

Emerging Research on the Costs of Homelessness

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Progress in Assessing the Cost of Homelessness

- ❖ US ICH Compilation of Community Cost Studies
- ❖ HUD/HHS Commissioned Literature Review
- ❖ New Research on Dynamics and Costs of Family Homelessness

COST STUDIES

LOCATION	DATA SOURCES	COSTS
Asheville, NC	Jail, EMS, county health center, hospitals, MH facility, shelters.	\$39,444 per person per year
Boston	Medicaid records.	\$27,563 per person per year
Durham, NC	Hospitals, public health department, VA, EMS, shelter, police, sheriff's department, corrections, courts, prison, social services department.	\$10,334 per person per year
Indianapolis	Medical records system, police, jail, HMIS.	Ongoing
Key West	Jail.	\$5,360 per person per year
Louisville	Hospitals, corrections, jail, MH facilities, SA facilities, TANF.	Ongoing
Minneapolis	Jail, prison, courts, SA facilities, MH, hospitals, clinics.	\$112,967 per person
Reno	Hospitalization records.	\$50,000-\$100,000 per person per year

COST STUDIES

LOCATION	DATA SOURCES	COSTS
Richmond	HMIS, statewide hospital database.	\$9,000 per person per year/ \$21,000 per “high utilizer” per year
San Diego	USCD Medical Center (hospital admissions, paramedic runs), police.	\$133,333 per person per year
Seattle	Jail, county hospital, detox, sobering center.	\$54,542 per person per year
Waco	City and non-profit spending, charitable contributions, jail, police, emergency response records, hospitals.	Aggregate costs = \$7.6 million per year
Santa Barbara	Police, public works, parks and recreation, library, fire department, shelters, county departments, jail, ambulance, hospitals.	Aggregate costs = \$36 million per year
Gainesville	Fire department calls, jail, sheriff’s department and police emergency response calls to homeless shelters, hospital.	Aggregate costs = \$3.8 million per year

INTERVENTION STUDIES

LOCATION	INTERVENTION	DATA SOURCES	COST REDUCTIONS
Atlanta	FACT team, housing.	Psychiatric hospital, jail.	\$18,333 per person per year
Atlanta	Permanent supportive housing.	Hospitals, vocational services, police, sheriff, jail, courts, prison, probation, parole, Medicaid, SSI.	Ongoing
Broward County	Permanent supportive housing.	Hospital, jail, shelter.	\$13,456 per person per year
California	Permanent supportive housing.	City and non-profit spending, charitable contributions, jail, police, emergency response records, hospitals.	\$5,614 per person per year
Chicago	Permanent supportive housing.	Inpatient care and emergency room visits from three major hospitals.	Ongoing
Dayton	Permanent supportive housing.	Self-reported hospitalizations, substance abuse treatment, emergency shelter.	\$43,045 per person per year

INTERVENTION STUDIES

LOCATION	INTERVENTION	DATA SOURCES	COST REDUCTIONS
Denver	Permanent supportive housing.	Hospitals, SA facilities, jails, state prisons, shelters.	\$15,772 per person per year
Hennepin County	Permanent supportive housing.	County medical center, detox.	\$6,659 per person per year
Indianapolis	Permanent supportive housing.	Hospitals included in regional medical information system.	\$9,049 per person per year
Los Angeles	Permanent supportive housing.	County health, mental health and jail facilities.	Ongoing
Minneapolis	Permanent supportive housing.	County social services, shelter, jail, halfway house, probation, juvenile services, hospital, economic assistance, employment services, child care, special education.	\$39,500 per family per year

INTERVENTION STUDIES

LOCATION	INTERVENTION	DATA SOURCES	COST REDUCTIONS
Minnesota	Permanent supportive housing.	State Department of Human Services, Medicaid, Social Services, corrections, education, county law enforcement.	Ongoing
Oregon	Independent living program.	Self-reported foster care, mental health, incarceration, nursing home, shelter.	\$5,266 per person per year
Portland	ACT team, housing.	Self-reported physical and mental health care, incarceration, addiction services.	\$16,000 per person per year
Quincy, MA	Permanent supportive housing.	Hospital, case notes, shelter, jail.	\$10,000 per person per year (preliminary)
Salt Lake City	Permanent supportive housing.	Shelter and outreach providers, medical clinic, hospitals, detox, MH provider, jail.	Ongoing

INTERVENTION STUDIES

LOCATION	INTERVENTION	DATA SOURCES	COST REDUCTIONS
San Francisco	Permanent supportive housing.	San Francisco General Hospital.	\$16,300 per person per year
San Diego	Serial Inebriate Program.	City EMS provider, two regional hospitals.	\$7,130 per person per year
Seattle	1811 Eastlake harm reduction housing program.	County hospital, county jail, county sobering center.	Ongoing

Lessons

- ❖ Cost studies leverage political will and resources
- ❖ High service users exist in every community
- ❖ They can be identified, housed and offsets found after housing placement
- ❖ Limits: Not all samples are defined enough to support comparability and generalizability

HUD/HHS Literature Review of Published Research

KEY LESSONS

- ❖ Only people with severe mental illness studied
- ❖ Only service intensive and most costly interventions studied

Literature Review (cont'd)

NEEDED:

- ❖ Test interventions with non-SMI and nonchronic homeless populations
- ❖ Test lower cost interventions:
 - Service matching strategies
 - Varying intensity of services over time

Changing the Question:

Before: Will intensive (and expensive) interventions work? (Ans. Yes)

Now: What is the least intensive (and expensive) intervention needed to achieve a positive outcome?

A Typology of Family Homelessness: Preliminary Findings

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Background

- ❖ Singles typology experience
- ❖ But families are different:
 - much lower MH/SA rates
 - not different from poor housed families
 - relatively homogeneous
- ❖ Potential confounders – policy/program factors
 - use of shelter system as queue for subsidies
 - transitional shelter as a reform movement

Methodology

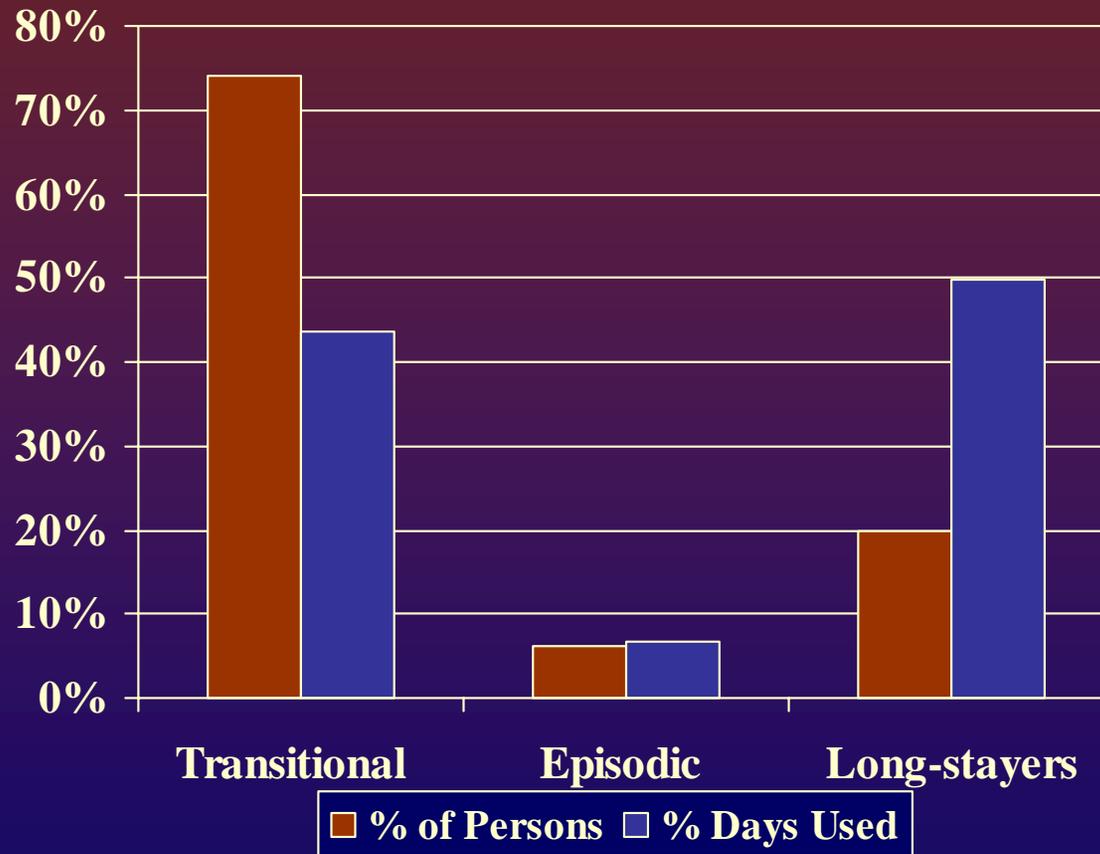
- ❖ Four jurisdictions – Philadelphia, NYC, Columbus OH, and Massachusetts
- ❖ HMIS data – new admissions followed for two or three year periods
- ❖ 30 day exit criterion applied
- ❖ Cluster analysis, specifying three cluster solution
- ❖ Database merges to identify service histories

Health and Social Service Databases Merged

- ❖ In one city: Medicaid, Mental Health, Substance Abuse, Child Welfare
- ❖ In one state: Medicaid, Mental Health, Substance Abuse, Child Welfare
- ❖ In one city: Child Welfare

Results: Cluster Solution

(Massachusetts, family shelter users)



❖ **Transitionals:**

❖ 1.0 stays

❖ 105 days

❖ **Episodics:**

❖ 2.0 stays

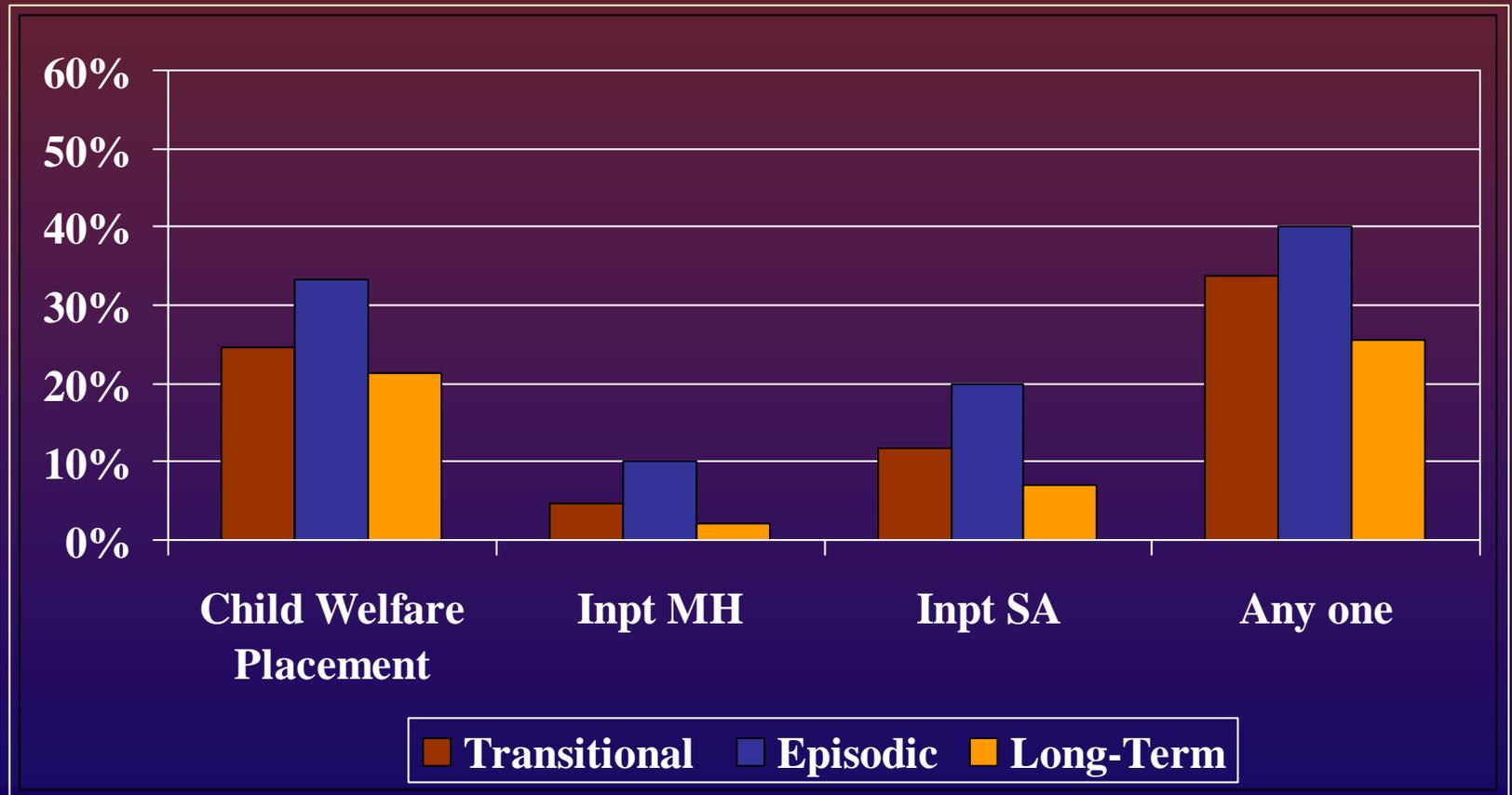
❖ 195 days

❖ **Long-Stayers:**

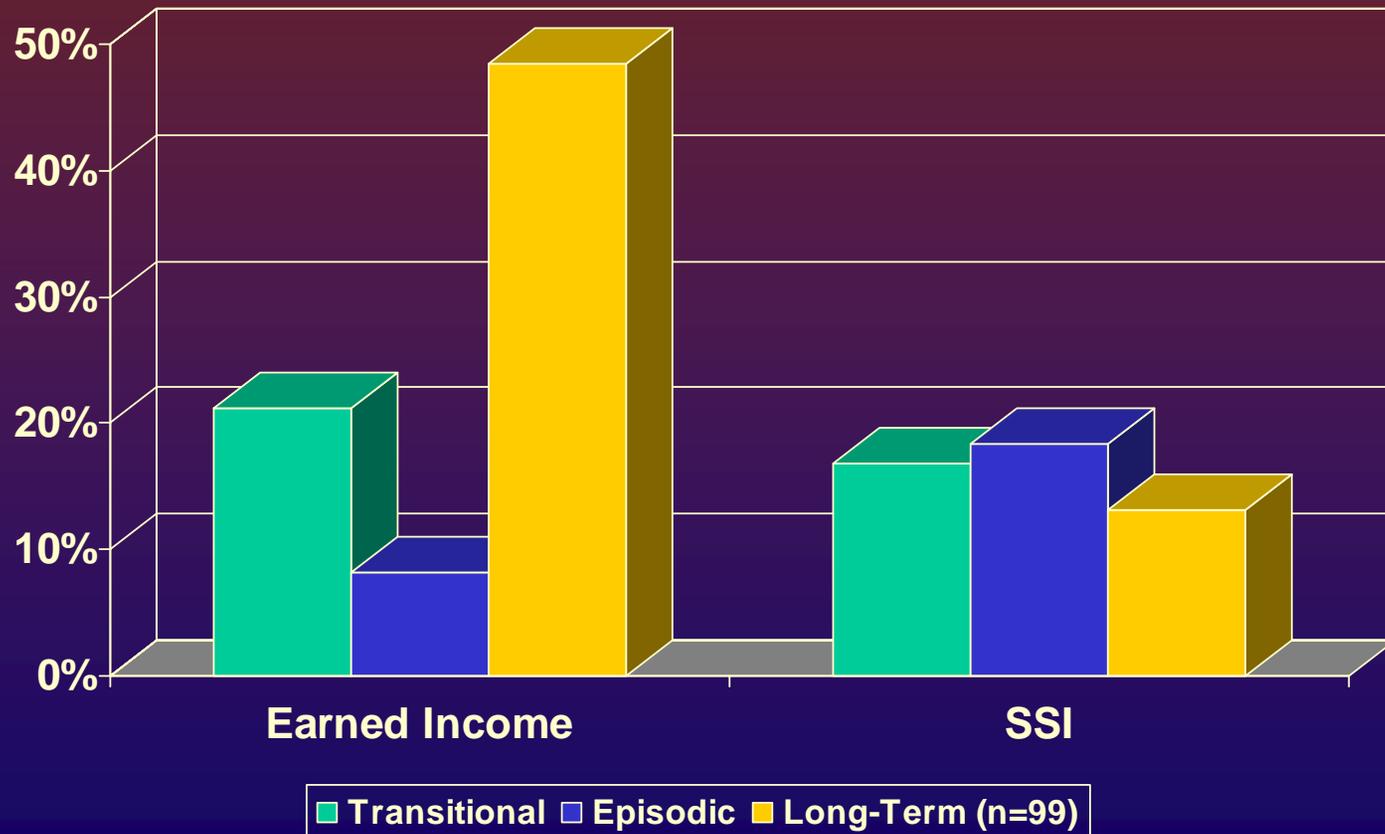
❖ 1.0 stays

❖ 444 days

Intensive Service Histories of Families



Income Sources



The Average Cost of Shelter Stays by Type

(Massachusetts)

❖ Transitional	\$11,550
❖ Episodic	\$21,450
❖ Long-term	\$48,440

Does not include McKinney-Vento funding or non-DTA public service contracts.

Preliminary Conclusions

- ❖ Cluster patterns are robust across sites
- ❖ Most families (75%) leave quickly and don't return
- ❖ A small number (5-8%) return repeatedly
- ❖ 20-25% of families have long stays, using 55-70% of resources
- ❖ BUT – unlike singles – long stays do not indicate personal barriers to housing stability

Preliminary Conclusions (continued)

- ❖ Policies and programs driving long stays
- ❖ Characteristics of “graduates” may reflect selection effects of policies and programs
- ❖ Most needy families get fewest system resources, and least needy families get most system resources
- ❖ Need for reform: A new conceptual framework required

Model Cost by Volume Service System for Addressing Housing Emergencies

