HOMELESSNESS IN ORANGE COUNTY

THE COSTS TO OUR COMMUNITY

Homelessness in Orange County: The Costs to Our Community

Conducted by
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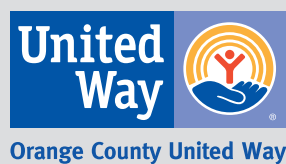With the assistance of
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EXECUTIVE SUMMARY

Purpose

The current wave of homelessness is a pressing problem sparing few communities across the United States. Since the issue came to the forefront in the early 1980s, estimates of the number of homeless have waxed and waned, but the crisis of American citizens experiencing homelessness continues to persist. Orange County and its 34 municipalities have not been spared this crisis. According to the 2015 Orange County Point in Time Count report, nearly 4,500 people experienced homelessness (2,200 of whom were unsheltered) on any given night, and 15,291 people were expected to be homeless over the course of the year. This equates to one in 200 Orange County residents experiencing at least one night of homelessness during 2015. In addition to the devastating and traumatizing physical and psychological costs of homelessness to those individuals and families who experience it, homelessness imposes considerable economic costs on the communities in which it exists. There have been a number of cost studies across other major localities in the U.S., and in California in particular, but no such cost study has been completed for Orange County.

The purpose of this project has been to conduct a countywide cost study, with two primary objectives:

- First, to estimate the economic expenditures on homelessness that have accrued to the county, its 34 municipalities, and its non-governmental service agencies, including hospitals and non-profits providing services to this population;

- Second, to assess the extent to which the costs of serving the homeless vary across the spectrum of those living on the streets and in shelters versus those living in alternative forms of housing.

The Study

This is a collaborative study among Orange County United Way, Jamboree, and the University of California, Irvine, with the support of the Association of California Cities – Orange County (ACC-OC), 2-1-1 Orange County (211OC), and the Hospital Association of Southern California. In addition, an Advisory Committee representing a cross section of Orange County experts and practitioners from various institutions and organizations served to guide our design and process. The study was also conducted to leverage the work of the United Way's FACE 2024 strategic plan, the county's 10 Year Plan to End Homelessness, and the county's new Office of Care Coordination.

The study is based on data collected from five main sources: the County of Orange, the municipalities within the county, Orange County hospitals (via the Hospital Association of Southern California and Cal Optima), a sample of non-governmental agencies addressing homelessness and individuals experiencing homelessness themselves. The data was gathered through questionnaires sent to municipalities, hospitals and service agencies as well as structured, in-person survey interviews conducted with a sample of 252 homeless individuals throughout the county. Given the breadth and volume of data assembled, this is clearly one of the most

comprehensive studies of the public costs of homelessness in the United States.

Key Findings

Demographic and Biographic Characteristics of the Homeless Population

Results from our sample of homeless individuals indicate that Orange County's homeless population is defined largely by the following characteristics:

- They are mainly long-term OC residents, with 68% of the 252 homeless surveyed having lived in the county for 10 years or longer

- They are predominately US-born individuals (90%)

- A significant share are middle-aged (52% are age 50 or older), non-Hispanic White (47%), male (57%) and live alone (67%)

Key Finding: The vast majority of Orange County's homeless, whether male or female, are U.S. citizens and long-term Orange County residents of over 10 years, rather than individuals who have recently chosen to come to Orange County.

The major factors precipitating homelessness in our sample (in order of frequency of mention) are:

- Securing or retaining jobs with sustainable wages (40%)

- Finding or retaining affordable housing, including evictions and foreclosures (36%)

- Family issues, which include domestic violence, family dysfunction, relationship dissolution and death of a family member (28%)

- Alcohol and/or drugs (22%)

- Mental health (17%)

- Physical health (13%)

- Release from jail/prison (7%)

Key Finding: Homelessness is caused primarily by lack of sufficient income or job loss combined with high costs of housing in Orange County. Other factors, like family dysfunction, health, and substance abuse, increase one's vulnerability to homelessness in such a context.

This observation is further substantiated by the following finding: The median monthly income of the homeless in our sample, from all possible sources, is $860. Income varies greatly by housing status, ranging from a median of $500 for those living on the street to a median of $1,958 for homeless individuals and families placed into a rapid re-housing program (who are often supporting dependent children). Nonetheless, across all housing categories, these income levels put housing rental out of reach given the average cost of rent for a single bedroom apartment in OC of $1,700 to $1,800+ in 2015.

The Cost of Homelessness

We estimate that approximately $299 million was spent to address homelessness in Orange County by governmental and non-governmental entities in a 12-month period encompassing 2014/2015.

- Municipalities account for the largest share of this total (~$120 million), followed by

- Hospitals (~$77 million),

- The County (~$62 million)

- Non-governmental housing agencies (~$35 million)

- Other non-governmental agencies servicing the homeless (~$5 million with incomplete data).

Key Finding: Orange County's city governments and public services bear the brunt of the costs associated with homelessness in Orange County.

Across the major service clusters (health care, housing, and criminal justice), we estimate that approximately $121 million was spent providing health care to the homeless in a 12-month period encompassing 2014/2015. Counties, municipalities and non-governmental agencies spent approximately $106 million on all types of housing for the homeless, and an estimated $23 million was spent on criminal justice contacts (police/jail/prison).

Key Finding: Costs are highest in Orange County's health care service cluster, which is consistent with other cost studies across the country.

Based on our interviews, we estimate that the average annual cost per person for all services is approximately $45,000. Heavy service consumers, particularly of health and medical services, drive the average cost up greatly; so much so, that if the most costly 10% are dropped from the analysis, the mean annual cost per person drops to approximately $10,000.

Key Finding: The costs of homelessness are driven upwards by the heaviest service users among those who are chronically street homeless.[1]

Costs by Housing Categories (Street and Emergency Sheltered Homeless versus those housed in Bridge, Rapid Re-Housing, or Permanent Supportive Housing—PSH)

• Our interviews with those experiencing homelessness indicate that use of social and health services and criminal justice contacts

are lower among those who are housed compared to those living on the streets. Those in permanent supportive housing reported 78% fewer ambulance transports in the last month, and 100% fewer arrests, compared to those who are chronically homeless living on the street or in emergency shelters.

• As a result of decreases in service utilization and criminal justice contacts, the estimated average annual cost of services is 40% lower for the chronically homeless in permanent supportive housing ($51,587) in comparison to the chronically homeless living on the streets and in emergency shelters ($85,631), even taking into consideration the program costs of permanent supportive housing. Similarly, the average annual cost for those housed in rapid re-housing ($9,175) and bridge housing ($22,686) is 75% and 38% lower, respectively, than the annual cost for the non-chronically homeless on the street and in emergency shelters ($36,419) net of the program costs of housing.

• When looking at health service utilization alone, the estimated average annual cost among those homeless who are housed ($26,158) is half the annual cost incurred by those on the street or in emergency shelters ($51,855), with the disparity even greater between those in permanent supportive housing ($43,184) and the chronically street homeless ($98,199).

Key Finding: Whatever the service or housing category, the costs of homelessness declines when the homeless are housed. This holds for both the non-chronically and the chronically homeless.

Cost Savings of Housing Chronically Street Homeless in Permanent Supportive Housing (PSH)

· The estimated average annual cost of services per capita for permanent supportive housing clients is 50% lower than for the chronically street homeless ($51,587 versus $100,759).

· Taking into consideration the average cost of services per capita, we estimate a cost savings of approximately $42 million per year if all Orange County chronically homeless were placed into permanent supportive housing.

· The potential cost savings of housing the homeless are even more significant for the chronically street homeless who are the heaviest service users, and in particular for those in the upper decile of costs. **We find that 10% of the chronically street homeless incur annual costs higher than $439,787 per person,** whereas the most costly 10% of those in permanent supportive housing incur annual costs in excess of only $55,332.

Key Finding: The cost savings data on housing the homeless in general, and particularly the chronically street homeless, show a consistent and compelling pattern: costs are markedly lower among the homeless who are housed, and this is especially true for the chronically homeless.

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INTRODUCTION

This is the final report of a year-long study of the costs of homelessness in Orange County, and of the demographic and biographic characteristics of those experiencing homelessness here. The report was conducted collaboratively among Orange County United Way, Jamboree, and the University of California, Irvine (UCI), with the support and guidance of the Association of California Cities - Orange County (ACC-OC), 2-1-1 Orange County (211OC), the Hospital Association of Southern California, and an Advisory Committee composed of a cross-section of local experts and practitioners.

Objectives

The major objective of the study was twofold:

- First, to estimate the economic expenditures on homelessness that have accrued to the county, its 34 municipalities and its non-governmental service agencies, including hospitals and non-profits providing services to this population.

- Second, to assess the extent to which the costs of serving the homeless vary across the spectrum of those living on the streets and in shelters versus those living in alternative forms of housing. Additionally, the study sought to construct a demographic and biographic profile of the county's homeless in order to assess in greater detail the costs associated with serving the homeless across the county. The study was conceived and organized in late Fall 2015 and Winter 2016, and the research was initiated in Spring 2016 and completed in the Winter of 2017.[2]

Rationale

The rationale for conducting the research was based on the following three considerations. First, for some time there has been growing recognition within Orange County that it has not been spared the problem of homelessness that continues to plague metropolitan areas and municipalities of all sizes across the country.[3] The HUD-mandated semi-annual Point-in-Time (PIT) estimates for Orange County bear this out. According to the 2015 Orange County PIT count, for example, nearly 4,500 people experienced homelessness on any given night, with 15,291 experiencing at least one night of homelessness over the course of the year. This equates to one in 200 Orange County residents experiencing at least one night of homelessness during 2015. Given the extensive gap, as of the date this study was conducted, between the cost of rental housing within the county ($1,700 to $1,800, on average, for a one-bedroom apartment in 2015[4]) and the limited availability of resources for many residents to access that housing (24% of OC residents lived in poverty in 2015[5]), there is reason to believe that the recently completed 2017 PIT estimate will reveal an increase in the county's homeless population. But whether this recent count shows a decline or an increase, it is likely to be a lower-end count because it does not fully capture the unhoused living in automobiles or hidden encampments, doubling up for a night with friends or relatives, or a staying in a motel for a night or two. Consider, for example, the experience of a homeless 70-year-old, African-American woman interviewed for this study living off of a monthly

$1,000 Social Security check. She sleeps five to six nights a week on a bench in Anaheim, but uses a portion of that check to stay in a motel at least one night a week, usually Friday and/or Saturday, to get a good sleep, a warm shower and wash her clothes. Individuals like her may be missed in the PIT count. This example, among others, suggests that the actual number of people who are homeless in the county on any given night is likely to be somewhat higher than the PIT estimate.[6]

But whatever the count from one PIT estimate to the next, we should be cautious about becoming fixated on the approximate number; for whether it is 4,000, 4,500, 5,000 or more, the fact remains that there are thousands of individuals who are homeless in the county on any given night, and this fact alone constitutes a persistently pressing problem not only for these homeless individuals but also for both the county's various public service agencies and municipalities. More specifically, in addition to the devastating and traumatizing physical and psychological costs of homelessness to those individuals and families who experience it, homelessness imposes considerable economic costs on the communities in which it exists. The intent of this study has been to assess the approximate costs of homelessness to the county government, the 34 municipalities within the county and the non-governmental service agencies, including hospitals and non-profit service agencies. This research also assesses the extent to which the cost of addressing homelessness varies across the spectrum of those living on the streets and in shelters in comparison to those living in various types of housing. It is the intersection of these various considerations that provide a major rationale for the value of this study.

A second rationale for this cost study is provided by the increasing recognition of the homelessness problem by the County of Orange and other local organizations, and the overlap of a number of initiatives to deal with the problem. Included among these initiatives is the County's 10 Year Plan to End Homelessness, the county's new Office of Care Coordination, which was established in 2016, ACC-OC's Homelessness Task Force and the United Way's FACE 2024 Strategic Plan, which adopted housing as one of its four pillars. This cost study was conducted to leverage the work of these initiatives in a collaborative manner.

The third rationale for conducting the study is to provide a basis for comparing the costs of homelessness in Orange County with the research on costs accrued by other metropolitan areas and municipalities within the state, and to understand the reasons for cost similarities and differences. To date, cost studies have been conducted in the major municipalities throughout the state, including Los Angeles, Sacramento, San Diego and the San Jose and Silicon Valley area, but no such cost study has been completed for Orange County.

Taken together, the foregoing rationales indicate that there are a number of pressing reasons for having conducted the research reported herein. Before turning to summary of that research, it is important to note the study's distinctive features.

Distinctive Features

There are two noteworthy features of this study. The first distinctive feature is the study's comprehensiveness. This is indicated by the variety of sources from which the data were collected: the County of Orange, the 34 municipalities within the county, Orange County hospitals (via the Hospital Association of Southern California and Cal Optima), a sample of the full variety of non-governmental agencies addressing homelessness, and a sample of individuals not only experiencing homelessness

but also experiencing different living situations, ranging from sleeping rough on the streets to residing in permanent supportive housing. Few, if any other, cost studies are based on such a variety of data sources. Additionally, we compare the costs associated with both non-chronic and chronic homelessness. Given the breadth, depth and volume of data assembled and analyzed, this is clearly one of the most comprehensive studies yet conducted of the public costs of homelessness in the United States.

The second distinctive feature of the study is that it was a truly collaborative endeavor. Its collaborative character was mentioned above, but it merits mention again because without the cooperation and collaboration of various institutions, organizations and individuals across the county, the study would have never unfolded and evolved as it did. It was initiated

through the cooperative partnership of Orange County United Way, Jamboree, and the UCI School of Social Sciences, and then moved forward with the formation of an Advisory Committee representing a cross section of Orange County experts and practitioners regarding homelessness (see Appendix 1 for list of committee members). This committee was crucial in guiding the study design and facilitating the research process. Additionally, the study benefitted greatly from the ongoing support of ACC-OC, the Hospital Association of Southern California, 211OC and the county, in particular its Office of Care Coordination. Among other things, this study nicely illustrates what can be pursued and accomplished when various interested parties and stakeholders within a community strive to work together towards a common objective.

DATA SOURCES, STUDY METHODOLOGY AND STUDY DESIGN

Before discussing our data sources, associated methodologies and study design, it is first necessary to indicate our working conceptualization of homelessness. There are various conceptualizations of homelessness, ranging from HUD's more limited definition to the National Health Care for the Homeless Council's broader and more inclusive definition (see Glossary). Given the study's two-fold objective, we opt for a broader and more inclusive conceptualization of homelessness. Thus, for the purposes of this study, the word "homeless" is used to describe people who sometimes sleep outdoors, in cars, in abandoned buildings or on the streets; or who are staying in shelters, bridge housing, rapid re-housing or supportive housing after being on the streets; or who have been evicted from their homes, discharged from an institution like a hospital or a prison, or are fleeing domestic violence and can't find housing.

Data Sources

In order to both estimate the costs of this broadened conception of homelessness in Orange County across a range of county actors, and to examine how costs differ between the homeless on the street and those living in various housing configurations, we gathered cost data from five sources: 1) the County of Orange; 2) the municipalities within the county; 3) Orange County hospitals (via the Hospital Association of Southern California and Cal Optima); 4) a sample of non-governmental agencies servicing the homeless; and 5) individuals experiencing homelessness themselves.

Methodology and Study Design

The data were gathered through questionnaires sent via email to municipalities, hospitals and service agencies (see Appendix for the questionnaires) as well as by structured in-person survey interviews conducted between August and December 2016 with a sample of 252 homeless individuals living on the street and in various housing configurations throughout the county. As illustrated in Figure 1, institutional/organizational cost data from the county, municipalities, hospitals and

Figure 1. Cost Study Design
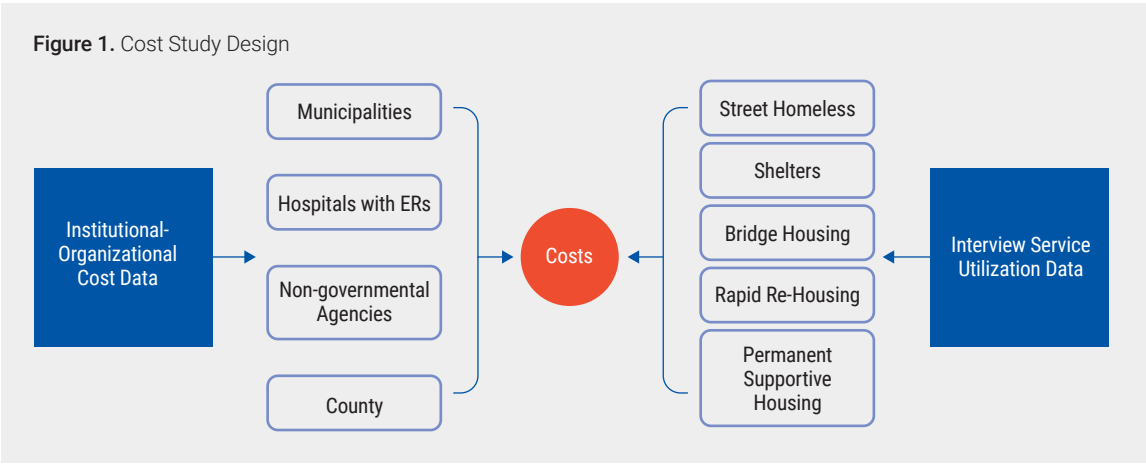
social service agencies are aggregated and used to estimate a grand total for the costs of servicing the homeless in 2015 in Orange County.[7] To differentiate the per-person average annual costs across categories of homeless individuals and housing configurations, we integrated data from the in-person survey interviews and the institutions/organizations. The information gathered from all of our data sources will be described in greater detail in sections 4 through 6 below.

Comparison with Other Cost Study Methodologies and Designs

As noted earlier and as suggested by the study design, one of the study's distinctive features is its breadth and comprehensiveness in comparison to other cost studies. Within the state, there have been a number of homelessness cost studies with considerable variation in scope and methodology. The most comprehensive studies are those using a computer tracking methodology, based on HUD's Homeless Management Information System (HMIS) [see Glossary], in which encrypted identifiers from recently homeless adults residing in housing for the homeless, typically permanent supportive housing, are matched with correspondingly encrypted identifiers from the service records of relevant city, county or state agencies (e.g., county departments of health, public health and mental health, sheriff and probation departments, and local or state hospitalization records). A major completed cost study employing this methodology within the state was conducted for Silicon Valley[8]. This genre of cost studies may be among the most methodologically refined and reliable, but it is not easily replicated from one setting to the next because of variation in the functioning and operative status of the local HMIS system. In Orange County, for example, limitations in the operative status of the HMIS

system foreclosed the possibility of using this methodology at the time our study was initiated. The strengths of this HMIS-based cost study design notwithstanding, it is important to note it is limited in terms of the breadth of its cost coverage. For example, it typically does not include, in comparison to our cost study design, the spectrum of non-governmental agency cost data, and its typically residential focus on permanent supportive housing bypasses the associated costs of other types of housing for those who are homeless.

At the other end, probably the least comprehensive cost study of homelessness is the municipal departmental study conducted in Sacramento.[9] For this study design, cost data was secured for the various operational budgets of the city. While limited in the range of costs associated with servicing the homeless, we did find this study helpful in formulating our municipal questionnaire.

Standing in between the HMIS-based study designs and the narrow focus of the Sacramento study are two other cost study designs. One includes the mixed-methods strategy of the 2009 Los Angeles cost study, wherein over 9,000 people who were homeless and receiving General Relief were statistically matched with around 1,000 homeless who entered supportive housing (similar to permanent supportive housing) provided by the Skid Row Housing Trust. Similar to the ideal-type HMIS study design, data for persons in the study were derived from various L.A. County departments through computerized record identification.[10]

The other strategy attempting to get at cost differences between the unhoused homeless and those who are now housed employs variants of longitudinal studies in which assessment of the costs of homelessness is based on comparing its public costs (e.g.,

ambulance and hospital use, arrests, jail time, and shelter use) for a panel of individuals with the costs of their subsequent housing placement, typically in permanent supportive housing. Here studies vary in terms of the size of the panel and the comparative time frame, ranging from a four-person panel study in Los Angeles[11] to a 114-person panel study assessing the public costs for the panel one year prior to placement to up to two years after placement in San Diego[12]. This type of study is generally less comprehensive than the HMIS-based studies, but is also similarly limited in its neglect of the costs associated with the range of non-governmental, public costs and its comparison of only street homelessness with placement in permanent supportive housing.

Comparatively, the strength of our study design is in its comprehensiveness and depth via the detailed, face-to-face interviews with our sample across the spectrum of living situations, ranging from the streets and shelters to bridge housing, rapid re-housing, and permanent supportive housing, combined with collection of cost data from governmental and non-governmental agencies.

The differences in these study designs and methodologies notwithstanding, it is important to emphasize that the cost findings and offsets lean in the same direction. That is, not only are the costs of homelessness considerable, but, even more significantly, the cost savings by housing the homeless, and particularly the most chronically homeless, are extensive. Another way of putting it is that the cost differences in the findings of these different studies, including this one, are not qualitative but quantitative; the differences are in magnitude and not of kind. Moreover, the differences are not attributable solely to study design but also to differences in the demographics and homeless-relevant policies in the various study settings.

COMPARATIVE DEMOGRAPHIC AND BIOGRAPHIC PROFILE OF OC HOMELESS

Before identifying and elaborating the costs associated with the provision of services to the homeless across the county, it is helpful to have a sense of who comprises the county's homeless population. What are the major demographic characteristics of the county's homeless, and how do these characteristics compare with the county's general population? An equally important question concerns the generalizability of our findings: Are they peculiar to our sample of the 252 homeless individuals interviewed, or are the findings consistent with other interview-based efforts to capture the demographic and/or biographic profile of the county's homeless population? In order to answer such questions, it is necessary to elaborate how the sample was constituted before providing a description of the sample's demographic composition.

Site Sampling Methodology

Because there is no sampling frame for the Orange County homeless, as there would be for a household survey, generating a truly random sample of homeless respondents was not possible. Instead, we employed a locational maximum variation sampling strategy through which we identified – with the help of service-providers and people experiencing homelessness – an array of sites within the county that are broadly representative of the geographic and demographic variation of the homeless across the county.[13] These locations or "niches" included not only street sites that

were known to be frequented (such as parks, encampments and agencies providing a bag lunch) but also the range of available, albeit limited, housing configurations (emergency shelters, bridge housing, rapid re-housing and permanent supportive housing). Table 1 shows the settings in which the street interviews were conducted, and Table 2 shows the various housing configurations in which we conducted interviews. Consistent with the maximum variation sampling strategy, there is notable county-wide variation both in the interview settings and across the housing configurations.

Table 1. Interview Settings/Contexts

Site/Location of Interview	# Completed
Street	**89**
Santa Ana Civic Center	26
Santa Ana Riverbed Encampment	13
Share Our Selves (S.O.S.)	12
Lions Park (Costa Mesa)	10
Hart Park (Orange)	9
Pioneer Park (Garden Grove)	5
Family Assistance Ministries	5
Newport Beach Transit Center	5
Friendship Shelter	2
Build Futures	1
The Courtyard (Santa Ana)	1
Housing Types	**163**
Shelter	48
Bridge	41
Rapid Re-Housing	25
Permanent Supportive Housing	49
TOTAL	**252**

Table 2. Interview Settings for Housing Configurations

Site/Location of Interview	# Completed
Shelter	**48**
Friendship Shelter	15
Fullerton Armory	15
The Courtyard (Santa Ana)	13
Salvation Army	4
Build Futures	1
Bridge	**41**
WISEPlace	10
Build Futures	8
Family Assistance Ministries	6
Families Forward	6
Salvation Army	5
Colette's Children's Home	5
Pathways of Hope	1
Rapid Re-housing	**25**
Families Forward	14
Serving People in Need (SPIN)	5
Mercy House	4
Family Assistance Ministries	2
Permanent Supportive Housing	**49**
Jamboree Housing	24
Mercy House	22
Colette's Children's Home	3
TOTAL	**163**

Interview Procedures

To ensure that the individuals we interviewed at a given site were as representative of that site as possible, we attempted to systematically select respondents in each locale. For example, at the Santa Ana Civic Center, interviewers chose a starting point and counted off every xth person they encountered; and at the riverbed encampment, the three researchers spread themselves out along the length of the encampment and then proceeded to conduct interviews with an occupant of each successive tent or makeshift shelter. This type of systematic sampling was not possible in every interview location, however. For example, at the Newport Transit Center there was typically only a couple of homeless persons

available for interviews, and the selection of prospective interviewees at the various housing sites was often constrained by their schedules, particularly for those who were employed. Whatever the setting, an effort was made to select respondents as systematically as possible, and all selected respondents were offered a $10 gift card (Chevron, Starbucks, Subway or Target) of their choosing to incentivize their participation and compensate them for their time.

The interviews took approximately 30 minutes to complete on average. The interviews were conducted in English or Spanish, depending on the respondent's preference. The questionnaire (see Appendix 5) included questions on a variety of topics, including basic demographics, current living conditions, reasons for homelessness and length of time homeless, challenges of homelessness, recent utilization of services, health and wellbeing, family and social networks, employment and other sources of income, and childhood experiences.

Sample Profile Compared with Other OC Homeless Samples and County Population

Table 3 provides a demographic profile of the project sample alongside comparable data points from two other OC studies – the 2015 Point-in-Time Count and the VI-SPDAT (see Glossary) survey conducted through the county's Coordinated Entry system (see Glossary) – and with the general OC population for 2015 from the American Community Survey. We include the 2015 Point-in-Time and the 2016 VI-SPDAT findings to provide a comparative base for assessing the previously raised question about the generality of the project sample findings. Although the purposes and structure of the three research tools are quite different, each elicited information regarding some comparable demographic variables.

Table 3. Profile of Sample Compared with Other Orange County Homeless Samples and General Population

Variables	Project Sample	Point-in-Time (2015)	VI-SPDAT	ACS Orange County (General Pop. 2015)
% Male	57%	61%	56%	49%
% Female	43%	39%	44%	51%
Median age	50	50 (unsheltered)	—	38
Race/Ethnicity				
Hispanic	30%	39%	25%	34%
Non-Hispanic White	47%	35%	53%	41%
Non-Hispanic Black	15%	14%	14%	2%
Asian	4%	5%	3%	19%
Native American	4%	4%	2%	<1%
% With any schooling beyond high school	47%	—	—	67%
% Foreign-born	10%	—	—	31%
% Living in OC 10 years of more	68%	—	—	—
% Veteran	12%	12%	9%	5%
TOTAL	**252**	**4,452**	**296**	**3,086,331**

Looking at the table and beginning with the **gender** distribution among those interviewed for the project sample, we see that the majority are male, which is consistent with the other two data sources. In comparison with the proportion male for the county overall, we see that men are overrepresented among the homeless (57% to 49%). This is not a surprising finding; men have been overrepresented among the homeless population throughout the country since this current wave of homelessness surfaced in the first half of the 1980s.[14] It is important to also note that the proportion of women has increased considerably since then, both nationally and in Orange County.

Turning to **age**, the median age for both the project sample and the 2015 PIT count is 50, which is considerably higher than for the county overall. Whether this is indicative of an aging trend among homeless individuals is difficult to say at this point in time. However, it is worth noting that demographic assessments of the homeless population across the country over the past 30+ years does suggest a trending

upwards.[15] It is also interesting to note for Orange County residents that the only age group that is expected to grow proportionate to other age groups in the next 25 years is the 65 and older cluster.[16] If this projection holds, then we might expect an upward aging trend among those who are homeless as well, especially since two-thirds are long-time OC residents, as shown in the third row from the bottom.

Considering the **race and ethnic composition** of the county's homeless population, non-Hispanic Whites make up the modal category for the project sample. The 47% project sample finding falls midway between the other two sets of findings from the PIT and VI-SPDAT (35% and 53%, respectively), and is slightly higher than the proportion of non-Hispanic Whites for the county. Hispanics make up the next-largest ethnic/racial category among the county's homeless population. The 30% finding again falls between the figures for the other two samples, but is slightly lower than the proportion of Hispanics for the county. That Hispanics are slightly underrepresented

among the homeless population in comparison to the county figure is not surprising given similar findings in other studies.[17] It would be surprising, however, if non-Hispanic Blacks were underrepresented among the homeless in comparison to their proportion of the county's population. This is not the case, though, as non-Hispanic Blacks comprise only 2% of the county's population but 15% of its homeless population, a finding that is consistent with virtually every other study of the racial/ethnic composition of the homeless population across the country.[18]

Another telling feature of the county's homeless population is its relatively low level of **educational achievement:** 47% of the project sample attended some schooling beyond high school, primarily a year or two of college without graduation, in contrast to 67% for the county as a whole. This finding, when coupled with the concentration of work experiences of those who are homeless in the secondary labor market,[19] accounts in part for the greater socioeconomic precarity and vulnerability of some citizens to homelessness.

Perhaps one of the most interesting findings is that only 10% of those we interviewed are **foreign-born** in contrast to the county's foreign-born population of 31% for 2015. This striking contrast is likely to be surprising to some county residents given the often-heard claim that recent, undocumented immigrants swell the ranks of the homeless.

An equally compelling finding is that 68% of the sampled individuals have lived in Orange County 10 years or longer. This is especially interesting because it runs counter to another frequently heard stereotype regarding those who are homeless: that many are migrants or

"transients" from elsewhere who are attracted to Orange County because of its favorable climate, which presumably eases living on the streets. The contrary bottom line, however, is that the vast majority of the county's homeless population are **long-term county residents.**

The final noteworthy demographic characteristic shown in the second to the last row in Table 3 shows that 12% of the homeless interviewed are **veterans,** which is slightly more than double the percentage of veterans in the county in 2015. The overrepresentation of veterans among the county's homeless population is not only confirmed by the parallel findings of the PIT count and VI-SPDAT survey, but it is also consistent with other studies across the country.[20]

Earlier in this section we raised the question of the generalizability of the project sample findings across the county's homeless population. The observed comparability of these findings with those of the other two interview-based studies, particularly the PIT count, reported in Table 3, gives us confidence in the representativeness of the project sample findings. This confidence is also bolstered by the "niche" maximum variation strategy that guided our selection of interview sites and thus potential respondents.

We will consider additional demographic and biographic characteristics of the county's homeless population when we examine the extent to which these characteristics and associated costs vary across the spectrum of those living on the streets and in shelters versus those living in alternative forms of housing. Next, however, we examine the institutional/organizational costs of homelessness within the county.

COST COMPARISONS ACROSS INSTITUTIONAL SECTORS

By institutional sector, we refer to the cluster of durable, organizational entities that intersect and deal with people who are homeless in one fashion or another, ranging from monitoring and policing their movements and activities to providing housing of various kinds and a range of subsistence services. Included in this sector is the county, the 34 municipalities, the hospitals with emergency departments, the housing providers and the other non-governmental social service agencies providing a range of services other than housing. We consider the costs associated with each, and then aggregate the totals to reach an estimated cost total.

County

The Director of Care Coordination for the county provided us with a listing of actual FY2015/2016 costs for homeless services across a range of county agencies and programs. Specifically, data were provided on housing for homeless individuals and families, health care services provided by the Orange County Health Care Agency, county resources for homeless individuals allocated to social service agencies (such as CalFresh and General Relief), costs for Homeless Liaison Officers in the County Sheriff's Department, resources spent by OC Public Works (e.g., for encampment land management) and county funding for dedicated emergency shelters.

Aggregated, the costs for these various county services sum to $60,093,851, as shown in the second row of Table 4. Also included in the county cost total are the costs provided by

the Orange County Transit Authority (OCTA). Although the OCTA is independent from the county, its transit services are county-wide and therefore included in the overall county costs.

Table 4. County Costs

County Department/Division	Accumulating Costs
Orange County (per Director of Care Coordination and County)	$60,093,851
Orange County Transit Authority	$2,073,566
TOTAL	**$62,167,417**

We suspect that the total county costs of $62,167,417 are a somewhat conservative estimate, particularly since homeless-related court, jail and probation costs are not included. Additionally, the Sheriff Department's costs include only the salaries of Homeless Liaison Officers assigned to 13 municipalities and unincorporated areas without their own police departments. Similarly, we suspect the OCTA homeless-related costs are higher than the number indicated in the above table, since a disproportionate share of that cost estimate is consumed by the costs associated with monitoring and cleaning a single, albeit major, transit center in the county. Finally, when assessing the overall county costs, it is important to note that they are for the fiscal year 2015/2016, which does not capture several newer efforts at the county level to address the homelessness issue, such as the Whole Person Care initiative targeting frequent users of medical services.[21] The take away point is that the county costs for 2016/2017 are likely to be considerably higher than for 2015/2016.

Municipalities

With assistance from the ACC-OC, in 2016 we sent questionnaires via email to all 34 Orange County municipalities soliciting information on FY2014/2015 expenses. The questionnaires (in Appendix 2), which were based on survey instruments used in a cost study in Sacramento (2015), asked municipalities to provide their total municipal budget for FY2014/2015, as well as to estimate the percent of this total budget spent on homelessness. In addition, municipalities were asked to provide budgets for a variety of municipal departments, along with estimates of the percentage of these departmental budgets that was spent on homelessness in FY2014/2015.

Because homelessness is not a budgeted line item in most municipalities, we asked municipalities to provide approximate figures based on the individual city's estimated cost allocation. For example, the budget allocation of a municipal police officer may not be based on how much time, if any, is consumed by dealing with local homeless individuals. We assume, nonetheless, that costs are incurred by encounters with homeless people. We encouraged municipalities to conceptualize these types of non-budgeted costs as "opportunity costs," which encompass costs incurred by allocating resources (time, money, energy) to one issue or task rather than another. Even though a hypothetical police officer's salary may remain the same regardless of whether his/her time is allocated to stopping, assisting, ticketing or arresting a homeless individual, the fact that some time—say 15% of the 40-hour week—is spent attending to homeless-related issues means that 15% less time is allocated to other tasks. That 15% is an opportunity cost that can be calculated with the officer's line item salary and estimated as time consumed by dealing with issues connected to homelessness. This same principle can be

applied to municipality librarians, parks and recreation staff and to various administrative personnel. Because the "opportunity cost" principle was not always employed, when a municipality reported a percentage of their Total Expenses spent on homelessness in FY2014/2015 that was under 1%, we rounded the cost up to 1% of Total Expenses.

We received completed questionnaires from 21 of the 34 municipalities in Orange County. A listing of these 21 municipalities is provided in Table 5. The municipalities that did not return completed questionnaires tended to be relatively small in both total and homeless population. For those municipalities that did not return questionnaires, we estimated their total amount spent on homelessness by taking their publicly available information on FY2014/2015 Total Expenses, and estimating 1% of these expenses. Because these municipalities tended to be relatively small in size and budget, adding their imputed expenses did not greatly increase the total cost of homelessness across the municipalities over and above what was found for the 21 municipalities that did return questionnaires.

Table 5. Municipalities Submitting Questionnaires

Name of Municipality	
Aliso Viejo	Newport Beach
Anaheim	Orange
Buena Park	Placentia
Costa Mesa	San Clemente
Dana Point	Santa Ana
Fullerton	Stanton
Garden Grove	Tustin
Huntington Beach	Villa Park
Irvine	Westminster
Mission Viejo	Yorba Linda
Laguna Beach	

Table 6 shows the results for the 21 municipalities that returned completed questionnaires. Indicated is the *median figure*

(one-half above and one-half below) for the municipal budgets for FY2014/2015, the median percent of the municipal budget spent on homelessness, the median dollar amount spent on homelessness, and the estimated total dollar amount spent on homelessness across the 21 cities.

Table 6. Cost Findings for Municipalities (FY 2014/2015)

Category	Statistic	# of Municipalities Reporting Statistic
Median total municipal budget FY 2014/2015	$113,645,808	21
Median % of municipal budget spent on homelessness	1%	21
Median municipal budget spent on homelessness	$1,760,510	21
Total amount spent on homelessness across 22 municipalities	$115,158,683	21

Note: Uses Total Expenses for FY2014/2015. Municipalities reporting a percent of the municipal budget spent on homelessness of under 1% are rounded up to 1%, as are those that did not provide a percentage.

As with the county total cost figure, we think the total cost figure of $115,158,683 for the municipalities is a conservative estimate because of the factors noted above.

Non-governmental Social Service Agencies Servicing Homeless People

To identify non-governmental agencies that provide services to those who are homeless in Orange County, we first combed through a list provided by 2-1-1 Orange County of approximately 600 social service agencies, and narrowed it down to those directly servicing the homeless population. We supplemented the 211OC list with our own internet searches and knowledge of agencies in the county. In the end, we compiled a list of 236 Orange County non-governmental social service agencies servicing

the homeless, spanning a range of services including housing, food provision and health. To ensure that our sample represented the range of services, we assigned each of the 236 agencies in our list to one of 12 strata based on their services provided. These 12 strata were: clinical health services, ambulance services, soup kitchens, food pantries, hygiene and/or clothing, referral services, multi-purpose non-housing services, motel/housing vouchers and/or rental assistance, emergency shelter, bridge housing, rapid re-housing, and permanent supportive housing. The number of agencies that fell into each stratum is shown in Table 7. For strata containing more than 11 agencies, we randomly selected 11 agencies per stratum; strata containing 11 or fewer were sampled at 100%. This sampling strategy yielded a total sample of 115 agencies representing the full range of services.

Table 7. Agency Strata and Sample

Stratum	Population of Agencies	# of Agencies Sampled
Food Pantry	88	11
Soup Kitchen	29	11
Hygiene and/or Clothing Services	22	10
Health Services	16	8
Bridge Housing	15	11
Referral	13	11
Private Ambulance Provider	11	11
Permanent Supportive Housing	10	10
Rapid Re-housing	9	9
Motel/Housing Vouchers and/or Rental Assistance	8	8
Multipurpose Non-housing Services	8	8
Shelter/Emergency Shelter	7	7
TOTAL	**236**	**115**

We sent questionnaires via email to all 115 agencies that fell into our sample. The questionnaires (in Appendix 3) asked the

Table 8. Survey of Non-governmental Agencies

Responding Agencies		
AltaMed Health Services	H.O.P.E. (Helping Other People Everyday)	Project HOPE Alliance
Build Futures	Illumination Foundation	Saint Mary's by the Sea Catholic Church
CARE Ambulance Service	Jamboree Housing Corporation	Saint Mary's Fullerton
City Net	Laurel House	Salvation Army
Colette's Children's Home	Living Waters Christian Fellowship	Serving People In Need, Inc. (SPIN)
Costa Mesa Family Resource Center	Mental Health Association of OC	Share Our Selves
Families Forward	Mercy House Living Centers	Stand Up for Kids
Family Assistance Ministries	Mission Committee of the First Presbyterian Church of Orange	2-1-1 Orange County
Family Promise of Orange County, Inc.	Off the Streets Huntington Beach	South County Outreach
Friendship Shelter, Inc.	One Step Ministry	WISE Place
Grandma's House of Hope	Orange County Rescue Mission	

agencies to provide several pieces of cost information, including the organization's total program expenses for 2015; the percentage of their total budget that was spent on homelessness in 2015; the percentage of their service encounters that were with homeless people in 2015; and, for each type of service they provided for the homeless in 2015, the estimated program cost-of-service per encounter (for example, the average cost of a clinical visit, an ambulance ride or a night of housing). This last piece of information was used, together with the information on actual service utilization collected from our service user interviews, to assign a cost of services to each individual we sampled (these results will be provided in the section on Cost and Demographic/Biographic Comparisons by Category of Homelessness, beginning on page 30).

Thirty-two agencies representing all service areas of interest completed the agency questionnaires. They are listed in Table 8. Their responses form the basis for the agency results we provide below. The largest housing providers all completed the questionnaire, as did the largest multipurpose providers of services for the homeless population.

Table 9 shows the cost findings for the 32 agencies that returned the questionnaire. As we did with the municipality cost figures, we report the median figure for total program expenses for 2015, the number of clients per agency, the percent of total service encounters with the homeless, and the percent of agency budgets spent on homelessness. The last row includes the total expenditures on homelessness for the reporting agencies combined.

Table 9. Cost Findings for Non-governmental Agencies

Category	Statistic	# of Agencies Reporting Statistic
Median total program expenses in 2015	$822,126	31
Median # clients served in 2015	773	30
Median % of service encounters with homeless	72.5%	30
Median % of agency budget spent on homelessness	77.0%	31
Median amount of agency budget spent on homelessness	$399,007	29
Total spent on homelessness across 29 agencies	$27,170,143	29

It is important to bear in mind that the $27,170,143 cost figure is not for all of the 115 sampled non-governmental agencies, but only for the 32 reporting agencies. It is thus a conservative estimate of agency costs, although as we noted above, the largest providers of services for the homeless population are included. As will be seen in Table 11, we use the total budget information provided by the housing agencies that returned questionnaires to estimate the total cost of servicing this population across all non-governmental housing agencies.

Hospitals and Emergency Departments

As of 2015, there were 24 hospitals with emergency departments (ERs) within the county. Table 10 shows the estimated costs accrued to the hospitals for both ER and inpatient encounters with homeless individuals for 2015. The estimated total for emergency department encounters is $19,245,600; for inpatient encounters it is $57,319,434. The total for the two estimates combined is $76,565,034.

The data on which these estimates are based come from two major sources: CalOptima, through the Hospital Association of Southern California, for the ER data; and OSHPD (Office of Statewide Health Planning and Development), via the Orange County Health Care Agency, for the inpatient data.

CalOptima ER Data

CalOptima is a public agency that provides health care coverage for Orange County residents who are eligible for Medi-Cal. It contracts with health networks, physician specialists and hospitals to provide health care to its members, many of whom are indigent adults with incomes between 138% and 200% of the Federal Poverty Level ($11,770 for one person in 2015; $15,930 for two persons; and $20,090 for three persons) and who have chronic health conditions, behavioral health issues and non-health related challenges, such as homelessness, resulting in increased ER utilization due to lack of primary/preventive care access.

The CalOptima ER data we assessed represented only around a third of the health network reporting. Consequently, our cost estimate is calculated by multiplying the CalOptima ER data by a factor of 3.3. Thus, the CalOptima data shows that 3,560 homeless individuals had 6,480 ER visits, averaging close to two per client, across 20 OC hospitals, at an average cost of approximately $900 per person, which we multiplied times 3.3, yielding the estimated cost for ER encounters of $19,245,600.

OSHPD Inpatient Data

The hospitalization data, lagging a year (2014), reveal that 1,609 homeless individuals were hospitalized for an average of 10.4 days at an average charge of $35,624.28. Multiplying the number of hospitalizations times the average charge yields the estimated hospitalization cost of $57,319,434.

In addition to the total hospitalization charge, the demographic characteristics of the homeless

Table 10. Cost Findings on Orange County Hospital ER and Inpatient Charges

Agency/Hospital	Emergency Department	Inpatient	Subtotal
Cal Optima via Hospital Association of Southern California	6,480 x $900 x 3.3 = $19,245,600	—	$19,245,600
OSPHD files via OC Health Care Agency	—	1,609 x $35,624.28 = $57,319,434	$57,319,434
TOTAL			**$76,565,034**

Note: Only one major OC hospital provided detailed cost data. The above are aggregated figures across all OC hospitals and emergency rooms.

hospitalized warrant mention: 72% were male, 28% female; 67% Non-Hispanic White, 19% Hispanic and 8% Non-Hispanic Black; 51% were 45-64 years old and 5% were 65+. Notably, these demographic characteristics of the hospitalized homeless are skewed in the same direction as our project sample demographic profile portrayed in Table 3.

Additional Corroborating Data

Initially we attempted to collect cost data from the 24 hospitals with ERs by sending brief questionnaires to them via email. Because of HIPPA regulations regarding the confidentiality of health care data, coupled with the absence of a government-defined screening process for the determination of homeless clients, this outreach effort proved not to be very effective. However, one of the major hospitals, located in the county's central corridor where many of the homeless are located, did complete the questionnaire in considerable detail. Counting as homeless only those individuals who gave no residential address upon admission, this central hospital reported 1,283 encounters in 2015. These encounters included ER visits, inpatient admissions, clinic visits, and rehab and psychiatric admissions. Multiplying the average cost for each of these types of encounters by the number of encounters per type yielded an annual cost of medical services for the homeless of $17,295,564. This annual cost figure is for only one of the county's 24 hospitals with ERs, albeit one of the larger hospitals. If we assume this cost approximates the average for medical encounters with homeless individuals in the five largest hospitals in the central corridor of the county, then the total of the five combined is more than the estimated total in Table 10. This suggests that the estimated total cost of $76,565,034 for homeless ER visits and hospitalizations across the county is likely a quite conservative estimate.

There is also another factor that suggests that the estimated total cost figure is conservative. We refer to the aforementioned finding that the average length of hospitalization for the homeless is 10.4 days, which is at least triple that for inpatients with housing. The cost implication of this finding is that other inpatient referrals are diverted to other hospitals because of the absence of available beds, thereby leading to an escalation of costs across the board. Were there sufficient housing to which the homeless clients could be released, their average length of stay would be reduced considerably, as would the associated spiraling, downstream costs.

Total Costs Across Institutional Sectors

The accumulating and aggregated cost figures for the institutional sectors intersecting with homelessness are shown in Table 11. The sectors are listed vertically in the first column from the highest to the lowest total costs accrued. The second column includes the costs based on the previously discussed data collected for each sector, but note that we have divided the non-governmental sector into housing agencies and other agencies for reasons we will explain. The third column includes the total cost for each sector plus an imputation if warranted.

An imputation is an analytic technique used to determine and assign replacement values for missing data. As noted earlier, not all municipalities and sampled agencies submitted their cost information to us via the questionnaires we sent them. Thus, in order to account for the non-respondents in our totals, we needed to find a way to impute cost information, or assign some cost value to them. In the case of the municipalities, 13 of the 34 did not return completed questionnaires, so we looked up their FY2014/2015 budgets and took 1% of the total expenses for the municipality for that year.

Table 11. Cost Totals Across Institutional Sectors

Cost Categories	Accumulating Costs Based on Data Collected	Accumulating Costs Based on Data Collected *Plus Imputations*
Municipalities	$115,158,683 (21 reporting)	$120,338,343 (imputation: 1% of FY2014/2015 Total Expenses)
Hospitals and Emergency Depts.	$76,565,034	$76,565,034 (no imputation)
County	$62,167,417	$62,167,417 (no imputation)
Non-governmental Housing Agencies	$21,531,320 (20 reporting)	$34,563,038 (imputation: median budget spent on homeless by 20 reporting)
Other Non-governmental Agencies Serving the Homeless	$5,638,823 (9 reporting)	$5,638,823 (no imputation)
TOTAL	**$281,061,277**	**$299,272,655**

Notes: Housing agencies are agencies providing overnight shelter, bridge housing, rapid re-housing, or permanent supportive housing services, and the figure provided totals the program budget spent on homelessness across these agencies.

The $120,338,343 figure in the far right column reflects what was reported by the 21 municipalities that submitted questionnaires, plus what we estimated for the 13 municipalities that did not. Note that this imputation increased the municipality totals costs by only slightly more than $5 million, a relatively insignificant increase due largely to the fact that the 13 municipalities for which the imputation was done are among the smaller municipalities in the county.

We also did imputations for the non-governmental housing agencies from which we did not receive information, basing our estimates on the median cost of services provided by the 20 housing agencies that did provide us with budget information. This imputation did increase the estimated cost for all housing providers quite significantly, from $21,531,320 to $34,563,038.

However, we did not estimate costs for other, non-housing social service providers that did not provide us with data; therefore, the cost

of services across non-housing social service providers is a major underestimate, based only on cost data from nine agencies.

Overall, the imputations for the municipalities and housing agencies increased the total costs across the institutional sectors, but only by slightly less than 10 percent, from $281,951,277 to close to $300,000,000. Figure 2 displays graphically the distribution of these adjusted costs across the four major institutional sectors per the above analyses. Figure 2 indicates that the estimated $120 million borne by the municipalities accounts for the largest share of the $299 million total, followed by hospitals, the county and then the non-governmental housing agencies. While aggregating the costs at the institutional level, we have yet to consider separately a number of expenditures associated with addressing homelessness, including the provision of housing and social and health services, policing as well as mitigating the consequences of street homelessness, all of which we examine in the next section as we drill into and unpack this aggregated figure.

Figure 2. Annual Cost of Addressing Homelessness Across Four Institutional Sectors in OC
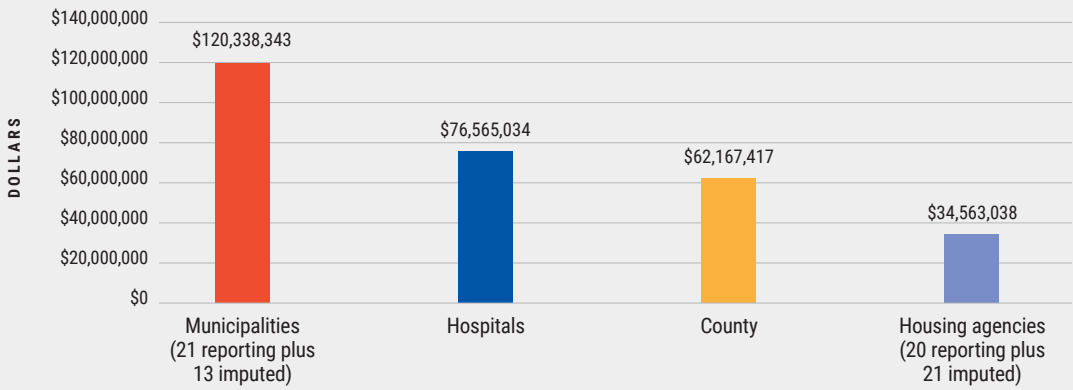
Notes: Housing agencies are agencies providing overnight shelter, bridge housing, rapid re-housing, or permanent supportive housing services, and the figure provided totals the program budget spent on homelessness across these agencies.

MAJOR COST CLUSTERS

Having assessed the costs across the institutional sectors intersecting with homelessness in the county, we now turn to an assessment of cost clusters in the areas of health, housing and law enforcement. This assessment is important because it sheds light on the array of costs associated with the major areas of service utilization and need, and directs attention to potential areas of cost savings in the event of the provision of additional, specialized housing.

Health Care Cluster

Table 12 provides estimates of health care service costs across multiple levels of the medical system. Included are the costs from the Orange County Health Care Agency and the previously discussed Cal Optima and OSPHD data for the county. In addition, we estimated

costs accrued to both independent ambulance companies in the county and to outpatient physical and mental health services (based on data collected from non-governmental agencies and the service-use data from our interviews). Aggregating the costs from each of these entities yields a total health care cost of $120,582,177.

Housing Cluster

Table 13 estimates expenditures for housing for people who were formerly homeless from the county, non-governmental housing agencies and eight municipalities reporting housing initiatives in the cost questionnaires they returned. The combined cost for housing or housing-related services (e.g., vouchers) is $105,932,061.

Table 12. Health Care Cluster Costs

Cost Categories	Data Source	Estimated Cost
Hospital Inpatient	OSPHD data	$57,319,434
Orange County Health Care Agency	County data	$25,474,611
Emergency Departments	Cal Optima data	$19,245,600
Other Physical and Mental Health Services	Service utilization data from our homeless interviews and program cost-per-visit data from our agency questionnaire	$16,055,550
Ambulance Services	CARE Ambulance data and OC HCA data on # of vehicles possessed by OC ambulance companies in 2015	$2,486,982
TOTAL		**$120,582,177**

Table 13. Housing Cluster Costs

Cost Categories	Estimated Cost
Municipalities (eight reporting housing initiatives)	$58,841,342
Non-Governmental Housing Agencies	$34,563,038
County (funding for Continuum of Care, dedicated shelters, veterans affairs, supportive housing, housing choice vouchers)	$32,530,693
TOTAL	**$105,932,061**

Table 14. Law Enforcement Cluster Costs

Cost Categories	Data Source	Estimated Cost
Police Departments (Reports by 17 Municipalities, and Imputation to 1% of Dept. Budget for Other 17 Municipalities)	Municipality questionnaires and online budget data	$17,468,183
Jail/Prison	Homeless interview data and jail bed cost provided by Sheriff's Department	$5,523,109
Sheriff's Department (Homeless Liaison Officers)	County data	$780,000
TOTAL		**$23,771,292**

Notes: Municipalities reporting a percentage of the police department budget spent on homelessness of under 1% are rounded up to 1%, as are those that did not provide a percentage. These figures do not provide estimates for probation.

Law Enforcement Cluster

Table 14 provides estimates from aggregating the homelessness-related expenditures from the sheriff's department and the municipal police departments, and from our interviews, asking, among other things, whether they had been jailed or imprisoned in the past month. The total for these three items sum to $23,771,292, which strikes us as quite conservative given the items not included, such as court costs and probation costs, whether from the county or state.

Figure 3 indicates that the three sets of cluster costs add to $250,285,530, with the health care cluster at $120,582,177 accounting for 48% of the total, followed by the housing cluster and then law enforcement. This is a significant finding in that it indicates that the homelessness problem will not be solved by the provision of housing alone, but with housing associated with the provision of sufficient health care and supportive services. This is the promise of permanent supportive housing, of course, but to date Orange County has a serious shortfall in such housing.

It is also interesting to note that the aggregated cluster costs of $250,285,530 account for 84% of the institutional sector total of $299,272,655. This is an important finding as well, as it underscores our previous observation that the sector total likely represents a conservative estimate of the costs of homelessness across the county.

Figure 3. Annual Cost of Addressing Homelessness Across Three Cost Clusters in OC

29 | Major Cost Clusters
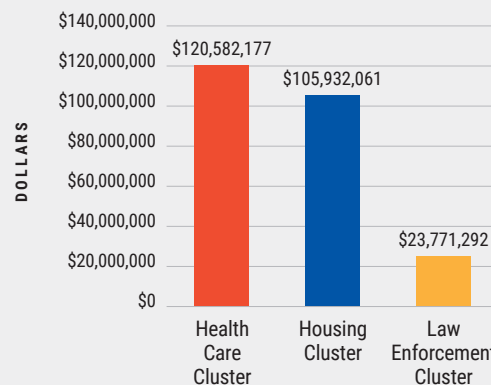
COST AND DEMOGRAPHIC/BIOGRAPHIC COMPARISONS BY CATEGORY OF HOMELESSNESS

In addition to estimating the economic expenditures on homelessness that have accrued to the county, its municipalities and non-governmental service providers, we have also sought to assess the extent to which the costs of serving homeless people vary across the spectrum of those living on the streets and in shelters versus those living in alternative forms of housing. We now turn to this second objective by drawing on the previously discussed 252 in-person surveys in order to assess the demographic distribution of our sampled respondents across the various residential possibilities and to differentiate the per-person average annual costs across categories of chronicity and housing configuration. We begin by considering the socio-demographic and biographic characteristics of our sample by housing category.

Socio-demographic Comparisons Across Street, Emergency Shelter, Bridge Housing, Rapid Re-Housing and Permanent Supportive Housing

Tables 15 and 16 show how the homeless individuals in our sample are distributed demographically and biographically by residential situation at the time of the interview, ranging from living on the street to residing in permanent supportive housing. Here we note only a few key findings. Considering **gender** first, we find that males are overrepresented among those living on the streets and in shelters in comparison to the total proportion of males in the sample, and underrepresented among those in bridge housing and rapid re-housing. The residential situation of women is the reverse; they are underrepresented on the streets and in shelters, but overrepresented in

Table 15. Socio-Demographic Comparisons Among Sample Across Housing Categories

Variables	Street	Shelter	Bridge	Rapid Re-Housing	Permanent Supportive	TOTAL
% Male*	73%	65%	37%	28%	53%	57%
% Female*	27%	35%	63%	72%	47%	43%
Median age*	48	52	43	42	53	50
Race/Ethnicity*						
% Hispanic	28%	23%	46%	36%	22%	30%
% Non-Hispanic White	52%	40%	34%	28%	65%	47%
% Non-Hispanic Black	10%	25%	12%	28%	8%	15%
% Asian	3%	9%	0%	4%	2%	4%
% Native American	7%	2%	2%	4%	2%	4%
% Foreign-born	10%	8%	17%	16%	4%	10%
% Veteran	16%	13%	5%	8%	10%	12%
% With any schooling beyond high school	42%	52%	51%	40%	45%	46%
Number Interviewed	89	48	41	25	49	252

* Differences between housing categories are statistically significant at p<0.05 level.

bridge and rapid re-housing, largely because there are more housing facilities in the county to accommodate single women and women with children than for single men. However, men and women are almost proportionately represented in permanent supportive housing.

Turning to **age,** the youngest residential inhabitants, in comparison to the median age of 50, are in bridge and rapid re-housing, with the oldest in permanent supportive housing, which makes sense given that chronicity is defined by both length of time homeless and presence of poor health, and chronicity is a pre-requisite for candidacy for permanent supportive housing.

Looking at the distribution across the residential possibilities by **race and ethnicity,** the most striking findings are that non-Hispanic Whites are the only group overrepresented among the homeless living on the street, other than Native Americans, in comparison to their proportion of the total homeless sample, and that they are highly overrepresented in permanent supportive housing (65% compared

to 47% for the overall sample), with all of the other groups underrepresented in permanent supportive housing.

Figure 4 shows the length of time living in Orange County by residential status. Here we see the previously mentioned finding that 68% of the current or previously homeless persons we interviewed have lived in the county for 10 years or more. When we add those who have resided here six years or longer, the percent of long-time current or recent homeless residents jumps to 75 percent. Two other observations also stand out.

The first is that whatever the residential configuration, 50% or more of the homeless sample are long-time county residents, living here 10 years or longer. The second observation is that the data highlights that the homeless categories with the highest proportion of long-time county residents are also those with the highest proportion of chronic homelessness (which we elaborate in the next section) – those living on the streets, in shelters and,

Figure 4. Length of Time in Orange County, by Housing Status

Legend:
- 0-6 months
- 7-12 months
- 1-5 years
- 6-10 years
- >10 years

Street: 73% (>10 years), 6% (6-10 years), 9% (1-5 years), 4% (7-12 months), 8% (0-6 months)
Shelter: 65% (>10 years), 6% (6-10 years), 15% (1-5 years), 8% (7-12 months), 6% (0-6 months)
Bridge: 56% (>10 years), 5% (6-10 years), 15% (1-5 years), 5% (7-12 months), 20% (0-6 months)
Rapid Re-Housing: 52% (>10 years), 12% (6-10 years), 24% (1-5 years), 12% (0-6 months)
Permanent Supportive: 80% (>10 years), 10% (6-10 years), 10% (1-5 years)
Total: 68% (>10 years), 7% (6-10 years), 13% (1-5 years), 5% (7-12 months), 7% (0-6 months)

most notably, permanent supportive housing. This suggests that some of the county's most vulnerable residents who are most in need of housing and health assistance have been left to survive on the streets through their own subsistence devices, becoming even more compromised over time.

Turning to Table 16, which includes mainly biographic characteristics, we see that around a third of those living on the streets in our sample, and just over 40% in emergency shelters, are classified as chronically homeless. Trying to approximate HUD's operationalization of chronic homelessness (see Glossary), we classified individuals in our sample as chronically homeless if the following conditions obtained: they resided on the street or in an emergency shelter, reported being homeless for 12 or more months in the current spell, and reported one or more disabilities, such as having trouble getting things done over the last 30 days because of alcohol or drugs, and/or difficulty getting from one place to another, working or just getting through the day because of a serious mental illness, PTSD, brain injury or developmental disability, or chronic physical illness.

Illustrative of chronic homelessness so defined is the case of a multi-racial man in his 40s, who we interviewed outside of his makeshift housing arrangement (consisting of discarded, blue construction plastic, 2 X 4s, cement blocks, and scrap, corrugated aluminum) at the Santa Ana riverbed encampment. He had been homeless for six consecutive years and was suffering from asthma, arthritis, anxiety/panic disorder, episodic depression and cancer, for which, he said, he had been hospitalized three times in the past six months for up to three weeks. Clearly there is a spectrum of chronicity, with this encampment resident at the most compromised (and costly) end of the spectrum.

An even more telling characteristic of the homeless population is their limited social capital, as conventionally indicated by various markers of social connection.[22] Here we have three such markers: whether they are married, live alone, and/or live with children. Only 6% of all respondents indicated they were married and 67% said they lived alone; 17% lived with children, most of whom were living in rapid re-housing or bridge housing. Although all of these indicators of connection or social capital

Table 16. Socio-demographic Comparisons Among Sample Across Housing Categories

Variables	Street	Shelter	Bridge	Rapid Re-Housing	Permanent Supportive	TOTAL
% Chronically homeless*	34%	42%	--	--	--	--
% Homeless ≥3 years in most recent spell*	37%	46%	18%	11%	88%	42%
% Married	2%	2%	12%	12%	10%	6%
% Live alone*	71%	85%	60%	8%	80%	67%
% Live with children under 18*	1%	0%	34%	84%	12%	17%
Average # children under 18*	0	0	0.7	1.8	0.2	0.3
% Reporting fair/poor health	53%	40%	37%	28%	55%	45%
% Reporting feeling depressed most or all of the time in the last 30 days*	22%	19%	5%	8%	27%	18%
% Experienced sexual and/or physical abuse as a child	27%	35%	39%	36%	29%	32%
Number Interviewed	89	48	41	25	49	252

* Differences between housing categories are statistically significant at p<0.05 level.

are markedly low, it is interesting to note that those respondents living in bridge and rapid re-housing, with the strongest indication of connection, are least likely to report fair to poor health or feelings of depression most or all of the time in the last 30 days.[23]

A final biographic characteristic warrants attention: nearly one-third of the 252 individuals interviewed experienced sexual and/or physical abuse as a child, and it occurred almost proportionately across all residential categories. Furthermore, as shown in Figure 5, it is clear that childhood abuse is experienced much more heavily among females who are or were homeless than among males; indeed, almost one in five female respondents experienced both physical and sexual abuse as a child. These are remarkable findings, not only because the incidence of childhood

abuse among homeless individuals, and particularly among current or former homeless women, is markedly high, but also because it suggests that the lifelong trauma of such abuse may negatively impact the capacity to form and sustain viable connections. In turn, this experience may increase one's vulnerability to such conditions as homelessness given the absence of affordable housing and/or resources to access that housing. This takes us to consideration of the reasons for or "causes" of homelessness.

Reasons for Becoming Homeless

One of the questions the 252 respondents were asked concerned the reasons contributing to their becoming homeless in the most recent spell. They were given a list of multiple factors and asked to check or indicate all that applied

Figure 5. Abused by Member of Household During Childhood, by Respondent Sex
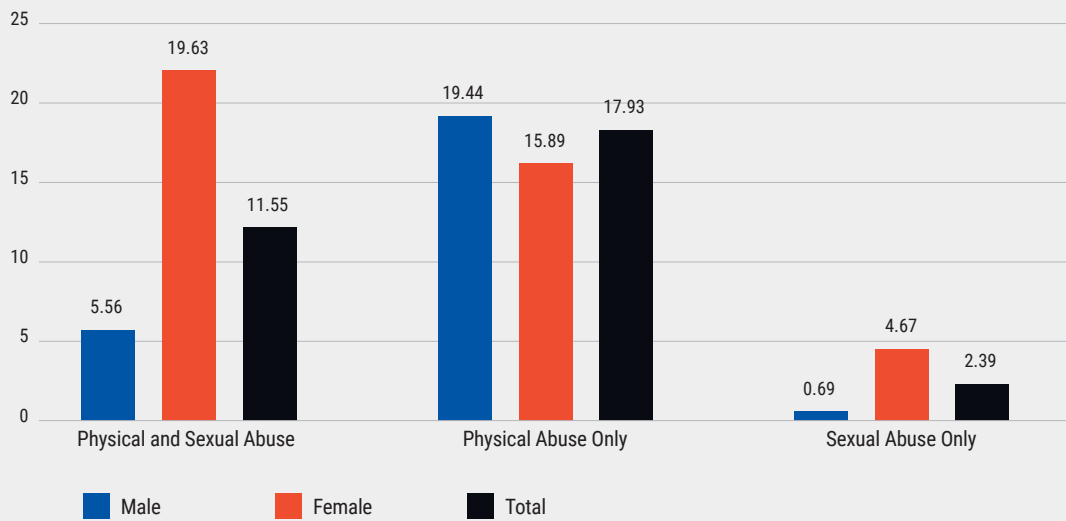
Figure 6. Reasons for Becoming Homeless (Current Spell), by Respondent Sex

Bar chart showing percentages by category:

- Lost Job/Insufficient Wages: Male 43%, Female 36%, Total 40%
- High Rent/Evicted/Foreclosed: Male 36%, Female 36%, Total 36%
- Family Issues: Male 23%, Female 34%, Total 28%
- Drugs/Alcohol: Male 26%, Female 16%, Total 22%
- Mental Health: Male 19%, Female 15%, Total 17%
- Physical Health: Male 14%, Female 13%, Total 13%
- Released From Prison/Jail: Male 9%, Female 5%, Total 7%

Legend: Male, Female, Total

Note: Family issues include domestic violence, indicated by 11% of the sample but 24% of the women, other family relationship issues, which was indicated by 12% of the sample, and family death, indicated by 7%.

to their situation. Figure 6 presents the findings. It shows that the two major sets of factors accounting for homelessness in the experience of our respondents were securing or retaining jobs that paid a living wage (40%) and finding or retaining affordable housing encumbered by the experience of evictions and foreclosures (36%).[24] Other factors in descending order of influence were a cluster of family issues, including domestic violence, family dysfunction, relationship dissolution and death of a family member (28%), substance abuse (22%), mental health (17%), physical health (12%), and release from jail or prison (7%).

These findings are revelatory in the sense that they shift the focus of attention from the often-repeated stereotypical causes of homelessness, namely mental illness and substance abuse, to the gap between the availability of affordable

housing and work that pays a wage sufficient to enable the economically marginal to access that housing. This gap, as is well known, is much larger in Orange County than in most other metropolitan areas of the country. Thus, the findings in Figure 6 suggest that homelessness in the county is caused primarily by the intersection of insufficient income, due to job loss, unemployability or work in the low-wage, secondary labor market, and the county's high-cost housing market, particularly its rental market in relation to homelessness.[25] The other, more individualistic mentioned factors—family dysfunction and abuse, substance abuse and mental and physical health problems—are facilitative rather than determinative in that they increase one's vulnerability to homelessness in such contexts – that is, in the residential contexts in which there is a wide, and often

Figure 7. Reasons for Becoming Homeless (Current Spell), by Housing Status

Legend: Street | Shelter | Bridge | Rapid Re-Housing | Permanent Supportive

X-axis categories: Lost Job/Insufficient Wages | High Rent/Evicted/Foreclosed | Family Issues | Drugs/Alcohol | Mental Health | Physical Health | Released From Prison/Jail
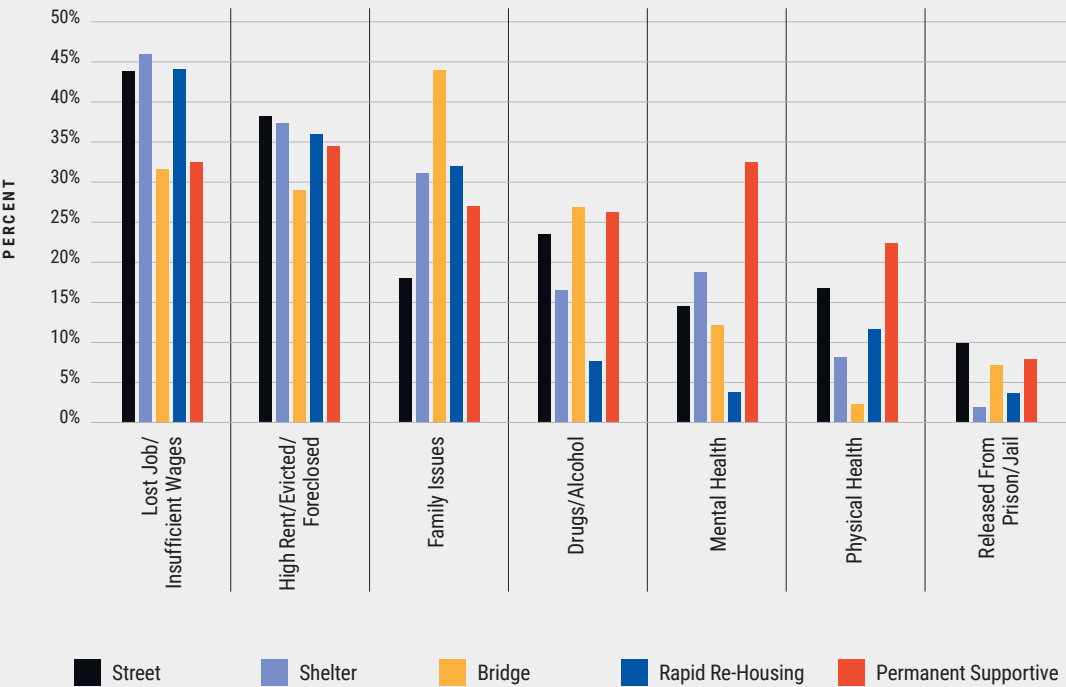
widening, gap between the availability of low-cost housing and the financial resources to access that housing.

Figure 7 shows the distribution of experienced causes of homelessness by residential status. Consistent with the causal attributions for both men and women in the previous table, we see that income insufficiency and housing affordability are the most often-cited causes across all of the residential configurations. Other than this consistent finding, also interesting is the finding that health-related issues (both mental and physical) are most salient for those in permanent supportive housing, and family issues, especially domestic violence, for those in shelters, bridge housing and rapid-rehousing.

Employment and Income by Category of Homelessness

The dilemma confronted by those who are homeless in accessing the low-rent housing market, such as it is, in Orange County, is accented when we consider the median monthly income in our sample. As indicated in the second to last row in the last column of Table 17, the median monthly income from all possible sources is $860, which is clearly insufficient for accessing the lowest reaches of the rental market in the county. There is noteworthy variation in monthly income by housing status, ranging from a median of $500 for those living on the streets to a median of $1,958 for homeless individuals and families

Table 17. Employment and Earnings by Housing Category

Variables	Street	Shelter	Bridge	Rapid Re-Housing	Permanent Supportive	TOTAL
% Worked in last 30 days*	15%	17%	49%	76%	16%	27%
Median job earnings in last 30 days (includes not employed)*	$0	$0	$420	$1,114	$0	$0
Median earnings from other sources in last 30 days	$410	$304	$800	$490	$892	$544
Median total earnings from job and other sources in last 30 days*	$500	$520	$1,500	$1,958	$898	$860
Number Interviewed	89	48	41	25	49	252

* Differences between housing categories are statistically significant at $p<0.05$ level.

(typically with children) residing in rapid re-housing. Nevertheless, these income levels, across all of the residential situations, still put housing rental out of reach given the previously noted average cost of rent for a single bedroom apartment in the county of $1,700 to $1,800 plus in 2015.

Given the low median monthly incomes across the range of residential situations, and especially for those sleeping on the streets or encampments and in shelters, it is reasonable to wonder how they subsist. What is the source of their incomes, however little or much they make per month? How do they stay afloat, literally? Figure 8 provides some answers.

Scanning Figure 8 clearly indicates that there is no single means or pathway to material and physical subsistence among the homeless

Figure 8. Sources of Income in Last Month, by Housing Status
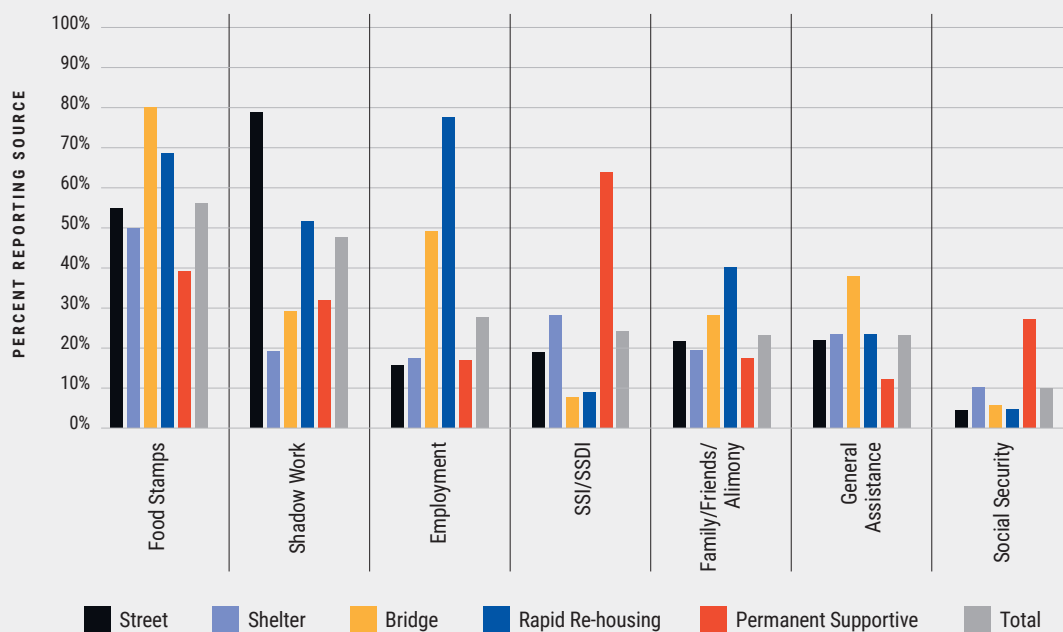
Table 18. Average (Mean) Service Utilization in Past Month, by Housing Category

Variables	Street	Shelter	Bridge	Rapid Re-Housing	Permanent Supportive	TOTAL
# times accessed soup kitchen or food pantry*	16.96	22.90	2.12	2.88	2.22	11.45
# times accessed substance abuse services*	1.14	0.79	3.46	1.25	0.67	1.37
# times in ER	0.37	0.42	0.20	0.29	0.33	0.33
# times in ambulance	0.20	0.15	0.02	0	0.06	0.11
# times inpatient in hospital	0.13	0.06	0.02	0	0.08	0.08
# times accessed mental health services	1.18	0.54	1.61	0.83	1.31	1.12
# times accessed other health services*	0.63	0.52	0.85	0.71	1.78	0.88
# nights in shelter or emergency shelter*	0.24	18.48	2.15	0	0	3.97
Number Interviewed	89	48	41	24	49	251

* Differences between housing categories are statistically significant at p<0.05 level.

Note: "Other health services" encompass any physical health services not detailed above, e.g., annual physicals, physician office visits, etc.

population across their varying residential situations. Rather, whatever the housing status, it appears that subsistence is contingent on cobbling together a mix of resources drawn from various sources and limited possibilities. The spectrum of possibilities includes food stamps, "shadow work" such as canning, flying signs and panhandling,[26] employment via regular work and/or day labor, SSI and SSDI, securing support from family or friends, general assistance, and Social Security.[27]

In addition to showing that most people experiencing homelessness pursue a mixture of subsistence strategies or possibilities, the strategies vary considerably across the different housing situations, with shadow work figuring most prominently in the subsistence

of the street homeless, food stamps most importantly for those in bridge housing, and employment engaged in most often by residents of rapid re-housing.

Service Utilization by Category of Homelessness

As a first step in assessing the cost savings of housing the homeless, we examine differences by housing configuration in the utilization of social and health services as well as contacts with the criminal justice system. In the Cost of Services Used by Category of Homelessness section (pages 40-42), we will assign costs to these encounters based on information provided through our other data sources.

Table 19. Average (Mean) Criminal Justice Contacts in Past Month, by Housing Category

Variables	Street	Shelter	Bridge	Rapid Re-Housing	Permanent Supportive	TOTAL
# times ticketed*	0.68	0.10	0.11	0.05	0.08	0.30
# times appeared in court	0.20	0.08	0.22	0.29	0.02	0.15
# times arrested*	0.15	0.02	0.02	0	0	0.06
# nights in holding cell, jail or prison	0.34	0.17	0.37	0	0	0.21
Number Interviewed	89	48	41	24	49	251

* Differences between housing categories are statistically significant at p<0.05 level.

Table 20. Average (Mean) Service Utilization and Criminal Justice Contacts in Past Month, Comparing Chronically Homeless with Those in Permanent Supportive Housing

Variables	Chronically Homeless in Street or Shelter	Permanent Supportive
# times accessed soup kitchen or food pantry*	19.13	2.22
# times in ER	0.58	0.33
# times in ambulance*	0.27	0.06
# times inpatient in hospital	0.17	0.08
# times accessed other health services*	0.62	1.78
# times ticketed*	0.46	0.08
# times arrested*	0.15	0
# times appeared in court*	0.20	0.02
# nights in holding cell, jail or prison	0.13	0
# nights in shelter or emergency shelter*	6.9	0
Number Interviewed	53	49

* Differences between housing categories are statistically significant at p<0.05 level.

As can be observed in Table 18 (page 37), social and health service utilization in the last month is lower among the housed than the unhoused across the majority of service types. For example, respondents in rapid re-housing reported 100% fewer ambulance transports and inpatient stays than respondents living on the street, and 83% fewer soup kitchen or food pantry visits. Table 19 (page 37) also shows large differences between the housed and unhoused in the number of reported criminal justice contacts in the past month, with far fewer contacts of all types among those housed, particularly those in permanent supportive housing.

Because permanent supportive housing is targeted to the chronically homeless in particular, in Table 20 we compare permanent supportive housing clients to the group that provides a more direct comparison: the chronically homeless that are currently on the street or in emergency shelters. As in Tables 18 and 19, trends toward lower service utilization and fewer criminal justice contacts can be observed for virtually all categories of service. For example, permanent supportive housing clients reported 88% fewer soup kitchen or food pantry visits, 78% fewer ambulance transports, 100% fewer arrests, and 90% fewer court appearances in the last month than those who were chronically homeless.

In both Tables 18 and 20, other (non-hospital) health services are the main exception to the trends toward lower service utilization among those who are housed. The housed use these types of health services more frequently than the unhoused, perhaps because once housed they are better able to access needed routine and preventive services. This may also reflect a shift toward outpatient rather than hospital visits. Either way, accessing these types of health services can be expected to decrease overall health service costs. Use of substance abuse services is also greater among those in bridge and rapid re-housing (Table 18), which may reflect utilization of services required by the particular housing providers.

Figure 9. Mean Cost Per Person for Service Utilization in Last Year, by Housing Configuration
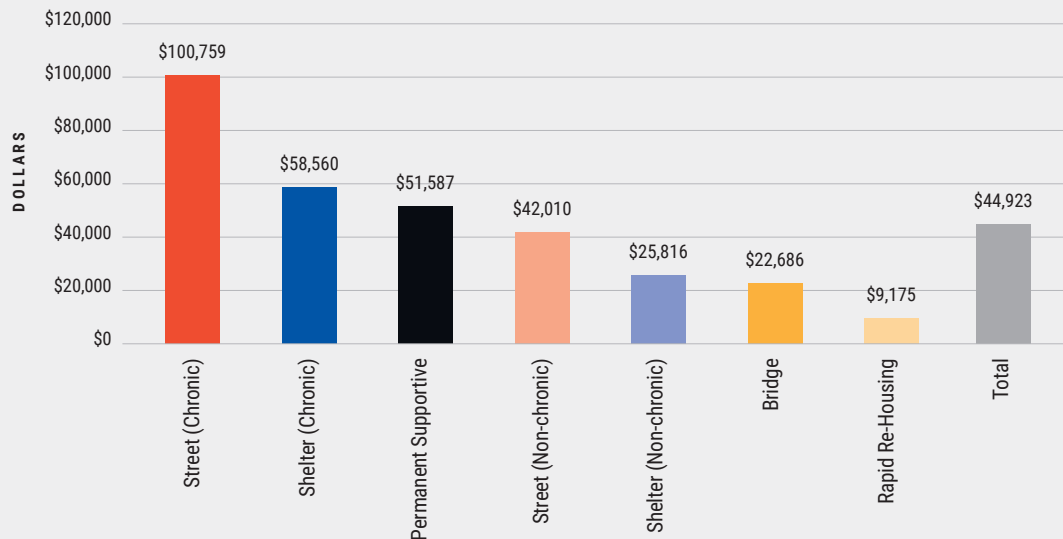
Notes: Cost estimates consider utilization of soup kitchens, food pantries, substance abuse services, ambulance services, ER services, inpatient hospital stays, mental health services, other health services, motel/voucher/rental assistance services, shelter nights, bridge housing nights, rapid re-housing nights, permanent supportive housing nights, policing, nights in jail/prison. These estimates do not capture other potential costs, including probation, changes in property values, park maintenance costs, etc. Reports from the last month are annualized.

Figure 10. Mean Cost Per Person for Service Utilization in Last Year, Comparing Peramanent Supportive Housing Clients to the Chronically Homeless

Note: See notes in Figure 9.

Figure 11. Mean Cost Per Person for Service Utilization in Last Year, Comparing the Non-chronically Homeless to Bridge and Rapid Re-Housing Clients
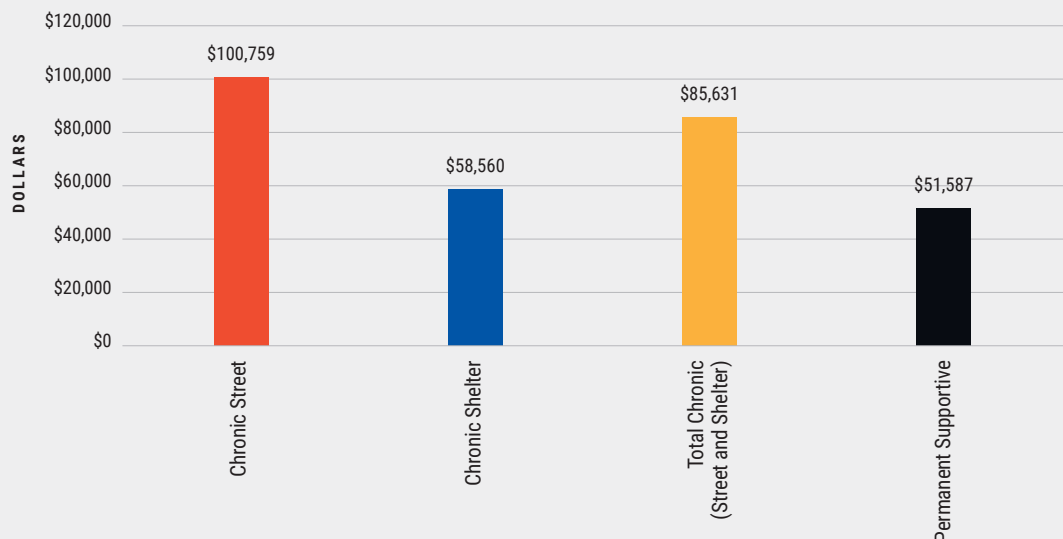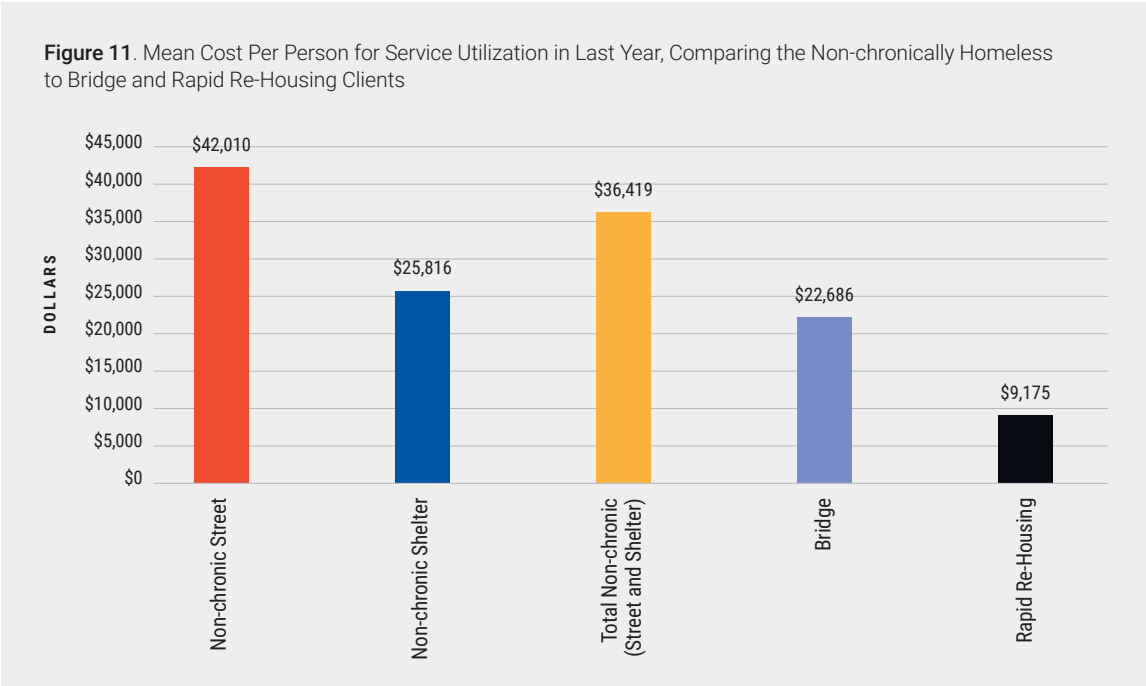
Note: See notes in Figure 9.

Cost of Services Used by Category of Homelessness

To differentiate the per-person average annual costs across categories of chronicity and housing configuration, we triangulate data from the in-person survey interviews and the institutions/organizations. Specifically, the interviews were used to identify frequency of service utilization in the last month for individuals who fall into the various categories of homelessness; these results were provided above in the Service Utilization by Category of Homelessness section (pages 37-38). We then use data on average cost per encounter provided by the institutions/organizations (for example, the average cost of an emergency room visit, average cost of an ambulance ride or average program cost of a night of permanent supportive housing), to assign cost estimates to the service information provided by our respondents. For example, if an individual reported two emergency room visits in the last

month, the monthly cost for this service would be estimated as $900 per visit x two visits = $1,800. Monthly service costs were annualized assuming equal service utilization across all months of the year.

Based on this methodology, we estimate from our interviews that **the mean annual cost per person for all services, across all categories of housing configuration and chronicity, is approximately $45,000** (Figure 9, page 39). Heavy service consumers, particularly of health and medical services, drive the average cost up greatly; so much so that if the most-costly 10% are dropped from the analysis, the mean annual cost per person drops from $45,000 to approximately $10,000.

Figure 9 shows differences in the mean annual per capita cost of services across all of the housing configurations. Figures 10 and 11 (pages 39-40) provide comparisons more focused on the target populations for each

Figure 12. Mean Cost Per Person for Health Service Utilization in Last Year, by Housing Configuration
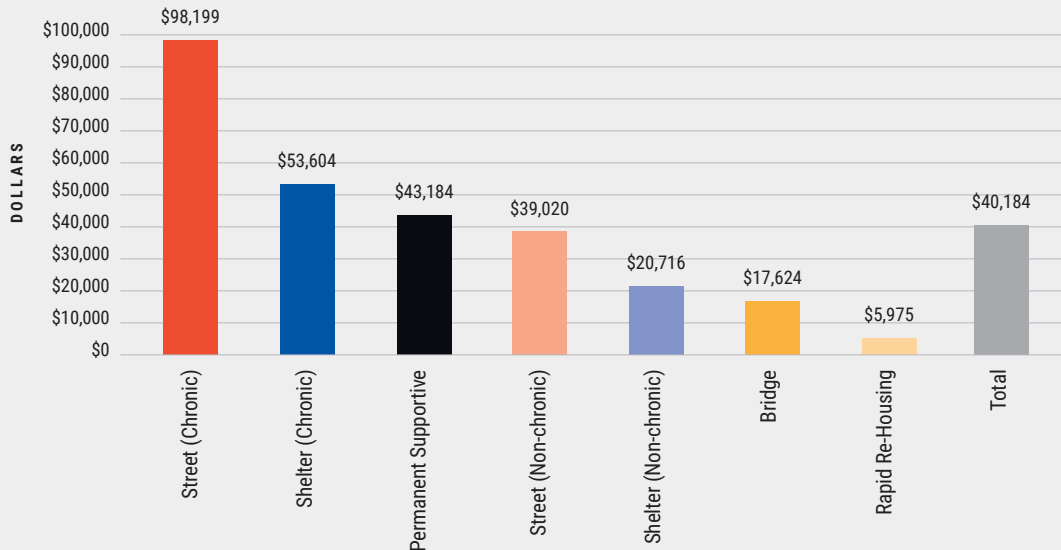
Note: Cost estimate considers utilization of substance abuse services, ambulance services, ER services, inpatient hospital stays, mental health services, and other health services. Reports from the last month are annualized.

of the housing types. In particular, Figure 10 (page 39) compares chronically homeless respondents on the street and in emergency shelters to respondents in permanent supportive housing. It indicates that as a result of the decreases in service utilization and criminal justice contacts documented in Table 20, the estimated average annual cost of services is approximately 50% lower for the homeless in permanent supportive housing ($51,587) compared to the chronically homeless living on the streets ($100,759), even after taking into consideration the program costs of permanent supportive housing. When the chronically homeless on the streets and in emergency shelters are considered together, the mean annual cost for permanent supportive housing clients is 40% lower than that of the combined group ($51,587 versus $85,631).

Figure 11 (page 40) shows that for the non-chronically homeless, also, the annual cost of services and criminal justice contacts incurred

by the housed is lower than the cost of services for unhoused, even net of the program costs of housing. Specifically, the average annual cost for those housed in rapid re-housing ($9,175) and bridge housing ($22,686) is 75% and 38% lower, respectively, than the annual cost for the non-chronically homeless on the street and in emergency shelters ($36,419).

Figure 12 shows differences by housing configuration in the mean annual cost per person for *health services* only. Because health service costs (particularly ER and inpatient hospital visits) are among the most expensive, the dollar amounts given in Figure 12 are not much lower than the costs for all services shown in Figures 9 through 11 (pages 39-40). The mean annual cost per person for health services is just over $40,000 when aggregated over all categories of housing configuration and chronicity. The estimated average annual cost of health services incurred by the chronically homeless on the street ($98,199) is more than

Figure 13. Number of Chronic Physical Health Conditions Reported by Street/Shelter Homeless, by Length of Time on the Street
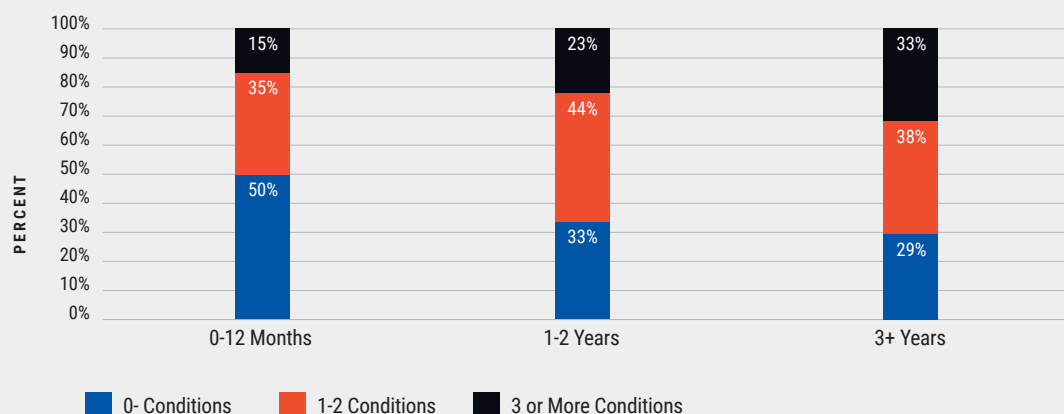
Note: Chronic physical health conditions include arthritis, asthma, cancer, cardiovascular disease, chronic bronchitis, chronic obstructive lung disease, cirrhosis or severe liver damage, diabetes, emphysema, epilepsy or other seizure disorder, HIV/AIDS, hypertension, leukemia and lymphoma.

double that of those in permanent supportive housing ($43,184). The health costs estimated for those in rapid re-housing and bridge housing are also lower than those estimated for both the non-chronically and chronically homeless on the streets and in emergency shelters.

Figure 13 provides some context for these findings by showing the concentration of poor health among the chronically homeless. While 50% of individuals on the street for under a year report no chronic physical health conditions, this drops to 29% among individuals on the street for three or more years. Similarly, the proportion of individuals with three or more health conditions is 15% for those on the street for under a year, jumping to 33% for those on the street for more than three years. These patterns make unequivocally clear the temporal relationship between homelessness and health: whatever health conditions one brings with them when they become homeless will be exacerbated the longer they are living on the streets or in shelters, and the longer one is homeless, the greater the odds of being encumbered with new health conditions.

Overall, then, the findings presented in this section provide a consistent and compelling pattern: **costs are markedly lower among the formerly homeless who are now housed.** Potential cost savings from providing housing are suggested for both the chronically and non-chronically homeless.

Chronicity, Housing and Potential Cost Savings

In the Cost of Services Used by Category of Homelessness section (pages 40-42), based on findings presented in Figure 10, we noted that the estimated mean annual cost of services and criminal justice contacts is 40% lower for permanent supportive housing clients relative to the chronically homeless living on the streets and in emergency shelters ($51,587 versus $85,631). From this difference in costs, we can derive an estimate of the potential cost savings from placing all of the Orange County chronically homeless into permanent supportive housing. The 2015 Point-in-Time (PIT) survey indicated that there were 3,126 homeless on the streets or in emergency shelters in

Orange County. If 39% of these individuals are chronically homeless (based on the percentage in our sample), this suggests a total of 1,219 chronically homeless individuals in the county.

The total annual cost of services for the chronically homeless can be estimated as 1,219 individuals multiplied by $85,631 per person, which equals $104,384,189. The annual cost if these individuals were instead in permanent supportive housing can be estimated as 1,219 multiplied by $51,587, or $62,884,553.[28] From these two figures, we estimate a cost savings of approximately **$41.5 million per year** ($104,384,189 minus $62,884,553) if all Orange County chronically homeless on the streets and in emergency shelters were placed into permanent supportive housing.[29]

Finally, to provide a sense of the extent to which the heaviest service users drive the cost differences observed in Figures 9 through 12, Table 21 presents the 25th, 50th, 75th and 90th percentiles for the annual per capita cost of services, by housing configuration. The 50th percentile figures represent the median costs—50% of the homeless in each category have costs below the figure provided, and 50% above. The 90th percentile figures represent upper decile costs—90% of the homeless incurred costs lower than the given amount, and 10% incurred costs above. Table 21 indicates that the potential cost savings of housing

the homeless are greatest for the chronically homeless who are *the most heavy service users,* particularly those in the upper decile of costs. Ten percent of the chronically street homeless incur annual costs higher than $439,787, and 10% of the chronically homeless in emergency shelters incur costs in excess of $433,845 per person. By contrast, the comparable figure for the most costly 10% of those in permanent supportive housing is only $55,332. These differences amount to a $384,455 annual savings per the most-chronically homeless living on the streets, and a $338,513 annual savings per the high-end chronically homeless residing in emergency shelters.

Given these striking cost discrepancies and savings, it would appear fiscally irresponsible, as well as inhumane, not to provide permanent supportive housing for these individuals. But two obstacles stand in the way of doing so: the most obvious one is the shortfall in permanent supportive housing units across the county and its municipalities; the second and less obvious obstacle is the protracted process through which the severely chronically homeless are identified, slotted for, and moved into permanent supportive housing.

To illustrate and put some flesh on these figures and challenges, let us consider one of Orange County's "million-dollar Murrays." Murray is/was a chronically homeless, alcoholic man living

Table 21. Per Capita Annual Cost of Services, by Housing Configuration Across the Distribution

Housing Configuration	25%	50%	75%	90%
Street (Chronic)	$3,010	$11,372	$21,720	$439,787
Shelter (Chronic)	$1,695	$8,081	$33,740	$433,845
Permanent Supportive Housing	$9,914	$11,094	$16,844	$55,334
Shelter (Non-chronic)	$3,897	$7,880	$14,459	$28,384
Street (Non-chronic)	$1,180	$4,870	$14,640	$27,680
Bridge	$6,158	$10,166	$16,768	$24,827
Rapid Re-Housing	$3,394	$5,161	$12,477	$18,233

for years on the streets of Reno, Nevada, who was immortalized by Malcolm Gladwell's *New Yorker* essay titled "Million Dollar Murray."[30] It was so titled because of the expenses Murray reportedly accumulated, estimated to be a million dollars or more over the course of his 10 years on the streets. Using Gladwell's appellation as an umbrella-like metaphor, we interviewed a good number of people living on the street whose experiences cluster under that umbrella because of the cost of severe chronic homelessness. One such person we interviewed, who we'll call Charlie, was a heavy-set, 65-year-old, wheelchair-bound White male who had been homeless and living on the streets for the past 17 years. Charlie says he initially became homeless after his biological mother passed away and his step-father threw him out of the house to make room for a new woman-friend. At the time, Charlie was financially-strapped, severely overweight, and already compromised physically. At the time we interviewed him 17 years later, the years of being homeless, usually "sleeping rough" in parks, hidden alcoves and at bus stations, had clearly taken its toll. When asked about the health conditions he currently had, Charlie checked off diabetes, asthma, chronic obstructive lung disease, high blood pressure, heart disease, and physical disability due to his inability to walk, as evidenced by the wheelchair in which he was sitting. We also asked Charlie, as we did all of the persons we interviewed, whether he had been to an emergency room, hospitalized and transported by an ambulance during the past month or six months. Charlie couldn't pin down the exact times, but did say, and repeated again, that during the past year he had gone to an emergency room 12 times, was transported by ambulance each time, and was hospitalized eight times, twice due to heart problems. When we multiplied each

of these encounters by the average cost per encounter, the total cost was over $300,000, but we suspect the actual cost of these encounters was much more because of the severity of Charlie's health problems. And this was for only medical emergencies for one year. Charlie also frequented soup kitchens regularly and would go to an emergency shelter when he could when the weather turned bad, always getting about by public transit.

Returning to "Million Dollar Murray," recall that the estimated million was for a 10-year period. Charlie, in contrast, has been homeless for 17 years and is equally, if not more compromised, health-wise, than Murray. Moreover, we know that for at least one of those 17 years Charlie accumulated emergency and hospitalization costs of over $300,000, and we have good reason to suspect that he accumulated similar annual costs over the 17 years given his many health problems. Thus, we have good reason to assume that Charlie has been a "Million Dollar Murray" times a factor of three or four.

The bicycle police officer in Reno, who came to know Murray well, concluded, "It cost us one million dollars not to do something about Murray." We in Orange County might turn that into a question regarding Charlie, and ask: What does it cost us—that is, the county, its municipalities, hospitals and agencies—to keep Charlie and others like him on the streets, as well as those who are not currently as encumbered physically and mentally but may become so the longer they are homeless?

It has been the aim of this study to answer that question, and we now know that the answer is "plenty," and a "whole, whole lot more" than if Charlie and other chronically and non-chronically homeless were housed in the appropriate configuration of housing.

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GLOSSARY

Chronically Homeless Individuals refers to those homeless who have been continuously homeless for one year or more, or who have experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months, and who have a diagnosable disability (e.g., serious mental illness, developmental disability, post-traumatic stress disorder, substance use disorder, cognitive impairments resulting from a brain injury or chronic physical illness or disability).

Continuums of Care (CoC) are local planning bodies ideally responsible for coordinating the full range of homeless services in a geographic area, which may cover a city, county, metropolitan area or an entire state. According to HUD, it is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." Components include prevention, street outreach, a Coordinated Entry System (see below), emergency shelter, bridge housing and permanent housing placement through rapid re-housing and permanent supportive housing. To receive federal financial support for homeless services, HUD requires each community to work collaboratively to submit a single CoC application rather than allowing applications from individual providers in a community. HUD's intent underlying this application process is to stimulate community-wide planning and coordination of programs for homeless individuals and families.

Coordinated Entry System (CES) encompasses a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred and connected to housing and assistance based on their needs. The Coordinated Entry System allows resources to be better matched with individuals' needs. A key component of this system is the Vulnerability Index – Service Prioritization Assistance Tool (VI-SPDAT) [see below].

Homelessness is variously defined depending on the governmental entity. The most commonly referenced and restrictive is HUD's, which includes four clusters of individuals: (1) individuals and families who lack a fixed, regular, and adequate nighttime residence, as defined; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Somewhat more expansive is the definition from the McKinney-Vento Homeless Assistance Act which is used by many federal programs: A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other stable or non-permanent situation. This also includes persons who are "doubling up" and previously homeless individuals who are to be released from prison or a hospital without a stable residence to

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which they can return (National Health for the Homeless Council, 2016).

Homeless Management Information System (HMIS) is a HUD-based local information technology system used to collect homeless, client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. When the system is fully and reliably functional at the community level, the data has been used as the basis for conducting cost studies wherein encrypted identifiers from recently homeless adults residing in housing for the homeless, typically permanent supportive housing, are matched with correspondingly encrypted identifiers from the service records of relevant city, county or state agencies (e.g., county departments of health, public health and mental health, sheriff and probation departments, and local or state hospitalization records).

Permanent Supportive Housing (PSH) is a program designed to provide housing (project- and tenant-based) and supportive services on a long-term basis to formerly chronic homeless people. In addition to being homeless, clients are required to have a disability. As such, clients are typically categorized as chronically homeless. The program is based on a "housing first" approach to homelessness.

Point-in-Time Counts are one-night, unduplicated counts of the literally homeless within communities as defined by HUD. The literally homeless include those living unsheltered on the streets, in a vehicle or other places not fit for human habitation or in emergency shelters. These counts provide snapshot estimates of the incidence of homelessness, since many people considered homeless, such as those in prison or jail, living in motels /hotels or "couch surfing," are not included. The one-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

Rapid Re-Housing (RRH) is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into housing, typically for six months or less. It provides time-limited assistance for market-rate rental units that covers move-in costs, deposits and rental and/or utility assistance.

Bridge Housing is a housing program that provides temporary residence, ranging from six to 24 months, for people experiencing homelessness. It typically includes supportive services to help residents secure some stability and enhance their employability, with many residents being employed. In addition to being referred to as "bridge" and "interim" housing, it is sometimes called "transitional" housing. Whatever the preferred term, its application is much the same: relatively short-term housing that ideally is to function as a conduit to a more permanent housing situation.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is an assessment tool used within the Coordinated Entry System to prioritize which homeless should receive housing assistance first. It is designed to assist case management and to improve housing stability outcomes via homeless clients' responses to a short set of questions regarding their history of housing and homelessness, risk, daily functioning, and wellness. With each question, the respondent is given a point for answering "Yes," thus exhibiting increased vulnerability and a higher score for service priority. By using the SPDAT, social services can target vulnerable homeless populations that are most service-dependent and in need of assistance.

APPENDICES

APPENDIX 1 | STUDY ADVISORY COMMITTEE

Whitney Ayers
Regional Vice President, Orange County,
Hospital Association of Southern California

Julia Bidwell
Deputy Director for Housing and Community
Development, Orange County Community
Resources, County of Orange

Helen Cameron
Director of Supportive Housing, Jamboree

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Larry Haynes
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Executive Director, HomeAid and Chair
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Heather Stratman
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Director of Housing and Income, Orange County
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Margie Wakeham
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President & Chief Executive Officer, 2-1-1 Orange
County and Co-Chair of Data Workgroup of
Commission to End Homelessness

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David Snow
Distinguished Professor of Sociology, UCI

Sara Villalta
Graduate Research Assistant, UCI

APPENDIX 2 | MUNICIPALITY COST QUESTIONNAIRE

Orange County United Way, Jamboree & UCI Study of the Costs of Homelessness

We are soliciting your cooperation in our efforts to conduct a cost study of homelessness in Orange County. By homelessness, we refer, in accordance with HUD, to individuals or families who reside in places not meant for human habitation, or in emergency, transitional or supportive housing when they came from the streets, or who have been evicted from private dwellings, discharged from an institution, or are fleeing domestic violence without the resources or networks needed to obtain housing. Please contact Dr. David A. Snow with any questions or concerns (dsnow@uci.edu). Thank you for your cooperation and support.

Municipality:

Address:

Name of Municipal Respondent: Respondent Phone #:

Respondent Email: Date:

1. What is the population of the municipality?

2. What was the total budget of the municipality for FY2014/15?

3. Approximately what percent of the total budget was spent on homelessness?

4. Please complete the following table to the best of your ability. Some of the department designations may not apply in your case, so please ignore or modify as appropriate:

City Department:	FY2014/2015 Budget	Approximate % of Department Budget Spent on Homelessness
Mayor/Council		
City Attorney		
City Manager		
Community Development		
Economic Development		
Fire Department		
Emergency Medical Services (EMS)		
Parks and Recreation		
Police Department		
Other: (specify)		
Other: (specify)		
Other: (specify)		

5. List 3 to 4 non-government agencies that are key service providers for the homeless in your municipality:

6. List key health service providers in your municipality:

7. List major locations in your municipality where the street homeless congregate:

APPENDIX 3 | SOCIAL SERVICE AGENCIES QUESTIONNAIRE

Orange County United Way, Jamboree & UCI Study of the Costs of Homelessness

We are soliciting your cooperation in our efforts to conduct a cost study of homelessness in Orange County. By homelessness, we refer, in accordance with HUD, to individuals or families who reside in places not meant for human habitation, or in emergency, transitional or supportive housing when they came from the streets, or who have been evicted from private dwellings, discharged from an institution, or are fleeing domestic violence without the resources or networks needed to obtain housing. Please contact Dr. David A. Snow with any questions or concerns (dsnow@uci.edu). Thank you for your cooperation and support.

Organization Name:

Address:

Name of Organizational Respondent: Respondent Phone #:

Respondent Email: Date:

1. How many clients did your organization serve in 2015?

2. What were your organization's total program expenses for 2015? (By program costs, we mean expenses reported in IRS Form 990 minus administrative and fundraising costs.)

3. What percent of the total budget was spent on homelessness in 2015? (Provide your best guess if this percentage is not known.)

4. What percentage of your service encounters were with the homeless in 2015? (Provide your best guess if this percentage is not known.)

5. Which of the following services does your organization offer?

		Service Offered?		If Yes, Estimated Program Cost of Service Per Encounter (2015)*	If Yes, Estimated # of Homeless Served (2015)
		Yes	No		
Health:	Substance Abuse Services	☐	☐		
	Mental Health Services	☐	☐		
	Ambulance Services	☐	☐		
	Other Health Services	☐	☐		
Food & Hygiene Services:	Soup Kitchen	☐	☐		
	Food Pantry	☐	☐		
	Hygiene and/or Clothing	☐	☐		
Housing:**	Shelter/Emergency Shelter	☐	☐		
	Transitional Housing	☐	☐		
	Rapid Re-Housing	☐	☐		
	Permanent Supportive Housing	☐	☐		
Other:	Referral Service	☐	☐		
	Crisis Service	☐	☐		

* Our definition of "encounter" is flexible depending on the type of service (for example, it can be a meal, a clinical visit, a counseling session, a night in an emergency shelter, the cost per year for a housing unit, etc.). We do ask that you please specify what definition you are using (e.g., cost per housing unit per year) in each cell you fill in.

** Per year

6. If your organization provides housing, how many beds does it have for single adults or youth?

7. If your organization provides housing, how many units for families does it have?

8. Is your organization 501(c)(3) tax-exempt? ☐ 501(c)(3)   ☐ Other _____

9. Does your organization receive funding from HUD? ☐ Yes   ☐ No

APPENDIX 4 | HOSPITAL AND EMERGENCY ROOM QUESTIONNAIRE

Orange County United Way, Jamboree & UCI Study of the Costs of Homelessness

We are soliciting your cooperation in our efforts to conduct a cost study of homelessness in Orange County. By homelessness, we refer, in accordance with HUD, to individuals or families who reside in places not meant for human habitation, or in emergency, transitional or supportive housing when they came from the streets, or who have been evicted from private dwellings, discharged from an institution, or are fleeing domestic violence without the resources or networks needed to obtain housing. Please contact Dr. David A. Snow with any questions or concerns (dsnow@uci.edu). Thank you for your cooperation and support.

Hospital Name:

Address:

Name of Hospital Respondent: Respondent Phone #:

Respondent Email: Date:

Please fill out the table below to the best of your ability. Approximations are acceptable if exact amounts are not known.

	Service Offered?		Total # of Patients Served in 2015	Average Cost Per Encounter in 2015*	Estimated # of Homeless Patients in 2015
	Yes	No			
Emergency Room	☐	☐			
Inpatient Services	☐	☐			
Ambulance Services**	☐	☐			
Other: (optional)	☐	☐			
Other: (optional)	☐	☐			
Other: (optional)	☐	☐			

* Our definition of "encounter" is flexible depending on the type of service (for example, it can be an EMS dispatch, emergency room visit, cost per bed for inpatient services, etc.). We do ask that you please specify what definition you are using (e.g., cost per bed per night) in each cell you fill in.

** If ambulance services are contracted out, list name of private agency here:

APPENDIX 5 | HOMELESS INTERVIEW SCHEDULE AND QUESTIONNAIRE

Orange County United Way, Jamboree & UCI Study of the Costs of Homelessness

Interview #: _____ Start of Interview: _____

Location: _____

Field Interviewer: _____

End of Interview: _____

Introduction

Hello, my name is _____. I'm helping to conduct a survey of Orange County's homeless population for United Way and the University of California, Irvine. The survey is intended to provide local service agencies with a better understanding of the causes, needs and costs of Orange County's homeless population. Your participation is very important. The interview will take approximately 20 minutes. In order to compensate you for your time, I will give you a $10.00 gift card that you can use at a local business upon completion of the interview. Your participation is voluntary, of course, and your responses will be kept completely confidential.

Demographics

We're going to start off with a few basic questions about yourself.

1. When were you born?   Month _____   Day _____   Year _____

    Don't know . . . . -1

    Refuse . . . . -2

2. What is the highest level of schooling you have completed? (Interviewer: show respondent list of categories.)

    No formal education 1

    Grade 1-8. 2

    Grade 9 3

    Grade 10 4

    Grade 11 5

    High school graduate with diploma. 6

    GED or high school equivalent 7

    Attended technical school, but did not graduate. 8

    Technical school graduate. 9

    Attended college, but did not graduate 10

    College graduate or higher. 11

    Other (specify) _____ 12

    Don't know. . . . . -1

    Refuse . . . . -2

3. Are you currently enrolled in school?

Yes **1**

No **2**

Don't know . . . .**-1**

Refuse . . . .**-2**

4. Are you Hispanic or Latino?

Yes **1**

No (Skip to question 6). **2**

Don't know (Skip to question 6) . . . .**-1**

Refuse (Skip to question 6). . . . .**-2**

5. What is your Hispanic or Latino background? *(Interviewer: circle all that apply.)*

Mexican. **1**

Cuban. **2**

Puerto Rican. **3**

Central American. **4**

South American. **5**

Other (specify) _____ **6**

Don't know . . . .**-1**

Refuse . . . .**-2**

6. Which of the following best describes your race—White, Black or African American,
Asian or Pacific Islander, or Native American or Alaskan Native?

White *(Skip to question 8)* **1**

Black or African American *(Skip to question 8)*. **2**

Asian or Pacific Islander **3**

Native American or Alaskan Native *(Skip to question 8)*. **4**

Other (specify) _____ *(Skip to question 8)* **5**

Don't know *(Skip to question 8)* . . . .**-1**

Refuse *(Skip to question 8)* . . . .**-2**

7. What is your Asian or Pacific Islander background? *(Interviewer: circle all that apply.)*

Chinese **1**

Filipino **2**

Vietnamese. **3**

Japanese. **4**

Korean **5**

Indian **6**

Other (specify) _____ **7**

Don't know . . . .**-1**

Refuse . . . .**-2**

8. Considering gender, how do you describe yourself?

Male **1**

Female. **2**

Transgender **3**

Do not identify as male, female or transgender **4**

Don't know . . . . **-1**

Refuse . . . . **-2**

9. What is your current marital status—married, separated, divorced, widowed or never married?

Married **1**

Separated **2**

Divorced **3**

Widowed **4**

Never married **5**

Don't know . . . . **-1**

Refuse . . . . **-2**

10. Considering sexuality, do you consider yourself to be heterosexual or straight, gay or lesbian, or bisexual?

Heterosexual or straight **1**

Gay or lesbian **2**

Bisexual **3**

Don't know . . . . **-1**

Refuse . . . . **-2**

11. Have you ever served in the armed forces of the United States?

Yes **1**

No *(Skip to question 14)*. **2**

Don't know *(Skip to question 14)* . . . .**-1**

Refuse *(Skip to question 14)* . . . .**-2**

12. In what year were you discharged? Year _____

Don't know . . . . **-1**

Refuse . . . . **-2**

13. Where did you serve? *(Interviewer: select all that apply)*

Vietnam. **1**

Iraq **2**

Afghanistan **3**

Stateside **4**

Other (specify: _____) **5**

Don't know . . . . **-1**

Refuse . . . . **-2**

Living Conditions

Now we're going to move onto some questions about your living situation.

14. Where did you spend the night…. . . . .**last night?** ▼

15. Where do you plan to spend the night…. . . . . **tonight?** ▼

16. During the last 30 days, where did you spend…. . . . . **most nights?** ▼

	last night?	tonight?	most nights?
Transitional/interim housing	1	1	1
A rapid re-housing unit	2	2	2
Permanent supportive housing	3	3	3
Your own home or apartment	4	4	4
Home of a relative	5	5	5
Home of a friend	6	6	6
Church	7	7	7
Abandoned building	8	8	8
Homeless shelter	9	9	9
Domestic violence shelter	10	10	10
On the streets	11	11	11
In a camp	12	12	12
Park	13	13	13
Substance abuse treatment facility or detox center	14	14	14
Hospital	15	15	15
Psychiatric hospital or other psychiatric facility	16	16	16
Hotel or motel	17	17	17
Car or vehicle	18	18	18
Jail, prison or juvenile detention facility	19	19	19
Bus or train station	20	20	20
Other (Specify _____)	21	21	21
Don't know	-1	-1	-1
Refuse	-2	-2	-2

For the purpose of this study we're using the word "homeless" to describe people who sometimes have to sleep outdoors, in cars, in abandoned buildings or on the streets; or who are staying in shelters, transitional housing or supportive housing after being on the streets; or who have been evicted from their homes, discharged from an institution like a hospital or a prison, or are fleeing domestic violence and can't find housing.

17. Using this definition, are you currently homeless?

Yes 1

No *(Skip to question 19 if evidence of homelessness, if no evidence terminate)* 2

Don't know . . . .-1

Refuse . . . .-2

18. How long have you been homeless currently?

Less than 7 days 1

7-30 days. 2

1-6 months 3

7-12 months. 4

1-2 years 5

3 or more years 6

Don't know . . . .-1

Refuse . . . .-2

19. Over your lifetime, how many different times have you been homeless?

0 *(Skip to question 21 if evidence of homelessness, if no evidence terminate)* 0

1 1

2 2

3 3

4 4

5 5

More than 5 6

Don't know . . . .-1

Refuse . . . .-2

20. How old were you when you first became homeless? | ___ | ___ |

Don't know. . . . .-1

Refuse . . . .-2

21. How long have you been in Orange County?

Less than 7 days 1

7-30 days. 2

1-6 months 3

7-12 months 4

1-5 years 5

6-10 years 6

More than 10 years 7

Don't know. . . . . -1

Refuse . . . . -2

22. Over the past 30 days, which city has been your primary home base?

Specify city: (_____) 1

Don't know. . . . . -1

Refuse . . . . -2

23. Of the various problems or activities you have to deal with, can you tell me how difficult you find the following activities? Do you find them not difficult at all, somewhat difficult, difficult, or very difficult? *(Interviewer: show respondent list of categories. If respondent housed, ask before housed and after housed. Note response with check marks.)*

		Not Difficult At All ☐ BH ☐ AH	Somewhat Difficult ☐ BH ☐ AH	Difficult ☐ BH ☐ AH	Very Difficult ☐ BH ☐ AH	Don't Know ☐ BH ☐ AH	Refuse ☐ BH ☐ AH
A	Finding food	1	2	3	4	-1	-2
B	Finding a safe space to sleep	1	2	3	4	-1	-2
C	Finding a place to wash and shower	1	2	3	4	-1	-2
D	Getting clean clothes	1	2	3	4	-1	-2
E	Finding a toilet	1	2	3	4	-1	-2
F	Finding a place to "hang out" – a place free from being hassled	1	2	3	4	-1	-2
G	Finding a reliable friend or acquaintance – someone you can count on	1	2	3	4	-1	-2
H	Getting from one place to another in the county	1	2	3	4	-1	-2
I	Feeling good about yourself	1	2	3	4	-1	-2

24. While homeless, how often have you been (or were you) verbally harassed, like being called a bum or lazy? *(Interviewer: show respondent list of categories.)*

Often. 1

Sometimes 2

Rarely 3

Never 4

Don't know. . . . . -1

Refuse . . . . -2

25. While homeless, how often have you been (or were you) hit, slapped, punched or kicked? *(Interviewer: show respondent list of categories.)*

Often. 1

Sometimes 2

Rarely 3

Never 4

Don't know. . . . . -1

Refuse . . . . -2

26. While homeless, how often have you had (or did you have) something stolen from where you were staying, or where you were stowing your belongings? *(Interviewer: show respondent list of categories.)*

Often. **1**

Sometimes **2**

Rarely **3**

Never **4**

Don't know. . . . .**-1**

Refuse . . . .**-2**

27. While homeless, how often have you had (or did you have) something taken from you by someone who threatened you with violence if you didn't give it to them? *(Interviewer: show respondent list of categories.)*

Often. **1**

Sometimes **2**

Rarely **3**

Never **4**

Don't know. . . . .**-1**

Refuse . . . .**-2**

28. If the challenges of making it while homeless are divided into physical and psychological, which do you find most difficult to deal with—physical challenges, psychological challenges or both equally?

Physical challenges. **1**

Psychological challenges. **2**

Both equally **3**

Don't know. . . . .**-1**

Refuse . . . .**-2**

Services

One of the things we're interested in is the kinds of services you use. We're going to ask you a few questions about that now.

29. How many times in the last month, if at all, have you used or had an encounter with the following kinds of services, agencies or facilities? If you can't remember the exact number of times, just give us your best guess. *(Interviewer: If easier for respondent to provide average number of times/week, multiply estimate by 4. If respondent says "don't know" or "refuse," write "DK" or "R" in corresponding cell. In rows H-K, refer to "number of nights in last month" rather than "times.")*

		Number of Times in Last Month ("Nights" For H-K)	Number of Times in the Last 6 Months	Number of Times Over Whole Time Homeless
A	Soup kitchens			
B	Food pantries			
C	Hygiene or clothing services (for example, getting donated soap or razors, or donated clothing)			
D	Mental health services			
E	Substance abuse services (alcohol or drugs)			
F	Other type of health service (for example, visiting a community health clinic)			
G	Motel/housing vouchers and/or rental assistance			
H	Shelters or emergency shelters			
I	Transitional (bridge or interim) housing			
J	Rapid re-housing			
K	Permanent supportive housing			
L	Crisis services, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers or suicide prevention hotlines			
M	Emergency room			
N	Ambulance			
O	Hospitalization as an inpatient			
P	Been ticketed			
Q	Appeared in court			
R	Been arrested			

30. **A.** In the last month, how many nights did you stay in a holding cell, jail or prison, whether that was a short-term stay like drunk tank, a longer stay for a more serious offence, or anything in between? |____|____|

Don't know. . . . . -1

Refuse . . . . -2

30. **B.** How about the last 6 months? |____|____|

Don't know . . . . -1

Refuse . . . . -2

30. **C.** How about throughout the entire time you have been homeless? | ___ | ___ |

    Don't know . . . . -1

    Refuse . . . . -2

31. Have you ever been convicted of a felony?

    Yes 1

    No 2

    Don't know . . . . -1

    Refuse . . . . -2

Reasons for Homelessness

Let's switch to a question on why you became homeless.

32. What would you say were the main reasons you became homeless most recently
(for example, losing a job, drugs or alcohol, abuse or violence)? *(Interviewer: select all that apply)*

    A. Lost or quit job 1

    B. Insufficient pay/wages 2

    C. Loss or decrease in government benefits. 3

    D. Couldn't afford rent/evicted from housing/foreclosure 4

    E. Drugs 5

    F. Alcohol. 6

    G. Physical health problems 7

    H. Mental health problems 8

    I. Release from prison/jail 9

    J. Immigration 10

    K. Abuse or violence at home. 11

    L. Divorce or separation 12

    M. Other (Specify _____) 13

    N. Don't know . . . . -1

    O. Refuse. . . . . -2

Health

Now we'll ask a few questions about your health.

33. In general, would you say your health is excellent, very good, good, fair or poor?
(Interviewer: show respondent list of categories.)

    Excellent 1

    Very good 2

    Good. 3

    Fair 4

    Poor 5

    Don't know . . . . -1

    Refuse . . . . -2

34. What health problems, if any, do you have? These may be physical or mental health problems, including a physical disability. *(Interviewer: show respondent list of categories. Select all that apply. Probe: anything else?)*

Diabetes 1

Asthma 2

Emphysema, chronic bronchitis or chronic obstructive lung disease. 3

High blood pressure 4

Epilepsy or another seizure disorder. 5

Arthritis 6

Heart disease. 7

Back problems. 8

Other physical disability (specify:_____) 9

Cirrhosis or serious liver damage 10

Cancer, lymphoma or leukemia 11

HIV/AIDS. 12

Anxiety or panic disorder. 13

Depression 14

Post-traumatic stress disorder (PTSD) 15

Other condition (specify: _____) 16

None (SKIP TO Q36) 17

Don't know (SKIP TO Q36). . . . .-1

Refuse (SKIP TO Q36) . . . .-2

35. How difficult have these problems, or any other condition, made it for you to get from one place to another, to work or to just get through the day on your own—not difficult at all, somewhat difficult, difficult or very difficult?

Not difficult at all 1

Somewhat difficult 2

Difficult 3

Very difficult 4

Don't know . . . .-1

Refuse . . . .-2

36. Over the past 30 days, how often did you feel depressed—most or all of the time, a lot of the time, sometimes, or never or rarely?

Most or all of the time 1

A lot of the time 2

Sometimes 3

Never or rarely 4

Don't know . . . .-1

Refuse . . . .-2

37. In the past 30 days, how often have you gotten drunk on alcohol?
(Interviewer: read and show respondent list of categories.)

Never 1

Less than once a week. 2

1 or 2 days a week 3

3 or 4 days a week 4

Every day or almost every day 4

Don't know . . . .-1

Refuse . . . .-2

38. In the past 30 days, how often did you use drugs to get high? (By drugs, we mean anything other than alcohol that can get you high.) *(Interviewer: read and show respondent list of categories.)*

Never 1

Less than once a week. 2

1 or 2 days a week 3

3 or 4 days a week 4

Every day or almost every day 4

Don't know . . . .-1

Refuse . . . .-2

(If question 37=1 and question 38=1, skip to question 41)

39. Over the last 30 days, have you had trouble getting things done that you wanted to do because of alcohol or drugs?

Yes 1

No 2

Don't know . . . .-1

Refuse . . . .-2

40. Over the last 30 days, have you been in a hospital or an overnight treatment program for alcohol or drug use?

Yes 1

No 2

Don't know . . . .-1

Refuse . . . .-2

Family and Social Networks

Now we're going to ask a few questions about your family and friends.

41. Are you currently living alone or with someone else?

Alone *(Skip to question 44)* 1

With someone else 2

Don't know *(Skip to question 44)* . . . .-1

Refuse *(Skip to question 44)* . . . .-2

42. Who do you live with? *(Interviewer: select all that apply, probe as needed to ascertain relation)*

A spouse or romantic partner. 1

Friend(s) 2

Mother 3

Father. 4

Sibling(s) 5

Child(ren). 6

Other family members 7

Refuse . . . .-2

(If selected children in question 42, ask question 43)

43. For each of the children who live with you, could you tell me their age and sex?

Age   **Sex**

___   ___

___   ___

___   ___

___   ___

___   ___

___   ___

44. Do you currently have a pet living with you?

Yes 1

No 2

Don't know . . . .-1

Refuse . . . .-2

45. If you think about friends as someone you talk to about important things, or can turn to for support and can count on for assistance, how many friends would you say you have today—none, 1 or 2, 3-5, or more than 5?

None *(Skip to question 47)* 1

1 or 2 2

3-5. 3

More than 5 4

Don't know *(Skip to question 47)* . . . .-1

Refuse *(Skip to question 47)* . . . .-2

46. How many of these friends are currently homeless—none, some, most or all?

None. 1

Some 2

Most 3

All 4

Don't know . . . .-1

Refuse . . . .-2

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47. How often are your relatives or friends available to do the following with you? Are they available often, sometimes, rarely or never? *(Interviewer: show response categories on card.)*

	Often	Sometimes	Rarely	Never	Don't Know	Refuse
A. To have a good time with?	1	2	3	4	-1	-2
B. To provide you with food?	1	2	3	4	-1	-2
C. To provide you with a place to stay?	1	2	3	4	-1	-2
D. To listen to you talk about yourself or your problems?	1	2	3	4	-1	-2

Childhood

The next questions are about your experiences growing up.

48. When you were growing up, did you spend any time in the following living situations?
(Interviewer: show respondent categories on card. Circle all categories that respondent says apply.)

Both biological parents 1
One biological parent only. 2
Adoptive parents 3
Other relatives responsible for your care 4
Foster parents 5
In a juvenile correctional facility 6
In an orphanage. 7
Don't know . . . .-1
Refuse . . . .-2

49. On a scale of 1 to 5, how well-off economically would you say your family was, with 1 being the least well-off and 5 being the most well-off? | ___ |

Don't know . . . .-1
Refuse . . . .-2

50. When you were growing up, did your parents or other adult members of your household have a problem with alcohol or drug use?

Yes 1
No 2
Don't know . . . .-1
Refuse . . . .-2

51. When you were growing up, were you ever physically abused or sexually abused by your parents or other members of your household? *(Interviewer: if yes, probe for physical or sexual abuse.)*

Yes, physically abused 1
Yes, sexually abused or assaulted. 2
Yes, both physically abused and sexually abused 3
No 4
Don't know . . . .-1
Refuse . . . .-2

52. At any time while you were growing up, did your parents or immediate family ever have to spend at least one night in a shelter, outdoors, in a car, in an abandoned building or on the streets?

Yes 1

No 2

Don't know . . . .-1

Refuse . . . .-2

Employment

Turning to your work experience…

53. During the past 30 days, did you work at a job for which you were paid, and if so, how many jobs did you work?

Yes, one job 1

Yes, two or more jobs. 2

No *(Skip to question 56)*. 3

Don't know *(Skip to question 56)* . . . .-1

Refuse *(Skip to question 56)* . . . .-2

54. Was this work full-time, part time, day labor or some combination? How long have you worked this job/ these jobs and how many hours on average per week do you work? *(Interviewer: circle all categories that respondent says apply.)*

Full-time (length of employment: _____ hours per week: _____) 1

Part-time (length of employment: _____ hours per week: _____) 2

Day labor (length of employment: _____ hours per week: _____) 3

Other (specify: _____ / length of employment: _____ hours/week: _____). 4

Don't know . . . .-1

Refuse . . . .-2

55. About how much did you earn from this job/these jobs over the last 30 days? | ___ | ___ | ___ | ___ |

Don't know . . . .-1

Refuse . . . .-2

(If working a full-time or part-time job, skip to question 59)

56. When did you last work at a job for which you received a regular paycheck?

Within the past 12 months (Specify the month _____). 1

One to five years ago 2

More than five years ago. 3

Never held a regular job. 4

Don't know . . . .-1

Refuse . . . .-2

57. Are you currently looking for a regular job?

Yes, looking *(Skip to question 59)* 1

No, not looking. 2

Don't know *(Skip to question 59)* . . . .-1

Refuse *(Skip to question 59)* . . . .-2

58. What is the main reason you are not looking for a regular job? *(Interviewer: circle one)*

In school or training program 1

Disabled/health problem. 2

Don't want/need to work 3

Personal/family reasons 4

Believe no work available 5

Stay at home parent 6

Other (specify _____) 7

Don't know . . . .-1

Refuse . . . .-2

59. Now, let me ask you about the various ways you've gotten money or things you needed in the past month, apart from regular paying jobs and/or day labor. In the last 30 days, have you received income or support from any of the following sources? *(Interviewer: show respondent list. Circle all that apply.)*

Selling blood/plasma 1

Selling newspapers. 2

Selling cans/recycling 3

Selling personal belongings/junk. 4

Signing or flying signs– e.g. "Will Work For Food" 5

Panhandling 6

Money from family members and/or friends 7

Alimony and/or child support. 8

Selling or delivering drugs 9

Sex for money 10

General assistance 11

Food stamps 12

SSI/SSDI 13

Social Security 14

Pension 15

Unemployment insurance. 16

Veteran's benefits 17

Worker's comp. 18

Other (specify:_____) 19

None of the above *(Skip to question 62)* 20

Don't know . . . .-1

Refuse . . . .-2

60. Which of these has been your most important source of income or support in the last 30 days? | ____ | ____ | *(Interviewer: write in the number of the respondent's selection.)*

Don't know . . . .-1

Refuse . . . .-2

61. About how much did you earn from these other sources of income over the last 30 days?

| ___ | ___ | ___ | ___ |

Don't know . . . . -1

Refuse . . . . -2

Demographics Continued

Before we finish, we want to ask you a few final questions about yourself.

62. What is your present religion?

None/atheist/agnostic *(Skip to question 64)* 1

Protestant (such as Assembly of God, Baptist, Lutheran, Methodist, Presbyterian, etc.) 2

Catholic 3

Other Christian (_____) 4

Jewish 5

Buddhist 6

Hindu 7

Muslim. 8

Other (_____). 9

Don't know . . . . -1

Refuse . . . . -2

63. How important, if at all, is your religious faith to you? Is it not important, somewhat important, very important or more important than anything else?

Not important. 1

Somewhat important 2

Very important 3

More important than anything else. 4

Don't know . . . . -1

Refuse . . . . -2

64. Were you born in the United States?

Yes *(End of interview)* 1

No 2

Don't know *(End of interview)* . . . . -1

Refuse *(End of interview)*. . . . . -2

65. In what country were you born?

Specify country: (_____) 1

Don't know . . . . -1

Refuse . . . . -2

66. In what year did you first move to the United States? | ___ | ___ | ___ | ___ |

67. Are you a U.S. citizen, a legal permanent resident, a refugee, been granted asylum, on a visa or none of these?

U.S. citizen 1

Legal permanent resident with a green card 2

Refugee. 3

Granted asylum 4

On a visa 5

Neither 6

Don't know . . . .-1

Refuse . . . .-2

Interviewer Observations:

_____

_____

_____

_____

_____

R-1 Comments:

_____

_____

_____

_____

_____

FOOTNOTES

1 Individuals who have been homeless for a year or longer and who have difficulties getting from one place to another, working or just getting through the day because of a serious mental illness, PTSD, brain injury or developmental disability, alcohol or drugs, chronic physical illness or physical disability.

2 The research was conducted with the approval of UCI's Institutional Review Board (IRB HS# 2016-2994).

3 For an overview of the homelessness problem across the country over the past 30+ years, see Burt 2016. For a summary of social science research, see Lee, Tyler, and Wright 2010.

4 Rental range based on Price report (2016, p. 18) and Collins article (2015).

5 Poverty figure from Orange Community Indicators Project (2015, p. 3). This rate is higher than the federal poverty estimates for Orange County because it is adjusted for the high cost of housing in the county.

6 To note this is not to disparage the PIT counts or estimates, for they provide a useful, bi-annual baseline for assessing the scope of homelessness locally and investigating trends over time, and therefore are useful for various policy considerations regarding the provision of services for the homeless.

7 It is important to note here that not all surveyed institutions/organizations are on the same budget cycle; for some it is the calendar year, and for others it is the fiscal year. There is also some variability in the availability of the budget data. Thus, the municipality data covers the 2014/2015 fiscal year, and for the county it is 2015/2016. However, throughout the research and analysis, the anchor year was 2015, and all budgets cover a 12-month period.

8 Flaming, Toros, and Burns 2015.

9 City of Sacramento 2015.

10 Flaming, Burns, and Matsunaga 2009.

11 United Way of Greater Los Angeles 2009.

12 Fermanian Business and Economic Institute at PLNU 2016.

13 For discussion of the maximum variation sampling strategy, see Erlandson et al. 1993; Lofland et al. 2006. For an earlier application of the strategy to studying homelessness, see Snow and Anderson 1993, p. 22.

14 See Baker 1994, pp., 478-480; Tobin and Murphy 2016, p. 33; and Lee, Tyler, and Wright 2010, p. 505.

15 Most discussions of the age structure of the homeless beginning in the mid-1980s use the Skid Row residents of the 1950s as the comparative point of reference. When the current wave of homeless are compared with those of the 1950s and earlier, there is no question that the current wave is somewhat younger. However, when the homeless of the past 35 years are compared, it appears that the homeless of today are somewhat older than the homeless of the mid 1980s and 1990s. For example, Snow and Anderson (1993) report that the average age of homeless in eight cities across the country averaged between a low of 33 and a high of 40. (See Table 1.1, pp. 32-33).

16 Orange County Community Indicators Project. 2015, p. 2.

17 See, for example, Baker 1994, Table 2, pp 484-485.

18 See Baker 1994; Burt et al. 2001; Tobin and Murphy 2016, pp 33-34.

19 The secondary labor market encompasses jobs that are generally low in pay, prestige and security, offer limited opportunity for advancement and have a high turnover rate.

20 See Tobin and Murphy 2016, p 35; U.S. Department of Housing and Urban Development 2014.

21 The Whole Person Care Initiative is funded through the State of California to provide services targeted to those that are experiencing homelessness and the seriously mentally ill who may also be experiencing homelessness. Whole Person Care focuses on the coordination of health, behavioral health and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources. Phase 1 is for $23.5 million for a period beginning November 2017 through December 2020. Phase 2 has yet to be awarded but was submitted for a total of $9.6 million.

22 Although there are various conceptualizations of social capital, most definitions focus on social relations and networks that have productive benefits. See Lin, Cook, and Burt (2001) for an expanded discussion of the concept and related research.

23 Clearly, this is hardly a surprising finding, as one study after another across fields (e.g., sociology, psychology and public health) underscores the salubrious effects of social connections on both mental and physical health. See, for example, Cohen 2004, and Umberson and Montez 2010.

24 For an up-close discussion of the experience and effects of housing eviction, see Desmond's Evicted (2016).

25 As of mid-2015, Orange County was reported to have "the seventh-highest asking rent among 82 large U.S. metro areas" (Collins 2015).

26 Shadow work is a concept coined by philosopher and social critic Ivan Illich in his book bearing that title (1981), but the term was adapted and applied to the situation of homeless by Snow and Anderson (1993). In their usage, it encompasses "subsistence strategies that are fashioned and pursued in the shadows of more conventional work because of exclusion from existing labor markets, because participation in those markets fails to provide a living wage, because public assistance is insufficient, or because such strategies provide a more reliable means of survival….Besides being unofficial, unenumerated work existing outside of the wage labor economy, shadow work is characterized by its highly opportunistic and innovative nature" (Snow and Anderson 1993, p 146).

27 For discussion and analysis of the day labor and the day labor industry, see Bartley and Roberts 2006; Roberts and Bartley 2004.

28 This estimate includes only the program costs of permanent supportive housing, and not the one-time costs of building new housing facilities. In other words, it assumes that the housing stock already exists.

29 The direction of these findings is consistent with other cost studies throughout the state, such as the previously mentioned cost studies in Los Angeles (Flaming et al. 2009), the Silicon Valley (Flaming et al. 2015) and San Diego (Fermanian Business & Economic Institute at PLNU 2016), although with variation in magnitude. Locally, the estimated cost savings is also consistent with a pilot study conducted by the Illumination Foundation and St. Joseph Hospital, wherein a tremendous cost savings was realized by housing 38 chronically homeless in the Foundation's Recuperative Care (similar to permanent supportive housing) who had been heavy users of the hospital's emergency and inpatient services (Kim and Tan 2016).

30 Gladwell 2006.

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