

# Stabilizing Homeless Adults in Crisis

Public Costs for Homeless Clients of San Francisco's Collaborative Courts



Economic Roundtable  
A Nonprofit Research Organization

The cover image of the *Man with Blue Eyes* is reproduced with the permission of the artist, Marco Sassone.

Marco Sassone

*Man with Blue Eyes*, 2000

pastel on paper, 30 x 22 inches

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Courtesy of the artist [www.marcosassone.com](http://www.marcosassone.com)

This artwork is part of the series "Home on the Streets." The artist encountered this individual on the streets of San Francisco during the 1990s. This individual subsequently recovered and is no longer living on the street.

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## EXECUTIVE SUMMARY

# Stabilizing Homeless Adults in Crisis

This study extrapolates data about public costs for homelessness in Los Angeles County to clients of three San Francisco Collaborative Courts: Drug Court, Community Justice Center (CJC) and Behavioral Health Court. This information identifies the probable level of engagement by health care providers, public assistance agencies and the jail system in providing services to different cohorts of court clients that are experiencing homelessness. For clients with the most acute problems, who have recurrent encounters with hospitals and jails, information about high public costs associated with homelessness can point the way toward cost-effective investments in housing and supportive services that reduce net public outlays.

### *Drug Court*

The most typical Drug Court client is a male 30 to 45 years of age with a psychiatric disability. In 2011, Drug Court clients who experienced episodes of homelessness are estimated to have cost the City and County of San Francisco and health care providers an average of \$2,263 a month.

Looking at the costs for homeless Drug Court clients in the context of the overall cost distribution of the adult homeless population broken into ten groups of equal size based on their costs, we find that an estimated 79 percent of Drug Court clients are in the upper half of the cost distribution. Nineteen percent of Drug Court clients are in the highest cost decile.

Breaking out costs by decile creates a tool for identifying clients who are most likely to have continuing crises in their lives that result in encounters with hospitals and jails. This cost information provides an objective and compelling basis for prioritizing access of homeless individuals to the scarce supply of permanently subsidized supportive housing.

The 19 percent of homeless Drug Court clients in the highest cost decile are estimated to have average costs of \$7,394 a month and to account for 62 percent of all public and hospital costs incurred by Drug Court clients. Sixty percent of these costs are estimated to be for health care, 4 percent for public assistance services, and 37 percent for jail and probation costs.

### *Community Justice Center*

The most typical Community Justice Center client is a male 30 to 45 years of age with an identified substance abuse problem who is not on probation. In 2011, Community Justice Center clients who experienced episodes of homelessness are estimated to have cost San Francisco and private health care providers an average of \$2,207 a month.

An estimated 63 percent of CJC clients are in the upper half of the cost distribution for homeless adults, with 14 percent in the highest cost decile.

The 14 percent of homeless Community Justice Center clients in the highest cost decile are estimated to have average monthly costs of \$7,648 and to account for 61 percent of all public and hospital costs for CJC clients. Fifty-three percent of these costs are estimated to be for health care, 3 percent for public assistance services, and 43 percent for jail and probation costs.

### *Behavioral Health Court*

The most typical Behavioral Health Court (BHC) client is a male 30 to 45 years of age with a nonorganic psychosis, for example, schizophrenia. In 2011, Behavioral Health Court clients who experienced episodes of homelessness are estimated to have cost the San Francisco and private health care providers an average of \$4,356 a month.

An estimated 90 percent of BHC clients are in the upper half of the cost distribution for homeless adults, with 38 percent in the highest cost decile.

The 38 percent of homeless BHC clients in the highest cost decile are estimated to have average costs of \$9,270 a month and to account for 81 percent of all public and hospital costs incurred by BHC clients. Sixty-three percent of these costs are estimated to be for health care, 3 percent for public assistance services, and 34 percent for jail and probation costs.

Behavioral Health Court clients have by far the highest public costs of any of the Collaborative Courts analyzed, and by far the largest share of clients in the highest cost decile.

### *Total Costs*

The point-in-time caseload of roughly 640 clients in the three Collaborative Courts is estimated to have annual public costs of \$18.5 million. Sixty-nine percent of this cost is estimated to be for the 20 percent of clients who are in the highest cost decile of the overall homeless population. These costs are shown below in Table 1.

### *Costs when Housed*

Public costs decrease markedly when individuals gain access to permanently affordable housing with services. Costs for homeless individuals in the 10th decile who are living in

Table 1  
Estimated Annual Public Cost for the Point-in-Time Caseload of the Three Collaborative Courts

Cost Decile	DRUG COURT		CCOMMUNITY JUSTICE CENTER		BEHAVIORIAL HEALTH COURT		ALL THREE COURTS	
	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile
Lowest Decile	2	\$2,254	15	\$13,773	1	\$604	18	\$16,630
Second Decile	3	\$5,729	21	\$36,342	1	\$2,336	26	\$44,406
Third Decile	5	\$14,492	27	\$69,829	2	\$5,512	34	\$89,832
Fourth Decile	9	\$31,487	32	\$116,273	5	\$20,220	46	\$167,980
Fifth Decile	12	\$62,591	35	\$172,747	5	\$25,601	52	\$260,939
Sixth Decile	14	\$94,409	36	\$238,554	9	\$64,696	59	\$397,660
Seventh Decile	19	\$179,613	42	\$382,016	13	\$135,908	74	\$697,537
Eighth Decile	27	\$373,630	47	\$634,076	21	\$313,359	95	\$1,321,065
Ninth Decile	30	\$728,471	47	\$1,152,093	31	\$844,286	108	\$2,724,849
Highest Decile	28	\$2,465,483	49	\$4,472,109	53	\$5,920,461	130	\$12,858,052
<b>TOTAL</b>	<b>150</b>	<b>\$3,958,159</b>	<b>350</b>	<b>\$7,287,811</b>	<b>140</b>	<b>\$7,332,982</b>	<b>640</b>	<b>\$18,578,952</b>

Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

permanent supportive housing have been found to decline 90 percent as a result of decreased jail and health care costs when individuals are stably housed.

The supply of permanent supportive housing is far smaller than the population of disabled homeless persons who need this combination of affordable housing and supportive services. There is a strong argument for using systems-based information, such as the client records of the Collaborative Courts, and corresponding screening tools to identify clients with acute needs who should have first priority for access to permanent supportive housing.

It is realistic to anticipate that when 10<sup>th</sup> decile Collaborative Court clients are living in permanent supportive housing, their public costs will be less than a quarter of what they are when they are homeless. If all of the roughly 130 collaborative court clients who are in the 10<sup>th</sup> decile at any point in time were placed in permanent supportive housing, this could well reduce annual public costs for these clients by over nine and a half million dollars.

### *Conclusion*

Cost information has been extrapolated from Los Angeles to San Francisco based on several assumptions that similar conditions among homeless residents result in similar public responses in each locality:

- Comparable health disorders result in comparable types of encounters with health care providers
- Comparable forms of personal dysfunction and social disruption result in comparable levels of involvement with the justice system

It is unlikely that these assumptions are precisely accurate; it is likely that public sector and health care system responses to residents with different types of problems who are homeless are generally similar. It is also likely that the adjustments made to costs in Los Angeles result in cost estimates that are reasonably representative of costs in San Francisco.

Most importantly, it is likely that the underlying cost ratios shown in this study are reliable; specifically it is reasonable to conclude that:

- There is a wide range in the severity of problems among court clients experiencing homelessness and resultant public costs
- The ten percent of homeless clients with the highest costs account for a majority of all public costs for court clients
- It is possible to identify clients who have ongoing crises in their lives that result in extremely high public costs using screening methods such as the triage tool developed using Los Angeles cost data
- The majority of public costs are for health care, followed by costs for incarceration
- Public costs decrease dramatically when the stress, deprivation and chaos of homelessness are replaced by permanently affordable housing with supportive services

Using permanent supportive housing as a problem-solving tool fits well with the goal of the Collaborative Courts to use evidence-based approaches that combining judicial supervision with rehabilitation services to address the complex social and behavioral health problems of repeat offenders.



# Stabilizing Homeless Adults in Crisis

## *Overview*

San Francisco's Collaborative Justice Courts work with individuals in the criminal justice system who struggle with substance abuse, mental illness and disabilities. The courts' judicial oversight and rehabilitation services provided by partner agencies draw on evidence about best practices for improving individual outcomes, minimizing incarceration, reducing criminal recidivism and improving public safety. The Courts and their partner agencies seek to address complex social and behavioral health problems that resulted in defendants cycling repeatedly through courts and jails.

This report provides estimates of the public costs for services used by homeless clients that are seen by three of the collaborative, problem-solving courts: Drug Court, Community Justice Center and Behavioral Health Court. This information identifies the probable level of engagement by health care providers, public assistance agencies and the jail system in providing services to different cohorts of court clients that are experiencing homelessness. This information is useful for identifying the cast of institutions that are likely to be importantly involved in addressing problems in client's lives and the costs for services each provides.

For clients with the most acute problems, whose lives have ongoing crises resulting in recurrent encounters with hospitals and jails, information about high public costs associated with homelessness can point the way toward cost-effective investments in housing and supportive services that reduce net public outlays.

## *Background*

This study draws on data developed in Los Angeles County about public costs for persons experiencing homelessness as well as costs for comparable individuals in permanent supportive housing.<sup>1</sup> Records for a representative sample of over 9,000 adults experiencing homelessness as well as for over 1,000 formerly homeless adults with disabilities who had obtained permanent supportive housing were linked across county departments to identify both services and costs for these individuals. This database has been used to estimate service usage and public costs for clients seen in the three Collaborative Courts.

Proxy groups within the Los Angeles database that match client subgroups in each of the three collaborative courts were broken out to create comparable groups for estimating costs. For the Drug Court, clients were matched based on gender, age and disability status. For the Community Justice Center, clients were matched based on gender, age, whether or not they were on probation, and whether or not they had a substance abuse problem. For the Behavioral Health Court, clients were matched based on gender, age, and mental disorder diagnosis.

A series of adjustments were made in applying Los Angeles cost data to Collaborative Court clients in San Francisco.<sup>2</sup> First, data for homeless persons involved in the criminal justice system was broken out by age, gender, disability status, substance abuse status, probation status, and medical diagnosis to match cohorts seen in each San Francisco court. Second, data was

adjusted to reflect hospital use patterns and health care costs in San Francisco. Third, Consumer Price Index changes in the cost of medical care from 2008 to 2011 were used to update health care costs. Fourth, cost data was adjusted to reflect the higher cost of living in San Francisco.

## Drug Court

### Client Profile

Drug Court is a felony court that provides an intensive supervision and case management for non-violent offenders with substantial substance abuse problems. It combines close judicial oversight and monitoring with probation supervision and substance abuse treatment services. The goals are to reduce recidivism and substance abuse and to increase the offender's likelihood of successful rehabilitation. The court oversees approximately 150 clients at any given time.<sup>3</sup>

The most typical Drug Court client is a male 30 to 45 years of age with a disability (Figure 1).

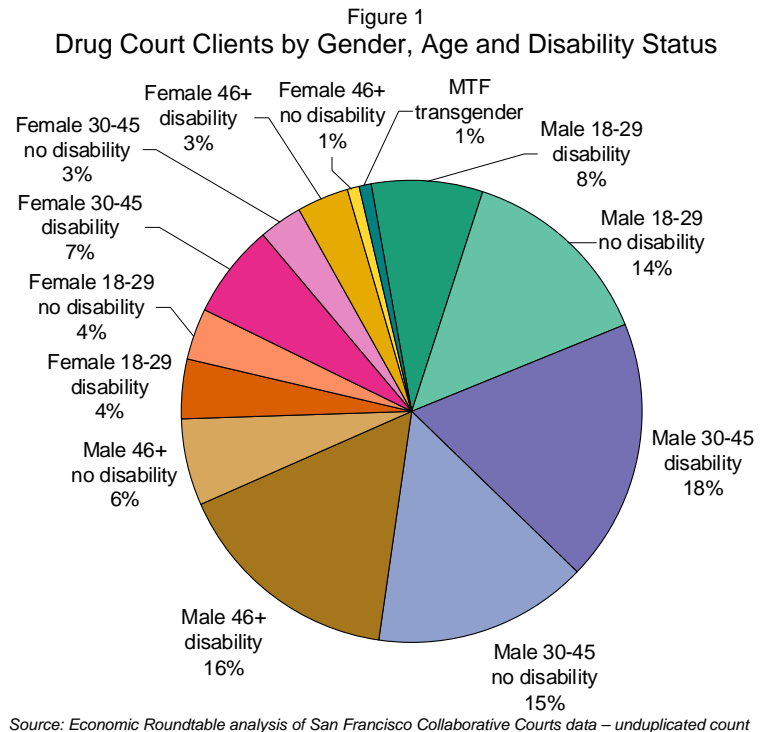
Seventy-seven percent of Drug Court clients are male, 22 percent female, and 1 percent male-to-female transgender.

Thirty percent are under 30 years of age, 43 percent are 30 to 45 years of age, and 26 percent are 46 years of age or older.

Fifty seven percent of clients have a disability. Twenty-six percent have just a medical disability, 9 percent just a psychiatric disability, and 22 percent have both types of disabilities. Among clients with psychiatric disabilities, the three most common diagnoses were depression (27 percent), bipolar disorder (20 percent) and mood disorder (13 percent).

### Typical City and Hospital Costs

In 2011, Drug court clients who experienced episodes of homelessness are estimated to have cost the City and County of San Francisco and private health care providers an average of \$2,263 a month, as shown in Figure 2 (see endnote for underlying data).<sup>4</sup> Costs are typically higher for older clients, clients with disabilities, and often (but not always) for males. The



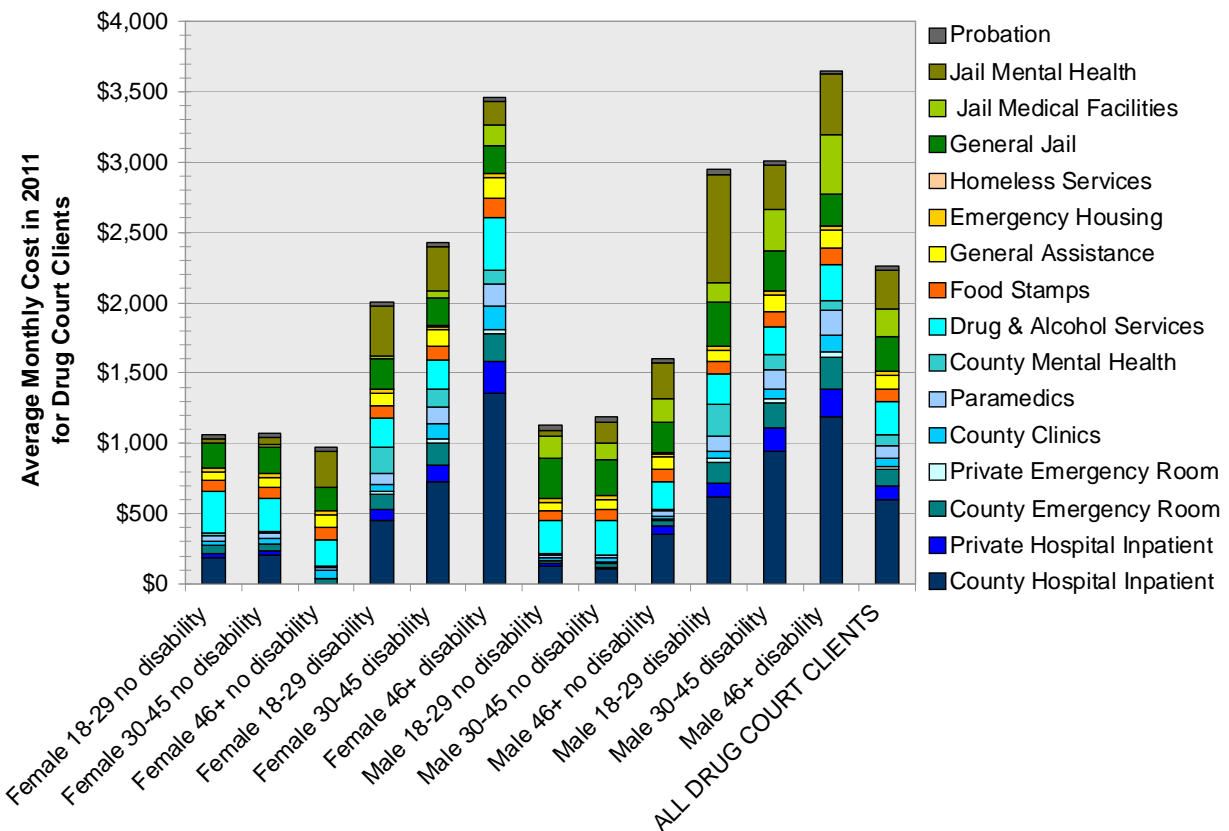
typical Drug Court client who is over 45 years of age and has disabilities is estimated to have average monthly costs of roughly \$3,500 a month.

The estimated distribution of costs for the average<sup>5</sup> Drug Court client who has experienced homelessness is as follows:

- County Hospital Inpatient \$598
- Private Hospital Inpatient \$100
- County Emergency Room \$117
- Private Emergency Room \$20
- County Clinics \$63
- Paramedics \$89
- County Mental Health \$72
- Drug & Alcohol Services \$233
- Food Stamps \$95
- General Assistance \$93
- Emergency Housing \$29
- Homeless Services \$2
- General Jail \$248
- Jail Medical Facilities \$196

Figure 2

Estimated Monthly Cost in 2011 for Homeless Drug Court Clients by Gender, Age, Disability Status



Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

- Jail Mental Health \$278
- Probation \$30

Fifty-seven percent of these costs are for health care services, including mental health and substance abuse rehabilitation. Ten percent of costs are for public assistance services. Thirty-three percent of costs are for jail and probation, with the most expensive justice system service being incarceration in jail mental health facilities, which accounts for 12 percent of total costs.

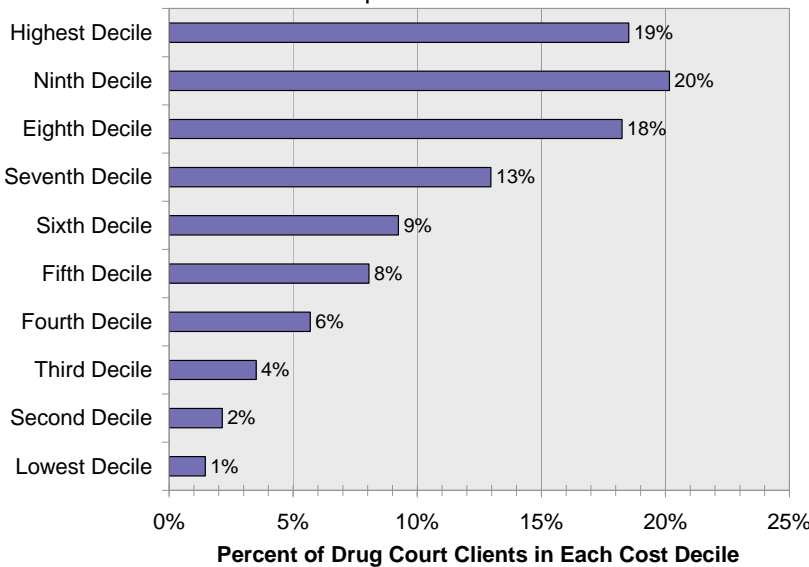
Costs for public services that we know are received by homeless residents, but for which we do not have cost data include police, courts, non-county substance abuse facilities, non-county mental health facilities, Veteran's Administrations services, state incarceration and parole, federal incarceration, business environment impacts, and costs incurred in other counties. This missing data results in understating the amount of public costs for homeless residents. Where there are cost savings from stabilizing and housing homeless individuals, the missing data results in understating the amount of savings.

*Cost Decile Breakout*

When we rank homeless Drug Court clients by their known public costs and look at their place in the overall cost distribution of the homeless population, with all homeless adults broken into ten groups of equal size based on their costs, we find that an estimated 79 percent of Drug Court clients are in the upper half of the cost distribution of the over all homeless population – that is deciles 6 to 10 (Figure 3). Nineteen percent of Drug Court clients are in the highest cost decile.

This decile breakout is based on the cost distribution within the Los Angeles database, which was broken out to match Drug Court clients based on gender, age and disability status. Costs for each service used were then adjusted to reflect estimated 2011 costs in San Francisco,

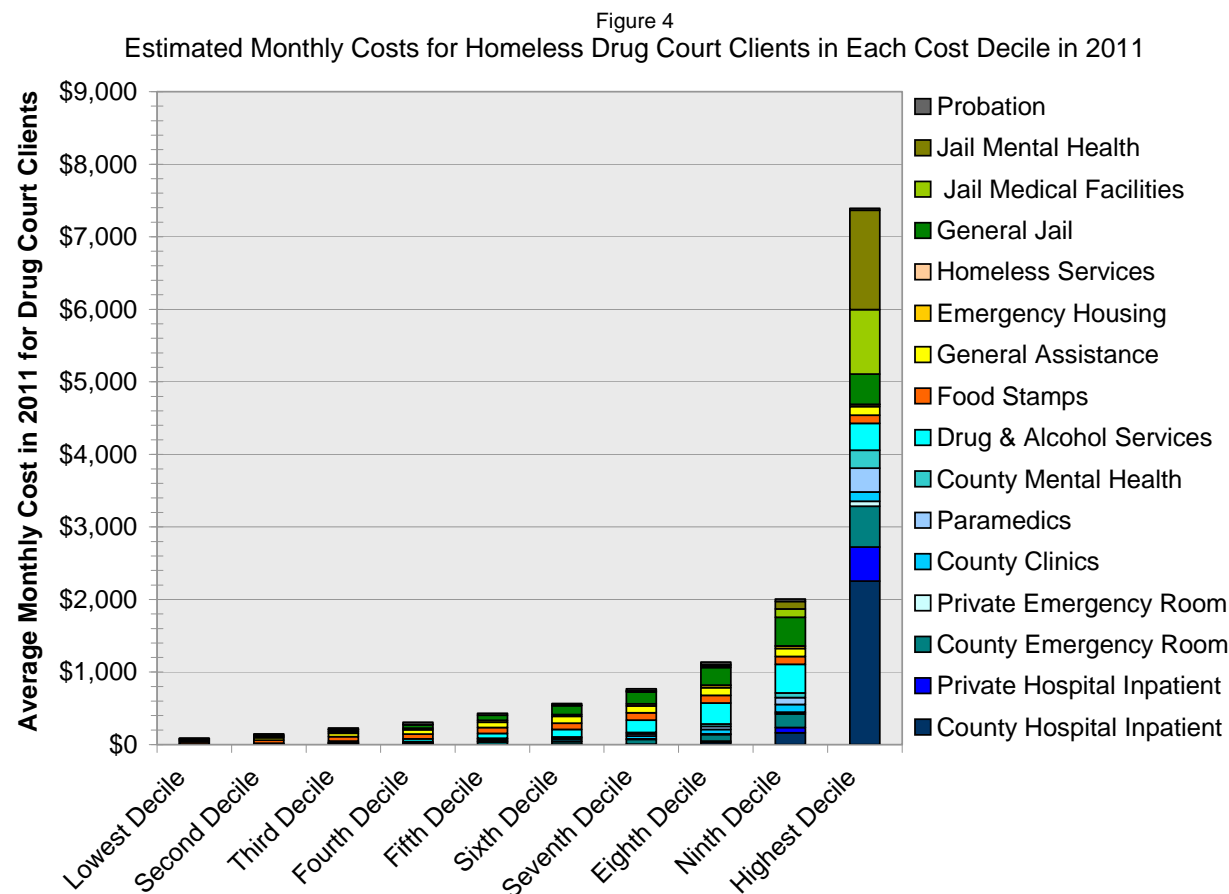
Figure 3  
Estimated Breakout by Cost Decile of Homeless Drug Court Clients within the Overall Population of Homeless Adults



Source: Economic Roundtable analysis of Collaborative Courts data

as well as San Francisco’s public-private split in delivering health care services.

Breaking out costs by decile creates a tool for identifying clients who are most likely to have continuing crises in their lives that result in encounters with hospitals and jails. This cost information provides an objective and compelling basis for prioritizing access of homeless individuals to the scarce supply of permanently subsidized supportive housing.



Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

Table 2  
Estimated Annual Public Cost for the Typical Drug Court Caseload in 2011

Cost Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Percent of Total Costs for Clients in Each Cost Decile
Lowest Decile	2	\$2,254	0.1%
Second Decile	3	\$5,729	0.1%
Third Decile	5	\$14,492	0.4%
Fourth Decile	9	\$31,487	1%
Fifth Decile	12	\$62,591	2%
Sixth Decile	14	\$94,409	2%
Seventh Decile	19	\$179,613	5%
Eighth Decile	27	\$373,630	9%
Ninth Decile	30	\$728,471	18%
Highest Decile	28	\$2,465,483	62%
<b>Total</b>	<b>150</b>	<b>\$3,958,159</b>	<b>100%</b>

Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

The estimated costs for Drug Court Clients in each cost decile are shown in Figure 4.<sup>6</sup> The 19 percent of homeless Drug Court clients in the highest cost decile are estimated to have average costs of \$7,394 a month.

Sixty percent of costs for Drug Court clients in the tenth decile are estimated to be for health care, 4 percent for public assistance services, and 37 percent for jail and probation costs.

The annual public cost in 2011 for the caseload of roughly 150 clients overseen by the Drug Court at

any given time is estimated to be nearly four million dollars. These costs are broken out for each decile group in Table 2.

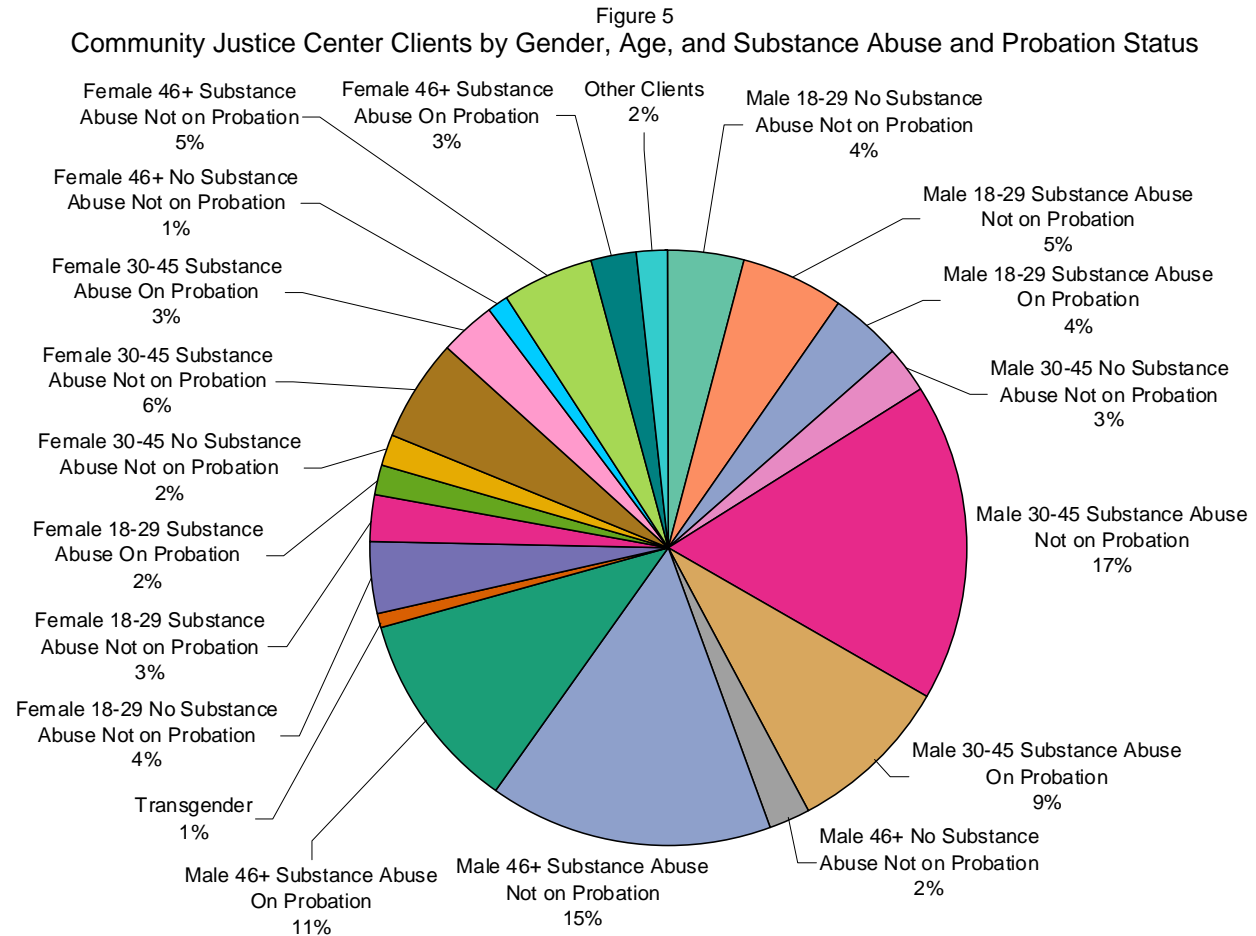
Nineteen percent of clients are in the tenth cost decile and these clients are estimated to have accounted for 62 percent of total public costs for the entire caseload.

### Community Justice Center

#### Client Profile

In partnership with the Department of Public Health (DPH), the Community Justice Center (CJC) is a court and social service center that serves the Tenderloin, Civic Center, and SOMA neighborhoods. The CJC offers defendants quick access to social service referrals for substance abuse, mental health, and primary care. Restorative justice projects provide opportunities for offenders to give back to the communities they have harmed. A citizen advisory board and town hall meetings provide community feedback. Services are available for all residents of San Francisco. The court oversees approximately 350 clients at any given time.

The most typical Community Justice Center client is a male 30 to 45 years of age with an



Source: Economic Roundtable analysis of San Francisco Collaborative Courts data – unduplicated count of court clients

identified substance abuse problem who is not on probation (17 percent of clients); next most frequent is a similar male 46 years of age or older (15 percent of clients) as shown in Figure 5.<sup>7</sup>

Seventy-one percent of Drug Court clients are male, 28 percent female, and 1 percent transgender.

Twenty-two percent are under 30 years of age, 40 percent are 30 to 45 years of age, and 38 percent are 46 years of age or older.

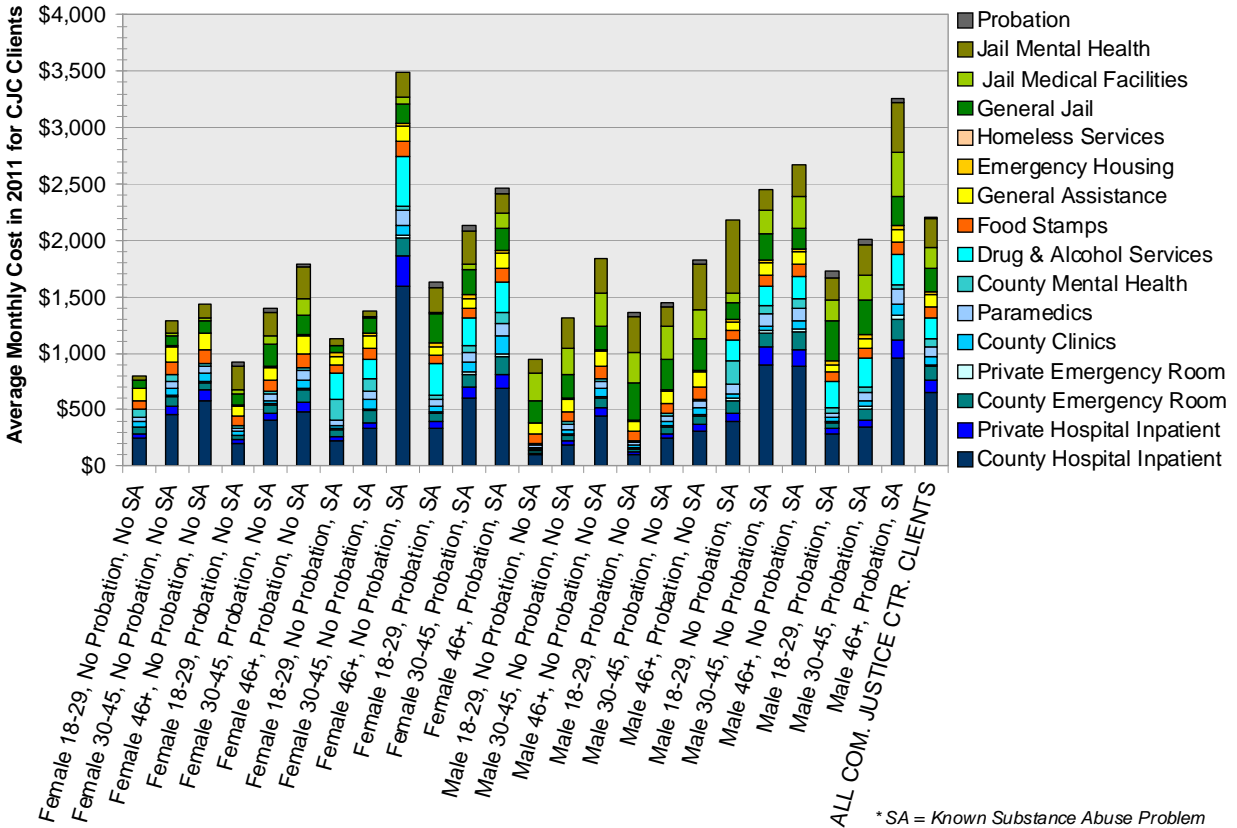
Fifty-two percent of clients are known to have a substance abuse problem but are not on probation. Thirty-one percent are both known to have a substance abuse problem and on probation. Sixteen percent are not known to have a substance abuse problem and are not on probation. One percent are not known to have a substance abuse problem but are on probation.

*Typical City and Hospital Costs*

In 2011, Community Justice Center clients who experienced episodes of homelessness are estimated to have cost San Francisco and private health care providers an average of \$2,207 a month, as shown in Figure 6.<sup>8</sup> Costs are typically higher for older clients, clients with substance abuse problems, clients on probation, and often (but not always) for males.

The estimated distribution of costs in 2011 for the average Community Justice Center

Figure 6  
Estimated Monthly Cost in 2011 for Homeless Community Justice Center Clients by Gender, Age, Substance Abuse and Probation Status



Source: Roundtable analysis of San Francisco Collaborative Courts and Economic Los Angeles County Enterprise Linkages Project data

client who has experienced homelessness is as follows:

- County Hospital Inpatient \$655
- Private Hospital Inpatient \$110
- County Emergency Room \$118
- Private Emergency Room \$20
- County Clinics \$63
- Paramedics \$90
- County Mental Health \$71
- Drug and Alcohol Services \$188
- Food Stamps \$99
- General Assistance \$104
- Emergency Housing \$23
- Homeless Services \$1
- General Jail \$207
- Jail Medical Facilities \$190
- Jail Mental Health \$253
- Probation \$15

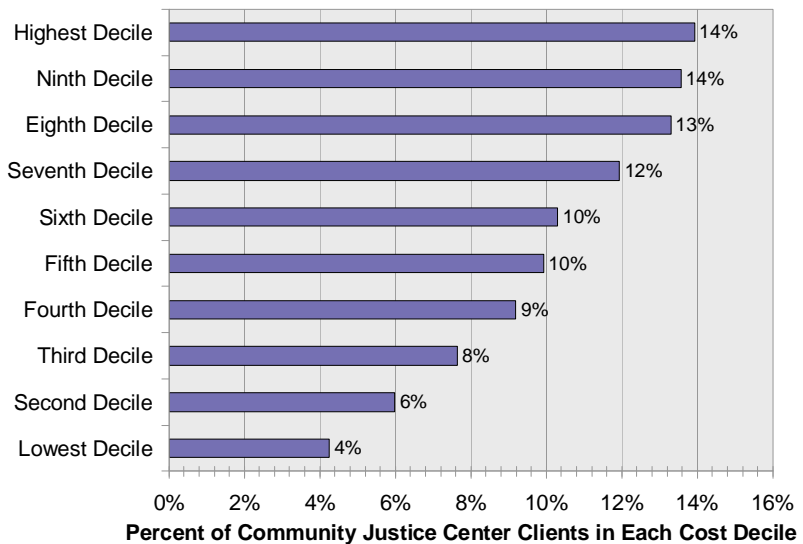
*Cost Decile*

When we rank homeless Community Justice Center clients by their known public costs and look at their place in the overall cost distribution of the homeless population, with all homeless adults broken into ten groups of equal size based on their costs. Sixty-three percent of CJC clients are estimated to be in the upper half of the cost distribution, as shown in Figure 7. Fourteen percent of the Center’s clients are in the highest cost decile.

The estimated costs for Community Justice Center clients in each cost decile are shown in Figure 8.<sup>9</sup> The 14 percent of homeless CJC clients in the highest cost decile are estimated to have average costs of \$7,648 a month.

This decile breakout is based on the cost distribution within the Los Angeles database, which was broken out to match Community Justice Center clients based on gender, age, probation status, and presence or absence of substance abuse

Figure 7  
Estimated Breakout by Cost Decile of Homeless CJC Clients within the Overall Population of Homeless Adults

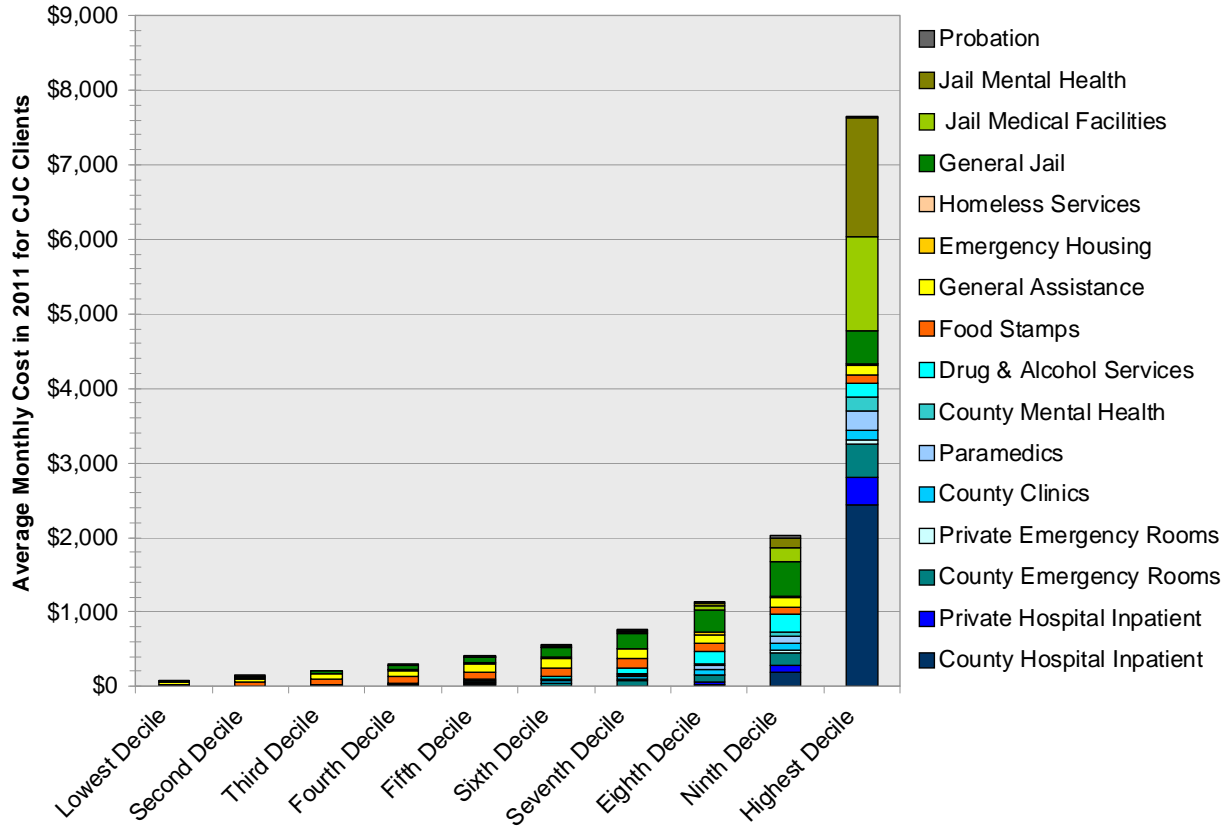


Source: Economic Roundtable analysis of Collaborative Courts data



Figure 8

Estimated Monthly Costs for Homeless Community Justice Center Clients in Each Cost Decile in 2011



Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

Table 3  
Estimated Annual Public Cost for the Typical Community Justice Center Caseload in 2011

Cost Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Percent of Total Costs for Clients in Each Cost Decile
Lowest Decile	15	\$13,773	0.2%
Second Decile	21	\$36,342	0.5%
Third Decile	27	\$69,829	1.0%
Fourth Decile	32	\$116,273	2%
Fifth Decile	35	\$172,747	2%
Sixth Decile	36	\$238,554	3%
Seventh Decile	42	\$382,016	5%
Eighth Decile	47	\$634,076	9%
Ninth Decile	47	\$1,152,093	16%
Highest Decile	49	\$4,472,109	61%
<b>Total</b>	<b>350</b>	<b>\$7,287,811</b>	<b>100%</b>

Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

problems. Costs for each service used were then adjusted to reflect estimated 2011 costs in San Francisco, as well as San Francisco’s public-private split in delivering health care services.

Fifty-three percent of costs for CJC clients in the tenth decile are estimated to be for health care, 3 percent for public assistance services, and 43 percent for jail and probation costs.

The annual public cost in 2011 for the caseload of roughly 350 clients overseen by the Community Justice Center at any given time

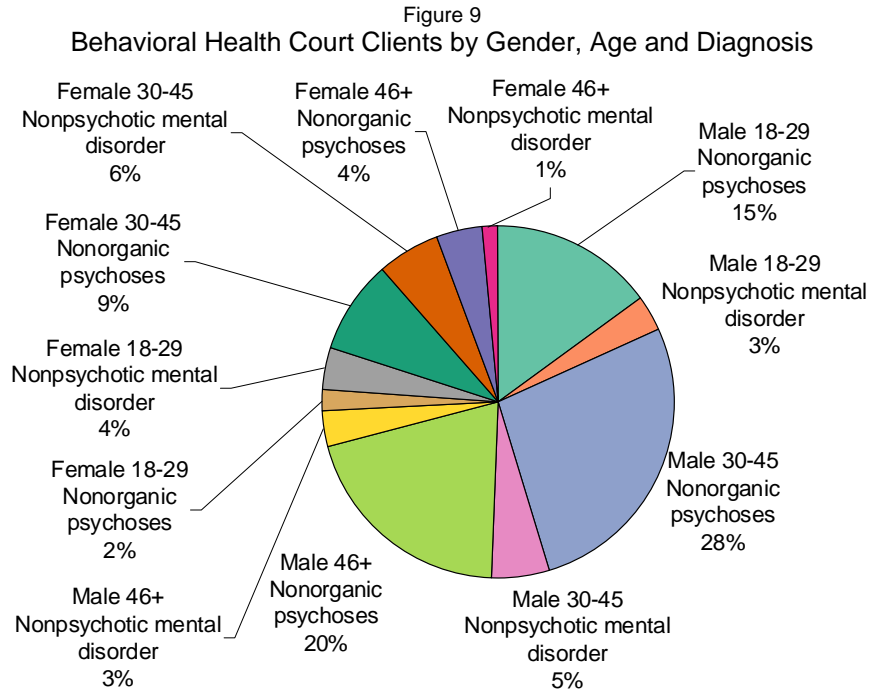
is estimated to be over seven million dollars. These costs are broken out for each decile group in Table 3.

Fourteen percent of clients are in the tenth cost decile and these clients are estimated to have accounted for 61 percent of total public costs for the entire caseload.

**Behavioral Health Court**

*Client Profile*

Behavioral Health Court (BHC) addresses the complex needs of mentally



Source: Economic Roundtable analysis of San Francisco Collaborative Courts data – unduplicated count

Table 4  
Diagnostic Framework for Mental Disorders

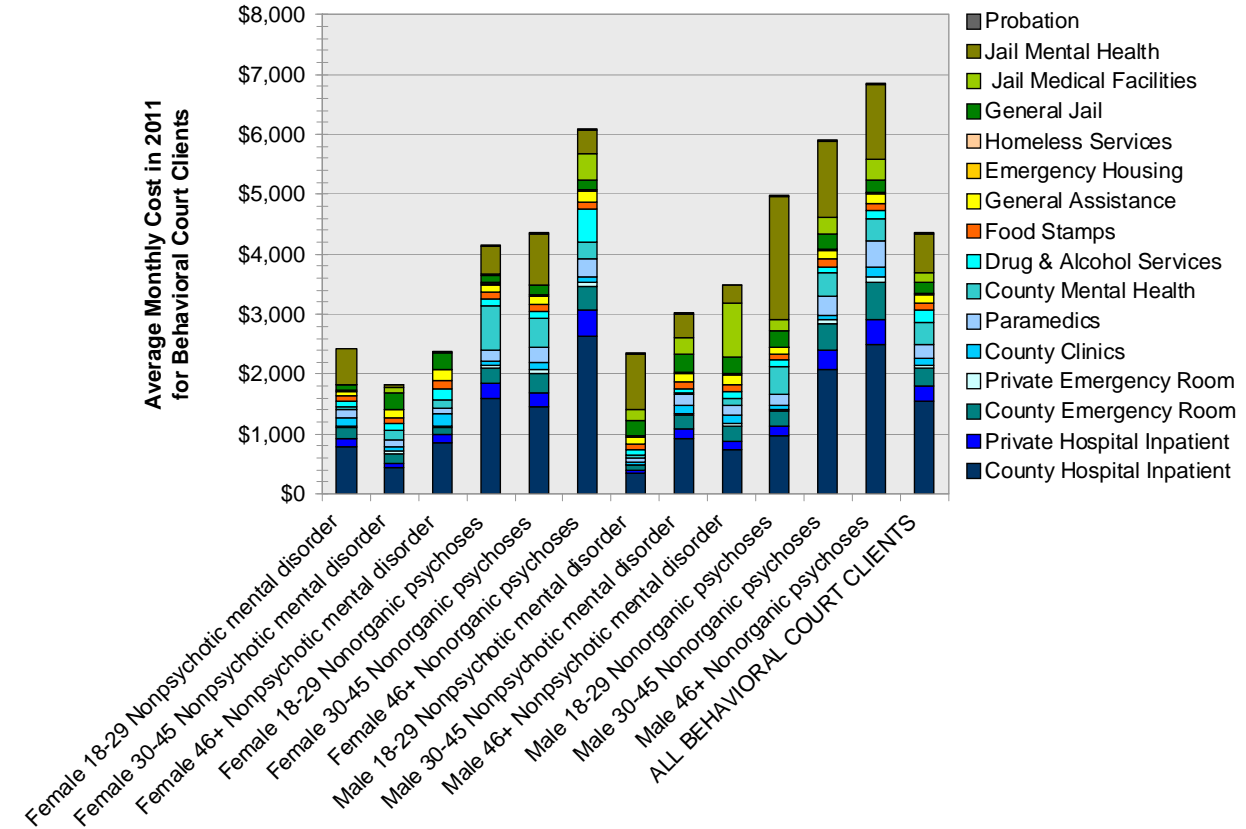
- MENTAL DISORDERS (290-319)
- PSYCHOSES (290-299)
- ORGANIC PSYCHOTIC CONDITIONS (290-294)
- 290 Dementias
- 291 Alcohol-induced mental disorders
- 292 Drug-induced mental disorders
- 293 Transient mental disorders due to conditions classified elsewhere
- 294 Persistent mental disorders due to conditions classified elsewhere
- OTHER PSYCHOSES (295-299)
- 295 Schizophrenic disorders
- 296 Episodic mood disorders, including bipolar disorders
- 297 Delusional disorders
- 298 Other nonorganic psychoses
- NEUROTIC DISORDERS, PERSONALITY DISORDERS, AND OTHER NONPSYCHOTIC MENTAL DISORDERS (300-316)
- 300 Anxiety, dissociative and somatoform disorders
- 301 Personality disorders
- 302 Sexual and gender identity disorders
- 303 Alcohol dependence syndrome
- 304 Drug dependence
- 305 Nondependent abuse of drugs
- 307 Special symptoms or syndromes, not elsewhere classified
- 308 Acute reaction to stress
- 309 Adjustment reaction, including post traumatic stress disorder
- 310 Specific nonpsychotic mental disorders due to brain damage
- 311 Depressive disorder, not elsewhere classified
- 312 Disturbance of conduct, not elsewhere classified
- 314 Hyperkinetic syndrome of childhood
- MENTAL RETARDATION (317-319)
- 317 Mild mental retardation

Source: ICD-9-CM Tabular List of Diseases (FY10)

ill defendants, including those with co-occurring substance use disorders. An individualized treatment plan is developed that includes psychiatric rehabilitation services, medication management, supportive living arrangements, substance abuse treatment, supported employment, and intensive case management services. BHC takes on an average of 69 new clients each year and oversees approximately 140 clients at any given time..

Our estimates of public costs for Behavioral Health Court clients are broken out by the types of mental disorders with which clients have been diagnosed. The section of the healthcare diagnostic classification system covering mental disorders is shown in Table 4.<sup>10</sup>

Figure 10  
 Estimated Monthly Cost in 2011 for Homeless Behavioral Health Court Clients by Gender, Age, Diagnosis



Source: Roundtable analysis of San Francisco Collaborative Courts and Economic Los Angeles County Enterprise Linkages Project data

Seventy-eight percent of BHC clients have been diagnosed with nonorganic psychoses – codes 295 to 298 in the text box. By far the most frequent diagnosis is for schizophrenia (code 295), accounting for 61 percent of all diagnoses. Twenty-two percent of clients have been diagnosed with a disorder other than a psychosis – codes 300 to 319 in the text box. These most often are anxiety, depression or post traumatic stress disorders.

The most typical Behavioral Health Court client is a male 30 to 45 years of age with a nonorganic psychosis (for example, schizophrenia), accounting for 28 percent of all clients, as shown in Figure 9.

Seventy-six percent of Behavioral Health Court clients are male, 24 percent female, and 0.2 percent male-to-female transgender.

Twenty-four percent of clients are under 30 years of age, 46 percent are 30 to 45 years of age, and 30 percent are 46 years of age or older.

Individuals over 45 years of age with psychoses are estimated to have average monthly costs that exceed \$6,000.

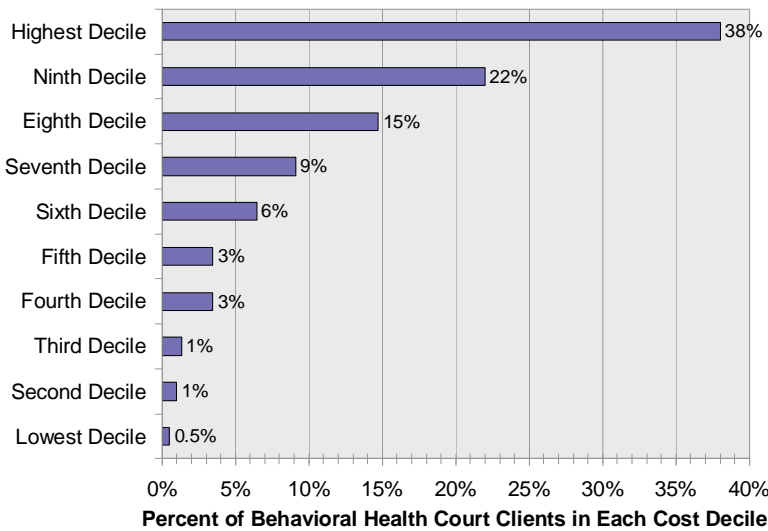
*Typical City and Hospital Costs*

In 2011, Behavioral Health Court clients who experienced episodes of homelessness are estimated to have cost San Francisco and private health care providers an average of \$4,356 a month, as shown in Figure 10.<sup>11</sup> Costs are typically higher for older clients, clients with substance abuse problems, clients on probation, and often (but not always) for males.

The estimated distribution of costs in 2011 for the average Behavioral Health Court client who has experienced homelessness is as follows:

- County Hospital Inpatient \$1,552
- Private Hospital Inpatient \$260
- County Emergency Room \$299
- Private Emergency Room \$50
- County Clinics \$102
- Paramedics \$227
- County Mental Health \$368
- Drug & Alcohol Services \$204
- Food Stamps \$116
- General Assistance \$138
- Emergency Housing \$23
- Homeless Services \$1
- General Jail \$192
- Jail Medical Facilities \$171
- Jail Mental Health \$633
- Probation \$19

Figure 11  
 Estimated Breakout by Cost Decile of Homeless Behavioral Health Court Clients within the Overall Population of Homeless Adults



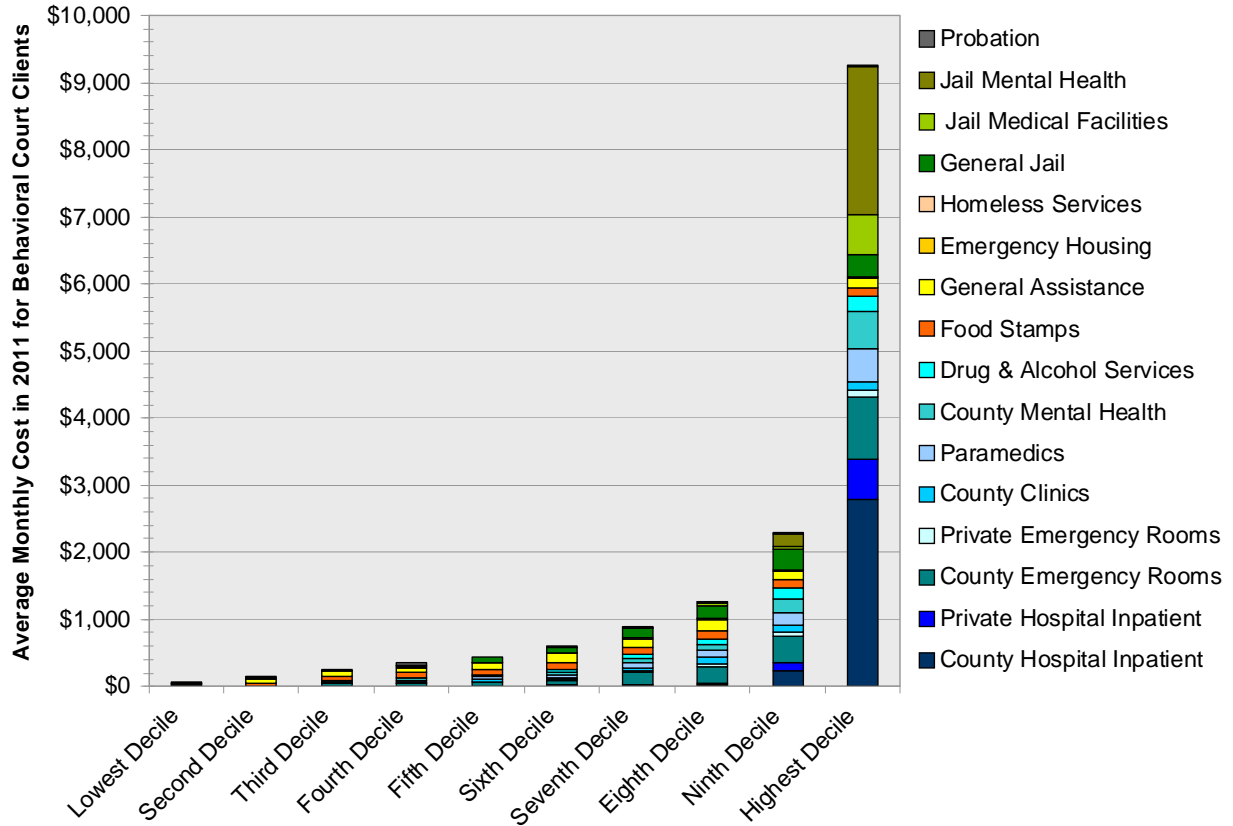
Source: Economic Roundtable analysis of Collaborative Courts data

*Cost Deciles*

When we rank homeless Behavioral Health Court clients by their known public costs and look at their place in the overall cost distribution of the homeless population, with all homeless adults broken into ten groups of equal size based on their costs, we find that an estimated 90 percent of BHC clients are in the upper half of the cost distribution, as shown in Figure 11. Thirty-eight percent of the Court’s clients are in the highest cost decile.

Figure 12

Estimated Monthly Costs for Homeless Behavioral Health Court Clients in Each Cost Decile in 2011



Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

Table 5  
Estimated Annual Public Cost for the Behavioral Health Court Caseload in 2011

Cost Decile	Estimated Number of Clients in Each Decile	Estimated Annual Costs for Clients in Each Decile	Percent of Total Costs for Clients in Each Cost Decile
Lowest Decile	1	\$604	0.0%
Second Decile	1	\$2,336	0.0%
Third Decile	2	\$5,512	0.1%
Fourth Decile	5	\$20,220	0%
Fifth Decile	5	\$25,601	0%
Sixth Decile	9	\$64,696	1%
Seventh Decile	13	\$135,908	2%
Eighth Decile	21	\$313,359	4%
Ninth Decile	31	\$844,286	12%
Highest Decile	53	\$5,920,461	81%
<b>Total</b>	<b>140</b>	<b>\$7,332,982</b>	<b>100%</b>

Source: Economic Roundtable analysis of San Francisco Collaborative Courts and Los Angeles County Enterprise Linkages Project data

This decile breakout is based on the cost distribution within the Los Angeles database, which was broken out to match Behavioral Health Court clients based on gender, age, and mental disorder diagnosis. Costs for each service used were then adjusted to reflect estimated 2011 costs in San Francisco, as well as San Francisco's public-private split in delivering health care services.

The estimated costs for Behavioral

Health Court clients in each cost decile are shown in Figure 12.<sup>12</sup> The 38 percent of homeless BHC clients in the highest cost decile are estimated to have average costs of \$9,270 a month.

Sixty-three percent of costs for Behavioral Health Court clients in the tenth decile are estimated to be for health care, 3 percent for public assistance services, and 34 percent for jail and probation costs.

Behavioral Health Court clients have by far the highest public costs of any of the Collaborative Courts analyzed in this study, and by far the largest share of clients in the highest cost decile.

The annual public cost in 2011 for the caseload of roughly 350 clients overseen by the Behavioral Health Court at any given time is estimated to be over seven million dollars. These costs are broken out for each decile group in Table 4.

Thirty-eight percent of clients are in the tenth cost decile and these clients are estimated to have accounted for 81 percent of total public costs for the entire caseload.

### **Change in Public Costs when Homeless Individuals are Housed**

This study has identified multiple tiers of public costs and human distress within the client population of the Collaborative Courts. The highest public costs are for homeless individuals who have continuing crises in their lives that are resolved in hospitals and jails at very high public cost.

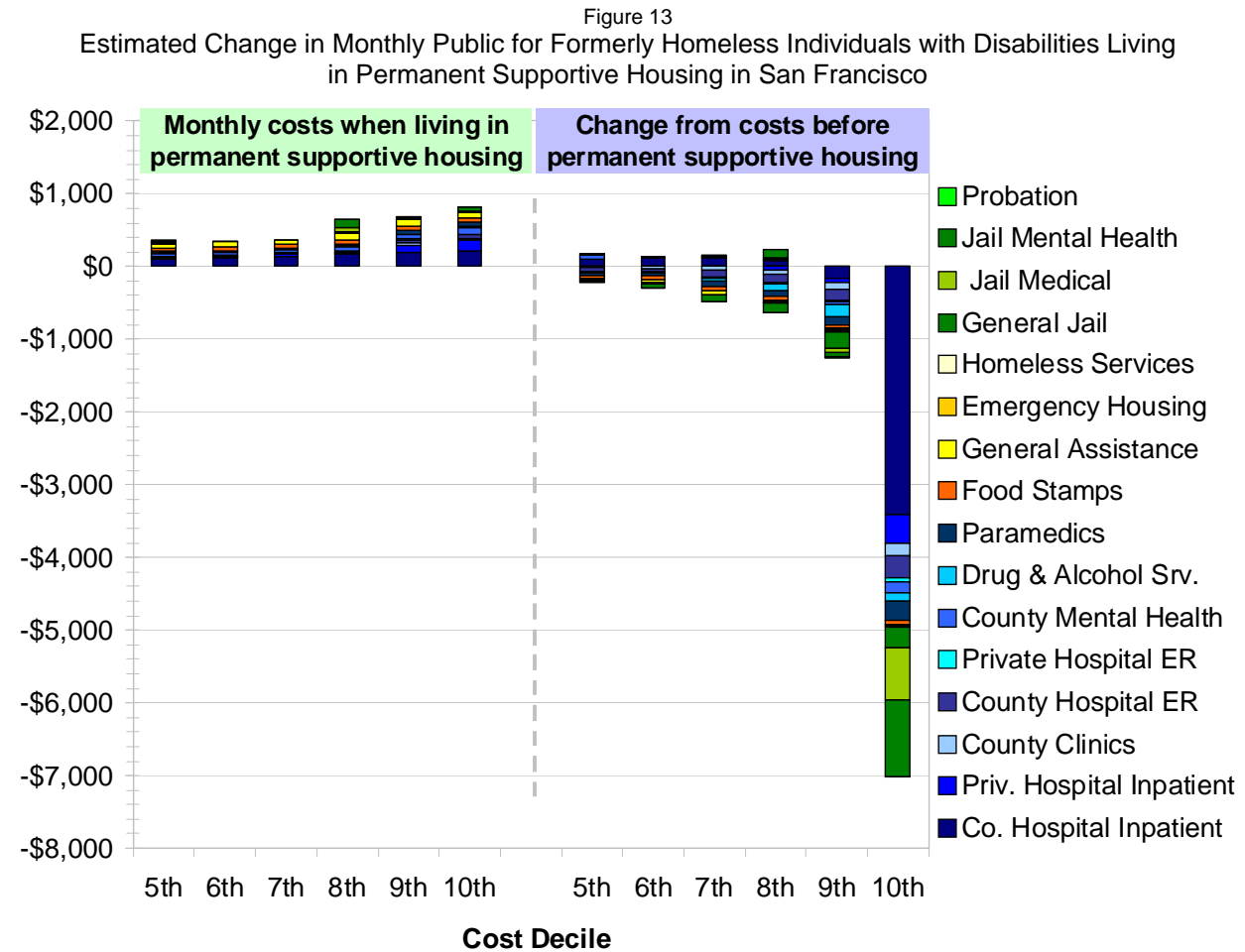
These costs decrease markedly when individuals gain access to affordable housing with services (permanent supportive housing). Costs decline because permanent supportive housing and ongoing, on-site access to physical and behavioral health services greatly increase individuals' level of stability and greatly reduces the frequency and severity of crises in their lives.

Costs savings documented in Los Angeles County for homeless individuals in the fifth through tenth deciles who were living in permanent supportive housing, and the decline in their costs compared to the period before they entered housing, have been extrapolated to reflect costs for Collaborative Court clients and are shown in Figure 13.<sup>13</sup> Costs for homeless individuals in the 10th decile who are living in permanent supportive housing have been found to decline 90 percent as a result of decreased jail and health care costs when individuals are stably housed.

The supply of permanent supportive housing is far smaller than the population of disabled homeless persons who need this combination of affordable housing and supportive services. This is largely because permanent supportive housing requires significant subsidies.

Given the differing degrees of need among homeless persons and the large impact this housing can have on reducing public costs, there is a strong argument for using systems-based information, such as the client records of the Collaborative Courts to identify individuals who should have first priority for access to permanent supportive housing. Screening methods such as the triage tool developed using Los Angeles cost data are reliable for identifying high need clients.<sup>14</sup>

The greatest risk to homeless individuals is of continuing crises in their lives, particularly crises that cause encounters with hospitals and jails. The most compelling basis for prioritizing



Source: 652 matched pairs of homeless General Relief recipients in Los Angeles County and individuals living in supportive housing. Matched pairs were created based on propensity scores. Deciles are based on costs in all months. Costs are adjusted to reflect San Francisco costs in 2011.

access of homeless individuals to permanently subsidized supportive housing is the public costs that will be avoided when they are housed.

Clients of the Collaborative Courts include a large share of San Francisco’s homeless residents who experience recurrent crises and have very high public costs. This high-need population merits priority access to permanent supportive housing. The stability and support this housing provides can be expected to result in significant reductions in current public costs.

It is realistic to anticipate that when 10<sup>th</sup> decile Collaborative Court clients are living in permanent supportive housing, their public costs will be less than a quarter of what they are when they are homeless. If all of the roughly 130 collaborative court clients who are in the 10<sup>th</sup> decile at any point in time where placed in permanent supportive housing, this could well reduce annual public costs for these clients by over nine and a half million dollars.

## Conclusion

Cost information has been extrapolated from Los Angeles to San Francisco based on several assumptions that similar conditions among homeless residents result in similar public responses in each locality:

- Comparable health disorders result in comparable types of encounters with health care providers
- Comparable forms of personal dysfunction and social disruption result in comparable levels of involvement with the justice system

It is unlikely that these assumptions are precisely accurate; it is likely that public sector and health care system responses to residents with different types of problems who are homeless are generally similar. It is also likely that the adjustments made to costs in Los Angeles result in cost estimates that are reasonably representative of costs in San Francisco.

Most importantly, it is likely that the underlying cost ratios shown in this study are reliable; specifically it is reasonable to conclude that:

- There is a wide range in the severity of problems among court clients experiencing homelessness and resultant public costs
- The ten percent of homeless clients with the highest costs account for a majority of all public costs for court clients
- It is possible to identify clients who have ongoing crises in their lives that result in extremely high public costs using screening methods such as the triage tool developed using Los Angeles cost data
- The majority of public costs are for health care, followed by costs for incarceration
- Public costs decrease dramatically when the stress, deprivation and chaos of homelessness are replaced by permanently affordable housing with supportive services.

Using permanent supportive housing as a problem-solving tool fits well with the goal of the Collaborative Courts to use evidence-based approaches that combining judicial supervision with rehabilitation services to address the complex social and behavioral health problems of repeat offenders.



## ENDNOTES

<sup>1</sup> This analysis was made possible by a unique and exceptionally valuable database that the Los Angeles County Chief Executive Office created by linking service and cost records across county departments for a representative sample of 13,176 General Relief recipients. This project is now known as the Enterprise Linkages Project (ELP). Among these destitute individuals, 9,186 had an episode of homelessness during the 22-month data window available for all of the linked records. The ELP database was provided to the Economic Roundtable and used to create a new kind of screening tool based on ranking the public costs for homeless adults with many different combinations of attributes. To our knowledge, this is the only tool for prioritizing the needs of homeless individuals that is based on cost data for a generally representative sample of homeless persons. The results of this study are reported in *Where We Sleep*. A triage tool derived from this data that enables gatekeeper institutions such as hospitals, clinics and jails to identify accurately individuals experiencing homelessness whose acute needs create the greatest public costs, and to make credible requests to housing providers that these individuals be given first priority for the scarce supply of affordable housing with services is described in *Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis*. Both reports can be downloaded at [www.economicrt.org](http://www.economicrt.org).

<sup>2</sup> Factors for adjusting Los Angeles County costs and patterns of hospital usage by homeless patients in 2008 to reflect San Francisco costs and patterns of hospital usage in 2011 are listed below.

The adjustment factor for changes in the cost of living from 2008 to 2011 was derived from the Consumer Price Index for All Urban Consumers in the Los Angeles region. The adjustment factor from 2008 dollars to 2011 dollars is 1.031. This factor was applied to every cost.

The adjustment factor for changes in health care costs from 2008 to 2011 was derived from the Consumer Price Index for Medical Care, All Urban Consumers in the Los Angeles region. The adjustment factor from 2008 dollars to 2011 dollars is 1.102. This factor was applied to costs for county clinics and county mental health.

The adjustment factor for the overall cost of living in San Francisco compared to Los Angeles was derived from U.S. Census Bureau, Statistical Abstract of the United States: 2012, Table 728. Cost of Living Index - Selected urban Areas, Annual Average: 2010, Urban Area Composite Index. The adjustment factor from 2008 dollars to 2011 dollars is 1.202. This adjustment factor was applied to costs for county outpatient clinics, county mental health, drug and alcohol services, general jail, jail medical, jail mental health, and probation.

Hospital cost factors as well as the relative shares of services delivered by public and private hospitals are derived from California Office of Statewide Health Planning and Development records for homeless patients discharged from hospitals in Los Angeles County and San Francisco in 2010, which showed:

Percent of inpatients admitted to county hospitals: Los Angeles 19%, San Francisco 91%

Percent of inpatients admitted to private hospitals: Los Angeles 81%, San Francisco 9%

Average charge per admission at county hospitals: Los Angeles \$50,466, San Francisco \$65,839

Average charge per admission at private hospitals: Los Angeles \$28,755, San Francisco \$73,119

Adjustment factors to apply to Los Angeles County hospital cost data to reflect both patient load distribution and costs in San Francisco hospitals in 2011:

Adjustment factor to apply to Los Angeles County hospital inpatient and emergency room cost data: 199%

Adjustment factor to apply to Los Angeles County private hospital inpatient and emergency room cost data: 60%

Estimated San Francisco Costs in 2011 Based on Adjustment Factors:

County hospital inpatients: \$47,448

Private hospital inpatients: \$82,480

County hospital emergency room visitors: \$1,823

Private hospital emergency room visitors: \$3,169

Emergency medical transportation: \$1,053

<sup>3</sup> Caseload numbers for the three Collaborative Courts are point-in-time estimates provided by court staff.

<sup>4</sup> Supporting data for Estimated Monthly Cost in 2011 for Homeless Drug Court Clients by Gender, Age, and Disability Status is shown in the table below. Cost estimates are not provided for transgender clients because this information is not available in the data set developed in Los Angeles County.

Drug Court Cohort	Number of Drug Court Clients	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Female 18-29 no disability	91	185	31	53	9	22	38	22	301	76	58	32	1	173	3	23	36	\$1,063
Female 30-45 no disability	76	204	34	43	7	38	32	14	239	77	66	31	1	183	17	52	36	\$1,076
Female 46+ no disability	20	0	0	34	6	54	22	14	179	93	88	32	0	164	0	260	30	\$976
Female 18-29 disability	99	455	76	105	18	51	78	184	210	87	90	30	2	216	22	352	32	\$2,008
Female 30-45 disability	162	724	121	156	26	116	116	129	200	104	114	26	2	201	50	318	27	\$2,429
Female 46+ disability	84	1,353	226	200	33	163	159	94	379	132	151	26	2	197	145	167	32	\$3,459
Male 18-29 no disability	338	123	21	21	4	18	16	13	231	72	56	34	2	279	158	41	41	\$1,130
Male 30-45 no disability	364	102	17	30	5	26	21	8	246	78	65	32	1	249	123	150	31	\$1,184
Male 46+ no disability	148	352	59	43	7	24	36	13	193	91	81	29	1	216	169	261	30	\$1,605
Male 18-29 disability	187	617	103	145	24	59	107	218	218	92	78	32	1	310	136	774	35	\$2,948
Male 30-45 disability	445	948	159	178	30	75	136	102	202	107	117	26	2	291	297	312	24	\$3,004
Male 46+ disability	388	1,186	198	231	39	113	175	73	256	118	130	23	1	227	427	429	22	\$3,648
ALL DRUG COURT CLIENTS	2,402	598	100	117	20	63	89	72	233	95	93	29	2	248	196	278	30	2,263

<sup>5</sup> This average cost is a weighted average reflecting the composition of Drug Court clients based on gender, age and disability status.

<sup>6</sup> Supporting data for Estimated Monthly Costs for Homeless Drug Court Clients in Each Cost Decile in 2011 is shown in the table below.

Drug Court Cohort Broken out by Estimated Cost Decile	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Lowest Decile	0	0	0	0	2	\$0	0	7	27	21	14	0	10	0	0	5	\$86
Second Decile	0	0	0	0	6	0	2	8	42	36	17	0	18	0	0	19	\$149
Third Decile	0	0	14	2	4	6	3	21	59	50	20	0	27	0	1	23	\$230
Fourth Decile	0	0	10	1	16	5	9	36	66	62	22	0	48	2	0	31	\$307
Fifth Decile	0	0	36	4	21	16	9	69	80	74	25	1	68	1	1	27	\$432
Sixth Decile	2	3	39	5	28	19	10	103	89	91	25	1	125	4	2	23	\$568
Seventh Decile	3	2	66	8	39	29	17	174	97	99	26	1	164	9	8	28	\$769
Eighth Decile	29	20	89	11	58	44	32	289	106	104	34	2	242	25	16	34	\$1,137
Ninth Decile	162	75	187	23	105	97	65	395	108	107	35	1	395	116	102	35	\$2,007
Highest Decile	2,252	472	561	69	129	328	247	369	114	119	27	3	416	890	1,371	28	\$7,394

<sup>7</sup> Some clients had multiple encounters with the Collaborative Courts. The records of persons with multiple encounters were aggregated so that analyses of clients of each court represent unduplicated individuals. In the cases of the Community Justice Center, 70 percent of records lacked information about gender or age. These records were excluded from the client profile.

<sup>8</sup> Supporting data for Estimated Monthly Cost in 2011 for Homeless Community Justice Center Clients by Gender, Age, Substance Abuse and Probation Status is shown in the table below (SA stands for substance abuse).

Drug Court Cohort	Number of Community Justice Center Clients	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Female 18-29, No Probation, No SA	50	248	41	55	9	41	41	67	0	84	103	4	1	69	6	26	0	\$794
Female 30-45, No Probation, No SA	23	458	77	80	13	63	62	64	0	106	136	7	0	92	22	111	0	\$1,290
Female 46+, No Probation, No SA	14	576	96	64	11	78	54	31	0	121	144	7	0	100	25	132	0	\$1,440

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Female 18-29, Probation, No SA	2	204	34	33	6	36	26	26	0	80	90	4	0	108	29	209	41	\$926
Female 30-45, Probation, No SA	2	403	67	69	12	32	53	34	0	93	112	7	0	198	68	218	33	\$1,400
Female 46+, Probation, No SA	5	481	80	113	19	69	83	31	0	122	152	14	0	169	153	276	30	\$1,792
Female 18-29, No Probation, SA	36	228	38	61	10	21	44	191	228	77	72	32	3	65	0	63	0	\$1,133
Female 30-45, No Probation, SA	76	331	55	107	18	83	76	100	181	95	105	24	1	137	12	52	0	\$1,378
Female 46+, No Probation, SA	66	1,593	267	159	27	86	140	40	439	127	135	22	0	180	59	221	0	\$3,494
Female 18-29, Probation, SA	21	335	56	82	14	41	60	34	283	83	71	31	0	261	17	213	53	\$1,634
Female 30-45, Probation, SA	41	605	101	110	18	84	84	71	235	92	89	30	1	224	50	292	47	\$2,133
Female 46+, Probation, SA	36	693	116	157	26	161	116	92	268	120	135	31	2	194	135	174	49	\$2,468
Male 18-29, No Probation, No SA	58	98	16	29	5	18	21	11	0	82	97	5	0	192	249	119	0	\$942
Male 30-45, No Probation, No SA	35	191	32	53	9	42	38	27	0	91	111	7	0	207	236	269	0	\$1,314
Male 46+, No Probation, No SA	30	443	74	87	14	72	66	13	0	115	135	9	1	211	289	318	0	\$1,846
Male 18-29, Probation, No SA	1	104	17	36	6	20	25	15	0	85	94	8	1	324	278	315	39	\$1,366
Male 30-45, Probation, No SA	6	248	41	62	10	40	45	17	0	94	111	12	0	289	295	167	38	\$1,448
Male 46+, Probation, No SA	6	316	53	80	13	55	59	20	0	110	128	16	0	281	261	396	36	\$1,823
Male 18-29, No Probation, SA	74	398	67	115	19	40	82	211	187	83	73	26	4	148	83	642	0	\$2,178
Male 30-45, No Probation, SA	232	901	151	125	21	48	101	76	176	99	101	24	2	234	203	189	0	\$2,451
Male 46+, No Probation, SA	207	884	148	156	26	69	120	82	190	110	117	20	1	182	283	286	0	\$2,675
Male 18-29, Probation, SA	51	290	48	52	9	32	40	44	243	79	62	36	0	358	180	200	56	\$1,727
Male 30-45, Probation, SA	120	350	59	102	17	56	73	49	252	90	89	32	1	297	228	272	45	\$2,012
Male 46+, Probation, SA	143	959	160	185	31	97	141	34	271	109	113	28	1	254	394	442	42	\$3,263
ALL COM. JUSTICE CTR. CLIENTS	1,335	655	110	118	20	63	90	71	188	99	104	23	1	207	190	253	15	2,207

<sup>9</sup> Supporting data for Estimated Monthly Costs for Homeless Community Justice Center Clients in Each Cost Decile in 2011 is shown in the table below.

Community Justice Center Cohort Broken out by Estimated Cost Decile	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Lowest Decile	0	0	0	0	0	0	0	-1	28	31	4	0	11	0	0	2	\$77
Second Decile	0	0	1	0	5	1	1	1	48	49	9	0	21	0	0	9	\$145
Third Decile	0	0	11	1	8	5	1	4	66	68	8	0	33	0	0	12	\$218
Fourth Decile	0	0	15	2	13	7	5	9	80	84	11	0	57	1	1	17	\$301
Fifth Decile	0	0	32	4	18	15	7	22	97	107	13	1	77	4	3	16	\$414
Sixth Decile	1	2	39	5	30	18	11	36	110	130	14	1	132	4	4	16	\$551
Seventh Decile	7	6	70	8	40	32	17	74	112	132	16	0	202	13	13	19	\$762
Eighth Decile	31	22	96	12	68	47	33	156	111	124	22	1	309	53	25	25	\$1,136
Ninth Decile	196	82	181	22	92	96	61	231	108	117	25	1	462	181	142	27	\$2,022
Highest Decile	2,433	380	433	54	136	260	180	193	111	127	20	2	448	1,251	1,599	20	\$7,648

<sup>10</sup> The ICD-9-CM coding system used by healthcare providers is a nested coding system with high-level codes for entire body systems that breakout into increasing levels of detail, with the highest level of detail provided by 5-digit codes. Codes covering mental disorders have been rolled up to the 3-digit level in the text box for disorders that have been diagnosed among homeless adults in Los Angeles County.

<sup>11</sup> Supporting data for Estimated Monthly Cost in 2011 for Homeless Behavioral Health Court Clients by Gender, Age, and Diagnosis is shown in the following table.

Behavioral Health Court Cohort	Number of Behavioral Health Court Clients	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Female 18-29 Nonpsychotic mental disorder	6	797	133	184	31	134	136	44	99	80	80	23	0	82	9	592	2	\$2,416
Female 30-45 Nonpsychotic mental disorder	26	434	73	172	29	72	120	166	104	109	119	18	0	259	95	46	13	\$1,831
Female 46+ Nonpsychotic mental disorder	13	850	142	114	19	225	93	130	187	143	166	21	0	276	0	0	22	\$2,387
Female 18-29 Nonorganic psychoses	45	1,593	267	250	42	58	197	723	138	102	123	28	4	119	29	465	26	\$4,164
Female 30-45 Nonorganic psychoses	81	1,448	242	328	55	129	243	486	107	118	137	26	1	158	8	847	20	\$4,353
Female 46+ Nonorganic psychoses	61	2,632	440	388	65	87	310	269	563	129	165	19	0	179	436	395	17	\$6,094
Male 18-29 Nonpsychotic mental disorder	12	341	57	79	13	53	58	57	90	95	98	26	0	260	185	915	22	\$2,350
Male 30-45 Nonpsychotic mental disorder	17	925	155	233	39	137	170	32	63	119	144	15	0	292	278	399	16	\$3,016

Male 46+ Nonpsychotic mental disorder	4	750	125	259	43	129	182	103	108	130	157	19	0	278	897	298	15	\$3,495
Male 18-29 Nonorganic psychoses	10	965	162	252	42	66	183	449	124	97	98	19	1	257	202	2,053	25	\$4,994
Male 30-45 Nonorganic psychoses	16	2,067	346	423	71	76	318	403	91	117	142	21	1	267	268	1,273	20	\$5,905
Male 46+ Nonorganic psychoses	10	2,500	418	614	103	153	450	367	129	124	149	23	6	203	353	1,239	14	\$6,844
ALL BEHAVIORAL COURT CLIENTS	301	1,552	260	299	50	102	227	368	204	116	138	23	1	192	171	633	19	\$4,356

<sup>12</sup> Supporting data for Estimated Monthly Costs for Homeless Behavioral Health Court Clients in Each Cost Decile in 2011 is shown in the following table.

Community Justice Center Cohort Broken out by Estimated Cost Decile	County Hospital Inpatient	Private Hospital Inpatient	County Emergency Room	Private Emergency Room	County Clinics	Paramedics	County Mental Health	Drug & Alcohol Services	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
Lowest Decile	0	0	0	0	0	0	4	0	22	22	2	0	21	0	0	0	\$72
Second Decile	0	0	0	0	11	0	2	0	38	59	2	0	11	0	0	16	\$140
Third Decile	0	0	44	5	0	19	14	0	65	76	16	0	5	0	0	6	\$248
Fourth Decile	0	0	40	4	32	15	33	8	71	61	21	0	32	0	5	24	\$347
Fifth Decile	0	0	58	9	40	33	29	12	83	91	9	1	73	0	0	2	\$439
Sixth Decile	5	14	76	8	33	34	37	45	111	127	14	2	73	0	0	18	\$597
Seventh Decile	16	10	191	19	39	75	63	72	104	115	27	0	131	4	5	19	\$890
Eighth Decile	30	24	246	28	100	110	79	91	130	155	15	3	189	35	27	7	\$1,268
Ninth Decile	236	112	406	45	111	188	197	169	120	135	24	1	294	57	169	22	\$2,286
Highest Decile	2,790	589	924	108	130	493	563	216	121	143	21	2	336	591	2,222	22	\$9,270

<sup>13</sup> Supporting data for Estimated Change in Monthly Public for Formerly Homeless Individuals with Disabilities Living in Permanent Supportive Housing in San Francisco is shown in the following table.

Collaborative Court Homeless Clients Broken out by Estimated Cost Decile	County Hospital Inpatient	Private Hospital Inpatient	County Clinics	County Emergency Room	Private Emergency Room	County Mental Health	Drug & Alcohol Services	Paramedics	Food Stamps	General Assistance	Emergency Housing	Homeless Services	General Jail	Jail Medical Facilities	Jail Mental Health	Probation	Total Average Monthly Cost
<i>Estimated average monthly costs when living in permanent supportive housing</i>																	
Fifth Decile	\$108	\$4	\$9	\$7	\$2	\$54	\$17	\$7	\$41	\$64	\$0	\$0	\$9	\$27	\$3	\$5	\$358
Sixth Decile	\$116	\$9	\$16	\$11	\$2	\$46	\$13	\$9	\$47	\$75	\$0	\$0	\$3	\$4	\$0	\$2	\$353
Seventh Decile	\$147	\$28	\$5	\$11	\$3	\$43	\$5	\$14	\$46	\$64	\$0	\$0	\$1	\$0	\$0	\$2	\$367
Eighth Decile	\$168	\$7	\$29	\$4	\$1	\$68	\$19	\$5	\$67	\$101	\$0	\$0	\$11	\$51	\$122	\$6	\$658
Ninth Decile	\$192	\$92	\$41	\$42	\$9	\$57	\$13	\$49	\$61	\$90	\$0	\$0	\$8	\$0	\$20	\$7	\$682
Highest Decile	\$224	\$132	\$31	\$47	\$9	\$92	\$18	\$54	\$56	\$89	\$0	\$0	\$7	\$5	\$45	\$7	\$816
<i>Estimated savings compared to costs when homeless</i>																	
Fifth Decile	\$105	\$0	-\$14	-\$55	-\$12	\$45	-\$2	-\$44	-\$36	-\$25	-\$11	-\$1	-\$22	\$27	\$3	\$0	-\$41
Sixth Decile	\$114	\$4	-\$24	-\$46	-\$10	\$30	-\$8	-\$36	-\$51	-\$44	-\$10	\$0	-\$60	\$1	\$0	-\$6	-\$148
Seventh Decile	\$126	\$11	-\$55	-\$93	-\$18	\$18	-\$40	-\$66	-\$54	-\$55	-\$14	-\$1	-\$89	\$0	\$0	-\$8	-\$338
Eighth Decile	\$84	-\$52	-\$65	-\$106	-\$22	\$14	-\$83	-\$91	-\$40	-\$28	-\$16	-\$2	-\$131	\$22	\$113	-\$7	-\$408
Ninth Decile	-\$159	-\$59	-\$99	-\$143	-\$28	-\$43	-\$158	-\$113	-\$41	-\$25	-\$21	-\$3	-\$234	-\$59	-\$63	-\$10	-\$1,258
Highest Decile	-\$3,415	-\$384	-\$184	-\$301	-\$57	-\$149	-\$109	-\$273	-\$45	-\$31	-\$16	-\$2	-\$277	-\$713	-\$1,058	-\$7	-\$7,022

<sup>14</sup> The triage tool developed in Los Angeles to identify 10<sup>th</sup> decile homeless individuals in hospitals and jails is described in an Economic Roundtable report, *Crisis Indicator, Triage Tool for Identifying Homeless Adults in Crisis*. The report and screening tool can be downloaded at [www.economicrt.org](http://www.economicrt.org).