

CONTRACT BETWEEN COUNTY OF LAKE AND SYMMETRIC SOLUTIONS FOR HOMELESS STUDY, V1

EXHIBIT "E" – SHASTA COUNTY HOMELESS SNAPSHOT



SHASTA COUNTY HOMELESS SNAPSHOT COMPILATION OF COMMUNITY DATA

DEMOGRAPHICS

Information about who is experiencing homelessness is increasingly useful for determining what mix of service and program types is right for a community. As Shasta County strengthens and refines its homeless services system, stakeholders across the community have begun planning and implementing enhanced data collection around homelessness to provide robust countywide data. The deepening of data systems community-wide will be vital to the community's efforts to continually strengthen its response to homelessness, measure success, and tailor interventions to match need.

This report compiles information from a range of existing data sources in Shasta County. Mainstream and homeless service providers were generous in sharing their aggregate data on persons served over calendar year 2015. Unless otherwise indicated, most of the demographic data presented here is drawn from service statistics for three high-volume service providers (entities providing services to relatively large numbers of homeless households) located in Redding: Shasta Community Health Center, People of Progress, and the Good News Rescue Mission.

Over
6,000

HOW MANY PEOPLE
EXPERIENCE HOMELESSNESS
IN SHASTA EACH YEAR?

MediCal enrollment records for Shasta County indicate that as many as 6,017 unique individuals, or 3.3% of Shasta County's estimated total population of 179,533, experienced homelessness in 2015. This count of homeless MediCal recipients uses a broad definition of homelessness encompassing all persons who did not have a permanent living situation, including individuals and families living in all of the following situations:

1. Living outside, on the streets, or in a place not meant for human habitation
2. In emergency shelter (e.g., Good News Rescue Mission clients)
3. In temporary or transitional housing for homeless persons
4. Couch surfing or "Doubled up" (a household sharing the housing of other persons due to loss of housing or economic hardship, including staying temporarily with family or friends)
5. Living temporarily in a hotel or motel

Data from other service providers in Shasta County sheds further light on the extent and characteristics of homelessness in Shasta County:

Of the 6,000 plus people who experienced homelessness in 2015, 2,269 individuals (approximately 38% of total homeless persons) stayed in emergency shelter at the Good News Rescue Mission at least once.

A total of 3,031 individuals (approximately 50% of total homeless persons) accessed healthcare through Shasta Community Health Center while they were experiencing homelessness.

The community's health and human service hotline, 2-1-1 Shasta, reports that housing was the most frequently stated need across all 3,296 calls received in 2015, with 27% of callers expressing a need for some form of housing assistance.

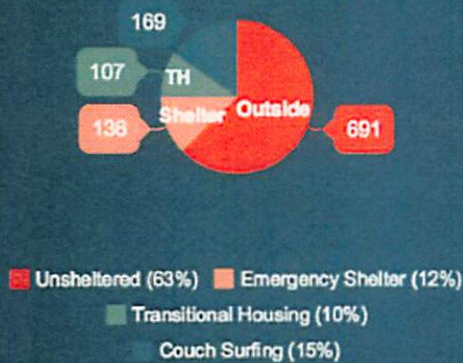
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Point in Time Count

The Point in Time Count is a bi-annual count of persons experiencing homelessness, mandated by the federal Department of Housing and Urban Development (HUD) and conducted locally by each Continuum of Care (local entities across the country, created to coordinate HUD Continuum of Care funding for homeless services). The Point in Time Count offers a snapshot of the homeless population on a single day in January, and generally includes a visual count as well as a brief survey administered to a subset of persons counted. HUD uses Point in Time data to develop its Annual Homeless Assessment Report, a national report of homeless statistics.

The charts below show selected 2016 Point in Time data for Shasta County, which identified 1,103 individuals experiencing homelessness at the time of the count. Of those 1,103 individuals, 169 were identified as couch surfing at the time of the count, and 934 were identified as either unsheltered, in emergency shelter, or in transitional housing for the homeless. Couch surfing is included in the chart showing living situation, to better align with the definition of homelessness used by Shasta's service providers. However, because HUD does not include couch surfing in its definition of homelessness, the remaining data relates to the 934 persons who are homeless under HUD's definition.

Shasta County Homeless Point in Time Count: By Living Situation



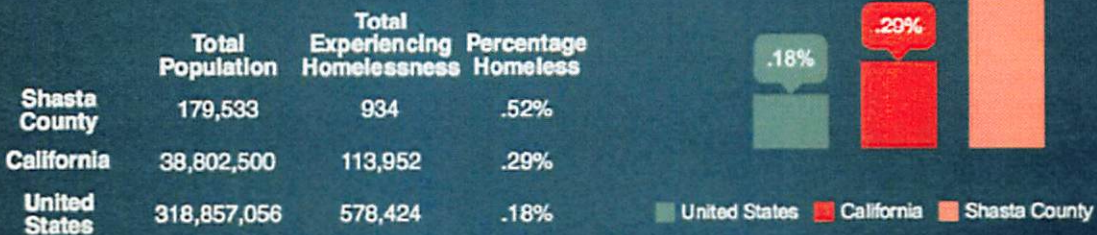
Shasta County Homeless Point in Time Count: By Age



State and National Comparison

Year-long data on persons experiencing homelessness, comparable to the Shasta County community data used throughout this report, is not available for the State of California or nationally. However, a comparison can be made based on data from the 2015 homeless Point in Time Count. The charts below compares Shasta County's homeless population from the 2015 Point in Time count to state and national data from the Annual Homeless Assessment Report (AHAR). The 2014 AHAR is used for comparison, because the 2015 AHAR has not yet been released.

Percent of Population Experiencing Homelessness (Point in Time)⁽¹⁾⁽²⁾



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Household Type

Families

In 2015, 228 households or approximately 17% of total homeless households served by People of Progress were multi-person families (with or without children). In comparison, according to the 2014 Annual Homeless Assessment Report (AHAR), approximately 16% of homeless households nationally were families. However, the HUD definition of "family" used in the AHAR includes only multi-person households with at least one child.

In many communities, the experience of homelessness for families with children often looks different than it does for single adults. The Child Abuse Prevention Coordinating Council (CAPCC), an organization providing parenting support and wrap-around case management for low- and very-low income families with children in Shasta County, serves a large number of homeless and at-risk families with children. CAPCC estimates that 50% of the families it serves are homeless, at risk of homelessness, or living in severely substandard housing. In 2015, this included over 465 families with children. The majority of the homeless or unstably housed families CAPCC serves are long-term, often multi-generational, residents of Shasta County. Many families cycle in and out of homelessness and unstable housing situations.

K-12 Public Schools

The Shasta County Office of Education reports 726 students, 18 and under, who experienced homelessness in the 2014-2015 school year, which includes students living in emergency shelter, transitional housing, hotels or motels, in places not meant for human habitation (outside), couch surfing, or families living doubled up.⁽¹⁾ This represents 2.7% of the 26,626 students enrolled in public K-12 programs in Shasta County in 2014-2015.⁽³⁾ Data from the U.S. Department of Education EdFacts initiative indicates that approximately 4% of all K-12 students in California experienced homelessness during the 2012-2013 school year.⁽⁴⁾

Data provided by Shasta Union High School gives a snapshot of homeless students aged 14 to 18. A total of 114 Shasta Union High School students experienced homelessness in the 2014-2015 school year, all of whom received targeted academic and social services through the school. Of those students, 103 students or approximately 90% had attended school in Shasta County prior to entering high school. Among Shasta Union High School seniors who experienced homelessness during the 2014-2015 school year, about 90% graduated from high school at Shasta Union (45 of 50 students).

Age

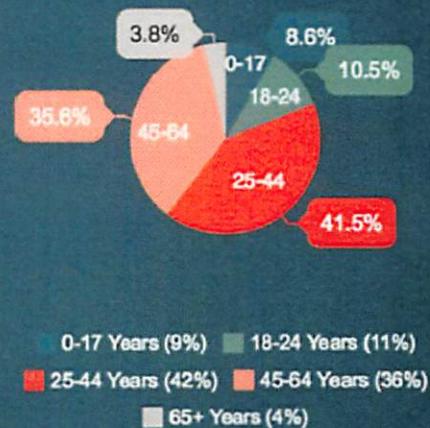
Children & Youth

The percentage of children (0-17 years) and transitional age youth (18-24 years) showed slight variation across service providers. Approximately 6% to 13% of participants served by high-volume service providers were under 18, representing between 138 and 228 children. Approximately 9% to 11% were transitional age youth, or between 198 and 322 individuals aged 18 to 24. Survey data from the 2016 Point in Time Count for Shasta County similarly identifies 10% of homeless persons counted as under 18 and 12% as between 18 and 24 years of age. In comparison, the most recent U.S. Census estimates that 23.6% of Shasta County's total population is under 18 years of age.

Seniors

The percentage of seniors (over 65 years) experiencing homelessness showed slightly less variation, ranging from approximately 3% - 5% of persons served by Shasta's high-volume service providers. This represents between 52 and 110 unique individuals served over the age of 65. In comparison, approximately 19.2% of Shasta County's total population is over 65 years of age.⁽¹⁾

2015: Persons Served By Age



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Living Situation

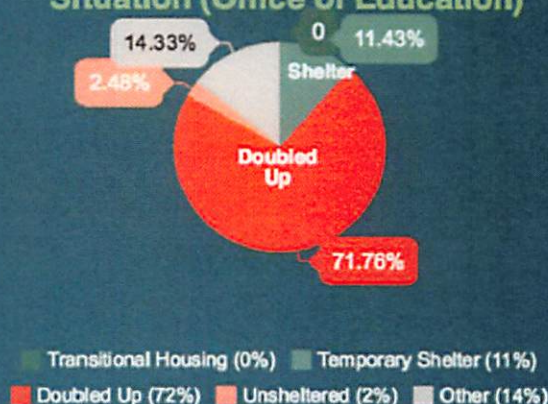
Data from Shasta Union High School District and Shasta Community Health Center each indicate that approximately 17.5% of homeless persons served were living in an "unsheltered" location in 2015, including living outside and in places not meant for human habitation. The Shasta County Office of Education reports only 2% of homeless students living in "unsheltered" locations.

The graphs below represent service statistics from both Shasta Community Health Center for 2015, and the Shasta County Office of Education for the 2014/2015 school year. The Department of Education statistics cover all public schools in Shasta County, and consequently include a dramatically higher percentage of families with children, as compared to the SCHC data.

2015: Persons By Living Situation (SCHC)



2014/2015: Persons By Living Situation (Office of Education)



Income

Inadequate income is a key contributor to homelessness across Shasta County. Of the 52% of Shasta Community Health Center patients with known income level, 83% were at or below the federal poverty line. Approximately 91% of People of Progress clients with known income level reported a yearly income of \$10,908 or less.

Of 989 adults who experienced homelessness in 2015 for whom employment status is known, approximately 8% or 75 individuals were employed when they accessed services.

Gender

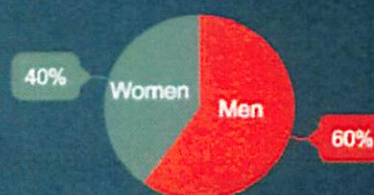
A higher percentage of persons experiencing homelessness in Shasta County are men, across all high-volume service providers. The gender spread ranges from 32% women to 45% women, with the highest percentage of women reported by Shasta Community Health Center. Data from the 2016 Point in Time Count for Shasta County aligns with community data, with approximately 36% of persons surveyed identified as female. The disproportionate representation of men in the reported homeless population is not unusual; the 2014 Annual Homeless Assessment Report, a federal report of homeless statistics, reports that 70% of homeless individuals are men, nationwide.

Veterans

The Good News Rescue Mission service data reports 177 homeless veterans served in 2015, representing approximately 8.3% of all adults served at the Mission. In comparison, the federal Annual Homeless Assessment Report for 2014 indicates that approximately 11.3% of adults experiencing homelessness in the United States were veterans.

The Veterans Resource Center, which provides outreach, housing, and supportive services for homeless veterans, served 119 clients in FY2014-2015. Of the 100 veterans with known living situation prior to program entry, 59% were living outside or in a place not meant for human habitation. Of those 100 veterans, 44% had been homeless for a year or more, and 68% had been homeless longer than three months.

2015: Persons Served By Gender



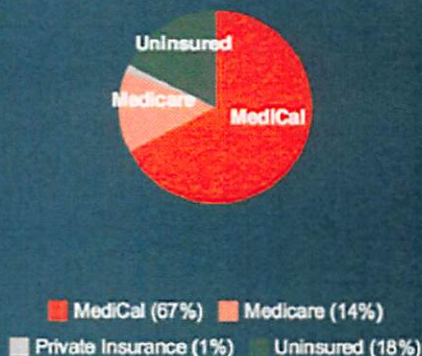
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Health Insurance

Shasta Community Health Center reports that the majority of their homeless patients, approximately 82%, have some form of health insurance. The remaining 18% represents 539 uninsured individuals.

The table below shows the breakdown of health insurance sources for Shasta Community Health Center patients in 2015. Insurance information is known for 837 individuals served by non-healthcare providers in 2015; the percentages by insurance source align with the SCHC data, with 64% on MediCal and 16% on Medicare.

2015: Percent of Persons Served by Type of Health Insurance (SCHC)



Health & Wellness

Disability

Across high-volume providers in Shasta County, between 17% and 32% of adults experiencing homelessness self-report having a disability. These numbers, which were collected by self-report and rely on varied definitions of "disability," are believed to underestimate the percentage of the total annual homeless population with disabling conditions. In comparison, the 2014 Annual Homeless Assessment Report indicates that 42.2% of homeless adults in emergency shelter or transitional housing had a disability, nationwide.

The Veterans Resource Center reports a higher percentage of disabled homeless and formerly homeless veterans, with 57% of adult heads of households served by the Veterans Resource Center having a disabling condition.

Behavioral Health

Information on mental health conditions provided by Shasta Community Health Center reveal a range of mental health needs. Approximately 30% of patients are diagnosed with depression or other mood disorders, 15% experience anxiety disorders, and 32% deal with alcohol or other substance related disorders.

2015: Percent Served With Select Conditions (SCHC)



Areas for Further Exploration

There are a number of useful data points that are not currently tracked or were available for only a small set of individuals. The additional data points below would shed further light on Shasta County's homeless population and help ensure that the community has a continuum of services that meets its needs.

- Expanded data on employment and source of income
- Information regarding experience of domestic violence
- Causes of homelessness and/or difficulty retaining housing
- Rates of first time homelessness
- Expanded data on living situation
- Length of time homeless, and length of most recent homeless episode

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COMMUNITY COSTS

Homelessness comes at an extremely high cost for communities across the country. Persons living on the street rely heavily on expensive emergency systems, and communities regularly find themselves investing substantial resources in efforts to manage homelessness. Without housing, many of the most vulnerable persons cycle in and out of emergency rooms, jails, and treatment facilities, accounting for tremendous public expense. Yet, studies repeatedly demonstrate that having a stable place to live significantly reduces reliance on these resources and is far less expensive than leaving people to live on the streets or in temporary shelter.

The data below outlines certain of the costs of homelessness in Shasta County to present a snapshot of some of the impacts of homelessness on the community's public and private systems. While a few of these costs support interventions that reduce homelessness, the vast majority of expenditures are associated with efforts to manage, rather than address, the problem.

The data used to compile these costs was generously shared by numerous non-profit service providers, faith-based organizations, private organizations and businesses, hospitals and health clinics, and public agencies across Shasta County. Due to differences between data systems, widely varied methods for identifying people experiencing homelessness, and the difficulty in tying mainstream costs to homeless populations, the total costs reported here are rough estimates that likely significantly underestimate total expenses for each service area. Most mainstream systems do not maintain data specific to homelessness and agencies vary widely in how homelessness is defined. Nor does this analysis address the significant social and psychological costs associated with homelessness.

Accordingly, the actual impact of homelessness in Shasta County significantly exceeds the costs detailed in this report -- and the potential savings from a more robust homeless system of care are substantially understated.

Background & Context

In addition to humanitarian and social concerns, homelessness is extraordinarily expensive and impacts a multitude of public and private systems across a community. Studies from around the country repeatedly demonstrate a significant reduction in financial costs after households exit homelessness to housing.

In particular, these households interact with crisis systems and costly institutional settings at significantly lower rates after they enter stable, permanent housing with supportive services. This is especially true of the most vulnerable, including those with severe disabilities, substance addiction, and long periods of homelessness.

In Silicon Valley, for example, the average public cost of high users of these systems is approximately \$62,473 per year while homeless and \$19,767 after exiting homelessness, saving the community approximately \$42,706 per person each year. (5)

Understanding the costs of homelessness in Shasta County can support identification of cost-effective solutions to meaningfully reduce the financial burden and other impacts of homelessness on the Shasta County community.

Overview: Findings from this Analysis

The Shasta community invests well over \$34,761,020 annually to respond to local homelessness. This excludes costs such as case management and rental assistance for those who have exited homelessness.

Homelessness is imposing significant costs on diverse systems and agencies across Shasta County, including medical providers, law enforcement, fire, public entities, and non-profits.

The majority of these expenditures serve to manage the problem, but not to address its causes or resolve the underlying issues of homelessness.

The costs of managing homelessness are likely far greater than the costs of the interventions, such as housing with supportive services, that would get people off the streets.

The community is likely spending at least \$16,866,779 to respond to the homelessness of approximately 271 of the most vulnerable individuals, at an annual cost of \$62,293 per person.

The yearly cost of providing housing with supportive services to maintain that housing in Shasta County is an estimated \$11,500 per person.

Communities have
achieved cost savings
as high as \$42,706 per
person by providing
housing with supportive
services.

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Annual Costs of Homelessness in Shasta County: Emergency Response and Management

Many of the most significant costs of homelessness in Shasta County are associated with high usage of crisis response systems. In particular, first responders such as fire, ambulance, and law enforcement personnel are regularly called on to respond to emergencies involving persons experiencing homelessness. In addition, many persons experiencing homelessness regularly cycle through institutional systems such as hospitals and jail, often due to issues associated with mental illness or citations for offenses, such as illegal camping, directly related to living outside. The experiences of diverse communities nationally demonstrate that these categories of costs are significantly reduced when individuals are housed.

The cost reductions associated with housing can be attributed to greater reliance on primary and preventative care, reduced bookings relating to loitering, camping and other acts of being homeless, elimination of encampments, and overall increase in stability and health from living indoors.

ACUTE & EMERGENCY MEDICAL **\$12,888,200**

At Shasta County's two largest hospitals, Shasta Regional Medical Center (SRMC) and Mercy Medical Center (Mercy), costs associated with homelessness include Emergency Department visits, inpatient stays, "Administrative" days spent locating safe places to discharge patients, and treating 5150 emergency psychiatric patients.

In 2015, SRMC and Mercy estimated a combined 2,997 Emergency Department visits, over 142 patients receiving inpatient care, and over 725 post-treatment "Administrative" days for people experiencing homelessness, plus case management and social services costs. Over 1,000 ambulance rides to are attributable to persons experiencing homelessness. The hospitals also estimate a combined \$3.5 million related to 5150 psychiatric patients, a large percentage of whom are homeless. Due to difficulties identifying and reporting the housing status of patients served, the total above is known to be a significant underestimate of the total costs of serving patients experiencing homelessness.

Definition: Patients with address listed as unknown, Good New Rescue Mission, or a hotel/motel.



COUNTY JAIL **\$6,962,378**

The \$6,962,378 estimated total costs related to homeless inmates includes cost of booking and of each day in jail, at \$100 per booking and \$114 per day. In many communities, the crimes most frequently associated with persons experiencing homelessness include loitering, unlawful camping, unpaid fines, and other issues relating to living outside.

The Shasta County Sheriff's Office reports 11,280 individuals booked into the County Jail in 2015. Based on a rate of 41% (the estimated percentage of persons arrested by the Redding Police Department who were homeless), approximately 4,814 of those individuals were experiencing homelessness when booked. Applying the same 41% rate to the total annual inmate days at the Jail (total capacity x 365 days) yields approximately 57,017 total days in jail for persons experiencing homelessness.

Definition: Address at arrest listed as unknown/none, "transient," "homeless," or the Good News Rescue Mission.



LAW ENFORCEMENT **\$104,754**

In 2015, the Redding Police Department (RPD) logged 2,124 calls that were identified as apparently related to people experiencing homelessness. In addition to these calls, the RPD issued approximately 590 additional citations for camping on public or private land, for a total estimate of 2,714 calls related to people living outside. The RPD notes that the \$104,754 expended to respond to these calls is likely an underestimate of homelessness-related costs: this number does not include transportation or overhead, and in some cases it underestimates the number of officers responding to each call.

Definition: An individual who appears to be living outside.



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FIRE RESPONSE

\$272,514

In 2015, the Redding Fire Department responded to 33 fires and 1,913 non-fire incidents that they have reason to believe were related to people living outside. The Redding Fire Department estimates the total cost of responding to these incidents at approximately \$270,264, but notes that this is likely an underestimate due to under-identification of incidents related to homelessness.

CalFire, which responds to fires in Shasta County, estimates 12 fires annually associated with people living outside. The cost of response ranges from \$150-\$225 for a single fire, for an annual average of about \$2,250.

DEFINITION: An individual who appears to lack housing and to be living outside.



ENVIRONMENTAL CLEAN-UP

\$146,750

The Redding Police Department clean-up program, volunteer organizations such as Shasta Support Services, and private land owners such as the McConnell Foundation, devote personnel and organize volunteers to clear both public and private land. The above total cost estimate includes disposal, personnel, and equipment costs of some of these efforts. Numerous private landowners across the County will incur similar expenses on varying scales, which represent costs in addition to the estimate above. Much of the labor for these efforts is in volunteer hours, including both housed and homeless Shasta residents.



Annual Costs of Homelessness in Shasta County: Addressing and Managing Homelessness

Some of the costs of homelessness in Shasta County are attributable to programs and services that seek to alleviate the burden of homelessness by providing support around basic needs such as food, emergency shelter, and mental health. A significant portion of these costs are associated with efforts to address and resolve the problem of homelessness in Shasta; while the resources are far insufficient to meet the need, many programs and agencies across the county are actively working to reduce homelessness. The problem would be much greater without their work. Many of the resources described below, however, are dedicated to managing homelessness, rather than solving it.

While many of these categories of costs, such as health care and education, may continue to be required by a household even after exiting homelessness, the overall costs are often reduced. For example, while many formerly homeless persons continue to require behavioral and primary health care, the ability to comply with physical or mental health treatment, succeed in recovery, and maintain overall physical health is directly associated with stable housing. Similarly, housing supports efforts to obtain employment, for example, by ensuring access to showers and a stable residential address. This may increase demand for vocational training while reducing costs of providing food and other basic needs.

EMERGENCY SHELTER, FOOD, & BASIC-NEEDS ASSISTANCE

\$7,705,623

The total of \$7,705,623 estimates community-wide spending on temporary shelter, food, short-term financial assistance and basic needs for people experiencing homelessness. The level of community giving and basic-needs support across Shasta County is vast, and this represents just a portion of the assistance provided.

The above estimate includes annual funding from the County for short-term financial assistance, emergency shelter at One Safe Place, and various food programs, as well as the FY 2014-2015 cost of shelter at the Good New Rescue Mission, services provided by People of Progress, Living Hope Compassion Ministries Food Bank, and Anderson Cottonwood Christian Association Food Bank.

DEFINITION: Range of definitions, including persons living outside, in shelter, in hotels, doubled-up, at risk or homelessness, or in substandard housing.



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Primary & Preventative Medical Care **\$1,545,497**

The bulk of the estimated \$1,545,497 in Primary & Preventative Medical Care is Shasta Community Health Center's \$1,485,190 annual expense related to primary care patients without a permanent stable residence. The additional costs include County Health and Human Services Agency public health programs, TB testing, and immunizations. The overall costs of Primary & Preventative Medical Care, unlike emergency and crisis services, are likely to increase as individuals engage with services and obtain housing. However, this increase in primary care should result in a decrease in more expensive hospital emergency department and inpatient visits.



Definition: Persons living outside, in shelter, in hotels, doubled up, and in transitional housing.

BEHAVIORAL HEALTH **\$4,825,644**

Behavioral Health is an umbrella term that covers mental health and substance abuse treatment. The Behavioral Health cost estimate, above, includes residential drug and alcohol recovery programs, including the Good News Rescue Mission New Life Recovery Program, as well as funding from the County for placements in the Crisis Residential and Recovery Center, the Families Living in Therapeutic Environments program at Visions of the Cross, and into a privately operated Institute for Mental Disease. Other behavioral health costs are included in the Primary & Preventative Care and Acute & Emergency Medical cost totals, as part of other health care services.



Definition: Range of definitions, including persons living outside, in shelter, in hotels, doubled-up, at risk or homelessness, or in substandard housing.

EDUCATION AND EMPLOYMENT **\$345,800**

The costs represented in the above \$345,800 estimated total include Community Development Block Grant funding to support local hiring, and the Living Hope Compassion Ministries workforce and employment assistance program. Also included is Shasta Union High School District's \$25,000 services budget for students experiencing homelessness.

Additional expenses for employment training and support are folded into the services provided by emergency shelter and residential treatment programs, community-based service providers, and County programs. Other employment and education services are not included here, because they are mainstream programs that do not track housing status, or are provided to formerly homeless persons who have already obtained permanent housing.



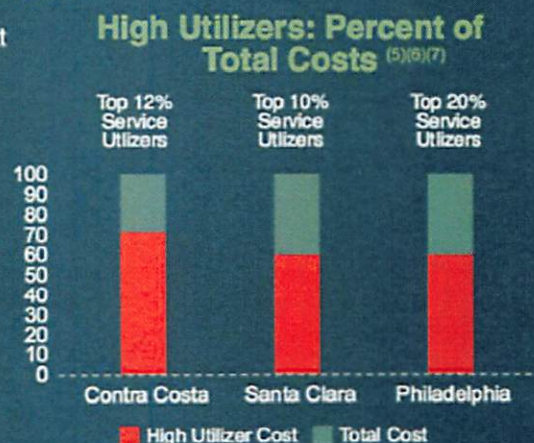
Definition: Persons living outside, in shelter, in hotels, doubled up, and in transitional housing.

High Utilizers Of Crisis Response Services

Studies in diverse communities consistently demonstrate that 10-20% of the homeless population, those who utilize the highest levels of services, account for 60-70% of the total costs of homelessness with respect to emergency medical care, law enforcement and incarceration, crisis behavioral health care, and emergency shelter.

This subset of "high utilizers" are often some of the community's most vulnerable individuals, experiencing persistent homelessness and multiple, chronic conditions. While living on the streets, these individuals often cycle through costly emergency systems, with frequent incarceration, high rates of emergency department visits, and/or frequent usage of crisis mental health services.

The studies referenced in the chart to the right included participants meeting particular definitions of homelessness. The Philadelphia study included only persons who met the federal definition of Chronic Homelessness, which requires that a person be living in emergency shelter or a place not meant for human habitation. The Contra Costa and Santa Clara studies included persons who were identified as homeless in the community's Homeless Management Information System, including people in emergency shelter, transitional housing, places not meant for human habitation, persons subject to immediate eviction, and persons fleeing domestic violence. The Santa Clara study also identified a number of participants through non-HMIS sources, which may have included some participants who are living doubled up.



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Reduction in Service Usage After Housing with Case Management

	Rural Maine	Seattle	Portland	Denver
Emergency Room	-21%	-50%	-5.54%	-34.3%
Jail	-95%	-90%	-74.97%	-76.2%
Emergency Shelter	-95%	-100%	Not Measured	-100%
Crisis Behavioral Health	Not Measured	-93%	-78.87%	-81.9%
Cost Savings Per Person	-\$1,348	-\$43,904	-\$15,006	-\$31,545

For a community's high utilizers, permanent housing with support services focused on housing retention has been shown to be significantly less costly to the community than leaving people outside. This is due to the reduction in utilization of emergency and crisis response systems that occurs after a person obtains housing.

The studies referenced to the left measured reductions in annual service usage by comparing a 6-12 month period before placement into permanent supportive housing to a similar period after placement. Participants in each study were single adults with a diagnosed disability and/or substance abuse. The study in rural Maine included only families with at least one family member with a disability. The Seattle study focused on 95 individuals with the highest costs for incarceration and alcohol-related emergency medical care prior to housing.

Estimated High Utilizer Costs in Shasta County*

Based on the experiences of other communities, it is likely that approximately 10% of homeless individuals account for 60% of Shasta County's costs of homelessness. The Shasta County community therefore expended over \$16,866,779 in 2015 to address the basic needs of about 271 highly vulnerable individuals. This represents an estimated \$62,293 per person.

\$62,293

Estimated Per High
Utilizer Living Outside

As demonstrated in communities across the country, these service costs are dramatically reduced when a person obtains permanent housing with supportive services.

The cost of providing permanent housing with supportive services includes costs of rental subsidies, administration and operations, outreach to highly vulnerable people experiencing homelessness, and supportive services for clients. Based on the per-participant cost of each of these activities as reported by Shasta County, the current annual cost of providing permanent housing with supportive services ranges from \$9,400 to \$11,500 per participant.

\$11,500

Estimated Cost of
Housing with Supports

- * Based on community data, approximately 6,017 unique individuals experienced homelessness in Shasta County in 2015, which includes individuals and families who are couch surfing or living doubled up, or paying for a hotel or motel. As noted above, data on high utilizers in other communities is largely based on a narrower definition of homelessness that does not include doubled up or hotel living situations. Shasta Community Health Center data indicates that approximately 45% of persons experiencing homelessness in Shasta are living in situations comparable to the populations included in the studies above: outside, in shelter, or in transitional housing. The analysis of high utilizer costs below is based on an estimated population of 2,708 individuals living in these three homeless situations.

Based on the cost estimates outlined above, the total annual cost of responding to homelessness in Shasta County, across all services and systems, is upwards of \$34,761,020. Many of these costs are connected to people living outside or in shelter. However, some of the costs under Emergency Shelter, Food, & Basic Needs Assistance, Behavioral Health, Primary & Preventative Medical Care, and Education & Employment are associated with individuals living doubled up or in hotels and motels. These costs have been pro-rated, so that the analysis of high utilizer costs is based on an estimated total cost of \$28,111,298.