POLICY BRIEF FEBRUARY 24, 2021

Unsheltered in Los Angeles: Insights from Street Outreach Service Data

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SUMMARY

The Commission of the Los Angeles Homeless Services Authority (LAHSA) requested rapid response analysis to answer important questions about service needs for unsheltered individuals, whether differences exist in housing enrollments for unsheltered individuals between race and ethnic groups, and the prevalence of serious mental illness (SMI) among the unsheltered population. This paper uses data collected by Street Outreach services during FY2018–19 from more than 37,000 unsheltered individuals to start to address the Commission's questions. Overall, we find that 17% of all Street Outreach clients were enrolled in interim housing, rapid re-housing, or permanent supportive housing within one year of enrollment in Street Outreach. Our analysis also shows a higher percentage of Black clients were enrolled into all three housing types than White clients. This finding holds when controlling for differences in age, gender, prior HMIS enrollment, and self-reported mental health concerns between Black and White clients.

Although we cannot directly measure the overall prevalence of SMI in the unsheltered population, we obtain a lower bound estimate of SMI prevalence for this population by linking Los Angeles County Department of Mental Health (DMH) service records to Street Outreach data. In doing so we find that 20% of Street Outreach clients had a clinical diagnosis of SMI within the previous twelve years. We also found that Street Outreach clients with clinical diagnoses of SMI were more likely to be placed into interim housing, rapid re-housing, or permanent supportive housing than clients without observed DMH service history. This finding holds when controlling for differences in race, ethnicity, age, gender, prior HMIS enrollment, and self-reported mental health concerns.

BACKGROUND

Unsheltered homelessness remains a persistent challenge in Los Angeles. According to the 2020 Point-In-Time (PIT) Count, of the estimated 63,706 homeless individuals in the Los Angeles Continuum of Care, 72% were unsheltered (46,090 individuals). This represents a 61% increase in the number of individuals observed to be unsheltered in the PIT Count since 2009 (28,644) despite increased efforts to house these individuals by policymakers and voters in Los Angeles.[1]

In the fall of 2020, LAHSA's Commission asked the California Policy Lab (CPL) to help it better understand the challenges unsheltered individuals face, including serious mental illness (SMI), access to housing services, and whether there are differences in service receipt or outcomes for different racial or ethnic groups.[2] While these questions are important, they are difficult to answer because we do not have data on the whole unsheltered population. Specifically, unsheltered individuals may be disconnected from services, such as medical care, housing, or other types of services that generate administrative data to inform policy decisions and research. Because clients of Street Outreach services are a subset of the unsheltered population, in this paper we examine whether data from Street Outreach services can help answer these questions.

In 2016, the Los Angeles Homeless Services Authority and the Department of Health Services began intensified Street Outreach services in collaboration with Los Angeles County's Department of Mental Health and with significant funding from Measure H.[3] Street Outreach sends representatives of the homeless services system into areas where unsheltered individuals live or gather to connect them to shelter, housing, and other supportive services.[4] Street Outreach teams work with the unsheltered community proactively and in response to requests from the Los Angeles Homeless Outreach Portal, calls for service, and requests for encampment cleanup.

While housing clients is a priority for Street Outreach teams, even with Measure H funding, the housing needs of their clients far outstrips the supply of interim or supportive housing. Using data from the 2019 PIT Count and LAHSA's 2019 Housing Inventory Count, we estimate that there are 10 times as many unsheltered individuals in the Los Angeles Continuum of Care as the number of unoccupied beds in interim and permanent housing.[5] Since Street Outreach teams can also connect clients to a range of other supportive services, including more readily available quality-of-life services such as sanitation and hygiene, they are able to keep individuals engaged with the homeless services system. This can lead to faster connections with interim housing, rapid re-housing, or permanent supportive housing when those resources become available. Street Outreach teams also connect unsheltered individuals to more intensive, individualized services including mental health and acute inpatient treatment services.

In this paper we use all available data on Street Outreach client enrollments captured in LAHSA's Homeless Management Information System (HMIS) between July 2018 and June 2019 to answer the following set of questions in response to the Commission's questions regarding the needs of the unsheltered population in Los Angeles.[6]

RESEARCH QUESTIONS

1. **For purposes of understanding whether findings on the Street Outreach population can be generalized to the unsheltered population, are Street Outreach clients representative of the overall unsheltered population as measured by the Los Angeles PIT Count?** Attempts by stakeholders and researchers to study the unsheltered homeless population in Los Angeles are stymied by the absence of a comprehensive source of administrative data on this very vulnerable population. Data from the PIT Count and its accompanying Demographic Survey are used to estimate characteristics of the homeless population annually but those data cannot shed light on client experiences, including housing enrollments and outcomes. We explore whether data on Street Outreach services is representative of the broader unsheltered population as measured by the PIT Count.
2. **What housing enrollments do Street Outreach clients receive?** We define housing enrollment as new client enrollments into interim housing, rapid rehousing, or permanent supportive housing within 12 months of an individual's first contact with outreach workers.[7]
3. **Do housing enrollments differ by the race or ethnicity of Street Outreach clients?** Equitable access to housing resources is a priority for the homelessness services system.

4. **Are housing enrollments different for Street Outreach clients who have a clinically-diagnosed SMI?** We repeat our analysis of housing enrollments for a subgroup of clients with confirmed SMI diagnoses from DMH. This allows us to more directly measure how housing enrollments relate to SMI.

Taken together, these approaches provide a closer examination of the Street Outreach client base and their outcomes than has been previously available to the public.

KEY INSIGHTS

- **For purposes of understanding whether findings about the Street Outreach population can be generalized to the unsheltered population, we find that Street Outreach clients are not representative of the unsheltered population as measured by the Los Angeles PIT Count.** This is not unexpected as the goal of Street Outreach is to reach the most vulnerable unsheltered individuals, respond to calls for service, and/or to support encampment cleaning. In general, individuals contacted through Street Outreach are more likely to be female and Black than respondents to the PIT Count Demographic Survey. Street Outreach also enrolls a larger percentage of Transition Age Youth (individuals between 18 and 24) than are observed in the PIT Count.
- **12 months after enrollment, 17% of Street Outreach clients are enrolled in interim housing, rapid re-housing, or permanent supportive housing.** Among the clients with housing enrollments, 80% move into interim housing, 11% into rapid rehousing, and 9% into permanent supportive housing. Largely due to the limitations of the data supporting our analysis, we were not able to observe a range of other services provided to Street Outreach clients, including placement into residential treatment facilities (also known as board and care homes), family reunification, connections to unsubsidized housing, mobile street medicine, and other resources.
- **We observe higher rates of housing enrollments among Black clients than White clients.** Black clients are more likely to be placed in interim housing, rapid re-housing, and permanent supportive housing than White clients. The difference in rates for interim housing and rapid re-housing persists even when controlling for differences in other demographics characteristics between the two groups. Small observed differences in housing enrollments between Latinx and White clients do not persist after controlling for demographic differences.
- **26% of Street Outreach clients have some service history with DMH, and 20% have a clinical diagnosis of SMI within twelve years of their Street Outreach enrollment. Clients with clinically-diagnosed SMI obtain housing enrollments more frequently than clients with no known mental health diagnosis.** 30% of clients who were diagnosed with SMI by DMH prior to enrollment in Street Outreach were enrolled in interim housing, rapid re-housing, or permanent supportive housing compared to 13% of Street Outreach clients with no DMH history. Controlling for baseline demographic differences between the two groups reduces the size of the difference in housing enrollment rates by 59%.

ANALYSIS PLAN AND METHODOLOGY

Our analysis requires a series of sequential steps to prepare, link, and describe the demographic characteristics and housing enrollments of Street Outreach clients. For more detail, please see accompanying technical appendix.

We define our study sample to include all clients enrolled in Street Outreach during the 2019 Fiscal Year (July 2018 through June 2019). To assess whether findings about Street Outreach clients can be generalized to all individuals experiencing unsheltered homelessness in Los Angeles, we first compare the demographic characteristics of our sample to the 2019 PIT Count Demographic Survey (PIT Survey) results. Since the Street Outreach data represent administrative records of the served population, we do not include measures of statistical precision. However, before comparing to the PIT Survey we must account for the variation in its estimates since they are calculated on a weighted sample of respondents. We do this using a simulation analysis that relies on PIT Survey sampling variation to produce 95% confidence intervals for reported characteristics of the unsheltered population.[8] We then check whether each demographic characteristic of the Street Outreach population falls within its respective 95% confidence interval from the PIT Survey. Street Outreach characteristics that fall outside of these confidence intervals implies statistically significant differences between the two populations.[9]

Next, we explore our sample's housing outcomes by observing enrollments in interim housing, rapid rehousing, or permanent supportive housing during a 12 month period after enrollment in Street Outreach. In order to examine whether differential rates of housing enrollments exist between clients of different races or ethnicities, we use an adjustment known as re-weighting. Re-weighting allows us to make comparisons of housing enrollments between two groups while controlling for observable demographic differences. This method requires that each observation used in the analysis be free from missing data on the characteristics we wish to control for: gender, age, prior HMIS history, and self-reported mental health concerns. Among the "complete case" subset of clients, we re-weight and separately compare White clients to Black clients and Latinx clients.[10]

The next phase of our analysis requires us to go outside of the data collected by Street Outreach in order to obtain a clinically determined estimate of SMI in our sample. In the HMIS and the PIT Count, information on SMI and general mental illness is self-reported and of unknown reliability. In response, we link the HMIS data to 12 prior years of DMH service records to calculate a lower bound, or minimal estimate, of the prevalence of clinically-diagnosed SMI among Street Outreach clients. Using this linked data, we also assess whether housing enrollments for individuals with diagnosed SMI differ from those with no record of DMH service history.

Finally, given the large demographic differences we found between Street Outreach clients with DMH-diagnosed SMI and others, we examine how our analysis of housing enrollments would differ if the two groups had similar demographic compositions. We again use re-weighting, this time by re-weighting the Street Outreach clients with no DMH service history in order to provide a demographically similar comparison group for clients with DMH-diagnosed SMI.

DATA SOURCES AND LIMITATIONS

Street Outreach Data

We use HMIS data provided by LASHA to select a sample of all clients enrolled in Street Outreach between July 1, 2018 and June 30, 2019 (FY 2018–19). In order to measure housing enrollments we observe each of these clients for a period of 12 months from their first Street Outreach enrollment.[11] Enrollments in interim housing, rapid rehousing, and permanent supportive housing during those 12 months are recorded.

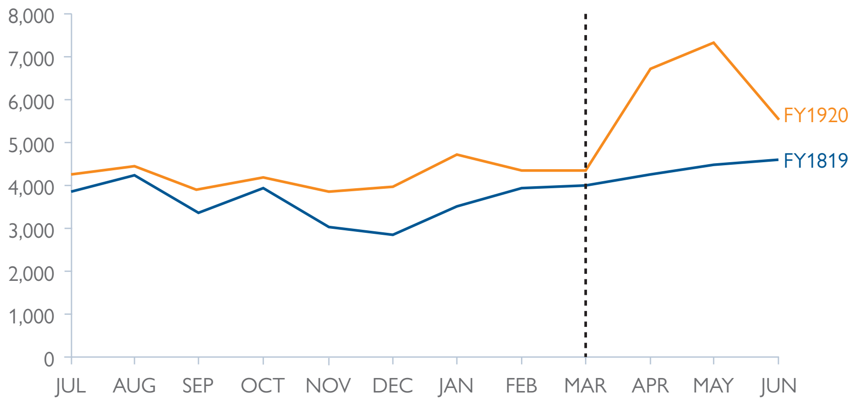
Housing enrollments are observed as (1) enrollments in interim housing, (2) enrollments in rapid rehousing that has evidence of subsidy receipt in the form of a recorded move-in date or service records indicating payment of rent, security deposit, moving costs, or utilities, or (3) enrollments in permanent supportive housing.[12]

Our study of Street Outreach efforts is affected by several limitations of the HMIS. Not all providers of Street Outreach, interim housing, or permanent housing services participate in the HMIS. Among clients whose data is entered into the HMIS, basic demographic data are often missing. In our sample of Street Outreach clients for example, 24% are missing data on at least one demographic variable.[13]

Finally, we note that our outcome window includes the first three full months of Los Angeles County's response to the COVID-19 pandemic, beginning first with the Safer at Home order instituted on March 20, 2020. The order and other intensive efforts to keep the homeless population safe through the use of motel rooms and other resources may have affected housing enrollments for existing and prospective Street Outreach clients in a range of ways that cannot be documented by this study.

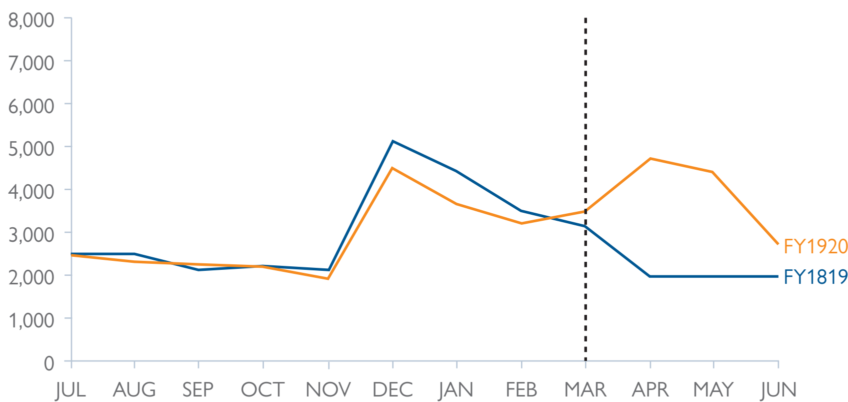
While understanding how COVID-19 affected Street Outreach housing enrollments is outside the scope of this study, Figures 1 and 2 show that compared to month-by-month trends in FY 2018–19, new Street Outreach and interim housing enrollments increased meaningfully in March through May of 2020.

FIGURE 1: All New HMIS Enrollments in Street Outreach



Notes: This figure uses HMIS data on unduplicated enrollments between July of 2018 and June of 2020.

FIGURE 2: All New HMIS Enrollments in Interim Housing



Notes: This figure uses HMIS data on unduplicated enrollments between July, 2018 and June, 2020. Monthly counts are of all new enrollments in interim housing, and are not conditional on Street Outreach enrollments.

Los Angeles Point-In-Time Count Data

The PIT Count is conducted over three days annually across the country. In Los Angeles, the PIT Count is conducted each January as a visual-only tally of the unsheltered population in every census tract of the Continuum of Care.[14] Volunteers count the number of visible unsheltered people and the number of cars, vans, recreational vehicles, tents, and makeshift shelters that serve as proxies for individuals and families assumed to be living in them.

The PIT Count data presented in this report combines counts completed in January 2019 along with surveyor observations and survey responses gathered during the PIT Survey conducted between December 3, 2018 and March 15, 2019. LAHSA administers this survey to obtain additional information about the unsheltered population. The survey uses common sampling and re-weighting techniques to construct a representative sample of the population experiencing unsheltered homelessness across the entire region.[15] In order to transform the weighted counts into proportions while retaining estimates of the measurement error inherent in weighting, we use point estimates and standard errors from the PIT Count Survey provided by University of Southern California researchers who help conduct the PIT Survey.

Department of Mental Health Service Data

To observe serious mental illness among the Street Outreach population, the California Policy Lab analyzed linked data from HMIS and the Los Angeles County Department of Mental Health.[16]

With the Street Outreach clients for whom we were able to link DMH service records, we distinguish between those with diagnosis codes for SMI and clients who either receive services without any specific diagnosis or whose diagnosis falls outside of SMI (e.g., substance use disorder). The diagnoses used to define SMI for the purposes of this study are: bipolar disorder, episodic mood disorder, major depressive disorder, manic episode, other psychotic or delusional disorder, schizoaffective disorder, schizophrenia, and schizotypal disorder.[17]

We are limited in our ability to estimate the prevalence of SMI among Street Outreach clients in two ways. First, we do not observe records from private mental health providers, or other providers outside of Los Angeles County's DMH network. We also do not observe individuals with undiagnosed SMI. Our analysis is thus best interpreted as providing a lower bound, or minimal estimate, for the prevalence of SMI among Street Outreach clients.

Measures of Serious Mental Illness in Other Sources

This research paper relies on clinical diagnoses from DMH to observe SMI among Street Outreach clients. That said, our primary data sources — HMIS and the PIT Survey — also contain self-reported data on SMI. Despite their value for effective service delivery, we do not use these data to compare the prevalence of SMI across these populations. This is in part because SMI is defined and collected differently across and within the agencies who seek to measure or treat mental health conditions among people experiencing homelessness. For example, the HMIS is not required to be a HIPAA-compliant data system, and thus cannot include clinical diagnoses or records. These differences typically reflect the different purposes for collecting the information at the time. In this section we seek to clarify those differences to inform future efforts to measure and compare SMI rates across the data sets.

For clients with an enrollment observed in the HMIS data, SMI is based on health information collected by case workers through a disability assessment conducted when clients are enrolled into the system. During the assessment, case workers ask clients, "Do you feel you currently have a mental health problem?" If the client answers yes, then they are asked if the condition "is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently."

The PIT Count Demographic Survey measures SMI by asking participating individuals whether they currently or in the past had a "serious and long continuing mental illness" and give depression, bipolar disorder, or schizophrenia as examples.

We also consider mental health conditions as measured by assessment tools used during entry into the homeless services system. In Los Angeles, and in many other Continuums of Care around the country, individuals seeking services from the homeless services system are given the Vulnerability Index — Service Prioritization Decision Assistance Tool or VI-SPDAT. The VI-SPDAT does not attempt to measure SMI, but does ask individuals about general mental health concerns experienced at the time of the assessment or any time in the past. The VI-SPDAT is not given to all clients, and in fact only 32% of Street Outreach clients in our sample have a recorded VI-SPDAT assessment. It can be difficult to administer these surveys on the street.

Table 1 presents a summary of the different measurements of SMI and general mental health concerns taken across the homeless services system, as well as the set clinical diagnoses we used to define DMH-diagnosed SMI. The information in the table applies to all types of services and clients and are not specific to Street Outreach.

TABLE 1: Measuring Mental Illness in PIT Count, HMIS, DMH, and VI-SPDAT

SOURCE	MENTAL ILLNESS INDICATED BY:	TIME PERIOD COVERED	POPULATION COVERED	OBSERVED PREVALENCE IN STUDY SAMPLE
PIT, SMI	Self-report of: serious and long continuing mental illness: e.g., depression, bipolar disorder, or schizophrenia Severe depression, chronic or ongoin	Time of survey (Jan 2019), anytime in the past	Representative sample of unsheltered population experiencing homelessness in the Los Angeles CoC	26%
HMIS, General Concern	Self-report of: a mental health problem	Time of enrollment FY 2018–19	All clients enrolled in Street Outreach programs in HMIS	23%
HMIS, Serious Concern	Self-report of: a mental health problem expected to be of long-continued and indefinite duration AND substantially impairs ability to live independently			15%
DMH, SMI	Clinical diagnosis of: bipolar disorder, episodic mood disorder, major depressive disorder, manic episode, other psychotic or delusional disorder, schizoaffective disorder, schizophrenia, schizotypal disorder	January 1, 2006 to June 30, 2018	Clients with DMH service history	20%
VI-SPDAT, General Concern	Self-report of: trouble maintaining housing, being kicked out of an apartment, shelter or other place, due to: a. A mental health issue or concern b. A past head injury c. A learning disability, developmental disability, or other impairment. OR, self-report of: any mental health or brain issues that would make it hard to live independently	Time of assessment during FY 2018–19 and anytime in the past	32% of Street Outreach enrollees were given the VI-SPDAT	33%*

Notes: * is the share of clients that indicated a mental health issue or concern out of the clients in our sample for whom we have VI-SPDAT data. However, only 32% of the clients in our sample completed the VI-SPDAT.

FINDINGS

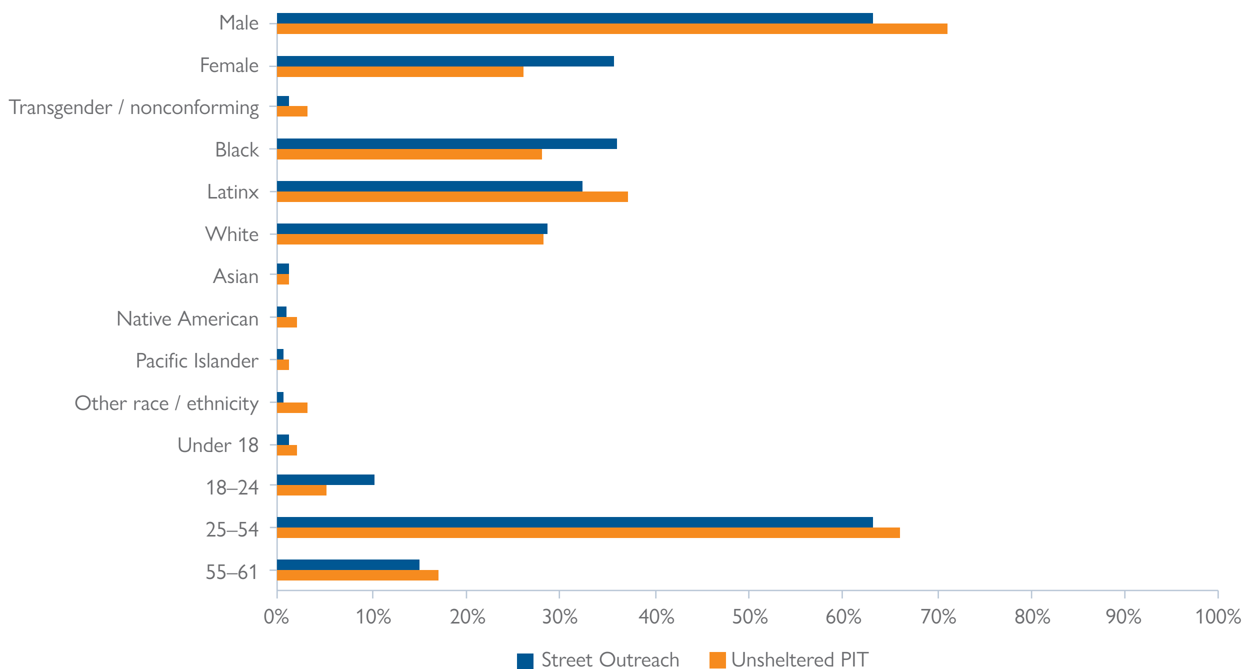
RESEARCH QUESTION 1: For purposes of understanding whether findings on the Street Outreach population can be generalized to the unsheltered population, are Street Outreach clients representative of the overall unsheltered population as measured by the Los Angeles PIT Count?

KEY FINDING: Street Outreach clients are not representative of the overall unsheltered population as measured by the Los Angeles PIT Count.

Using the simulation approach we described, we observe statistically significant and meaningful differences across most demographic categories between the PIT Count Demographic Survey data and Street Outreach clients. As seen in Figure 3, there is a larger percentages of female, Black, and Transition Age Youth (TAY) clients enrolled in Street Outreach than what is observed in the PIT Count.[18] For this reason, we caution against assuming that findings from this analysis could be generalized to the entire unsheltered population in Los Angeles. These findings are not unexpected as the goal of Street Outreach is to prioritize the most vulnerable individuals, respond to calls for service, and/or support encampment clean-ups.

We also note the small percentages of Asian, Native American, Pacific Islander, and other races or ethnicities seen in Figure 3 for both the Street Outreach population and in the PIT Count Demographic Survey. Due to these small proportions relative to other race and ethnic groups, the analysis in the rest of this brief focuses on Black, Latinx, and White clients. Clients from groups with smaller representation remain in the analysis but are not reported on separately to mitigate concerns about making comparisons or drawing inferences between such disproportionate groups.

FIGURE 3: Demographic Comparison of Street Outreach Clients and Unsheltered Individuals in 2019 PIT Count



Notes: The proportion of Street Outreach clients that are gender nonconforming, White, Pacific Islander, or over the age of 55 does not fall outside of the 95% confidence intervals we estimate for the PIT Count Demographic Survey using simulation analysis. All other demographic characteristics do, which indicates that these differences are statistically significant.

RESEARCH QUESTION 2: What are the housing enrollments and times to enrollment for Street Outreach clients?

KEY FINDINGS: Overall, 17% of Street Outreach clients enter interim housing, rapid re-housing, or permanent supportive housing within one year of enrollment in Street Outreach services, with enrollment times ranging from 14 to 27 weeks.

For this analysis we focus on data indicating whether Street Outreach clients are enrolled in a housing intervention observed in the HMIS data. Clients may receive a range of other services, including placement into residential treatment facilities (also known as board and care homes), family reunification, connections to unsubsidized housing, mobile street medicine, and other resources. Largely due to data limitations, we were not able to include those services in this analysis.

Using a 12 month outcome window from the first enrollment in Street Outreach during FY 2018–19, we observe housing enrollments for 17% of our study sample.[19] Among clients with housing enrollments, 80% move into interim housing, 11% into rapid rehousing, and 9% into permanent supportive housing (or 14%, 2%, and 2% of the full sample, respectively).

In addition to showing housing enrollments for the full sample, Table 2 also shows differences in housing enrollments across demographic groups. Female clients and Black clients are most likely to have a housing enrollment in interim housing, rapid re-housing, and permanent supportive housing. Black clients also have higher than average housing enrollments across housing types, including 50% higher enrollment rates in interim housing.

Along with differences in housing enrollments by client demographics, we observe that individuals with prior HMIS experience are much more likely to access housing. Only 10% of first-time HMIS clients had a housing enrollment, compared to 29% of clients with a prior service history.

Finally, Street Outreach clients who self-report a current mental health issue also have higher than average rates of housing enrollments.

TABLE 2: Housing Enrollments of Street Outreach Clients within One Year of Outreach

	NO ENROLLMENT	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT HOUSING	TOTAL CLIENTS
Gender					
Male	84%	13%	1%	1%	23,125
Female	80%	15%	3%	2%	13,061
Race/Ethnicity					
Black	77%	18%	3%	2%	12,656
Latinx	85%	12%	2%	1%	11,372
White	85%	12%	1%	1%	10,052
First Time HMIS Client	90%	8%	2%	1%	23,379
Prior HMIS Client	71%	23%	2%	3%	13,688
Any Mental Health Concern	69%	24%	3%	4%	7,503
Total percent	**83%**	**14%**	**2%**	**2%**	
Total clients	**30,738**	**5,048**	**724**	**557**	**37,067**

Notes: This table uses HMIS data on clients enrolled in Street Outreach projects between July of 2018 and June of 2019, and observes their housing enrollments during the year after their enrollment.

Street Outreach clients with no housing enrollments may have nonetheless received valuable supportive services though the program. Our analysis does not make use of the individual-level service data that would provide evidence of the range of client services that precede or even accompany successful housing enrollments. However, among clients who did not have a housing enrollment, we observe 23% had additional Street Outreach enrollments during the 12 months following the first enrollment. Since these new enrollments only occur after a client has been exited from a previous enrollment, this provides evidence of continued effort by Street Outreach workers to connect clients to housing and supportive services through the homeless services system.[20]

The scarcity of available housing resources also plays a role in the low rate of observed housing enrollments. Using data from the 2019 Housing Inventory Count acquired from the Department of Housing and Urban Development, we note that at the time of reporting, interim housing was at 87% occupancy, rapid re-housing at 100% occupancy, and permanent supportive housing at 91% occupancy.[21]

Further evidence of high demand for housing resources and low availability may be evident in the length of time observed between Street Outreach enrollment and housing enrollments. Among the clients with housing enrollments, we observe average times to enrollment ranging from 14 weeks for interim housing, 16 weeks for rapid re-housing, and nearly 27 weeks for permanent supportive housing.

Table 3 shows demographic differences in the time to housing for outreach clients. Female clients on average have shorter times to interim housing and rapid re-housing outcomes, and slower times to permanent supportive housing than males. Black clients are placed in interim housing more quickly than Latinx and White clients, while Latinx clients are placed in rapid rehousing faster than Black or White clients. There is little difference in times to permanent supportive housing across race and ethnicity.

In addition to demographic differences in times to housing enrollments, we observe that first-time HMIS clients have much shorter times before securing interim housing and rapid rehousing enrollments than prior clients, although they have longer times to permanent supportive housing enrollments.

Finally, clients who self-report current mental health concerns also experience shorter than average times to interim and permanent supportive housing enrollments, though longer than average times to rapid rehousing enrollments.

TABLE 3: Average Days to Housing Enrollment for Street Outreach Clients

	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT HOUSING
Gender			
Male	103	119	183
Female	98	105	194
Race/Ethnicity			
Black	94	114	187
Latinx	103	97	189
White	112	127	188
First Time HMIS Client	89	94	194
Prior HMIS Client	108	132	185
Any Mental Health Concern	94	125	176
Average	**101**	**112**	**188**

Notes: This table uses HMIS data on clients enrolled in Street Outreach projects between July of 2018 and June of 2019. The average days until placement is calculated using the entry dates for enrollments subsequent to each Street Outreach client's first enrollment.

RESEARCH QUESTION 3: Do housing enrollments differ by the race or ethnicity of Street Outreach clients?

KEY FINDINGS: Black clients are more likely than White clients to have a housing enrollment.

In Table 2 we saw that rates of housing enrollments differed by various observable demographic characteristics of Street Outreach clients. In order to isolate the effect of client race or ethnicity from other characteristics we sequentially adjust, or re-weight, the distribution of age, gender, prior HMIS history, and self-reported mental health concerns for White clients to match those of Black clients and Latinx clients.

Table 4 shows the results of the re-weighting analysis. We see that the gap between Black and White interim and rapid re-housing enrollments persist even after removing other demographic differences between the two groups. We do not see evidence of any difference between Latinx and White clients before or after re-weighting.[22]

TABLE 4: Housing Enrollments by Race and Ethnicity, with Re-weighting

	NO ENROLLMENT	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT HOUSING	SAMPLE TOTAL
White Clients					
All White Clients	85%	12%	1%	1%	10,052
White Clients with Complete Data	82%	15%	2%	2%	7,524
Black Clients					
All Black Clients	77%	18%	3%	2%	12,656
Black Clients with Complete Data	**74%**	**21%**	**3%**	**2%**	**10,600**
Re-weighted White Clients	**81%**	**15%**	**2%**	**2%**	**7,524**
Latinx Clients					
All Latinx Clients	85%	12%	2%	1%	11,372
Latinx Clients with Complete Data	**83%**	**13%**	**2%**	**2%**	**9,168**
Re-weighted White Clients	**84%**	**13%**	**2%**	**1%**	**7,524**

Notes: This table shows the results of re-weighting the sample of White clients to Black and Latinx clients on demographic characteristics, HMIS history, and self-reported mental health concerns. Since individuals missing data on any of the variables used for re-weighting are excluded from the analysis, this table also shows the difference between all White, Black, and Latinx clients and those without any missing demographic data (labeled "complete data" in the table).

RESEARCH QUESTION 4: Are housing enrollments different for Street Outreach clients who have a clinically-diagnosed SMI?

KEY FINDING: Housing enrollments differ for Street Outreach clients with a clinically-diagnosed SMI.

Our final set of analyses examines housing enrollments for Street Outreach clients with SMI. For this analysis we first linked DMH data to HMIS data to observe how many clients had any history of DMH services between January 1, 2006 and their enrollment in Street Outreach during FY 2018–19. Next we measured how many of these clients had a clinical diagnosis of SMI (referred to from here as DMH-SMI) between January 2006 and their enrollment in Street Outreach during FY2018–19.[23] Table 5 shows that about one quarter of all Street Outreach clients were served by DMH and 20% had a clinical diagnosis of SMI.[24]

Housing enrollment rates for confirmed DMH-SMI clients are then compared to Street Outreach clients who have no prior DMH service history before their enrollment in order to observe any differences between these two groups. Because some people with no prior DMH service history may actually have an SMI, any observed differences will represent a lower bound of the true differences.[25]

Before we present results on housing enrollment rates, we examine whether there are demographic differences between clients with a DMH-SMI diagnosis and clients with no DMH history. Table 5 shows that clients with DMH-SMI are more likely to be female, Black, and have prior experience with the HMIS system than clients who have no DMH history.

In Table 5 we also introduce a distinction between clients who report a current mental health concern, and clients who also report the issue is serious and indefinite in nature. There are large differences in both self-reported rates between the two groups. Clients with a DMH diagnosed SMI are three times as likely to self-report current mental health concerns than clients with no DMH service history. Importantly, less than half of those with a known clinical diagnosis of SMI self-report mental health concerns during Street Outreach enrollment, highlighting a critical limitation of self-reported information.

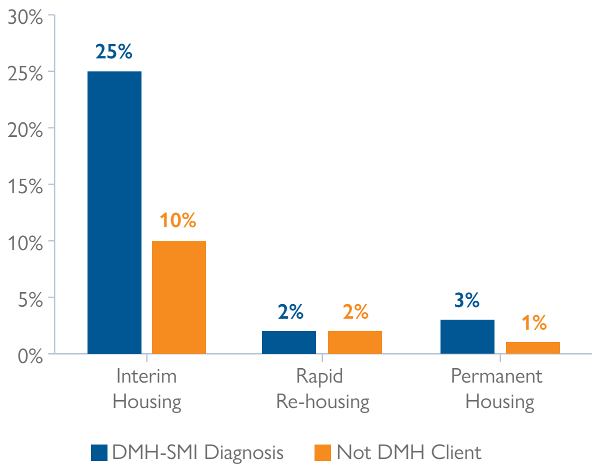
TABLE 5: Demographics of Street Outreach Clients with DMH-SMI Diagnosis

	DMH-SMI	NO DMH HISTORY	FULL SAMPLE
Gender			
Male	55%	65%	63%
Female	43%	34%	36%
Race/Ethnicity			
Black	45%	33%	36%
Latinx	26%	34%	32%
White	26%	29%	29%
First Time HMIS Client	30%	74%	63%
Prior HMIS Client	70%	26%	37%
Mental Health			
Any Mental Health Concerns	46%	16%	23%
Serious and Indefinite	33%	10%	15%
All Percent	**20%**	**74%**	**100%**
Total Clients	**7,341**	**27,477**	**37,067**

Notes: This table uses HMIS data on clients enrolled in Street Outreach projects between July of 2018 and June of 2019. The DMH diagnoses data comes from client service records with the Department of Mental Health dating back to January 1, 2006. Proportion of Black, Latinx, and White clients does not sum to 100% as race and ethnic groups with small proportional representation are not reported on separately in this analysis.

Figure 4 shows that on average, a greater proportion of clients with DMH-SMI access housing resources than Street Outreach clients with no DMH history. In particular, clients with DMH-SMI are more likely to be placed in interim housing and permanent supportive housing.

FIGURE 4: Housing Enrollments of Clients with DMH-SMI Diagnosis



Notes: 70% of DMH-SMI clients have an observed housing enrollment within one year, compared to 87% of clients with no DMH service history. This figure uses HMIS data on clients enrolled in Street Outreach projects between July of 2018 and June of 2019. The DMH diagnoses data comes from client service records with the Department of Mental Health dating back to January 1, 2006.

As seen in Table 6, first-time HMIS clients with DMH-SMI are more likely to advance to interim housing, rapid re-housing, or permanent supportive housing than first-time clients with no DMH service history. Within both groups however, clients with prior HMIS experience are more likely to have a housing outcome than first-time clients.

Taken together, these two tables demonstrate evidence that patterns of housing enrollments differ for Street Outreach clients with confirmed diagnoses of SMI. Because this difference could at least partly be explained by differences in the demographic composition of the two groups, we use re-weighting to compare samples that are more similar in demographic composition. The re-weighted sample removes differences in the demographic characteristics between the two groups so that any further differences in enrollment rates are more likely to reflect differences attributable to having a clinical SMI diagnosis. Since we are only able to re-weight using observed characteristics, unobserved differences may continue to affect our estimates.

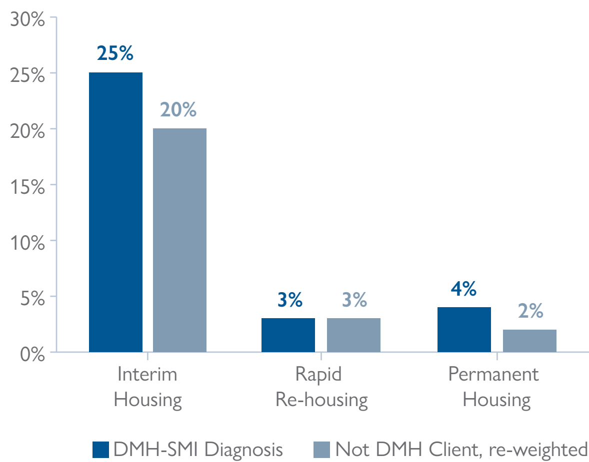
While reweighting samples reduces the observed differences in housing enrollments, meaningful differences remain. Figure 5 shows that clients with DMH-SMI continue to have higher rates of interim housing and permanent supportive housing enrollments. We can thus conclude that, based on the data available to us, clients with DMH-SMI are more likely to have a housing enrollment than demographically similar clients with no DMH history.

TABLE 6: Housing Enrollments of Clients with DMH-SMI Diagnosis, by HMIS History

	NO ENROLLMENT	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT HOUSING	ALL CLIENTS
DMH-SMI DIAGNOSIS					
First Time HMIS Client	78%	18%	3%	2%	2,183
Prior HMIS Client	66%	28%	2%	4%	5,158
Total Percent	**70%**	**25%**	**2%**	**3%**	**100%**
NO DMH HISTORY					
First Time HMIS Client	91%	7%	1%	0%	20,307
Prior HMIS Client	75%	20%	3%	2%	7,170
Total Percent	**87%**	**10%**	**2%**	**1%**	**100%**

Notes: This table uses HMIS data on clients enrolled in street outreach projects between July of 2018 and June of 2019. The DMH diagnoses data comes from client service records with the Department of Mental Health dating back to January 1, 2006.

FIGURE 5: Housing Enrollments of Clients with DMH-SMI Diagnosis, Re-weighted



Notes: This figure uses HMIS data on clients enrolled in street outreach projects between July of 2018 and June of 2019. The DMH diagnoses data comes from client service records with the Department of Mental Health dating back to January 1, 2006. The re-weighted sample is matched to the demographic, HMIS history, and health condition characteristics of the DMH-SMI Diagnosed sample. Individuals missing data in any of the variables used for re-weighting are excluded from the analysis. See accompanying online technical appendix for additional detail.

CONCLUSION

Understanding and responding to unsheltered homelessness is arguably the most urgent priority for LAHSA, its system partners, and the Los Angeles Continuum of Care. Street Outreach is a critical component of Los Angeles's response to the homelessness crisis. This study uses Street Outreach enrollment data and HMIS housing enrollment data to provide a description of FY 2018–19 Street Outreach clients, housing enrollments they received for 12 months following their initial enrollment, and differences in housing enrollment rates by race and ethnicity. The study also uses over a decade of service records from DMH to provide a lower-bound estimate of the prevalence of SMI within the Street Outreach population, and to examine housing enrollment rates for these clients. While we caution against generalizing our findings to the entire unsheltered population, these data provide valuable insights into the experiences of the tens of thousands of unsheltered clients served by Street Outreach.

During the observation period of this study, outreach workers enrolled over 37,000 unsheltered individuals into Street Outreach. Overall, 17% of the clients enrolled into Street Outreach access interim housing, rapid re-housing, or permanent supportive housing. Scarcity of housing resources is likely the primary reason for the low average rate of housing enrollment observed in this study. More Black clients then White clients were enrolled in interim housing, rapid re-housing, and permanent supportive housing. This difference persists for interim housing and rapid re-housing even when accounting for differences in demographic characteristics between the two groups.

By linking Los Angeles County Department of Mental Health (DMH) service records to Street Outreach data we advanced our understanding of the lower-bound estimate of SMI among the homeless population. We estimate that 20% of Street Outreach clients had a clinical diagnosis of SMI within the previous twelve years. Clients are more likely to access housing if they have a prior SMI diagnosis from DMH (30%) or prior HMIS enrollments (29%).

Our goal for this report is to improve our understanding of the unsheltered population by studying a recent cohort of individuals served by LAHSA's Street Outreach program. Additionally, we hope that this analysis proves timely in a year when the PIT Count was cancelled due to public health concerns amidst the COVID-19 pandemic. We further hope that our analyses of Street Outreach services provide a foundation for future research with these data.

ACKNOWLEDGMENTS

We gratefully acknowledge our partners at the Los Angeles Homeless Services Authority and the Los Angeles Department of Mental Health for their thoughtful feedback on early drafts of this brief. We also acknowledge Patricia St. Clair, USC Leonard D. Schaeffer Center for Health Policy & Economics, and Benjamin Henwood, USC Suzanne Dworak-Peck School of Social Work, for sharing PIT Count Demographic Survey results invaluable to our analysis. We thank Arnold Ventures, the Conrad N. Hilton Foundation, the UC Office of the President, Multicampus Research Programs and Initiatives Grant ID: MRP-19-600774, The James Irvine Foundation, and the Bylo Chacon Foundation for their generous support. All errors should be attributed to the authors.

The California Policy Lab builds better lives through data-driven policy. We are a project of the University of California, with sites at the Berkeley and Los Angeles campuses.

This research publication reflects the views of the authors and not necessarily the views of our funders, our staff, our advisory board, the Los Angeles Homeless Services Authority, the Los Angeles Department of Mental Health, or the Regents of the University of California.

Endnotes

1 LAHSA PIT Count data: 2020 & 2011 (includes data from 2009). It is unknown whether changes in the PIT Count are due to changes in the homeless population, changes to the PIT Count methodology that improve ability to count the population, or some combination of both.

2 The National Institute of Health defines serious mental illness as "a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." **https://www.nimh.nih.gov/health/statistics/mental-illness.shtml.**

3 Measure H refers to a 2017 ballot initiative passed by voters in Los Angeles County creating a quarter-cent sales tax designed to raise $355 million dollars per year for 10 years to fund homeless services and housing.

4 For more information on Los Angeles's Street Outreach system, please see Resource Development Associates' Measure H Implementation Evaluation found here: **https://homeless.lacounty.gov/wp-content/uploads/2020/02/rda.outreach011020.pdf**

5 LAHSA PIT Count data, 2019. HUD Housing Inventory Count data, 2019. 42,471 unsheltered individuals in the PIT / 4,134 available beds gives an estimate of 10.27 more clients than beds.

6 For the purposes of this paper, the term enrollment refers to when a client is newly enrolled into a program in the HMIS. These are not conditional on an "active" status.

7 While often reported together as "permanent housing," this report treats rapid re-housing enrollments and permanent supportive housing enrollments as separate outcomes. "Permanent supportive housing" in this report also includes what is referred to in LAHSA's HMIS data as "other permanent housing" enrollments.

8 We start by randomly drawing 1,000 independent samples for each demographic count covered by the PIT Survey. Each simulated draw is based on a normal distribution centered at the PIT count estimate with variance based on the associated standard error. We then calculated various sample characteristics — such as the share of the Black unsheltered population — for each simulated sample and created two-tailed 95% confidence intervals using the resulting 2.5 and 97.5 centiles of each characteristic across simulated samples. The survey estimates used to perform these simulations were provided to CPL by Patricia St. Clair, USC Schaeffer Center, and Benjamin Henwood, USC School of Social Work.

9 This analysis does not account for any seasonal influences on the composition of the unsheltered population that are introduced from the PIT being tied to January. See the technical appendix for a detailed discussion..

10 We are unable to examine possible differences in housing enrollments among Asian, Native American, and Pacific Islander clients due to small sample sizes in these groups relative to Black, White, and Latinx groups. Each of these groups accounts for less than 500 clients in our sample.

11 Enrollment in Street Outreach occurs after contact with an outreach worker. Enrollment is followed by a recorded "date of engagement" which indicates substantive case management has begun with the client (i.e., a housing plan, document preparation, needs assessments, etc.). For the purposes of this report, we use "enrollment date" rather than engagement date as the starting point for our 12 month look-ahead.

12 "Permanent supportive housing" in this report also includes what is referred to in LAHSA's HMIS data as "other permanent housing" enrollments.

13 This is likely due to the difficulty of collecting data from a highly vulnerable population on the street.

14 In the national homeless services system, a Continuum of Care is the regional planning body that coordinates housing and services funding for homeless families and individuals. The Los Angeles Continuum of Care includes the City of Los Angeles and 84 other cities in Los Angeles County, but does not include Pasadena, Glendale, and Long Beach.

15 For detailed information on the methodology of the PIT Count Demographic Survey see **https://www.lahsa.org/documents?id=4016-hc2019-methodology-report**

16 In 2019, the Los Angeles County Chief Executive Office approved a request by the California Policy Lab to receive de-identified and linked client level data from HMIS and DMH, among other datasets.

17 Grouping of these diagnosis codes as a proxy for SMI was provided to CPL by affiliate researchers in the David Geffen School of Medicine at UCLA.

18 We do not see statistically significant differences for clients who are gender non-conforming, White, Pacific Islander, or over age 55. See accompanying Technical Appendix for complete list of demographic comparisons.

19 To estimate the number of additional enrollments that would be observed by a two-year outcome window, we looked at enrollment outcomes for the subset of Street Outreach clients enrolled between July and September of 2018, allowing us to measure placement outcomes through September 2020. Among these clients, 18% had an enrollment outcome within 12 months, an additional 7% had a placement outcome within 13–24 months. See accompanying technical appendix of this brief for additional detail.

20 Additional Street Outreach enrollments are observed either after a client has an exit recorded by an outreach worker or has no contact with the homeless services system for 90 days.

21 See Appendix Table 8 in the accompanying online technical appendix of this brief for additional detail.

22 Differences between unadjusted rapid re-housing enrollment means and adjusted permanent housing enrollment means between Latinx and White clients are due to rounding and are less than one percentage point.

23 SMI in this study is defined by diagnosis of any of the following conditions: bipolar disorder, episodic mood disorder, major depressive disorder, manic episode, other psychotic or delusional disorder, schizoaffective disorder, schizophrenia, schizotypal disorder. This grouping was provided to the researchers by affiliates at the David Geffen School of Medicine at UCLA.

24 Table 5 implies that 6% of Street Outreach clients have DMH history but no SMI diagnosis: 20% with SMI + 74% with no DMH service history + 6% with DMH service history but no SMI = Full Street Outreach population.

25 This would be true as long as undiagnosed SMI clients have similar experiences as diagnosed SMI clients.