthly Costs in Months they were Homeless for 820 Matched-Pair Group Members Identified through Propensity Scores as Comparable to Los Angeles County General Relief Recipients that Received Emergency Housing Vouchers for 4+ Consecutive Months

Subgroups by ethnicity, nativity, jail history, gender, age, work history, disability, mental illness, substance abuse, and HIV/AIDS
 Costs for January 2006 through October 2007, Converted to 2008 Dollars
 Small subpopulations (<25) with less reliable data are highlighted

GROUP	Number of Persons	Percent of Months Homeless	LA Co Health Srv hospital-inpatient	LA Co Health Srv outpatient clinic	LA Co Health Srv emergency room	LA Co Dept Mental Health	LA Co Public Health	DSS Food Stamps	DSS General Relief	LASHA homeless srv.	LA Co Probation	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
EVERYONE	820	52%	183	60	49	50	93	160	205	1	14	153	149	220	\$181	\$31	\$69	\$1,615
ETHNICITY																		
African American	288	53%	211	65	50	32	37	156	209	1	14	175	318	313	\$180	\$34	\$75	\$1,873
Asian/Pacific Islander	6	41%	0	0	0	191	128	175	206	1	13	8	0	0	\$0	\$0	\$0	\$721
Latino	239	51%	153	37	33	45	132	163	195	1	14	136	25	47	\$145	\$21	\$48	\$1,195
White	255	51%	183	72	55	65	120	163	211	1	13	154	82	292	\$203	\$31	\$71	\$1,716
Other	32	45%	189	89	118	93	78	149	187	0	7	95	118	139	\$299	\$74	\$157	\$1,794
NATIVITY																		
California	586	51%	132	50	48	48	86	160	203	1	15	149	149	218	\$128	\$30	\$63	\$1,479
Other State	198	55%	342	70	47	39	123	161	207	2	11	168	173	90	\$309	\$32	\$81	\$1,853
Other Country	22	48%	229	230	118	201	48	178	206	0	13	178	32	1,570	\$540	\$56	\$140	\$3,739
Mexico and Central America	14	51%	0	44	9	35	28	151	235	0	7	62	0	11	\$0	\$6	\$10	\$599
JAIL HISTORY																		
No Jail	220	49%	179	97	47	79	61	166	214	1	3	0	0	0	\$187	\$30	\$68	\$1,134
Jail	600	53%	184	46	50	39	104	158	201	1	17	209	204	300	\$178	\$31	\$69	\$1,791
JAIL MEDICAL FACILITY																		
No Jail Medical Facility	655	51%	160	65	47	54	99	161	208	1	12	113	0	161	\$163	\$30	\$66	\$1,339
Jail Medical Facility	165	53%	272	41	57	31	69	157	190	0	21	313	740	454	\$250	\$34	\$80	\$2,709
JAIL MENTAL HEALTH FACILITY																		
No Jail Mental Health Facility	675	51%	164	59	43	42	97	159	203	1	12	122	103	0	\$155	\$27	\$60	\$1,246
Jail Mental Health Facility	145	57%	271	65	77	86	74	165	210	2	20	299	363	1,243	\$298	\$48	\$109	\$3,330

Appendix 2 - Data Table A7 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Health Srv hospital-inpatient	LA Co Health Srv outpatient clinic	LA Co Health Srv emergency room	LA Co Dept Mental Health	LA Co Public Health	DPSS Food Stamps	DPSS General Relief	LAHSA homeless srv.	LA Co Probation	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
GENDER																		
Female	269	50%	244	73	49	40	112	155	206	1	11	116	17	120	\$233	\$30	\$72	\$1,481
Male	551	52%	153	53	49	54	84	163	204	1	15	171	213	268	\$155	\$31	\$67	\$1,680
AGE																		
18-29 years	200	46%	68	29	38	57	41	152	184	0	15	159	148	267	\$77	\$22	\$47	\$1,304
30-45 years	391	50%	151	61	45	52	105	159	208	1	14	190	148	249	\$138	\$28	\$62	\$1,610
46-65 years	229	59%	338	84	65	39	118	170	217	2	12	84	152	129	\$343	\$41	\$100	\$1,894
WORK HISTORY																		
No Recent Work History	768	51%	194	61	50	51	90	160	205	1	14	156	151	219	\$191	\$32	\$71	\$1,647
Recent Work History	52	57%	14	41	25	30	128	162	198	2	15	104	114	234	\$22	\$16	\$30	\$1,135
DISABILITY																		
No Disability	564	47%	134	41	41	36	101	157	193	0	14	151	70	228	\$137	\$25	\$56	\$1,385
Disability	256	62%	291	102	66	79	74	168	229	2	13	156	322	202	\$277	\$42	\$97	\$2,122
MENTAL ILLNESS																		
No Mental Illness	497	49%	117	46	28	0	87	159	198	0	14	124	68	0	\$106	\$20	\$44	\$1,013
Mental Illness	323	56%	284	81	81	126	101	162	214	2	14	197	274	558	\$294	\$47	\$107	\$2,541
SUBSTANCE ABUSE																		
No Substance Abuse	190	48%	100	51	32	44	0	169	209	0	8	103	196	293	\$109	\$22	\$47	\$1,381
Substance Abuse	630	53%	208	63	54	51	121	158	203	1	15	168	135	198	\$202	\$33	\$75	\$1,685
HIV/AIDS																		
No HIV/AIDS	811	52%	175	57	48	50	94	160	204	1	14	150	150	218	\$171	\$30	\$67	\$1,587
HIV/AIDS	9	54%	906	318	140	19	3	161	229	0	8	461	85	373	\$1,065	\$95	\$250	\$4,113

Appendix 2 - Data Table A8
 Single-Variable Breakouts of Average Monthly Costs in Months they were Homeless for 855 Los Angeles County General Relief Recipients that
 Received Emergency Housing Vouchers for 4+ Consecutive Months

Subgroups by ethnicity, nativity, jail history, gender, age, work history, disability, mental illness, substance abuse, and HIV/AIDS

Costs for January 2006 through October 2007. Converted to 2008 Dollars

Small subpopulations (<25) with less reliable data are highlighted

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Dept Public Social Srv GR Housing	Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
EVERYONE	820	29%	112	98	64	55	386	172	35	35	44	0	28	98	65	124	\$111	\$44	\$88	\$1,524
ETHNICITY																				
African American	288	36%	192	137	69	70	298	167	53	53	52	1	23	144	150	74	\$213	\$50	\$106	\$1,799
Asian/Pacific Islander	10	24%	0	36	37	1	226	137	12	12	10	0	37	155	0	277	\$0	\$36	\$66	\$1,029
Latino	236	26%	49	77	47	35	481	170	24	24	40	0	31	87	24	59	\$51	\$35	\$68	\$1,278
White	243	25%	79	75	67	60	392	181	26	26	42	0	30	60	13	216	\$41	\$42	\$80	\$1,403
Other	43	24%	126	90	105	57	448	177	22	22	40	0	30	58	40	264	\$185	\$61	\$125	\$1,827
NATIVITY																				
California	553	30%	92	88	67	63	367	173	35	35	44	0	29	101	51	161	\$131	\$45	\$92	\$1,540
Other State	219	30%	187	122	55	38	408	170	37	37	47	1	23	108	116	58	\$84	\$39	\$78	\$1,572
Other Country	26	26%	0	87	57	31	515	165	29	29	27	0	37	12	0	0	\$0	\$32	\$58	\$1,050
Mexico and Central America	22	17%	0	109	78	52	474	177	2	2	43	0	27	29	0	0	\$0	\$68	\$125	\$1,185
JAIL HISTORY																				
No Jail	215	24%	61	99	42	58	375	178	26	26	40	0	5	0	0	0	\$86	\$30	\$62	\$1,063
Jail	605	31%	130	97	71	54	389	170	38	38	46	0	36	133	89	168	\$120	\$48	\$97	\$1,687
JAIL MEDICAL FACILITY																				
No Jail Medical Facility	654	28%	80	100	67	57	399	173	32	32	43	0	25	65	0	49	\$95	\$46	\$90	\$1,323
Jail Medical Facility	166	34%	236	88	49	47	332	166	44	44	51	0	37	230	323	422	\$176	\$36	\$79	\$2,316
JAIL MENTAL HEALTH FACILITY																				
No Jail Mental Health Facility	679	28%	88	98	55	33	405	173	32	32	42	0	27	71	44	0	\$100	\$38	\$77	\$1,284
Jail Mental Health Facility	141	36%	227	97	103	160	289	169	48	48	56	0	32	230	169	722	\$167	\$69	\$139	\$2,679
GENDER																				
Female	226	28%	68	148	97	92	444	165	29	29	37	0	26	59	10	52	\$102	\$59	\$116	\$1,506
Male	594	30%	128	78	51	41	363	175	37	37	47	0	28	114	86	151	\$115	\$38	\$77	\$1,531
AGE																				
18-29 years	189	23%	49	47	52	92	510	176	18	18	50	0	31	67	6	181	\$80	\$31	\$62	\$1,452
30-45 years	398	30%	108	87	54	44	345	169	36	36	44	1	28	119	96	95	\$68	\$40	\$79	\$1,415

Appendix 2 - Data Table A8 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Dept Public Social Srv GR Housing Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless	
46-65 years	233	33%	168	156	89	44	353	174	45	41	0	24	88	61	129	\$210	\$60	\$125	\$1,767	
WORK HISTORY																				
No Recent Work History	765	29%	112	95	64	57	379	173	34	44	0	28	96	62	125	\$113	\$44	\$88	\$1,514	
Recent Work History	55	36%	112	133	62	31	474	161	45	49	1	23	125	111	108	\$87	\$44	\$86	\$1,654	
DISABILITY																				
No Disability	564	26%	26	75	45	31	398	173	26	42	0	27	92	45	78	\$55	\$32	\$62	\$1,209	
Disability	256	36%	301	147	103	108	357	170	53	51	1	28	113	109	226	\$235	\$70	\$144	\$2,217	
MENTAL ILLNESS																				
No Mental Illness	519	27%	35	87	39	0	415	172	31	41	0	28	84	57	0	\$49	\$30	\$58	\$1,126	
Mental Illness	301	32%	243	116	106	151	334	172	41	51	0	26	124	80	338	\$219	\$68	\$140	\$2,210	
SUBSTANCE ABUSE																				
No Substance Abuse	190	29%	64	94	40	62	0	170	42	35	0	14	115	110	117	\$72	\$30	\$60	\$1,025	
Substance Abuse	630	29%	126	99	71	53	502	173	33	47	1	32	93	52	126	\$123	\$48	\$96	\$1,674	
HIV/AIDS																				
No HIV/AIDS	813	29%	103	95	63	55	386	172	34	44	0	28	95	64	124	\$101	\$43	\$87	\$1,496	
HIV/AIDS	7	42%	1,075	424	115	43	355	147	60	54	1	38	438	247	103	\$1,302	\$83	\$245	\$4,730	

Appendix 2 - Data Table A9

Six-Variable Breakout of Average Monthly Costs in Months they were Housed for Los Angeles County
General Relief Recipients that Received Emergency Housing Vouchers for 4+ Consecutive Months and
Average Monthly Costs in Months when they were Homeless for Ma

Subgroups defined by gender, age, work history in past 3 years, disability, mental illness, and substance abuse

Costs for January 2006 through October 2007, Converted to 2008 Dollars

Small subpopulations (<25) with less reliable data are highlighted

GROUP	Homeless Comparison Group - Cost in Homeless Months			GR Voucher Housing 4+ Months - Cost When Housed			Cost Saving
	Count	Avg Mthly DHS hospitalizations	Total Average Monthly Cost	Count	Avg Mthly DHS hospitalizations	Total Average Monthly Cost	
Everyone	820	7.6	\$1,615	820	3.9	\$1,299	\$316
Female	269	3.2	\$1,481	226	1.4	\$1,266	\$215
18-29 years	86	0.5	\$923	59	0.1	\$882	\$41
No Recent Work History	78	0.5	\$942	51	0.1	\$924	\$19
No Disability	68	0.5	\$943	43	0.1	\$708	\$235
No Mental Illness	47	0.4	\$829	29	0.1	\$734	\$96
Substance Abuse	33	0.4	\$987	25	0.1	\$785	\$202
30-45 years	119	0.8	\$1,508	109	0.3	\$1,097	\$411
No Recent Work History	108	0.8	\$1,599	98	0.3	\$1,113	\$486
No Disability	78	0.2	\$1,404	70	0.1	\$931	\$473
No Mental Illness	45	0.1	\$930	39	0.1	\$890	\$40
Substance Abuse	37	0.1	\$1,042	32	0.1	\$991	\$51
Mental Illness	33	0.1	\$2,051	31	0.1	\$982	\$1,069
Substance Abuse	30	0.1	\$2,192	27		\$945	\$1,246
Disability	30	0.6	\$2,104	28	0.2	\$1,567	\$537
46-65 years	64	1.9	\$2,181	58	1.0	\$1,973	\$208
No Recent Work History	60	1.9	\$2,288	52	1.0	\$2,096	\$192
No Disability	26	1.1	\$2,607	22	0.1	\$1,088	\$1,520
Disability	34	0.8	\$2,044	30	1.0	\$2,835	-\$791
Male	551	4.4	\$1,680	594	2.5	\$1,311	\$369
18-29 years	114	0.3	\$1,592	130	0.6	\$1,205	\$387
No Recent Work History	108	0.3	\$1,634	129	0.6	\$1,212	\$422
No Disability	90	0.2	\$1,351	102	0.5	\$1,047	\$305
No Mental Illness	61	0.2	\$777	64		\$786	-\$9
Substance Abuse	39	0.2	\$875	46		\$816	\$59
Mental Illness	29	0.0	\$2,560	38	0.5	\$1,486	\$1,073
Substance Abuse	20	0.0	\$1,192	28	0.5	\$1,779	-\$586
Disability	18	0.1	\$3,047	27	0.1	\$1,835	\$1,212
30-45 years	272	1.9	\$1,655	289	1.3	\$1,341	\$314
No Recent Work History	260	1.9	\$1,669	273	1.3	\$1,366	\$303
No Disability	177	1.0	\$1,495	198	0.7	\$1,235	\$261
No Mental Illness	109	0.1	\$780	142	0.2	\$928	-\$149
No Substance Abuse	21	0.0	\$542	36		\$496	\$46
Substance Abuse	88	0.1	\$836	106	0.2	\$1,075	-\$239
Mental Illness	68	0.9	\$2,642	56	0.5	\$2,011	\$631
Substance Abuse	61	0.9	\$2,735	47	0.5	\$2,197	\$538

Appendix 2 - Data Table A9 (cont.)

GROUP	Homeless Comparison Group - Cost in Homeless Months			GR Voucher Housing 4+ Months - Cost When Housed			Cost Saving
	Count	Avg Mthly DHS hospitalizations	Total Average Monthly Cost	Count	Avg Mthly DHS hospitalizations	Total Average Monthly Cost	
Male (cont.)							
30-45 years (cont.)							
No Recent Work History (cont.)							
Disability	83	0.9	\$2,039	75	0.6	\$1,713	\$325
No Mental Illness	41	0.2	\$1,396	42	0.1	\$1,291	\$105
Substance Abuse	31	0.2	\$1,545	32	0.1	\$1,556	-\$11
Mental Illness	42	0.7	\$2,666	33	0.5	\$2,250	\$416
Substance Abuse	36	0.7	\$2,670	27	0.5	\$2,410	\$260
46-65 years	165	2.2	\$1,782	175	0.6	\$1,341	\$441
No Recent Work History	154	2.1	\$1,762	162	0.6	\$1,365	\$397
No Disability	91	0.9	\$1,353	92	0.3	\$1,288	\$66
No Mental Illness	56	0.2	\$808	72	0.3	\$966	-\$157
Substance Abuse	42	0.2	\$918	48	0.3	\$1,143	-\$225
Mental Illness	35	0.7	\$2,225	20		\$2,448	-\$223
Disability	63	1.2	\$2,353	70	0.3	\$1,467	\$886
No Mental Illness	41	0.3	\$1,451	42		\$1,054	\$397
Substance Abuse	29	0.3	\$1,745	28		\$1,198	\$547
Mental Illness	22	0.9	\$4,034	28	0.3	\$2,086	\$1,949
Substance Abuse	21	0.9	\$4,168	20	0.3	\$2,418	\$1,750

Appendix 2 - Data Table A10
Five-Variable Breakouts of Average Monthly Costs of 9,186 Los Angeles County General Relief Recipients in Months when Homeless
Subgroups defined by age, jail history in past 5 years, substance abuse (SA) and/or mental illness (MI), disability, and whether employed in past 3 years
Costs for January 2006 through October 2007, Converted to 2008 Dollars
Small subpopulations (<25) with less reliable data are highlighted

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Sr hospital-inpatient	LA Co Dept Health Sr outpatient clinic	LA Co Dept Health Sr emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Everyone	9,186	46%	\$230	\$58	\$42	\$38	\$74	\$165	\$176	\$65	\$1	\$10	\$120	\$109	\$149	\$121	\$28	\$59	\$1,446
18-29	2,568	41%	\$59	\$26	\$23	\$33	\$66	\$158	\$165	\$55	\$1	\$10	\$112	\$89	\$112	\$51	\$15	\$32	\$1,007
No Jail	1,063	38%	\$31	\$27	\$15	\$27	\$29	\$161	\$176	\$44	\$1	\$2	\$0	\$0	\$0	\$23	\$10	\$21	\$566
Neither SA or MI	813	38%	\$19	\$21	\$9	\$0	\$0	\$160	\$189	\$19	\$0	\$1	\$0	\$0	\$0	\$11	\$7	\$14	\$451
No Disability	699	36%	\$0	\$18	\$8	\$0	\$0	\$158	\$186	\$18	\$0	\$2	\$0	\$0	\$0	\$1	\$5	\$10	\$406
No Work	607	35%	\$0	\$16	\$7	\$0	\$0	\$159	\$185	\$18	\$0	\$2	\$0	\$0	\$0	\$1	\$5	\$10	\$405
Recent Work	92	43%	\$0	\$26	\$10	\$0	\$0	\$151	\$186	\$20	\$1	\$1	\$0	\$0	\$0	\$0	\$7	\$13	\$414
Disability	114	51%	\$132	\$43	\$21	\$0	\$0	\$170	\$210	\$22	\$0	\$1	\$0	\$0	\$0	\$68	\$18	\$37	\$722
No Work	103	50%	\$146	\$41	\$20	\$0	\$0	\$170	\$208	\$24	\$0	\$1	\$0	\$0	\$0	\$75	\$16	\$35	\$735
Recent Work	11	57%	\$0	\$66	\$38	\$0	\$0	\$170	\$231	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$33	\$60	\$607
Substance Abuse	96	25%	\$0	\$25	\$11	\$0	\$203	\$173	\$66	\$204	\$1	\$6	\$0	\$0	\$0	\$0	\$7	\$12	\$707
No Disability	89	26%	\$0	\$20	\$11	\$0	\$184	\$172	\$63	\$205	\$0	\$6	\$0	\$0	\$0	\$0	\$7	\$13	\$682
No Work	83	24%	\$0	\$17	\$5	\$0	\$198	\$176	\$58	\$214	\$0	\$6	\$0	\$0	\$0	\$0	\$3	\$6	\$684
Recent Work	6	43%	\$0	\$53	\$106	\$0	\$0	\$117	\$123	\$85	\$2	\$0	\$0	\$0	\$0	\$0	\$58	\$107	\$650
Disability	7	23%	\$0	\$86	\$0	\$0	\$437	\$189	\$108	\$187	\$13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,021
No Work	7	23%	\$0	\$86	\$0	\$0	\$437	\$189	\$108	\$187	\$13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,021
Recent Work	0																		
Mental Illness	112	46%	\$132	\$56	\$42	\$146	\$0	\$162	\$206	\$30	\$0	\$1	\$0	\$0	\$0	\$85	\$28	\$57	\$946
No Disability	67	43%	\$35	\$36	\$39	\$98	\$0	\$159	\$200	\$36	\$0	\$1	\$0	\$0	\$0	\$44	\$25	\$49	\$722
No Work	61	42%	\$38	\$39	\$41	\$104	\$0	\$159	\$202	\$39	\$0	\$1	\$0	\$0	\$0	\$48	\$26	\$51	\$749
Recent Work	6	52%	\$0	\$7	\$22	\$36	\$0	\$164	\$172	\$0	\$2	\$0	\$0	\$0	\$0	\$0	\$16	\$29	\$447

Appendix 2 - Data Table A10 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Mental Illness	278	50%	\$116	\$26	\$43	\$81	\$0	\$154	\$182	\$29	\$2	\$13	\$278	\$399	\$631	\$93	\$28	\$58	\$2,134
No Disability	175	46%	\$96	\$18	\$33	\$59	\$0	\$148	\$167	\$35	\$1	\$14	\$285	\$253	\$566	\$85	\$21	\$45	\$1,827
No Work	154	45%	\$100	\$18	\$35	\$65	\$0	\$148	\$163	\$37	\$1	\$14	\$313	\$283	\$618	\$91	\$22	\$48	\$1,956
Recent Work	21	55%	\$69	\$17	\$21	\$17	\$0	\$147	\$191	\$23	\$3	\$15	\$82	\$32	\$184	\$42	\$14	\$28	\$885
Disability	103	58%	\$150	\$41	\$61	\$119	\$0	\$163	\$208	\$19	\$3	\$12	\$266	\$646	\$742	\$108	\$39	\$79	\$2,656
No Work	98	58%	\$158	\$43	\$63	\$120	\$0	\$164	\$208	\$19	\$3	\$13	\$279	\$679	\$769	\$113	\$40	\$82	\$2,752
Recent Work	5	58%	\$0	\$0	\$12	\$106	\$0	\$155	\$200	\$19	\$18	\$0	\$25	\$0	\$211	\$0	\$9	\$17	\$772
Both SA and MI	182	40%	\$150	\$45	\$89	\$184	\$370	\$171	\$113	\$148	\$4	\$26	\$177	\$137	\$613	\$141	\$45	\$93	\$2,505
No Disability	129	37%	\$66	\$50	\$68	\$108	\$458	\$174	\$104	\$160	\$4	\$28	\$173	\$172	\$189	\$42	\$35	\$68	\$1,898
No Work	120	37%	\$71	\$53	\$70	\$115	\$471	\$175	\$102	\$164	\$5	\$27	\$176	\$182	\$204	\$45	\$35	\$67	\$1,961
Recent Work	9	40%	\$0	\$16	\$40	\$8	\$284	\$158	\$124	\$110	\$0	\$29	\$140	\$34	\$0	\$0	\$42	\$77	\$1,061
Disability	53	48%	\$355	\$32	\$141	\$368	\$156	\$164	\$134	\$117	\$2	\$23	\$188	\$51	\$1,643	\$383	\$69	\$155	\$3,981
No Work	52	47%	\$362	\$32	\$141	\$371	\$159	\$163	\$132	\$119	\$2	\$23	\$191	\$52	\$1,675	\$390	\$69	\$155	\$4,038
Recent Work	1	95%	\$0	\$0	\$142	\$210	\$0	\$188	\$241	\$0	\$0	\$0	\$36	\$0	\$0	\$0	\$71	\$131	\$1,018
30-45	3,771	44%	\$153	\$57	\$43	\$42	\$83	\$164	\$174	\$74	\$1	\$11	\$140	\$116	\$157	\$114	\$29	\$60	\$1,418
No Jail	1,326	41%	\$97	\$64	\$35	\$45	\$54	\$168	\$187	\$67	\$1	\$2	\$0	\$0	\$0	\$87	\$24	\$50	\$881
Neither SA or MI	864	41%	\$78	\$41	\$15	\$0	\$0	\$165	\$199	\$40	\$1	\$1	\$0	\$0	\$0	\$78	\$11	\$26	\$656
No Disability	648	36%	\$47	\$22	\$13	\$0	\$0	\$162	\$190	\$43	\$1	\$1	\$0	\$0	\$0	\$68	\$10	\$23	\$580
No Work	580	34%	\$48	\$22	\$14	\$0	\$0	\$163	\$191	\$44	\$0	\$1	\$0	\$0	\$0	\$70	\$10	\$23	\$585
Recent Work	68	45%	\$40	\$30	\$9	\$0	\$0	\$157	\$183	\$30	\$7	\$2	\$0	\$0	\$0	\$53	\$7	\$16	\$532
Disability	216	55%	\$171	\$98	\$21	\$0	\$0	\$174	\$227	\$34	\$1	\$2	\$0	\$0	\$0	\$106	\$15	\$35	\$884
No Work	196	55%	\$189	\$100	\$22	\$0	\$0	\$176	\$226	\$36	\$1	\$2	\$0	\$0	\$0	\$117	\$15	\$37	\$921
Recent Work	20	59%	\$0	\$81	\$17	\$0	\$0	\$157	\$229	\$11	\$3	\$4	\$0	\$0	\$0	\$0	\$8	\$15	\$526
Substance Abuse	156	34%	\$212	\$111	\$23	\$0	\$365	\$170	\$126	\$181	\$0	\$8	\$0	\$0	\$0	\$106	\$20	\$44	\$1,365
No Disability	108	27%	\$45	\$87	\$19	\$0	\$479	\$168	\$106	\$216	\$0	\$7	\$0	\$0	\$0	\$8	\$19	\$35	\$1,190
No Work	96	26%	\$0	\$61	\$21	\$0	\$460	\$170	\$100	\$221	\$0	\$7	\$0	\$0	\$0	\$0	\$21	\$38	\$1,100
Recent Work	12	38%	\$403	\$289	\$3	\$0	\$629	\$153	\$160	\$174	\$0	\$13	\$0	\$0	\$0	\$74	\$3	\$10	\$1,910

Appendix 2 - Data Table A10 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LA SHA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Disability	48	47%	\$589	\$165	\$31	\$0	\$111	\$174	\$171	\$102	\$0	\$8	\$0	\$0	\$0	\$325	\$22	\$63	\$1,760
No Work	46	47%	\$614	\$172	\$32	\$0	\$76	\$174	\$167	\$106	\$0	\$8	\$0	\$0	\$0	\$340	\$23	\$66	\$1,778
Recent Work	2	64%	\$0	\$0	\$0	\$0	\$916	\$183	\$256	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,356
Mental Illness	189	54%	\$42	\$82	\$90	\$158	\$0	\$172	\$221	\$37	\$2	\$1	\$0	\$0	\$0	\$62	\$55	\$106	\$1,027
No Disability	75	46%	\$8	\$106	\$60	\$117	\$0	\$166	\$196	\$61	\$1	\$0	\$0	\$0	\$0	\$32	\$41	\$78	\$868
No Work	63	47%	\$9	\$111	\$68	\$130	\$0	\$168	\$199	\$67	\$0	\$0	\$0	\$0	\$0	\$39	\$47	\$90	\$929
Recent Work	12	44%	\$0	\$81	\$20	\$54	\$0	\$155	\$179	\$28	\$2	\$0	\$0	\$0	\$0	\$0	\$10	\$19	\$547
Disability	114	58%	\$64	\$67	\$109	\$184	\$0	\$176	\$238	\$22	\$2	\$1	\$0	\$0	\$0	\$81	\$64	\$124	\$1,132
No Work	102	58%	\$72	\$73	\$121	\$183	\$0	\$178	\$239	\$20	\$3	\$2	\$0	\$0	\$0	\$90	\$71	\$136	\$1,186
Recent Work	12	59%	\$0	\$17	\$8	\$196	\$0	\$157	\$229	\$37	\$0	\$0	\$0	\$0	\$0	\$0	\$9	\$16	\$670
Both SA and MI	117	36%	\$171	\$139	\$109	\$256	\$127	\$176	\$123	\$160	\$6	\$2	\$0	\$0	\$0	\$174	\$74	\$149	\$1,665
No Disability	58	23%	\$116	\$108	\$60	\$139	\$163	\$176	\$79	\$209	\$0	\$4	\$0	\$0	\$0	\$48	\$34	\$66	\$1,203
No Work	53	23%	\$127	\$111	\$66	\$153	\$178	\$175	\$77	\$214	\$0	\$3	\$0	\$0	\$0	\$53	\$37	\$72	\$1,267
Recent Work	5	25%	\$0	\$70	\$0	\$0	\$7	\$187	\$96	\$149	\$0	\$14	\$0	\$0	\$0	\$0	\$0	\$0	\$522
Disability	59	48%	\$224	\$170	\$158	\$370	\$91	\$175	\$166	\$111	\$12	\$0	\$0	\$0	\$0	\$298	\$114	\$230	\$2,119
No Work	50	49%	\$265	\$144	\$157	\$421	\$84	\$176	\$172	\$103	\$14	\$0	\$0	\$0	\$0	\$351	\$113	\$232	\$2,234
Recent Work	9	43%	\$0	\$312	\$158	\$87	\$129	\$168	\$133	\$157	\$1	\$0	\$0	\$0	\$0	\$0	\$118	\$218	\$1,480
Jail	2,445	46%	\$183	\$53	\$47	\$41	\$99	\$162	\$168	\$78	\$1	\$15	\$216	\$179	\$241	\$128	\$31	\$66	\$1,709
Neither SA or MI	941	45%	\$154	\$34	\$20	\$0	\$0	\$161	\$190	\$34	\$0	\$8	\$197	\$131	\$0	\$71	\$15	\$32	\$1,047
No Disability	671	41%	\$20	\$23	\$14	\$0	\$0	\$159	\$184	\$34	\$0	\$9	\$202	\$122	\$0	\$22	\$10	\$20	\$818
No Work	589	40%	\$12	\$20	\$14	\$0	\$0	\$159	\$184	\$36	\$0	\$8	\$207	\$136	\$0	\$16	\$10	\$19	\$821
Recent Work	82	52%	\$73	\$39	\$16	\$0	\$0	\$160	\$185	\$16	\$0	\$12	\$162	\$26	\$0	\$67	\$11	\$25	\$791
Disability	270	55%	\$487	\$63	\$35	\$0	\$0	\$166	\$203	\$35	\$0	\$7	\$186	\$154	\$0	\$191	\$27	\$63	\$1,619
No Work	236	56%	\$540	\$66	\$35	\$0	\$0	\$167	\$206	\$36	\$0	\$6	\$196	\$141	\$0	\$208	\$27	\$65	\$1,694
Recent Work	34	53%	\$118	\$43	\$37	\$0	\$0	\$157	\$187	\$27	\$0	\$13	\$114	\$244	\$0	\$77	\$27	\$54	\$1,096

Appendix 2 - Data Table A10 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LA SHA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Substance Abuse	580	39%	\$77	\$60	\$40	\$0	\$264	\$162	\$122	\$144	\$1	\$27	\$222	\$109	\$0	\$71	\$28	\$57	\$1,383
No Disability	392	34%	\$28	\$52	\$31	\$0	\$261	\$162	\$106	\$164	\$1	\$28	\$183	\$94	\$0	\$29	\$23	\$45	\$1,207
No Work	349	33%	\$31	\$53	\$34	\$0	\$263	\$162	\$102	\$172	\$0	\$28	\$185	\$86	\$0	\$32	\$25	\$48	\$1,221
Recent Work	43	43%	\$0	\$49	\$13	\$0	\$245	\$161	\$136	\$101	\$3	\$25	\$169	\$162	\$0	\$0	\$12	\$21	\$1,096
Disability	188	50%	\$181	\$77	\$59	\$0	\$270	\$160	\$155	\$102	\$1	\$25	\$303	\$139	\$0	\$158	\$38	\$81	\$1,750
No Work	176	50%	\$173	\$81	\$59	\$0	\$254	\$161	\$155	\$103	\$1	\$26	\$315	\$148	\$0	\$136	\$38	\$79	\$1,730
Recent Work	12	55%	\$296	\$17	\$58	\$0	\$493	\$154	\$155	\$90	\$1	\$11	\$124	\$0	\$0	\$487	\$42	\$111	\$2,039
Mental Illness	412	54%	\$192	\$52	\$59	\$63	\$0	\$163	\$211	\$38	\$0	\$9	\$250	\$324	\$768	\$130	\$36	\$76	\$2,371
No Disability	191	49%	\$60	\$42	\$50	\$47	\$0	\$159	\$190	\$41	\$0	\$10	\$324	\$309	\$560	\$58	\$28	\$56	\$1,934
No Work	173	48%	\$65	\$42	\$52	\$47	\$0	\$159	\$193	\$45	\$0	\$11	\$328	\$342	\$599	\$58	\$29	\$58	\$2,026
Recent Work	18	55%	\$15	\$44	\$29	\$45	\$0	\$160	\$161	\$8	\$0	\$3	\$287	\$0	\$185	\$64	\$16	\$34	\$1,050
Disability	221	59%	\$306	\$62	\$68	\$77	\$0	\$166	\$230	\$35	\$0	\$7	\$186	\$336	\$947	\$193	\$43	\$93	\$2,749
No Work	209	59%	\$323	\$62	\$70	\$76	\$0	\$165	\$229	\$36	\$0	\$7	\$195	\$355	\$987	\$204	\$45	\$97	\$2,854
Recent Work	12	59%	\$0	\$48	\$22	\$91	\$0	\$182	\$240	\$21	\$0	\$7	\$27	\$0	\$253	\$0	\$10	\$18	\$918
Both SA and MI	512	47%	\$351	\$80	\$95	\$145	\$175	\$163	\$144	\$115	\$3	\$22	\$216	\$228	\$535	\$299	\$60	\$131	\$2,763
No Disability	260	42%	\$190	\$49	\$68	\$126	\$216	\$159	\$119	\$147	\$2	\$25	\$226	\$199	\$580	\$169	\$42	\$89	\$2,406
No Work	241	41%	\$140	\$51	\$69	\$113	\$228	\$161	\$118	\$146	\$2	\$26	\$224	\$214	\$597	\$162	\$43	\$90	\$2,385
Recent Work	19	52%	\$827	\$35	\$51	\$295	\$66	\$136	\$135	\$153	\$6	\$14	\$246	\$6	\$354	\$256	\$28	\$70	\$2,680
Disability	252	52%	\$516	\$112	\$123	\$163	\$133	\$168	\$170	\$83	\$4	\$18	\$206	\$258	\$489	\$433	\$79	\$175	\$3,130
No Work	237	52%	\$528	\$110	\$127	\$169	\$113	\$168	\$170	\$82	\$5	\$17	\$211	\$272	\$504	\$443	\$81	\$180	\$3,181
Recent Work	15	53%	\$315	\$145	\$57	\$69	\$446	\$163	\$157	\$107	\$0	\$30	\$141	\$32	\$263	\$260	\$45	\$102	\$2,332
46+	2,847	52%	\$488	\$89	\$57	\$97	\$71	\$172	\$188	\$62	\$2	\$8	\$100	\$117	\$174	\$194	\$38	\$83	\$1,880
No Jail	1,402	51%	\$528	\$100	\$47	\$40	\$40	\$175	\$200	\$53	\$3	\$1	\$0	\$0	\$0	\$201	\$31	\$71	\$1,489
Neither SA or MI	951	53%	\$478	\$74	\$26	\$0	\$0	\$174	\$211	\$30	\$2	\$1	\$0	\$0	\$0	\$155	\$18	\$44	\$1,213
No Disability	534	48%	\$128	\$38	\$14	\$0	\$0	\$173	\$192	\$30	\$1	\$1	\$0	\$0	\$0	\$71	\$11	\$24	\$683
No Work	453	49%	\$151	\$39	\$15	\$0	\$0	\$175	\$191	\$27	\$1	\$1	\$0	\$0	\$0	\$83	\$11	\$27	\$720
Recent Work	81	43%	\$0	\$35	\$9	\$0	\$0	\$163	\$200	\$50	\$2	\$2	\$0	\$0	\$0	\$0	\$6	\$12	\$478

Appendix 2 - Data Table A10 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LA SHA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
Disability	417	58%	\$927	\$121	\$42	\$0	\$0	\$175	\$236	\$29	\$2	\$1	\$0	\$0	\$262	\$28	\$70	\$1,892
No Work	379	58%	\$1,011	\$126	\$43	\$0	\$0	\$175	\$237	\$30	\$1	\$1	\$0	\$0	\$282	\$29	\$74	\$2,010
Recent Work	38	63%	\$89	\$72	\$26	\$0	\$0	\$174	\$222	\$13	\$20	\$0	\$0	\$0	\$64	\$14	\$30	\$723
Substance Abuse	159	43%	\$137	\$108	\$42	\$0	\$253	\$181	\$131	\$164	\$0	\$6	\$0	\$0	\$154	\$30	\$66	\$1,273
No Disability	87	35%	\$50	\$67	\$22	\$0	\$255	\$185	\$93	\$215	\$0	\$8	\$0	\$0	\$101	\$17	\$38	\$1,049
NI/No Work	79	35%	\$55	\$72	\$25	\$0	\$254	\$185	\$91	\$219	\$0	\$9	\$0	\$0	\$111	\$18	\$42	\$1,080
Recent Work	8	34%	\$0	\$16	\$0	\$0	\$257	\$181	\$107	\$173	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$734
Disability	72	52%	\$242	\$158	\$67	\$0	\$251	\$178	\$176	\$103	\$1	\$4	\$0	\$0	\$217	\$46	\$101	\$1,545
DI/No Work	63	53%	\$277	\$160	\$66	\$0	\$272	\$181	\$181	\$108	\$0	\$4	\$0	\$0	\$248	\$45	\$101	\$1,645
Recent Work	9	50%	\$0	\$147	\$70	\$0	\$103	\$150	\$143	\$73	\$5	\$0	\$0	\$0	\$0	\$53	\$98	\$843
Mental Illness	191	55%	\$442	\$151	\$101	\$189	\$0	\$177	\$223	\$39	\$7	\$0	\$0	\$0	\$304	\$65	\$142	\$1,842
No Disability	63	51%	\$436	\$78	\$117	\$148	\$0	\$172	\$195	\$48	\$0	\$1	\$0	\$0	\$371	\$75	\$165	\$1,805
NI/No Work	52	53%	\$529	\$89	\$138	\$163	\$0	\$174	\$195	\$46	\$0	\$1	\$0	\$0	\$450	\$88	\$194	\$2,066
Recent Work	11	43%	\$0	\$25	\$18	\$75	\$0	\$162	\$193	\$58	\$0	\$0	\$0	\$0	\$0	\$15	\$28	\$573
Disability	128	56%	\$445	\$188	\$93	\$210	\$0	\$180	\$237	\$34	\$10	\$0	\$0	\$0	\$271	\$61	\$130	\$1,860
DI/No Work	114	57%	\$491	\$189	\$101	\$217	\$0	\$183	\$243	\$35	\$7	\$0	\$0	\$0	\$294	\$65	\$140	\$1,963
Recent Work	14	48%	\$69	\$180	\$32	\$153	\$0	\$162	\$188	\$33	\$31	\$0	\$0	\$0	\$87	\$26	\$53	\$1,015
Both SA and MI	101	48%	\$1,766	\$229	\$144	\$193	\$157	\$177	\$160	\$119	\$9	\$2	\$0	\$0	\$519	\$87	\$196	\$3,756
No Disability	28	38%	\$45	\$169	\$127	\$208	\$111	\$182	\$75	\$154	\$22	\$3	\$0	\$0	\$87	\$66	\$127	\$1,376
NI/No Work	25	35%	\$50	\$123	\$141	\$135	\$122	\$186	\$74	\$159	\$24	\$3	\$0	\$0	\$97	\$72	\$139	\$1,327
Recent Work	3	61%	\$0	\$560	\$13	\$816	\$16	\$153	\$85	\$112	\$0	\$0	\$0	\$0	\$0	\$12	\$23	\$1,790
Disability	73	52%	\$2,427	\$251	\$150	\$187	\$174	\$175	\$193	\$106	\$4	\$1	\$0	\$0	\$685	\$95	\$222	\$4,668
DI/No Work	63	53%	\$2,755	\$246	\$158	\$210	\$175	\$175	\$190	\$110	\$3	\$1	\$0	\$0	\$683	\$100	\$231	\$5,038
Recent Work	10	45%	\$355	\$283	\$101	\$39	\$168	\$176	\$209	\$78	\$7	\$0	\$0	\$0	\$697	\$63	\$165	\$2,341
Jail	1,445	53%	\$449	\$79	\$68	\$35	\$100	\$170	\$176	\$71	\$1	\$14	\$197	\$230	\$187	\$44	\$95	\$2,259
Neither SA or MI	580	56%	\$670	\$52	\$26	\$0	\$0	\$172	\$191	\$41	\$1	\$7	\$199	\$137	\$85	\$19	\$41	\$1,641
No Disability	318	51%	\$64	\$43	\$15	\$0	\$0	\$171	\$177	\$46	\$0	\$7	\$174	\$45	\$39	\$10	\$22	\$812

Appendix 2 - Data Table A10 (cont.)

GROUP	Number of Persons	Percent of Months Homeless	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Mental Health	LA Co Public Health	LA Co DPSS Food Stamps	LA Co DPSS General Relief	LA Co DPSS GR Housing Vouchers	LAHSA homeless srv.	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Homeless
No Work	277	51%	\$52	\$41	\$15	\$0	\$0	\$174	\$177	\$50	\$0	\$7	\$182	\$40	\$0	\$41	\$10	\$22	\$811
Recent Work	41	52%	\$144	\$52	\$15	\$0	\$0	\$153	\$178	\$20	\$0	\$8	\$116	\$77	\$0	\$22	\$10	\$20	\$815
Disability	262	63%	\$1,406	\$64	\$40	\$0	\$0	\$174	\$208	\$36	\$1	\$7	\$229	\$248	\$0	\$141	\$30	\$65	\$2,648
DI/No Work	248	63%	\$1,482	\$55	\$40	\$0	\$0	\$175	\$207	\$34	\$2	\$7	\$239	\$259	\$0	\$141	\$30	\$65	\$2,737
Recent Work	14	60%	\$67	\$214	\$42	\$0	\$0	\$159	\$219	\$61	\$0	\$1	\$49	\$54	\$0	\$139	\$25	\$56	\$1,084
Substance Abuse	359	46%	\$170	\$107	\$51	\$0	\$235	\$168	\$138	\$122	\$1	\$23	\$190	\$134	\$0	\$182	\$35	\$78	\$1,634
No Disability	176	41%	\$115	\$92	\$49	\$0	\$227	\$166	\$115	\$148	\$1	\$26	\$178	\$89	\$0	\$150	\$35	\$76	\$1,465
NI/No Work	156	39%	\$119	\$77	\$45	\$0	\$228	\$168	\$111	\$155	\$1	\$26	\$191	\$95	\$0	\$150	\$34	\$74	\$1,473
Recent Work	20	50%	\$83	\$208	\$83	\$0	\$221	\$151	\$141	\$87	\$1	\$25	\$76	\$41	\$0	\$155	\$43	\$90	\$1,405
Disability	183	52%	\$223	\$121	\$52	\$0	\$242	\$170	\$161	\$97	\$1	\$21	\$202	\$177	\$0	\$213	\$35	\$80	\$1,796
DI/No Work	165	51%	\$179	\$112	\$53	\$0	\$259	\$170	\$163	\$96	\$1	\$20	\$212	\$197	\$0	\$174	\$35	\$77	\$1,747
Recent Work	18	60%	\$630	\$201	\$49	\$0	\$91	\$174	\$144	\$104	\$1	\$23	\$107	\$0	\$0	\$578	\$35	\$105	\$2,240
Mental Illness	253	55%	\$330	\$92	\$77	\$53	\$0	\$168	\$204	\$47	\$1	\$12	\$205	\$362	\$1,339	\$175	\$50	\$104	\$3,217
No Disability	93	50%	\$141	\$65	\$43	\$47	\$0	\$167	\$181	\$48	\$0	\$9	\$182	\$257	\$767	\$63	\$30	\$59	\$2,058
NI/No Work	77	50%	\$170	\$46	\$46	\$51	\$0	\$171	\$180	\$45	\$0	\$8	\$193	\$310	\$882	\$76	\$32	\$63	\$2,274
Recent Work	16	49%	\$0	\$158	\$26	\$27	\$0	\$148	\$185	\$59	\$0	\$13	\$129	\$0	\$213	\$0	\$21	\$38	\$1,018
Disability	160	58%	\$440	\$107	\$97	\$56	\$0	\$168	\$217	\$46	\$2	\$13	\$219	\$423	\$1,672	\$240	\$61	\$130	\$3,891
DI/No Work	156	58%	\$447	\$107	\$94	\$57	\$0	\$169	\$218	\$48	\$2	\$13	\$223	\$434	\$1,712	\$237	\$60	\$128	\$3,948
Recent Work	4	56%	\$167	\$106	\$187	\$1	\$0	\$127	\$182	\$3	\$2	\$34	\$50	\$8	\$90	\$375	\$101	\$212	\$1,644
Both SA and MI	253	54%	\$454	\$90	\$177	\$147	\$239	\$167	\$167	\$92	\$3	\$21	\$194	\$450	\$618	\$442	\$110	\$232	\$3,604
No Disability	79	47%	\$184	\$50	\$72	\$125	\$334	\$169	\$144	\$113	\$1	\$20	\$217	\$206	\$483	\$259	\$45	\$101	\$2,522
NI/No Work	68	44%	\$157	\$41	\$62	\$53	\$375	\$169	\$142	\$122	\$0	\$20	\$223	\$181	\$561	\$213	\$40	\$88	\$2,447
Recent Work	11	65%	\$352	\$102	\$136	\$565	\$83	\$166	\$156	\$55	\$4	\$18	\$185	\$358	\$0	\$541	\$77	\$180	\$2,979
Disability	174	57%	\$577	\$108	\$225	\$157	\$196	\$166	\$178	\$82	\$4	\$22	\$183	\$561	\$679	\$525	\$139	\$292	\$4,095
DI/No Work	166	56%	\$605	\$108	\$231	\$165	\$204	\$166	\$178	\$85	\$4	\$22	\$187	\$557	\$664	\$551	\$143	\$302	\$4,170
Recent Work	8	70%	\$0	\$104	\$101	\$5	\$37	\$170	\$169	\$38	\$0	\$31	\$112	\$638	\$980	\$0	\$54	\$100	\$2,539

Appendix 2 - Data Table A11 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv hospital-inpatient	LA Co Dept Health Srv outpatient clinic	LA Co Dept Health Srv emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social Srv Food Stamps	LA Co Dept Public Social Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail facilities/services	LA Co Sheriff medical jail facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Not Homeless	Difference: Not Homeless minus Homeless
Mental Illness	189	\$197	\$44	\$37	\$76	\$0	\$29	\$45	\$0	\$0	\$0	\$0	\$56	\$26	\$52	\$562	-\$465
No Disability	75	\$16	\$27	\$37	\$47	\$0	\$17	\$24	\$0	\$0	\$0	\$0	\$32	\$31	\$58	\$289	-\$578
No Work	63	\$19	\$25	\$37	\$47	\$0	\$13	\$20	\$0	\$0	\$0	\$0	\$38	\$30	\$58	\$287	-\$642
Recent Work	12	\$0	\$40	\$39	\$48	\$0	\$34	\$44	\$0	\$0	\$0	\$0	\$0	\$34	\$63	\$300	-\$247
Disability	114	\$323	\$55	\$37	\$97	\$0	\$38	\$59	\$1	\$0	\$0	\$0	\$72	\$23	\$47	\$752	-\$380
No Work	102	\$357	\$58	\$41	\$99	\$0	\$38	\$59	\$1	\$0	\$0	\$0	\$81	\$26	\$53	\$812	-\$374
Recent Work	12	\$0	\$26	\$26	\$69	\$0	\$38	\$61	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$193	-\$477
Both SA and MI	117	\$565	\$68	\$79	\$153	\$105	\$41	\$52	\$2	\$0	\$0	\$0	\$259	\$46	\$103	\$1,474	-\$191
No Disability	58	\$197	\$28	\$33	\$80	\$131	\$34	\$37	\$4	\$0	\$0	\$0	\$93	\$21	\$44	\$701	-\$502
No Work	53	\$150	\$23	\$34	\$85	\$137	\$33	\$34	\$3	\$0	\$0	\$0	\$55	\$21	\$42	\$616	-\$652
Recent Work	5	\$702	\$79	\$25	\$25	\$64	\$51	\$69	\$16	\$0	\$0	\$0	\$487	\$19	\$69	\$1,606	\$1,084
Disability	59	\$945	\$111	\$129	\$229	\$79	\$48	\$67	\$1	\$0	\$0	\$0	\$422	\$71	\$160	\$2,262	\$143
No Work	50	\$1,053	\$83	\$144	\$264	\$81	\$45	\$61	\$1	\$0	\$0	\$0	\$422	\$78	\$172	\$2,405	\$171
Recent Work	9	\$383	\$254	\$53	\$48	\$65	\$67	\$95	\$1	\$0	\$0	\$0	\$423	\$34	\$93	\$1,515	\$36
Jail	2,445	\$119	\$30	\$25	\$27	\$84	\$24	\$25	\$13	\$144	\$143	\$108	\$78	\$16	\$35	\$869	-\$840
Neither SA or MI	941	\$49	\$28	\$15	\$0	\$0	\$17	\$19	\$6	\$120	\$197	\$0	\$66	\$10	\$23	\$549	-\$499
No Disability	671	\$30	\$17	\$12	\$0	\$0	\$11	\$11	\$7	\$114	\$220	\$0	\$58	\$9	\$20	\$508	-\$310
No Work	589	\$30	\$17	\$13	\$0	\$0	\$10	\$10	\$6	\$117	\$245	\$0	\$58	\$9	\$21	\$536	-\$286
Recent Work	82	\$30	\$18	\$7	\$0	\$0	\$18	\$19	\$10	\$93	\$30	\$0	\$59	\$4	\$12	\$300	-\$491
Disability	270	\$97	\$56	\$21	\$0	\$0	\$31	\$41	\$6	\$136	\$137	\$0	\$85	\$14	\$31	\$654	-\$964
No Work	236	\$112	\$63	\$21	\$0	\$0	\$27	\$36	\$5	\$141	\$152	\$0	\$98	\$14	\$32	\$703	-\$991
Recent Work	34	\$0	\$12	\$19	\$0	\$0	\$51	\$67	\$9	\$101	\$39	\$0	\$0	\$13	\$24	\$335	-\$760
Substance Abuse	580	\$169	\$30	\$18	\$0	\$206	\$30	\$24	\$23	\$177	\$113	\$0	\$61	\$13	\$28	\$890	-\$493
No Disability	392	\$97	\$22	\$14	\$0	\$221	\$28	\$20	\$24	\$174	\$66	\$0	\$49	\$10	\$21	\$744	-\$463
No Work	349	\$94	\$21	\$12	\$0	\$204	\$27	\$18	\$25	\$177	\$67	\$0	\$48	\$9	\$19	\$722	-\$499
Recent Work	43	\$115	\$34	\$28	\$0	\$355	\$32	\$31	\$18	\$146	\$60	\$0	\$57	\$18	\$37	\$928	-\$168
Disability	188	\$324	\$46	\$27	\$0	\$174	\$34	\$34	\$21	\$183	\$213	\$0	\$85	\$19	\$42	\$1,203	-\$547
No Work	176	\$347	\$47	\$29	\$0	\$179	\$34	\$34	\$22	\$181	\$228	\$0	\$91	\$21	\$45	\$1,257	-\$473

Appendix 2 - Data Table A11 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv	hospital-inpatient	LA Co Dept Health Srv	outpatient clinic	LA Co Dept Health Srv	emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social	Srv Food Stamps	LA Co Dept Public Social	Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail	facilities/services	LA Co Sheriff medical jail	facilities/services	LA Co Sheriff mental	health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly	Cost when Not Homeless	Difference: Not Homeless minus Homeless
Disability	72	\$1,668	\$76	\$49	\$0	\$189	\$56	\$63	\$3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$395	\$27	\$77	\$2,603	\$1,058	
Di No Work	63	\$1,927	\$67	\$56	\$0	\$209	\$56	\$63	\$3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$452	\$29	\$86	\$2,948	\$1,303	
Recent Work	9	\$0	\$131	\$11	\$0	\$60	\$52	\$63	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9	\$16	\$342	-\$500	
Mental Illness	191	\$264	\$85	\$29	\$162	\$0	\$46	\$62	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$146	\$16	\$41	\$852	-\$990	
No Disability	63	\$511	\$77	\$33	\$166	\$0	\$26	\$31	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$223	\$18	\$48	\$1,135	-\$671	
Nr No Work	52	\$563	\$73	\$28	\$180	\$0	\$29	\$35	\$2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$187	\$15	\$41	\$1,153	-\$913	
Recent Work	11	\$284	\$97	\$55	\$104	\$0	\$10	\$12	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$394	\$30	\$83	\$1,070	\$497	
Disability	128	\$138	\$89	\$28	\$160	\$0	\$56	\$78	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108	\$16	\$37	\$709	-\$1,151	
Di No Work	114	\$137	\$88	\$26	\$168	\$0	\$55	\$77	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93	\$15	\$35	\$694	-\$1,270	
Recent Work	14	\$141	\$96	\$37	\$101	\$0	\$64	\$86	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$232	\$21	\$55	\$833	-\$182	
Both SA and MI	101	\$145	\$153	\$71	\$115	\$139	\$45	\$54	\$2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$207	\$35	\$78	\$1,044	-\$2,712	
No Disability	28	\$13	\$119	\$87	\$84	\$206	\$21	\$16	\$2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35	\$46	\$87	\$717	-\$659	
Nr No Work	25	\$14	\$130	\$47	\$77	\$138	\$19	\$17	\$2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39	\$32	\$61	\$575	-\$751	
Recent Work	3	\$0	\$35	\$426	\$144	\$774	\$36	\$9	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$166	\$306	\$1,896	\$107	
Disability	73	\$202	\$168	\$63	\$129	\$111	\$56	\$70	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$273	\$30	\$75	\$1,177	-\$3,491	
Di No Work	63	\$106	\$156	\$66	\$145	\$114	\$54	\$65	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136	\$31	\$66	\$939	-\$4,099	
Recent Work	10	\$726	\$237	\$47	\$40	\$94	\$66	\$97	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,137	\$29	\$133	\$2,605	\$264	
Jail	1,445	\$255	\$44	\$42	\$19	\$124	\$32	\$35	\$13	\$135	\$161	\$212	\$159	\$27	\$60	\$1,317	-\$942									
Neither SA or MI	580	\$264	\$28	\$16	\$0	\$0	\$24	\$26	\$6	\$129	\$138	\$0	\$124	\$11	\$30	\$797	-\$845									
No Disability	318	\$250	\$21	\$12	\$0	\$0	\$15	\$13	\$6	\$123	\$148	\$0	\$71	\$8	\$21	\$688	-\$123									
Nr No Work	277	\$263	\$15	\$13	\$0	\$0	\$13	\$10	\$6	\$123	\$170	\$0	\$77	\$9	\$21	\$721	-\$90									
Recent Work	41	\$166	\$55	\$9	\$0	\$0	\$29	\$29	\$4	\$124	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30	\$7	\$15	\$468	-\$348	
Disability	262	\$280	\$38	\$22	\$0	\$0	\$34	\$42	\$7	\$136	\$126	\$0	\$189	\$15	\$41	\$929	-\$1,719									
Di No Work	248	\$285	\$35	\$23	\$0	\$0	\$33	\$40	\$7	\$139	\$133	\$0	\$193	\$15	\$42	\$944	-\$1,793									
Recent Work	14	\$201	\$93	\$9	\$0	\$0	\$55	\$78	\$4	\$81	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$116	\$8	\$23	\$668	-\$416	

Appendix 2 - Data Table A11 (cont.)

GROUP	Number of Persons	LA Co Dept Health Srv	hospital-inpatient	LA Co Dept Health Srv	outpatient clinic	LA Co Dept Health Srv	emergency room	LA Co Dept Mental Health	LA Co Dept Public Health	LA Co Dept Public Social	Srv Food Stamps	LA Co Dept Public Social	Srv General Relief	LA Co Probation Dept	LA Co Sheriff general jail	facilities/services	LA Co Sheriff medical jail	facilities/services	LA Co Sheriff mental health jail facilities/srv	Private hospitals-inpatient	Private hospitals-emergency room	Private hospitals-emergency room	Emergency Medical Transportation	Total Average Monthly Cost when Not Homeless	Difference: Not Homeless minus Homeless
Substance Abuse	359	\$162	\$53	\$30	\$0	\$190	\$41	\$45	\$21	\$133	\$133	\$0	\$113	\$20	\$44	\$983	-\$651								
No Disability	176	\$114	\$36	\$21	\$0	\$188	\$28	\$27	\$21	\$146	\$71	\$0	\$90	\$15	\$33	\$789	-\$677								
Nr No Work	156	\$128	\$30	\$23	\$0	\$189	\$27	\$23	\$22	\$156	\$64	\$0	\$102	\$16	\$36	\$815	-\$658								
Recent Work	20	\$0	\$82	\$5	\$0	\$181	\$35	\$57	\$17	\$70	\$127	\$0	\$0	\$5	\$9	\$587	-\$818								
Disability	183	\$210	\$70	\$39	\$0	\$192	\$54	\$63	\$20	\$119	\$195	\$0	\$135	\$25	\$55	\$1,177	-\$619								
Di No Work	165	\$228	\$76	\$38	\$0	\$204	\$52	\$63	\$20	\$126	\$204	\$0	\$144	\$24	\$55	\$1,234	-\$514								
Recent Work	18	\$44	\$18	\$48	\$0	\$74	\$71	\$61	\$25	\$59	\$110	\$0	\$57	\$30	\$58	\$655	-\$1,585								
Mental Illness	253	\$249	\$43	\$37	\$21	\$0	\$30	\$37	\$10	\$147	\$224	\$519	\$127	\$22	\$50	\$1,518	-\$1,699								
No Disability	93	\$196	\$28	\$39	\$21	\$0	\$21	\$26	\$8	\$184	\$352	\$317	\$137	\$24	\$54	\$1,408	-\$650								
Nr No Work	77	\$231	\$21	\$43	\$23	\$0	\$18	\$22	\$7	\$171	\$425	\$376	\$152	\$26	\$58	\$1,574	-\$700								
Recent Work	16	\$30	\$59	\$23	\$12	\$0	\$35	\$43	\$13	\$246	\$0	\$36	\$61	\$17	\$35	\$610	-\$409								
Disability	160	\$280	\$52	\$36	\$20	\$0	\$35	\$44	\$11	\$126	\$150	\$636	\$121	\$22	\$48	\$1,582	-\$2,309								
Di No Work	156	\$288	\$49	\$35	\$20	\$0	\$34	\$42	\$11	\$126	\$154	\$653	\$124	\$20	\$45	\$1,602	-\$2,347								
Recent Work	4	\$0	\$148	\$80	\$31	\$0	\$91	\$101	\$27	\$149	\$0	\$0	\$0	\$83	\$153	\$862	-\$782								
Both SA and MI	253	\$379	\$69	\$124	\$90	\$439	\$39	\$39	\$19	\$142	\$190	\$706	\$333	\$75	\$161	\$2,805	-\$799								
No Disability	79	\$321	\$61	\$66	\$70	\$102	\$33	\$28	\$19	\$165	\$19	\$893	\$117	\$46	\$92	\$2,032	-\$490								
Nr No Work	68	\$358	\$54	\$74	\$71	\$104	\$34	\$30	\$18	\$190	\$22	\$1,042	\$120	\$51	\$102	\$2,271	-\$177								
Recent Work	11	\$95	\$101	\$21	\$70	\$89	\$22	\$15	\$21	\$12	\$2	\$0	\$98	\$15	\$35	\$597	-\$2,382								
Disability	174	\$407	\$73	\$153	\$99	\$599	\$42	\$44	\$19	\$131	\$271	\$617	\$431	\$88	\$193	\$3,167	-\$929								
Di No Work	166	\$417	\$67	\$157	\$100	\$196	\$41	\$41	\$18	\$135	\$262	\$645	\$446	\$91	\$199	\$2,817	-\$1,354								
Recent Work	8	\$185	\$196	\$49	\$60	\$9,529	\$64	\$100	\$31	\$45	\$470	\$0	\$122	\$28	\$60	\$10,939	\$8,400								

Protection of Human Subjects

The research design and protocol for protection of human subjects for this project was reviewed and approved by the Economic Roundtable Institutional Review Board (IRB) as a level 3 project, with more than minimal risk for human subjects. Documentation for the IRB review process is available at: <http://www.economicrt.org/irb/>. However, in the course of the project the risk level was reduced by producing all linked records with information about services from county departments, including health services, in de-identified form without any information that can be used to identify specific individuals.

The project team covered by this research protocol includes Economic Roundtable staff and consultants, the Los Angeles County Chief Executive Office (a subcontractor for this project), participating County departments, and Skid Row Collaborative member agencies.

The Los Angeles County Department of County Counsel developed an informed consent document for requesting approval from residents of the Skid Row Housing Trust for access to their records from the county departments of Health, Public Health, Mental Health, Probation, Public Social Services, and Sheriff's Custody Division, as well as from the Los Angeles Homeless Services Authority and the Skid Row Collaborative, which included the Skid Row Housing Trust, Lamp Community, and JWCH.

Residents of the Skid Row Housing Trust (SRHT) with 18 or more months of housing were invited to participate in meetings where refreshments were provided and the study was explained. Seventeen meetings were held with residents at 14 different SRHT residential buildings. Those participating in these discussions received a \$10 gift card for a restaurant, grocery store, bookstore, Starbucks, or telephone calling card as compensation for the time spent in the meeting, whether or not they agree to sign the informed consent document. The eleven page informed consent document was carefully reviewed, page-by-page, to inform prospective project participants of the objectives of the research, the procedures to be followed, the risks and potential benefits, the types of data that would be obtained from each public agency, and enable them to freely consent or decline to participate. The meetings were then opened for questions and discussion. Individuals who agreed to sign the informed consent document were also requested to complete a one page questionnaire that provided additional information about them. Of the 252 residents participating in these meetings, 246 decided to sign the informed consent document.

Following this strong response from residents, SRHT concurred with the research team's recommendation to expand the study population by providing information about additional residents in de-identified format. This decision complemented parallel discussions with the County Chief Executive Office, Service Integration Branch (CEO-SIB) in which it was determined that the county data linkage process would encounter fewer obstacles if the data linkage process was conducted on a de-identified basis. CEO-SIB used probabilistic record matching software to create de-identified linked records for the study group from SRHT supportive housing and also a large comparison group of General Relief recipients. Records in both data sets were de-identified and contained linked records from all of the agencies providing data for this project.

Access to data from this project is limited only to those with a need to know. The records of housed individuals and the comparison group are in de-identified format. Only authorized researchers are allowed access to this data and only for approved research activities. All members of the research team have been instructed regarding the constraints for handling and disclosing data and the sanctions against unauthorized use or disclosures found in the law as well as Economic Roundtable policies. All members of the research team have completed HIPPA training and signed confidentiality agreements.

Computers that store project data are password protected by alpha-numeric passwords that are unique to each computer and known only by the assigned, authorized computer user and the data manager. Computer media used to store confidential data (diskette, CD-ROM, tape back-up) are kept secure in a locked facility with 24-hour security.

In publishing information, no individual whose identity was obtained through confidential sources has been identified. Geographic identities have been specified only in areas that include five or more individuals in order to protect confidentiality. Cells with fifteen or fewer subjects have been analyzed to determine if there is any risk of identifying subjects, and if any risk was identified the cells have been rolled up with other cells to a more aggregate level. All work products containing any material derived from confidential data have been reviewed to ensure that they comply fully with these policies as well as the terms of the applicable confidentiality agreements prior to distribution or public release.

End Notes

¹ Los Angeles' Skid Row Collaborative was a grantee of the federal Chronic Homeless Initiative. In 2003, Los Angeles was one of eleven jurisdictions awarded grant funding for a new federal Initiative. Coordinated by the U.S. Interagency Council on the Homeless, the Collaborative Initiative to Help End Chronic Homelessness (CHI), was funded by the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Administration, and the Department of Veterans Affairs (VA).

The Skid Row Collaborative, the Los Angeles CHI grantee, was a partnership of 14 public and private organizations serving homeless individuals in downtown Los Angeles. Led by the Skid Row Housing Trust and Lamp Community, the Skid Row Collaborative met its goal of housing 62 individuals who were chronically homeless on Skid Row. The Collaborative provided mental health and substance abuse services, primary healthcare and veterans' services to promote self-sufficiency and residential stability through permanent supportive housing.

² General Relief (GR) is a Los Angeles County program that helps people who have almost no money. GR is a very limited program with many requirements. It is administered by the Los Angeles County Department of Public Social Services (DPSS). The basic monthly cash aid is \$221 per month. Emergency housing vouchers for vendor hotels are available for applicants of General Relief who declare that they are homeless and appear to be eligible for GR benefits. The vouchers can be used at vendor hotels that have agreements with the county, including Weingart Center, SRO's Russ Hotel, and other vendor motels in the county. The vouchers typically are issued for part of a month and had an average value of \$260 a month. Recipients of vouchers have \$4.53 deducted from their \$221 monthly General Relief benefits for every day that they received a voucher.

³ Culhane, D.P., Metraux, S. and Hadley, TR. (2002) Public service reductions associated with the placement of homeless people with severe mental illness in supportive housing. *Housing Policy Debate* 13(1) pp 107-163.

⁴ Culhane, D.P. (2008) The costs of homelessness: A Perspective from the United States, *European Journal of Homelessness*, Volume 2, December 2008 pp 97-114. Byrnes, T and Culhane, D.P. Limits and opportunities to cost analyses of homelessness, *Encyclopedia of Homelessness* (forthcoming).

⁵ Byrnes, T and Culhane, D.P. Limits and opportunities to cost analyses of homelessness, *Encyclopedia of Homelessness* (forthcoming).

⁶ Culhane, D.P., Parker, W.D., Poppe, et al (2007) Accountability, cost-effectiveness, and program performance: progress since 1998. U.S. Interagency Council on Homelessness, 2007 National Symposium on Homelessness Research.

⁷ Culhane, D.P. (2008) The costs of homelessness: A Perspective from the United States, *European Journal of Homelessness*, Volume 2, December 2008 p. 105.

⁸ Ibid p. 104.

⁹ This study is indebted to Daniel Chandler for recommending that a comparison group be created using propensity scores. For additional information about the process of identifying matched pairs of individuals based on propensity scores, see Appendix 1, Propensity Score Matching, by Gerald Sumner, project statistician.

¹⁰ Burt, Martha; Aron, L.; and Lee, E. (2001) *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, D.C., The Urban Institute Press, p. 2.

¹¹ Early investigations of the longitudinal homeless population include Culhane, Dennis P.; and Randall Kuhn (1995), *Patterns and Determinants of Shelter Utilization Among Single Adults in New York and Philadelphia: A Longitudinal Analysis of Homelessness*, Annual Meeting of the Eastern Sociological Association, Philadelphia, PA.

¹² For a recent estimate of the fluctuation in the point-in-time homeless population in relation to fluctuations in poverty, see Economic Roundtable, *Ebbing Tides in the Golden State* (2009), pp. 58-59, www.economicrt.org.

¹³ The 2005, 2007 and 2009 homeless counts conducted by the Los Angeles Homeless Services Authority showed 12, 17 and 37 percent, respectively, of homeless persons to be living in sheltered settings http://www.lahsa.org/homelessness_data/reports.asp. This is much higher than other major cities; for example, Philadelphia and New York shelter more than 90 percent of their homeless populations, and San Francisco shelters almost 60 percent. Wolch, J., Warshawsky, D., Blasi, G., et al, 2008 Report Card on Homelessness in Los Angeles, Inter-University Consortium Against Homelessness, http://www.bringlahome.org/docs/HomelessReportCard_v7.pdf

¹⁴ All population estimates are for all of Los Angeles County, including cities that are not part of the Los Angeles Homeless Service Authority's (LAHSA) Continuum of Care. Data from the 2005 and 2007 LAHSA counts has been extrapolated to include the entire county. Data for all of Los Angeles County in 2009 was provided by LAHSA. Data for the estimates is taken from:

- Economic Roundtable Report prepared for Bring LA Home (2004), *Homeless in Los Angeles: Final Research* <http://www.economicrt.org/publications.html>
- Los Angeles Homeless Services Authority (2005), *2005 Greater Los Angeles Homeless Count* http://www.lahsa.org/homelessness_data/reports.asp
- Los Angeles Homeless Services Authority (2007), *2007 Greater Los Angeles Homeless Count* http://www.lahsa.org/homelessness_data/reports.asp
- Los Angeles Homeless Services Authority (2009), Briefing paper hand distributed October 27, 2009.

¹⁵ Annual poverty populations are produced by the Economic Roundtable based on Current Population Survey data for Los Angeles County. The Current Population Survey obtains information about income in the preceding year; the poverty population data shown in Table 1 aligns data with the reference year of the survey. For further discussion of poverty projections see Economic Roundtable (2009), *Ebbing Tides in the Golden State*, pp 51-54, www.economicrt.org.

¹⁶ Economic Roundtable(2004), *Homeless in Los Angeles: Final Research Report*, pp 69-75, <http://www.economicrt.org/publications.html>

¹⁷ The 2002 estimated counted individuals as chronically homeless only if they had been homeless for 12 or more months. HUD's definition includes individuals with a disabling condition who have been continually homeless for one year or more, or have experienced four or more episodes of homelessness within the past 3 years.

¹⁸ Los Angeles Homeless Services Authority (2005), *2005 Greater Los Angeles Homeless Count*, p. 95, http://www.lahsa.org/homelessness_data/reports.asp

¹⁹ Los Angeles Homeless Services Authority (2007), *2007 Greater Los Angeles Homeless Count*, pp 131-137, http://www.lahsa.org/homelessness_data/reports.asp

²⁰ Information about the methodology used in the 2007 count is from the Los Angeles Homeless Services Authority, *2007 Greater Los Angeles Homeless Count*, p. 36. The methodology used is from Burt, M. R. and Wilkins, C. (2005), *Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing*, Corporation for Supportive Housing, pp. 10-11, <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3518>.

²¹ U.S. Department of Housing and Urban Development, Office of Community Planning and Development, reporting on 2005 data (2007) *The Annual Homeless Assessment Report to Congress*. Washington, DC.

²² The report on the 2009 count, *2009 Greater Los Angeles Homeless Count Report*, <http://www.lahsa.org/>, does not explain how the annual estimate was produced but given the low number it appears likely that it was produced using the same national formula that was used in 2007.

²³ Cost data from some county departments such as the Sheriff extends back to the 1990s, but complete cost data for all departments is limited to 22-month window for General Relief recipients and the 42-month window for Skid Row Housing Trust residents.

²⁴ The complex task of linking client records with records in the six county departments and the Los Angeles Homeless Services Authority was carried out by the Service Integration Branch of Los Angeles County's Chief Executive Office.

²⁵ Ten hospitals were identified within a 3-mile geographic radius of downtown Los Angeles. The ratio of visits by downtown Los Angeles homeless residents to private hospitals as compared to county hospitals was determined using hospital discharge records from the California Office of Statewide Health Planning and Development (OSHPD). OSHPD records were extracted for inpatient hospitalizations of homeless patients from 2005 through 2007. The ratio of discharges from private hospitals to discharges from county hospitals was found to be 0.6195 to 1. The average cost per discharge of homeless residents from private hospitals was found to be \$31,469 in 2008 dollars (the comparable cost for county discharges was \$35,284). These hospitalization and cost ratios were applied to county Department of Health Services inpatient hospital discharges of homeless residents in order to estimate the number and cost of homeless discharges for county hospitals. Since only 4.6 percent of the homeless General Relief recipients in this study were hospitalized in a county Department of Health Services hospital during a month when they were homeless within the cost window for this study (and 3.2 percent in a month when they were not homeless), these estimates of private hospitalization costs could only be applied to groups within the study population, not to individuals. Hospitalizations are semi-random events that occur to a small minority of individuals, but they are the most significant factor overall factor in the public cost of homelessness. Because most people aren't hospitalized, the costs for private hospitalizations could not be estimated on an individual basis, but they could be estimated on a group basis - based on the frequency with which members of a group are inpatients in county hospitals. Unless otherwise noted, all cost and cost savings estimates in this study are based on group data that includes estimates of private hospital inpatient and emergency room costs and emergency medical transportation costs.

²⁶ Individuals were classified as homeless in any month in which one or more of the following four conditions were met: a) their mailing address was an office of the Los Angeles County Department of Public Social Services or a homeless shelter, b) they received a General Relief emergency housing voucher, c) they received services funded by the Los Angeles Homeless Services Authority, or d) they began a jail stint immediately following a month in which they were homeless.

²⁷ The Adult Linkages Project (ALP) has created a data integration system that links service records across Los Angeles County departments using procedures that comply with confidentiality laws. Focusing on indigent adults participating in Los Angeles County's General Relief Program, the ALP links their administrative records across eight departments in order to provide each of these agencies with information on client needs, service gaps, service costs, and utilization patterns. The overall objective of the ALP is to provide policymakers with empirical information that can support the enhancement of existing programs for indigent adults and advance social policy making in Los Angeles County. The ALP uses an anonymous record linkage method to integrate data across departments. The ALP record linkage method addresses the legal obstacles involved in sharing confidential

information by de-identifying personal information provided in administrative data. Random project IDs are generated for each participant. These markers do not identify any client personally.

²⁸ For every month in the 22-month cost window, each ALP record was coded for whether the person was homeless in that month. The criteria for coding a record as homelessness in a particular month were: 1) a CEO-SIB flag indicating that the address for a person's GR check that month was a DPSS office or homeless shelter, 2) receipt of a General Relief emergency housing voucher in that month, 3) receipt of services funded by the Los Angeles Homeless Services Authority in that month, or 4) a person doing a stint in jail immediately following a month in which one of the first three flags indicated they were homeless. Where events covered only part of a month, they were rounded up or down to full months, depending on whether the event lasted more or less than half a month.

Two totals of the costs from each department were created for each record, one total for months that they were homeless and the other total for months when they were not coded as homeless. The homeless total was divided by the number of months the person was homeless, and the non-homeless total by the number of months they were not coded as homeless. Thus, the 309 people who were coded as homeless all 22 months did not have any non-homeless costs shown; all of the other records have one average monthly cost for months when they were homeless and a second average monthly cost for months when they were not coded as homeless.

²⁹ On November 20, 2007, the Los Angeles County Board of Supervisors approved an agreement with Common Ground of New York to provide training and technical assistance to the County to initiate and implement a demonstration program known as "Project 50" to provide housing and supportive services to the 50 most vulnerable single adults living in the historic district of downtown Los Angeles known as Skid Row. At the time of this study, client records were available for 44 participants. Comparison group matches based on propensity scores were made for 43 participants; one participant was an outlier and there was not a comparable match. Comparison group data is based on the 43 matched pairs with comparable propensity scores. Data for Project 50 participants is for months when they were homeless, before entering Project 50. Data for the comparison group is from comparable individuals who are housed by the Skid Row Housing Trust.

On December 7, 2007, from 10:00 p.m. until 2:00 a.m. County employees from the Departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), and Public Social Services (DPSS), the CEO, the Board of Supervisors and staff from LAHSA, the VA, and others conducted the count of the homeless persons living on the streets of Skid Row. Beginning on December 10, 2007, the same volunteers worked for nine (9) consecutive days, between 4:00 a.m. and 6:00 a.m. to develop a registry of all the Skid Row homeless street dwellers that were willing to be surveyed. Through that process, the group counted 471 people and successfully interviewed 350 of them. The 50 most vulnerable were identified by Common Ground through the application of a vulnerability index to the survey data. These individuals, or when they could not be found, others that followed them on the list, were offered permanent supportive housing provided by the Skid Row Housing Trust.

³⁰ There were 43 participants in the Skid Row Collaborative who were in housing for at least 12 months during the 42-month window in which cost data is available for residents of the Skid Row Housing Trust. Comparison group data is based on the 43 matched pairs with comparable propensity scores. Data for Skid Row Collaborative participants is for months when they were receiving housing and services provided by this project. Data for the comparison group is from comparable General Relief recipients during months when they were homeless.

³¹ For additional discussion of propensity scores see: Dehejia, R.H. and Wahba, S.(2002), "Propensity Score Matching Methods for Non-Experimental Causal Studies", *Review of Economics and Statistics*, 84(1), 151-161; and Caliendo, M. and Kopeinig, S. (2006), "Some Practical Guidance for the Implementation of Propensity Score Matching", *Journal of Economic Surveys*.

³² The statistical term for this is "regression to the mean." The people with in a population who are the most extreme cases often demonstrate "regression to the mean," that is, they shift back toward a more normal status as time passes. For example, among the people who have the highest rates of emergency room visits, over time many revert to less frequent visits. Thus, the level of costs incurred before people receive supportive housing does not provide completely reliable evidence of what their ongoing costs would be if they did not receive supportive housing.

³³ For a recent, carefully executed randomized controlled trial see Kertesz, Stefan G and Saul J. Weiner, "Housing the Chronically Homeless: High Hopes, Complex Realities," JAMA. 2009; 301(17):1822-1824.

³⁴ The original Adult Linkage Project (ALP) covered a 24-month period, from January 2005 through December 2007. However, the ALP data provided for this study was limited to two time-specific cohorts of General Relief recipients, for whom only 22 months of data was available.

³⁵ Using information from the LA County CEO-SIB staff as well as from the California Office of Statewide Health Planning and Development (OSHPD), the Economic Roundtable applied per day cost factors to the service records obtained from the LA County Department of Health Services. The per day cost factors were applied based upon the county clinic or hospital providing the service, and the type of health service: inpatient, outpatient or emergency. This cost data is shown in the following table.

Facility Name	2005-06			2006-07			2007-08		
	Inpatient	Outpatient	Emergency	Inpatient	Outpatient	Emergency	Inpatient	Outpatient	Emergency
Gardena High School Clinic		\$173			\$170			\$175	
Vaughn St. Elem. Sch. Clinic		\$173			\$170			\$175	
Hubert H. Humphrey Comprehensive HC		\$366			\$399			\$411	
Dollarhide Health Center		\$155			\$148			\$153	
Mid-Valley Comp. HC		\$358			\$375			\$387	
Antelope Valley HC		\$394			\$302			\$311	
Glendale HC		\$179			\$192			\$198	
San Fernando Health Center		\$238			\$250			\$257	
South Antelope Valley HC		\$247			\$194			\$199	
Lake Los Angeles Community Clinic		\$390			\$330			\$340	
Little Rock Com. Clinic		\$154			\$151			\$155	
Edward R Roybal Comprehensive HC		\$314			\$338			\$349	
H Claude Hudson Comprehensive HC		\$274			\$273			\$282	
El Monte Comprehensive HC		\$282			\$322			\$331	
La Puente Health Center		\$275			\$318			\$328	
Long Beach Comp. HC		\$258			\$272			\$280	
Bellflower Health Center		\$245			\$245			\$253	
Wilmington Health Center		\$166			\$215			\$221	
Harbor/UCLA MC	\$2,298	\$486	\$1,040	\$2,523	\$547	\$914	\$2,599	\$563	\$942
LAC+USC MC	\$2,630	\$567	\$610	\$2,858	\$584	\$676	\$2,944	\$602	\$697
MLK Multiservice Ambulatory Care Center	\$3,707	\$1,287	\$829	\$3,312	\$1,189	\$855	\$3,411	\$1,225	\$881
Olive View MC	\$2,601	\$658	\$875	\$2,867	\$693	\$896	\$2,953	\$714	\$923
High Desert Health Sys. Multiservice Ambulatory Care Ctr	\$0	\$606	\$0	\$0	\$733	\$0	\$0	\$755	\$0
Rancho Los Amigos Natl Rehab. Ctr	\$2,713	\$797	\$0	\$2,839	\$835	\$0	\$2,924	\$901	\$0

The above cost table was the fall-back data source for LA County Department of Health Services cost factors, and represents the average cost of service for all patients served at each facility for the years specified.

For DHS *inpatient* service records containing either an ICD-9 procedure code or diagnosis code, the Economic Roundtable *superseded* these cost factors with cost data from another data source: Patient Discharge Data from OSHPD. Inpatient health records from OSHPD were compiled spanning the years 2005-2007 where the patient was determined to be homeless. (OSHPD's Patient Discharge Data contains a variable for the patient's 5-digit ZIP Code of residence, *PAT_ZIP*; homeless patients are assigned a zip code of ZZZZZ.) This homeless-specific data set for Los Angeles County contained over 17,000 inpatient discharge records with ICD-9 procedure and diagnosis codes. The charges recorded in this data set covers all services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). The Economic Roundtable then created a per day cost factor from this OSHPD data, and calculated average daily costs for all ICD-9 procedure and diagnosis codes. For procedures where there was not cost data from OSHPD records, the Economic Roundtable used the information from Los Angeles County CEO-SIB staff in the table above.

³⁶ The ratio of visits by downtown Los Angeles homeless residents to private hospitals as compared to county hospitals within a 3-mile radius of downtown Los Angeles was determined using hospital discharge records from the California Office of Statewide Health Planning and Development (OSHPD). The ten hospitals were California Hospital Medical Center - Los Angeles, Pacific Alliance Medical Center, Good Samaritan Hospital-Los Angeles, Promise Hospital of East Los Angeles-East L.A. Campus, Kaiser Foundation Hospital - Mental Health Center, White Memorial Medical Center, USC Kenneth Norris, Jr. Cancer Hospital, Los Angeles County-USC Medical Center, USC University Hospital – Norfolk, USC University Hospital – San Pablo Street. OSHPD records were extracted for inpatient hospitalizations of homeless patients from 2005 through 2007. The ratio of discharges from private hospitals to discharges from county hospitals was found to be 0.6195 to 1. The average cost per discharge of homeless residents from private hospitals was found to be \$31,469 in 2008 dollars (the comparable cost for county discharges was \$35,284). These hospitalization and cost ratios were applied to county Department of Health Services inpatient hospital discharges of homeless residents in order to estimate the number and cost of homeless discharges for county hospitals. Since only 4.6 percent of the homeless General Relief recipients in this study were hospitalized in a county Department of Health Services hospital during a month when they were homeless within the cost window for this study (and 3.2 percent in a month when they were not homeless), these estimates of private hospitalization costs could not be applied to individuals, but only to groups within the study population - based on the frequency with which members of the group are inpatients in county hospitals. Unless otherwise noted, all cost and cost savings estimates in this study are based on group data that includes estimates of private hospital inpatient and emergency room costs and emergency medical transportation costs.

³⁷ Homeless visits to private hospital emergency rooms compared to county hospital emergency rooms were assumed to be the same ratio as homeless admissions to private hospitals compared to county hospitals: 0.6195. The cost ratio for private emergency visits compared to county emergency room visits was assumed to be proportionate to the cost differential for homeless discharges from private hospitals compared to county hospitals, which is 0.8919 to 1. Since only 17.3 percent of the homeless General Relief recipients in this study visited a county Department of Health Services hospital emergency room during a month when they were homeless within the cost window for this study (and 11.6 percent in a month when they were not homeless), these estimates of private emergency room visits could only be applied to groups within the study population, not to individuals.

³⁸ Cost estimates for emergency medical transportation assumed that there was one one-way trip for each hospital admission or emergency room visit. No estimates were made of paramedic services provided to homeless individuals who were not taken to hospitals. The estimated cost was \$850 per transport. This figure is based on Daniel Chandler's interview with Captain Douglas of the LA City Fire Department, which provides paramedic services in the Skid Row Area.

³⁹ The cost factors for the county Department of Public Health were: \$8.50 per day for Outpatient Services, \$63 per day for Residential Services, \$360 per day for Detoxification Services, and \$8.50 per day for other services.

⁴⁰ Costs for Food Stamp and General Relief (but not emergency housing voucher) benefits provided by the Department of Public Social Services include administrative costs in addition to the amount of benefits provided to recipients. Administrative cost factors were taken from the report, *Spending on County Human Services Programs in California: An Evaluation of Economic Impacts*, Jon Haveman, Beacon Economics, 2009, p. 3. The combined statewide costs for program administration and direct benefits to recipients provided in this report show the overall cost of the Food Stamp program to be 129 percent of the direct benefits provided to recipients.

⁴¹ The ratio of total program costs to direct benefits for recipients is assumed to be the same for General Relief as for CalWORKs. Based on the Beacon Hill report (preceding endnote), the combined statewide costs for program administration and direct benefits to recipients is 168 percent of the direct benefits provided to recipients.

⁴² Only the actual voucher amount is included in cost estimates for General Relief emergency housing vouchers. The average voucher amount is \$266 per month.

⁴³ Only a partial inventory of services funded by the Los Angeles Homeless Services Authority (LAHSA) is included in this study. This inventory includes only services rendered by agencies that participate in the Consortium of Care's Homeless Management Information System (HMIS). The cost factors for these services include only the share funded by LAHSA, leaving out matching operational and capital costs. The cost factors that were used are as follows:

	Emergency Shelter (1)	Winter Shelter (1)	Transitional Housing (2)	Permanent Housing (2)
Bed Night w/o meals	15.85	19.46		
Breakfast	1.20	1.62		
Dinner	1.80	2.42		
Total Bed Night Cost	18.85	23.50	32.88	32.88
Case Management (3)	24.88	24.88	24.88	24.88
Vouchers (1)	63.64	63.64	N/A	N/A

(1) Calculated based on the average costs per day of LAHSA's 2008-2009 service providers

(2) Calculated based upon an average annual participant cost of \$12,000

(3) Represents the estimated for case management services (1 hour average session)

⁴⁴ The cost factors for individuals on probation were \$2.63 per day in fiscal year 2007-2008, and \$2.76 per day in fiscal year 2008-2009.

⁴⁵ Sheriff's Department booking costs for fiscal years 2005-2006, 2006-2007, and 2007-2008 were, respectively \$427, \$553 and \$629. Costs for incarceration in general jail facilities for these three fiscal years were, respectively, \$64, \$83, and \$92 per day.

⁴⁶ Sheriff's Department costs for incarceration in medical or mental health jail facilities were \$840 per day in fiscal year 2005-2006, and \$1,093 per day in fiscal years 2006-2007 and 2007-2008.

⁴⁷ Some uninsured visits by General Relief recipients to non-county outpatient clinics that were paid for by the Los Angeles County Department of Health Services (DHS) are included in the study data and shown as costs for DHS outpatient clinics. The following 11 clinics provided 16 percent of the DHS clinic visits shown in this study: Antelope Valley Health Center, Bellflower Health Center, Dollarhide Health Center, Glendale Health Center, La Puente Health Center, Lake Los Angeles Community Clinic, Littlerock Community Clinic, Mid-Valley Comprehensive Health Center, San Fernando Health Center, South Antelope Valley Health Center, and Wilmington Health Center.

⁴⁸ The only cash aid available to the overall population of destitute, homeless single adults is General Relief. Since this population needs money urgently, it seems reasonable to assume that the population receiving this assistance is generally representative of the population of homeless single adults who are U.S. citizens or legal immigrants.

If individuals have a documented chronic disability they may be able to qualify for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). However, among the 1,007 residents in support housing that are part of this study, all of whom have been certified as being disabled by an independent third party, General Relief is still the primary source of income. It is undoubtedly even more the case that General Relief is the primary form of aid for the overall population of homeless single adults, most of whom have not been certified as disabled. A breakout of the sources of income for individuals in supportive housing who have been certified as disabled is shown below:

<i>Income Source</i>	<i>Percent of Supportive Housing Residents with this Source of Income</i>	<i>Average Monthly Amount</i>
General Relief	52%	\$229
SSI	28%	\$742
Social Security	6%	\$677
Wages from Job	4%	\$981
SSDI	4%	\$734
Veteran Disability	2%	\$980
Unemployment Insurance	1%	\$664
Veteran Pension	1%	\$726

⁴⁹ Pastore, C. and Gaber, P., Western Center on Law and Poverty (2001), *CalWORKS: A Comprehensive Guide to Welfare and Related Medi-Cal Issues for California Families*, p. IV-27.

⁵⁰ Supporting data for the profile of homeless General Relief recipients, and where available for the total population of Los Angeles County, is shown below.

<i>Attribute</i>	<i>Los Angeles County Homeless General Relief Recipients</i>	<i>Total Los Angeles County Population 18-64 Years of Age</i>
English Speaker	98%	82%
No work in past 3 years for those 18-65 years of age	90%	16%
Male	71%	50%
Born in California	65%	36%
Jail history	59%	
African American	52%	9%
30-45 years of age	41%	38%
Disability	37%	10%
46-65 years of age	31%	35%
Substance abuse problem	30%	
Female	29%	50%
Mental illness	29%	
Born in state other than California	28%	16%
18-29 years of age	28%	27%
Veteran	27%	4%
Probation record	26%	
Latino	24%	45%
White	20%	30%
Incarceration history in jail medical facility	15%	
Incarceration history in jail mental health facility	12%	
Worked in past 3 years for those 18-65 years of age	10%	84%
Born in Mexico or Central America	3%	28%
Not Born in U.S., Mexico, or Central America	3%	20%
Spanish speaker	2%	15%
Asian/Pacific Islander	1%	14%
HIV/AIDS	1%	0.4%

⁵¹ Prevalence data about the number of people 20 years of age and older in Los Angeles County living with AIDS in 2007 is from Los Angeles County Department of Public Health (2009), HIV/AIDS Semi-Annual Surveillance Summary, <http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/January2009SemiannualSurveillanceSummary.pdf>

⁵² Supporting data for monthly public costs for General Relief Recipients in months when they are homeless, by cost decile, are broken out by public agency in the following table.

	Average for All Homeless	Lowest Decile	Second Decile	Third Decile	Fourth Decile	Fifth Decile	Sixth Decile	Seventh Decile	Eighth Decile	Ninth Decile	Highest Decile
Health Srv hospital-inpatient	\$230	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.2	\$5	\$88	\$2,211
Health Srv outpatient clinic	\$58	\$1	\$3	\$5	\$6	\$13	\$34	\$63	\$104	\$154	\$198
Health Srv - ER	\$42	\$0.3	\$0.1	\$1	\$2	\$3	\$11	\$27	\$49	\$98	\$227
Mental Health	\$38	\$1	\$1	\$1	\$2	\$5	\$15	\$30	\$59	\$73	\$195
Public Health	\$74	\$0.2	\$1	\$1	\$1	\$2	\$9	\$24	\$62	\$186	\$458
DPSS Food Stamps	\$165	\$127	\$158	\$163	\$171	\$180	\$176	\$172	\$172	\$169	\$162
DPSS General Relief	\$176	\$117	\$161	\$194	\$220	\$208	\$193	\$182	\$167	\$153	\$165
GR Housing Vouchers	\$65	\$8	\$11	\$17	\$23	\$52	\$74	\$118	\$132	\$119	\$98
LAHSA homeless services	\$1	\$1	\$0.3	\$0.3	\$1	\$1	\$1	\$1	\$3	\$2	\$2
Probation	\$10	\$2	\$4	\$4	\$5	\$8	\$13	\$14	\$15	\$17	\$16
Sheriff general jail	\$120	\$2	\$5	\$10	\$13	\$20	\$49	\$90	\$193	\$386	\$431
Sheriff medical jail	\$109	\$0	\$0.0	\$0.0	\$0.1	\$0.1	\$1	\$4	\$19	\$84	\$979
Sheriff mental health jail	\$149	\$0	\$0.0	\$0.0	\$0.1	\$0.3	\$1	\$3	\$11	\$62	\$1,418
Private hospitals-inpatient	\$121	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$16	\$161	\$1,035
Private hospitals-ER	\$28	\$0	\$0	\$1	\$1	\$2	\$8	\$19	\$34	\$65	\$146
Paramedics	\$59	\$0	\$0	\$1	\$2	\$5	\$15	\$35	\$63	\$131	\$341
Total Average Monthly Cost when Homeless	\$1,446	\$259	\$344	\$397	\$447	\$500	\$602	\$784	\$1,103	\$1,949	\$8,083

⁵³ Patterns of service utilization within Los Angeles County's General Relief population, as well as the cost of providing these service were investigated by Culhane, D. P. and Metraux, S. (2009), *Using Adult Linkages Project Data for Determining Patterns and Costs of Services Use by General Relief Recipients in Los Angeles County*, http://works.bepress.com/dennis_culhane/87/. For employment data see p. 3.

⁵⁴ Economic Roundtable (2004), *Homeless in LA*, pp. 47-62. Forty-one percent of homeless adults in Los Angeles County were shown to have had earnings in the year preceding homelessness and 68 percent in the preceding five years. <http://www.economicrt.org/publications.html>.

⁵⁵ *Ibid*, p. 61.

⁵⁶ Supporting data for monthly public costs for General Relief recipients are broken out by discrete subgroup for months when they are homeless as well as months when they are not homeless in the following table.

Group	Months Homeless	Months Not Homeless	Monthly Cost Savings
Worked in past 3 years	\$916	\$519	-\$397
18-29 years pf age	\$1,009	\$497	-\$512
Spanish speaker	\$1,050	\$729	-\$321
Born in Mexico or Central America	\$1,068	\$554	-\$513
Female	\$1,126	\$549	-\$577
Latino	\$1,175	\$651	-\$524
Veteran	\$1,330	\$789	-\$541
Born in California	\$1,354	\$724	-\$629
30-45 years of age	\$1,418	\$695	-\$723
White	\$1,446	\$769	-\$677
English speaker	\$1,453	\$728	-\$725
Not veteran	\$1,489	\$705	-\$783
No work history in past 3 years	\$1,508	\$752	-\$755
Born in country other than U.S., Mexico, or Central America	\$1,536	\$780	-\$755
African American	\$1,565	\$722	-\$843
Male	\$1,577	\$801	-\$776

Born Other State	\$1,692	\$750	-\$942
Jail History	\$1,748	\$932	-\$815
Asian/Pacific Islander	\$1,887	\$1,580	-\$308
46-65 Years	\$1,896	\$998	-\$898
Substance Abuse	\$2,025	\$1,230	-\$796
Disability	\$2,207	\$1,185	-\$1,021
Mental Illness	\$2,443	\$1,352	-\$1,091
Jail Medical Facility	\$2,690	\$1,662	-\$1,028
Jail Mental Health Fac.	\$3,289	\$1,731	-\$1,559
HIV/AIDS	\$3,522	\$1,626	-\$1,896

⁵⁷ Supporting data for monthly public costs for all General Relief recipients and two subgroups, in months when they are homeless and also months when they are not homeless, are broken out by public agency in the following table

	All General Relief Homeless		Female 46-65, No Recent Work History, Disability, Mental Illness, Substance Abuse Problem		Male 46-65, No Recent Work History, Disability, Mental Illness, Substance Abuse Problem	
	Homeless	Not Homeless	Homeless	Not Homeless	Homeless	Not Homeless
LA Country Health Services hospital-inpatient	\$230	\$152	\$859	\$309	\$1,345	\$347
LA County Health Services outpatient clinic	\$58	\$32	\$190	\$73	\$127	\$98
LA County Health Services - ER	\$42	\$24	\$255	\$132	\$192	\$135
LA County Mental Health	\$38	\$28	\$239	\$188	\$150	\$78
LA County Public Health	\$74	\$62	\$229	\$213	\$182	\$157
LA County DPSS Food Stamps	\$165	\$22	\$166	\$57	\$169	\$39
LA County DPSS General Relief	\$176	\$24	\$172	\$70	\$186	\$38
LA County GR Housing Vouchers	\$65	\$0	\$127	\$0	\$76	\$0
LAHSA homeless services	\$1	\$0	\$3	\$0	\$4	\$0
LA County Probation	\$10	\$9	\$20	\$18	\$14	\$12
LA County	\$120	\$83	\$85	\$76	\$157	\$110
LA County Sheriff medical jail	\$109	\$81	\$130	\$11	\$524	\$276
LA County Sheriff mental health jail	\$149	\$78	\$100	\$653	\$649	\$396
Private hospitals-inpatient	\$121	\$86	\$599	\$385	\$581	\$350
Private hospitals-ER	\$28	\$15	\$156	\$74	\$120	\$75
Paramedics	\$59	\$33	\$329	\$163	\$262	\$162
Total Average Monthly Cost when Homeless	\$1,446	\$728	\$3,659	\$2,422	\$4,739	\$2,273

⁵⁸ The adjusted r-square value for the relationship between number of hospitalizations and total cost of hospitalizations during the 22-month cost window for this population is .259.

⁵⁹ Costs for the homeless comparison groups are for months when they were documented in public records as being homeless. The criteria for coding a record as homelessness in a particular month were: 1) a Los Angeles County CEO-SIB flag indicating whether the address for a person’s General Relief check that month was a DPSS office or homeless shelter, 2) receipt of a General Relief emergency housing voucher in that month, 3) receipt of services funded by the Los Angeles Homeless Services Authority in that month, or 4) a stint in jail immediately following a month in which one of the first three flags indicated they were homeless.

⁶⁰ Supporting data for average monthly costs by departments for persons in SRHT housing and homeless persons are in the following table.

Public Agency	SRHT Residents	Homeless
LA Country Health Services hospital-inpatient	\$80	\$848
LA County Health Services outpatient clinic	\$25	\$191
LA County Health Services - ER	\$13	\$118
LA County Mental Health	\$65	\$146
LA County Public Health	\$20	\$134

LA County DPSS Food Stamps	\$91	\$172
LA County DPSS General Relief	\$138	\$183
LA County GR Housing Vouchers	\$1	\$83
LAHSA homeless services	\$0	\$2
LA County Probation	\$7	\$9
LA County Sheriff general jail	\$6	\$116
LA County Sheriff medical jail	\$4	\$84
LA County Sheriff mental health jail	\$48	\$146
Private hospitals-inpatient	\$76	\$424
Private hospitals-ER	\$9	\$74
Paramedics	\$22	\$167
Total	\$605	\$2,897

⁶¹ Totals of the percent distributions of public costs shown for both housed and homeless persons total to more than 100 percent due to rounding error.

⁶² The operating costs for SRHT buildings are covered by monthly rent. Monthly rent is based on the fair market rent for the unit as determined by the Housing Authority of the City of Los Angeles. Monthly rents vary by building, and residents' contribution towards rent also varies. Residents in units for which the Trust has a Shelter Plus Care (SPC) rental subsidy pay 30 percent of their gross income in rent. The remainder of the rent is provided through SPC rental subsidy. On average, persons in the SRHT analysis group had a monthly rent of \$499; they paid \$147 per month for rent; they received an average rent subsidy of \$352 per month; and their average rent subsidy was approximately 70 percent of their monthly rent.

⁶³ The monthly capital cost per unit was calculated by taking the average cost to develop one supportive housing unit (\$270,000) and dividing it by 30 years or 360 months. The present value of dollars was used in this calculation. Neither financing costs for components of the development budget that incur financing charges nor the offsetting effect of inflation on the future cost for public services provided to homeless residents were included in the calculation.

⁶⁴ The population of supportive housing residents profiled in this chapter is made up of current residents of the Skid Row Housing Trust who have been there 12 or more months. Shorter-term residents are not included in this sample.

⁶⁵ The Corporation for Supportive Housing provided over \$500,000 in capacity development funding to three key partners in the Collaborative: Skid Row Housing Trust, Lamp Community, and JWCH Institute. The purpose was to create a replicable and sustainable model for a higher level of services funding, comparable to that provided by the Collaborative, by strengthening SSI advocacy for residents and maximizing Medi-Cal reimbursement rates both from the county Department of Mental health and based on JWCH's status as a Federally Qualified Health Center.

⁶⁶ Burt, M. R. (2007), *The Skid Row Collaborative 2003-2007: Process Evaluation*, Urban Institute, Washington, D.C.

⁶⁷ County of Los Angeles Chief Executive Office (May 27, 2008), *Ninety-Day Report Regarding the Implementation of Project 50*, p. 4.

⁶⁸ Only pre-housing cost data was available for Project 50 participants because their entry into housing was recent. Cost data for them provided average costs for all months before housing. The average monthly pre-housing cost of \$1,313 for this group was increased by 60.7 percent to produce an adjusted cost of \$2,110 for months when homeless. This adjustment factor is based on average monthly cost for all homeless General Relief recipients in all months compared to average cost in months when homeless. The comparison group was made up of matched pairs

of 43 supportive housing residents with similar propensity scores. One of the 44 participants in Project 50 was an outlier for whom there was not a close match for inclusion in the comparison group.

The data set for this project includes 85 participants in the Skid Row Collaborative. Some were outside the cost window, others did not have twelve months in supportive housing. The matched-pair comparison groups were made up of 54 project participants and 54 similar homeless persons.

⁶⁹ The matched-pair comparison groups for the Skid Row Housing Trust and Skid Row Collaborative populations were used for this decile distribution of costs when homeless. For Project 50 participants, pre-housing costs were used with the decile break points recalibrated based on average costs in all months, rather than just homeless months for the General Relief homeless population. This was necessary because coding was not available to differentiate months homeless from months not homeless for this population.

⁷⁰ The explanation that low public costs for some Project 50 participants reflect disconnection from public services was put forward by a mental health worker and a housing staff member associated with this project

⁷¹ Rent information is based on 497 current supportive housing residents of the Skid Row Housing Trust.

⁷² HUD defines the Shelter Plus Care Program as a program designed to “provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters.” Shelter Plus Care Program grants are used for the provision of rental assistance payment through four components – 1) Tenant-based Rental Assistance (TRA), 2) Sponsor-based Rental Assistance (SRA), 3) Project-based Rental Assistance with (PRAW) or without rehabilitation (PRA), and 4) Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings. Of the Shelter Plus Care components listed above, the Skid Row Housing Trust has SRA, SRO and PRAW.

⁷³ Supplemental Security Income (SSI) is a Federal income supplement program designed to assist aged, blind, and disabled people who have little or no income to meet their basic needs. In 2009, the maximum payment amount to a disabled or elderly individual living independently in California is \$907.

⁷⁴ Corporation for Supportive Housing, “Frequent Users of Emergency Departments: Addressing the Needs of a Vulnerable Population in a Medicaid Waiver.” “California is now engaged in a debate about reforming Medi-Cal. A waiver provides a unique opportunity to the State to transform care for frequent users of emergency rooms and other populations with similar vulnerabilities. A waiver that allows for reimbursement for non-medical services, such as case management, transportation, vocational services, outreach and engagement strategies, and linkage to permanent housing, through community-based providers that are integrated and flexible, that offer services in a range of settings, and that coordinate care for patients who experience difficulties accessing appropriate treatment, would improve health outcomes and control costs.”

<http://www.csh.org/index.cfm?fuseaction=page.viewPage&pageID=4429&nodeID>

⁷⁵ The Los Angeles County Department of Public Social Services’ Supplemental Security Income Assistance Program (SSIAP) assists disabled General Relief recipients with the SSI application process. Medical and mental health professionals identify potentially eligible participants and refer them for SSI advocacy. More information can be obtained at: http://dpss.lacounty.gov/dpss/ssiap/ssiap_overview.cfm

⁷⁶ Victoria Stanhope, Benjamin F. Henwood, and Deborah Padgett, “Understanding Service Disengagement from the Perspective of Case Managers,” *Psychiatric Services*, 60, no. 4 (2009): 459-464.

⁷⁷ The universe used for this analysis includes 322 SRHT residents who were housed for at least 12 months during our cost window (July 2005 – December 2008).

⁷⁸ Most analyses in this study use mean costs. This particular analysis utilizes median average monthly costs to reduce the noise created by atypical high costs generated by one individual in a particular quarter. These high costs are the likely result of a crisis situation in a particular quarter. The median average monthly cost for quarters is computed by: 1) calculating the average *monthly* cost for each resident in supportive housing, based upon their *quarterly* cost data and 2) finding the median cost of all those residents who were in residency during a particular quarter. Typically, the median cost is 60 percent of mean costs in this analysis.

⁷⁹ There is insufficient data to produce estimates for private hospitalizations and emergency medical transportation.

⁸⁰ A large share of long-term tenants have zero-costs in the later months of tenancy. This effectively brings down the median monthly costs during these later months. The zero-costs suggests: 1) factors of self-selection probably reduce the share of crisis-prone, higher-cost residents among the long-term population, 2) housing and continuity of supportive care are effective factors in stabilizing the lives of homeless persons and decreases a person's need for public services, and 3) long-term tenants move from county-based services to non-county services.

⁸¹ The 746 former residents used in this analysis exited their SRHT unit between January 2003 and March 2007. Representatives from the SRHT stated that, with the exception of residents served through the Skid Row Collaborative, during the timeframe under consideration (January 2003 to March 2007), the nature and intensity of the Trust's service provision changed significantly in response to its growing understanding of resident need and its increased organizational capacity. Although support was provided to all residents throughout this period, the professionalization of the Trust's services and staff began in earnest in the fall of 2005.

⁸² Supporting data for tenure before departing SRHT facilities broken out by single demographic characteristics are shown in the following table

		Tenure in Housing before Departing SRHT Trust				
		Less than 6 Months	6 to 11 Months	12 to 23 Months	24 to 35 Months	36 Months or More
Justice System	No Justice System	15%	24%	32%	14%	15%
	Justice System	23%	29%	22%	16%	10%
Substance Abuse	No SA Indicators	14%	25%	32%	18%	12%
	Substance Abuse Problem	19%	26%	28%	13%	14%
Mental Health	Mental Health Problem and Substance Abuse	18%	28%	29%	13%	13%
	Mental Health Problems	17%	24%	30%	15%	14%
Age	18-29 Years	23%	31%	26%	9%	11%
	30-45 Years	20%	28%	33%	11%	7%
	46+ Years	15%	23%	28%	17%	17%
Gender	Female	13%	25%	35%	14%	13%
	Male	19%	26%	28%	15%	14%

⁸³ Supporting data for tenure before departing SRHT facilities by reasons for leaving is shown in the following table.

Reason for Leaving	Tenure before Departing SRHT Trust					
	Less than 6 Months	6 to 11 Months	12 to 23 Months	24 to 35 Months	36 Months or More	All Leavers
Death	5%	3%	4%	3%	8%	4%
Hospitalization	3%	1%	0%	2%	2%	1%
Incarceration	25%	18%	11%	15%	7%	15%
Lease violations/non-compliance	4%	12%	12%	12%	14%	11%
Non-payment of rent	7%	10%	13%	10%	14%	11%
Other	2%	5%	5%	8%	11%	6%
Housing opportunity - Other	4%	5%	4%	5%	8%	5%

Housing opportunity - Renting	15%	18%	23%	15%	16%	18%
Housing opportunity - Staying/Living with Family/Friend	8%	4%	9%	9%	8%	8%
Substance abuse treatment facility	8%	11%	5%	4%	3%	7%
Disappeared/Unknown	19%	14%	14%	18%	9%	15%
Total	100%	100%	100%	100%	100%	100%

⁸⁴ Supporting data for average monthly costs by departments for residents in the Rainbow and St. George apartments and comparable residents in other SRHT facilities are in the following table.

Public Agency	Rainbow & St. George	Other SRHT Facilities
LA County Health Services hospital-inpatient	\$44	\$135
LA County Health Services outpatient clinic	\$11	\$48
LA County Health Services - ER	\$14	\$21
LA County Mental Health	\$104	\$64
LA County Public Health	\$17	\$15
LA County DPSS Food Stamps	\$64	\$83
LA County DPSS General Relief	\$98	\$122
LA County GR Housing Vouchers	\$0	\$2
LAHSA homeless services	\$0	\$0
LA County Probation	\$6	\$4
LA County Sheriff general jail	\$6	\$6
LA County Sheriff medical jail	\$0	\$12
LA County Sheriff mental health jail	\$14	\$43
Private hospitals-inpatient	\$72	\$138
Private hospitals-ER	\$10	\$14
Paramedics	\$24	\$36
Total	\$484	\$744

⁸⁵ Supporting data for the matched-pair comparison of average monthly costs for persons while in SRHT Housing and for persons after exiting SRHT housing by public agency is as follows:

Public Agency	Months when Housed	All Months After Leaving Housing	Months Homeless After Leaving Housing	Cost Increase - Months Housed vs. Months Homeless
Health Srv hospital-inpatient	50	157	192	142
Private hospitals-inpatient	48	79	96	48
Health Srv outpatient clinic	36	30	40	5
Health Srv - ER	11	18	23	12
Private hospitals-ER	8	12	15	7
Mental Health	64	69	81	17
Public Health	18	20	22	4
Paramedics	18	27	35	17
DPSS Food Stamps	90	52	97	8
DPSS General Relief	131	67	126	-5
GR Housing Vouchers	0	2	5	5
LAHSA homeless srv	0	9	20	20
Sheriff general jail	3	24	29	26
Sheriff medical jail	2	69	79	77
Sheriff mental health jail	0	93	126	126
Probation	9	8	9	0
Total	\$489	\$735	\$997	\$508

⁸⁶ Under this component of the initiative, Department of Public Social Services staff was outstationed at the Twin Towers Correctional Facility to assist inmates who said they would be homeless upon release to assist them in applying for General Relief, Food Stamps and Medi-Cal. Chief Executive Office letters to the Los Angeles County Board of Supervisors about the Homeless Prevention Initiative, April 4, 2006, September 26, 2006, December 29, 2006, and October 27, 2009.

⁸⁷ Supporting data for the profile of recipients of General Relief homeless vouchers for four or more months and of all homeless General Relief recipients is shown below.

Subgroup	GR Housing Voucher 4+ Months	All Homeless General Relief Recipients
Spanish Speaker	0%	2%
HIV/AIDS	1%	0.9%
Asian/Pacific Islander	1%	1%
Born in Mex. or Central Am.	3%	3%
Not Born US, Mex., C. Am.	3%	3%
Other Ethnicity	5%	3%
Worked in Past 3 Yrs.	7%	10%
Jail Mental Health Facility	17%	12%
Jail Medical Facility	20%	15%
18-29 years	23%	28%
Veteran	26%	27%
Born in Other State	27%	28%
Female	28%	29%
46-65 years	28%	31%
Latino	29%	24%
White	30%	20%
Disability	31%	37%
African American	35%	52%
Mental Illness	37%	29%
30-45 years	49%	41%
Probation Record	53%	26%
Born in California	67%	65%
Male	72%	71%
Jail Past 5 Years	74%	59%
Substance Abuse	77%	30%
No Work Past 3 Yrs.	93%	90%
English Speaker	100%	98%

⁸⁸ The matched-pair comparison group data is for individuals receiving basic General Relief grants during months in which they were homeless, but who did not receive any emergency housing voucher assistance through General Relief during the cost window for this study.

⁸⁹ Supporting data for monthly costs when homeless vs. when not homeless is shown below.

GROUP	Voucher Recipients when Housed	Voucher Recipients when Homeless	Matched-Pair Comparison Group when Homeless
Worked in Past 3 Years	\$910	\$1,654	\$1,135
Latino	\$1,064	\$1,278	\$1,195
18-29 years	\$1,112	\$1,452	\$1,304
Born in California	\$1,311	\$1,540	\$1,479
Female	\$1,273	\$1,506	\$1,481
30-45 years	\$1,277	\$1,415	\$1,610
EVERYONE	\$1,302	\$1,524	\$1,615
Other Ethnicity	\$1,303	\$1,677	\$1,624
No Work in Past 3 Years	\$1,330	\$1,514	\$1,647
Male	\$1,313	\$1,531	\$1,680
Substance Abuse	\$1,468	\$1,674	\$1,685
White	\$1,257	\$1,403	\$1,716
Jail	\$1,481	\$1,687	\$1,791
Born in Other State	\$1,269	\$1,572	\$1,853
African American	\$1,534	\$1,799	\$1,873
46-65 years	\$1,498	\$1,767	\$1,894
Disability	\$1,738	\$2,217	\$2,122
Born Outside US	\$1,353	\$1,112	\$2,518
Mental Illness	\$1,853	\$2,210	\$2,541
Jail Medical Facility	\$2,083	\$2,316	\$2,709

Jail Mental Health Facility	\$2,190	\$2,679	\$3,330
HIV/AIDS	\$2,285	\$4,730	\$4,113

⁹⁰ One of the reasons that the matched-pair comparison group is more likely to provide more reliable data about costs when homeless than data for the same group when in months when they are homeless is that the matched pair group, which was never in voucher housing for any length of time, is less likely to be affected by transition events. There is evidence in the data from this study that transition events such as moving into or out of housing are often associated with spikes in costs.

⁹¹ The distribution of the 855 recipients of General Relief emergency housing vouchers for four or more months by cost decile was as follows:

- Highest Decile 19%
- Ninth Decile 21%
- Eighth Decile 22%
- Seventh Decile 16%
- Sixth Decile 12%
- Fifth Decile 5%
- Fourth Decile 3%
- Third Decile 2%
- Second Decile 1%
- Lowest Decile 0.2%

⁹² Supporting data for monthly public costs before and during GR voucher housing is shown below.

Prehousing Month	Average Monthly Costs Before Housing	Number of Prehousing Records	Housing Month	Average Monthly Cost While Housed	Number of Housing Records
Prehousing M14	\$4,149	22	Housed M01	\$1,581	710
Prehousing M13	\$3,405	23	Housed M02	\$1,428	701
Prehousing M12	\$2,857	25	Housed M03	\$1,155	695
Prehousing M11	\$1,426	32	Housed M04	\$1,237	689
Prehousing M10	\$1,179	40	Housed M05	\$1,227	472
Prehousing M09	\$1,088	44	Housed M06	\$1,181	306
Prehousing M08	\$862	50	Housed M07	\$1,001	179
Prehousing M07	\$1,037	59	Housed M08	\$948	112
Prehousing M06	\$1,133	71	Housed M09	\$840	73
Prehousing M05	\$1,443	91	Housed M10	\$876	42
Prehousing M04	\$1,359	109	Housed M11	\$903	26
Prehousing M03	\$2,112	138	Housed M12	\$1,014	19
Prehousing M02	\$2,922	261			
Prehousing M01	\$3,659	422			

⁹³ The number of records with cost data in each month before and during voucher housing is shown in the table below. There is not cost data in any month for the full sample of 855 persons in this group because not every individual had costs in every month. The size of the monthly samples with cost data dwindles in months more distant from entry into housing.

Month	Month Before Entering GR Voucher Housing												Month in GR Voucher Housing													
	14	13	12	11	10	9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9	10	11	12
Number of records with cost data	22	23	25	32	40	44	50	59	71	91	109	138	261	422	710	701	695	689	472	306	179	112	73	42	26	19

⁹⁴ Supporting data for average monthly public costs for General Relief emergency housing voucher recipients by service provider in 2008 dollars is shown below.

Public Agency	Homeless Comparison Group in Months when Homeless	Voucher Housing Group in Months when Homeless	Voucher Housing Group in Months when Housed
Health Srv hospital-inpatient	183	112	81
Private hospitals-inpatient	\$181	\$111	\$93
Health Srv outpatient clinic	60	98	47
Health Services-ER	49	64	35
Private hospitals-ER	\$31	\$44	\$21
Mental Health	50	55	39
Public Health	93	386	258
Paramedics	\$69	\$88	\$46
DPSS Food Stamps	160	172	55
DPSS General Relief	205	35	32
GR Housing Vouchers	0	44	260
LAHSA homeless services	1	0	
Sheriff general jail	153	98	126
Sheriff medical jail	149	65	84
Sheriff mental health jail	220	124	101
Probation	14	28	24
Total Average Monthly Cost when Homeless	\$1,615	\$1,524	\$1,302

⁹⁵ Many individuals in this group of older homeless women in voucher housing had problems that were likely to increase public costs: 45 percent were mentally ill and 87 percent had substance abuse problems.

⁹⁶ County of Los Angeles Chief Executive Office, Service Integration Branch (2008), *Examining the Cost Effectiveness of Los Angeles County's Homeless Prevention Initiative: The Case of the General Relief Housing Subsidy and Case Management Pilot Project*, pp. ii-iii.

⁹⁷ *Ibid*, p. 7.

⁹⁸ A recent pilot program initiated by Los Angeles County nearly doubled the employment rate among employable General Relief recipients, demonstrating that much higher rates of labor force engagement are possible for this population. County of Los Angeles Chief Executive Office Service Integration Branch, "The General Relief Housing Subsidy and Case Management Pilot Project: An Evaluation of Participant Outcomes and Cost Savings," September 2009.

⁹⁹ Burt, M. R. (2010), *Widening Effects of the Corporation for Supportive Housing's System-Change Efforts in Los Angeles, 2005-2008*, Corporation for Supportive Housing, <http://www.csh.org/>, forthcoming.

¹⁰⁰ For additional information about the need for a waiver in the State Medicaid Plan to support essential services for formerly homeless residents in supportive housing see the Corporation for Supportive Housing report, "Leveraging Medicaid: A Guide to Using Medicaid Financing in Supportive Housing," July, 2008, <http://www.csh.org/index.cfm?fuseaction=page.viewPage&pageID=4429&nodeID>.

¹⁰¹ It would be beneficial, for example, if tenants who decide to stop using drugs could move to buildings that are sober living environments. However the regulations accompanying HUD funds that subsidize the rent of most supportive housing residents do not allow tenants to move to new buildings and still retain their subsidies. Shelter Plus Care and Section 8 rental subsidy contracts are regulated by HUD. To be eligible for these programs, applicants must be homeless. Once someone moves into a supportive housing unit, he/she is no longer considered homeless – because the unit is permanent housing.

¹⁰² John S. Painter, Ph.D. 2004. *Propensity Matching via SPSS*. <http://www.unc.edu/~painter/> (self-published.) Research Assistant Professor, Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill.

