

Serious Mental Illness among People who are Unsheltered in Los Angeles

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SUMMARY

In Los Angeles, 45,021 people experiencing unsheltered homelessness received street outreach services between July 1, 2019 and June 30, 2020. Supporting and housing unsheltered residents is an urgent priority in Los Angeles, and it is imperative to better understand the challenges that individuals are facing. Questions persist about the size and unique needs of the group of individuals who are unsheltered and diagnosed with a serious mental illness (SMI). This is because unsheltered individuals experiencing serious mental illness, and particularly those individuals with a diagnosis of a psychotic spectrum disorder (“PSD”), may experience symptoms that could cause or contribute to losing housing and that could lengthen the duration of homelessness. This group often needs intensive, specialized, and coordinated care in order to exit homelessness.

To better understand the prevalence of psychotic spectrum disorders (“PSD”) among those who are unsheltered, the California Policy Lab (CPL) linked homeless outreach service records found in the Los Angeles Homeless Services Authority’s (LAHSA) Homeless Management Information System (HMIS) to service records at the LA County Department of Mental Health (DMH) and the LA County Department of Health Services (DHS). We used the linked data to estimate the number of people who are enrolled in a street outreach program and who had a service visit for serious mental illness (“SMI”) in the five years prior to their street outreach enrollment. We then stratified this group into two distinct groups: those with service visits with a diagnosis of PSD and those with service visits with a diagnosis of a serious mental illness without psychotic symptoms (“Other SMI”). We analyzed these data to show how many people in these groups were enrolled in interim or permanent housing within one year of their enrollment in street outreach services, and we break down interim and permanent housing enrollments by race and ethnicity. Our analysis also shows how many street outreach participants did not have service records for PSD or Other SMI within the five years prior to enrolling in street outreach.

KEY FINDINGS

- This study includes 45,021 unique unsheltered people who were enrolled in street outreach programs in FY 2019–20.
- Ten percent of participants had a service record that includes a diagnosis for a PSD within five years prior to enrollment in street outreach. An additional 7% of participants had a service with a diagnosis for Other SMI during the same five-year period. Combined, 17% of participants had a service for an SMI within 5 years prior to enrollment in street outreach.
- Participants with services visits for PSD are more likely to be Black, less likely to be Hispanic, and slightly less likely to be White compared to participants with services for Other SMI and those with No SMI. Sixty-five percent of people who received services for PSD are male. In comparison, 51% of people who received services for Other SMI were male, and 67% of people who had No SMI were male.
- Participants with PSD and Other SMI are much more likely to have previously received any homeless services. Specifically, 80% of participants with services for PSD have previously received any homeless services compared to 75% for those with services for Other SMI and only 31% for participants with No SMI.
- Overall 20% of participants enrolled in interim or permanent housing within a year after their street outreach enrollment. The largest share of participants enrolled in interim housing (16.6%), with relatively smaller shares enrolling in rapid re-housing (2.4%) and permanent supportive housing (1.5%). Interim housing is composed of emergency shelter, safe haven, day shelter, and transitional housing HMIS project types.
- Forty percent of participants with PSD enrolled in interim or permanent housing, including 33.5% who enrolled in interim housing and 6.1% who enrolled in either rapid re-housing or permanent supportive housing within one year of enrolling in street outreach. Participants with prior services for PSD and Other SMI are more likely to be enrolled in interim housing, rapid re-housing, and permanent supportive housing programs than participants without a service for an SMI. Comparing only participants with PSD and Other SMI service visits, we see that participants with service visits for PSD are less likely to enroll in both permanent supportive housing and rapid re-housing programs. However, they were about as likely to enroll in interim housing programs as participants who had Other SMI service visits.
- Consistent with the [findings](#) of the Ad Hoc Committee on Black People Experiencing Homelessness, Black participants have higher utilization of interim housing programs. Black and Hispanic participants are slightly more likely than White participants to enroll in any housing program. After adjusting for a limited set of other characteristics, Black and Hispanic participants remain more likely to have housing program enrollments compared to White participants.¹
- [Analytic and Data limitations](#): This analysis relies on a unique linked data set that gives researchers and policymakers unprecedented insight into the mental health service histories and experiences of street outreach participants. It provides a more precise, lower-bound estimate of unsheltered individuals with services for SMI within the prior five years, including PSD. These data, however, have important limitations and do not provide a complete picture of the service and housing needs for this group. For example, we do not yet have data to observe County services involving diagnoses of Substance Use Disorder (“SUD”), and some psychotic symptoms are likely to be associated with SUD. In addition, if someone receives services or treatment outside of DMH or DHS, those service visits are not captured by the data for this study. This may result in an under-estimate of the prevalence of SMI. Importantly, service visits and their associated clinical diagnoses do not determine a person’s level of functioning or illness severity, which are significant factors for understanding the service and housing needs of individuals experiencing homelessness. Finally, while we can observe enrollments in interim or permanent housing programs included in the homeless services data, we do not have data on certain housing programs, including enriched residential facilities (e.g., board and care, adult residential facilities, residential facilities for the elderly), or placements in acute or subacute settings (e.g., hospitals, Institutions of Mental Disease, and nursing homes) or shelters that do not use HMIS. Also, people experiencing unsheltered homelessness may obtain services outside of the outreach system and they would not be included in this analysis. Lastly, this study does not include volunteer and non-HMIS-provider outreach data.

BACKGROUND

Supporting and housing people experiencing unsheltered homelessness is an urgent and complex policy issue for government agencies and homeless service providers in the Los Angeles Continuum of Care (CoC).² According to the January 2020 Point-in-Time (PIT) Count, 72% of the 63,706 people experiencing homelessness in the Los Angeles CoC were unsheltered, meaning they were living on the street or in places not meant for human habitation like tents, vehicles, or makeshift shelters. The number of unsheltered people counted by the PIT Count has increased nearly every year since 2009, despite efforts by policymakers, service providers, and voters to provide more services and housing through initiatives like Measure H.³

Questions persist about the size and unique needs of the group of individuals who are unsheltered and who also have been diagnosed with a SMI. Conditions commonly included within the category of SMI are bipolar disorder, major depression, schizophrenia, schizoaffective disorder, and others. Those serious mental illnesses that include experiences of psychosis (e.g., mood disorders with psychotic symptoms, schizophrenia; also called psychotic spectrum disorders) have been shown to impair everyday functioning more often and more substantially than serious mental illnesses that do not include experiences of psychosis.⁴ Challenges in aspects of everyday functioning can result in difficulty with goals like employment and independent living. In addition to challenges with functioning, experiences of psychosis in and of themselves (e.g., paranoid or persecutory delusions) could cause housing loss and housing instability and lengthen the duration of homelessness. For these reasons, individuals who have been diagnosed with a psychotic spectrum disorder may be more likely to need intensive and specialized care to exit homelessness.

DMH, DHS, and the LAHSA, among others, coordinate services for individuals experiencing homelessness who have been diagnosed with a SMI. DMH serves adults living with SMI, including those who may face barriers to obtaining services in other health systems. As part of their broader service portfolio, DMH offers targeted mental health services and programs for Angelenos experiencing homelessness and living with mental health issues, with special attention for those experiencing unsheltered homelessness. DMH also funds and manages the Homeless Outreach and Mobile Engagement (HOME) teams, which provide specialized mental health street outreach services (e.g., peer support, psychiatric care) to those with SMI. LAHSA coordinates homeless services throughout the Los Angeles

CoC through the Coordinated Entry System (CES), and together with DHS, implements and funds additional street outreach programs that help connect people who are unsheltered to supportive services, shelter, and housing. LAHSA also coordinates the mosaic of street-based teams across all agencies via its funded outreach coordinators. Street outreach teams work with unsheltered people proactively to provide for basic needs like food, mainstream benefits and hygiene resources, while also attempting to connect them to more intensive services (e.g., mental health services or substance abuse treatment) and interim and/or permanent housing.

DMH engaged the California Policy Lab at UCLA (CPL) to help estimate the number of unsheltered individuals with SMI and to stratify this group into those with PSD and Other SMI. Based on input from psychiatrists and clinicians, CPL focused on participants with service visits for PSD and Other SMI within the 5-years prior to their street outreach enrollment because more recent mental health service visits may better reflect present mental health service needs. This brief uses both DMH and DHS data on mental health service visits and associated diagnoses and data on services provided to street outreach participants that were recorded in LAHSA's HMIS between July 1st, 2019, and June 30th, 2020, to answer the research questions described below. Personal identifiers in DHS and DMH data were removed prior to CPL receiving the data. Personal identifiers in HMIS data were removed prior to any analysis. Only aggregate PIT Count data is used.

RESEARCH QUESTIONS

1. What percent of street outreach participants had a DMH or DHS service for a psychotic spectrum disorder (PSD) or other serious mental illness (Other SMI) within the 5 years prior to their enrollment in street outreach?
2. Do street outreach participants with past PSD or Other SMI service visits have different demographics or prior homeless service histories compared to those without PSD or Other SMI services?
3. What interim or permanent housing enrollments do street outreach participants receive?
4. Do interim or permanent housing enrollments differ by the race or ethnicity of street outreach participants?
5. Do interim or permanent housing enrollments differ by whether street outreach participants previously received PSD or Other SMI services?

ANALYSIS PLAN AND METHODS⁵

We define our study sample to include all participants enrolled in HMIS street outreach programs during the 2019–2020 Fiscal Year (July 1st, 2019, to June 30th, 2020).⁶ To assess whether findings about street outreach participants may be generalizable to the broader population of people experiencing unsheltered homelessness in Los Angeles, we first compare the demographic characteristics of our sample to the 2020 PIT Count Demographic Survey (PIT Survey) results (please see the section **Understanding Who is Unsheltered in Los Angeles - a Description of our Sample** below). While comparing the characteristics of the street outreach population to those from the PIT Survey sample, we account for the uncertainty in PIT estimates since they are created using a weighted sample of survey respondents. We do this using a simulation approach that relies on PIT Survey sampling variation to produce 95% confidence intervals for reported characteristics of the unsheltered PIT population.⁷ We then check whether measures of the street outreach participants' demographic characteristics fall within the respective 95% confidence interval from the PIT Survey. Street outreach participants' characteristics that fall outside of these confidence intervals imply statistically significant differences between the PIT unsheltered population and street outreach participants.

The next phase of our analysis examines prior service visits for PSD and Other SMI using linked DMH and DHS records (Research Question 1). While self-reported measures of various mental health statuses are common across data sources of people who are experiencing homelessness, the definitions differ — a challenge we address in an extended discussion below. Further, self-reported measures of SMI may result in responses that do not correspond to or confirm the presence of a clinical diagnosis. To address these challenges, in this study we use DMH and DHS service records from as early as July 1st, 2014, to observe prior service visits for PSD and Other SMI among street outreach participants. We then examine differences in characteristics between participants with services for PSD, Other SMI, and those without prior service records for any SMI (Research Question 2). The remainder of our analysis explores street outreach participants' interim and permanent housing enrollments (Research Question 3), with an additional focus on whether interim and permanent housing enrollments appear to differ by race or ethnicity and service visits for PSD or Other

SMI (Research Question 4 and 5). Using HMIS data, we can observe street outreach participants' subsequent enrollments in interim and permanent housing, which are defined as: enrollments in (1) interim housing, (2) rapid re-housing,⁸ or (3) permanent supportive housing programs. Interim housing is composed of the following project types in the HMIS: emergency shelter, day shelter, safe haven, and transitional housing. Rapid re-housing is composed of the single rapid re-housing HMIS project type. Permanent supportive housing is composed of the following project types in the HMIS: permanent supportive housing (disability required for entry), housing with services (no disability required for entry), or housing only.

To create a uniform outcome period, we observe each participant for 12 months after their first street outreach enrollment in the sample period.⁹ For participants with multiple interim or permanent housing enrollments in the outcome period, we take the “furthest”¹⁰ progression for a given participant (e.g., someone with an interim housing program enrollment who is later enrolled in rapid re-housing would be categorized as having a rapid re-housing program enrollment outcome). We estimate overall rates of enrollment into interim and permanent housing, as well as rates broken down by demographic groups and by prior homeless service contact. Further, because the time it takes street outreach participants to enroll in interim or permanent housing can be highly variable, we also estimate the average time it takes participants to enroll in housing programs.

When studying differences in interim and permanent housing enrollment by race or ethnicity, we control for other observed characteristics that may lead to differences in enrollments. Specifically, we use a statistical adjustment procedure known as re-weighting that allows us to make comparisons of interim and permanent housing enrollments between two groups while adjusting for observed differences in other characteristics across those two groups. This approach requires that each observation has complete data for the characteristics used in the re-weighting procedure, which are gender, age, prior HMIS history, and self-reported mental health concerns and substance use disorders. Among the “complete case” subset of participants, we re-weight and separately compare Black participants and Hispanic participants to White participants. Sample sizes were insufficient to include other racial groups in this analysis.

DATA SOURCES AND DEFINITIONS

Observing Homeless Services in LAHSA HMIS Data

HMIS data managed and provided by LASHA provides the foundation for defining our sample of people who were enrolled into street outreach programs during FY 2019–20. As the primary system of record for homeless services in Los Angeles' CoC, it also includes data on interim and permanent housing enrollments.

A notable limitation of LA's HMIS data is incomplete coverage. Specifically, HMIS does not include all providers operating street outreach, interim housing, or permanent supportive housing programs. Therefore, our analysis cannot fully describe all street outreach and interim and permanent housing programs operating in the Los Angeles CoC. Even still, the included populations are roughly comparable in size to other counts of individuals experiencing homelessness, such as those from the PIT Count, and the findings from the analyses are valid for the programs that are included. Further, conversations with program administrators and data managers lead us to believe that the vast majority of street outreach programs are measured in the HMIS.

Los Angeles Point-In-Time Count Data

The PIT Count is conducted over three days annually across the country.¹¹ In Los Angeles, the PIT Count is typically conducted each January as a visual-only tally of people who are unsheltered in every census tract of the CoC. 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 people assumed to be living in them.

The PIT Count data we use combines counts completed in January 2020 along with surveyor observations and survey responses gathered during the PIT Survey conducted between December 5th, 2019, and February 29th, 2020. LAHSA and a third-party research team administer this survey to obtain additional information about people experiencing homelessness. The survey uses common sampling and weighting techniques to construct a representative sample of the population experiencing unsheltered homelessness across the CoC.¹² To transform the weighted counts into proportions while retaining estimates of the measurement error inherent in survey methods, we use point estimates

and standard errors from the PIT Count Survey provided by University of Southern California researchers who help conduct the survey.

Defining and Stratifying Serious Mental Illness in the Los Angeles County Department of Mental Health and Department of Health Services Data

To observe prior service visits for SMI among street outreach participants, we use linked data from DMH and DHS.¹³ For street outreach participants with DMH or DHS service records, we distinguish between participants whose service records include diagnosis codes indicating SMI and participants who either receive services without any specific diagnosis or whose diagnosis falls outside of SMI (e.g., substance use disorder). "Serious mental illness" is a term commonly used to refer to the diagnosis of a mental illness, plus severe functional impairment. Because the data available for this project includes diagnosis codes but does not include information on functional impairment, we constructed our definition of SMI using diagnoses conventionally classified as SMI because of their association with functional impairment.¹⁴ The diagnoses used to define SMI for the purposes of this study are consistent with those used by the National Institute for Mental Health. They are: bipolar disorder, episodic mood disorder, major depressive disorder, manic episode, other psychotic or delusional disorder,¹⁵ schizoaffective disorder, schizophrenia, and schizotypal disorder.¹⁶

Because participants with PSD may be more likely to need more intensive and specialized services to exit homelessness than participants with Other SMI, we stratified the sample into three mutually exclusive groups: those with services for PSD, those with services for Other SMI, and those with No SMI (i.e. no services for any SMI diagnosis). The PSD group is composed of participants with service visits involving other psychotic or delusional disorder, schizoaffective disorder, schizophrenia, schizotypal disorder, and any other SMI diagnosis involving psychotic symptoms or features (e.g., bipolar disorder with psychotic symptoms). The Other SMI group is composed of participants with service visits involving bipolar disorder (without psychotic symptoms), episodic mood disorder (without psychotic symptoms), major depressive disorder (without psychotic symptoms), or manic episode (without psychotic symptoms). The No SMI group is composed of participants without any service visits involving an SMI diagnosis. Participants in this group either have no DMH or DHS visits or have visits that do not involve an SMI diagnosis.

We are limited in our ability to observe prior SMI service visits among street outreach participants in at least two ways. First, we do not observe records from private healthcare providers, or other providers outside of Los Angeles County’s DMH or DHS network. Second, we cannot observe people who are undiagnosed and/or disconnected from care.

We also do not yet have data to observe County services involving diagnoses of Substance Use Disorder (“SUD”), and some psychotic symptoms are likely to be associated primarily with SUD. Further work should prioritize accessing, understanding, and analyzing these important data sources.

Measures of Mental Health and Serious Mental Illness in Other Sources

This brief uses HMIS data linked to DMH and DHS service visits involving SMI to try to answer an important question: how many unsheltered individuals are experiencing SMI? Other attempts to answer this question may rely on data sources covering homelessness or homeless services, specifically the PIT Count and HMIS. Those data contain self-reported measures related to mental health. Despite the value of these self-reported measures for effective service delivery, they are defined and collected differently for different purposes and do not measure mental health in a way that is consistent with clinical diagnosis of SMI. To clarify this point, we provide examples of how mental health is measured during the provision of homeless services, as well as a table that lists how mental health is measured across data sources.

HMIS is not required to be a HIPAA-compliant data system, and therefore cannot include clinical diagnoses or actual health records. For participants with any program

enrollment in the HMIS, case managers collect a measure of mental health through a disability assessment conducted when participants are enrolled into a program. During the assessment, case workers ask individuals if they feel they currently have a mental health problem. If the participant answers affirmatively, they are asked if the condition is expected to be of long-continued and indefinite duration and substantially impairs their ability to live independently.¹⁷

The PIT Count Demographic Survey measures SMI by asking respondents whether they have or have previously been diagnosed with a list of health conditions including SMI.¹⁸ For each condition, respondents indicate if the condition is “permanent or long-term.”

Assessment tools used during entry into the homeless services system also collect measures of self-reported mental health concerns. In Los Angeles, and in many other CoCs around the country, people seeking services from the homeless services system are assessed using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT asks people about general mental health concerns experienced at the time of the assessment or any time in the past. However, the VI-SPDAT is not given to everyone accessing the homeless service system, and anecdotal reports suggest it can be difficult to administer on the street because of its length and the sensitivity of some of the questions.

To summarize different measures of mental health and SMI, [Table 1](#) presents how mental health concerns are measured and the prevalence of mental health concerns across the various sources. The information provided in the table is from multiple programs and is not limited to street outreach participants.

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

SOURCE AND MEASURE	MENTAL HEALTH CONCERNS INDICATED BY	TIME PERIOD COVERED	POPULATION COVERED	OBSERVED PREVALENCE IN STUDY SAMPLE
PIT, SMI	Self-report of: permanent and long-term e.g., serious depression, bipolar disorder, post-traumatic stress disorder, or schizophrenia	Time of survey (January 2020), and anytime in the past	Representative sample of unsheltered population experiencing homelessness in the Los Angeles CoC	25%
HMIS, General Concern	Self-report of: a mental health problem	Time of enrollment FY 2019–20	All participants enrolled in Street Outreach programs in HMIS	21%
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	Time of enrollment FY 2019-20	All participants enrolled in Street Outreach programs in HMIS	14%
DMH and DHS, SMI	Services involving or for a diagnosis of: bipolar disorder, episodic mood disorder, major depressive disorder, manic episode, other psychotic or delusional disorder, schizoaffective disorder, schizophrenia, or schizotypal disorder	July 1, 2014 to time of enrollment FY 2019-20	Participants with DMH or DHS service history	17%
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	n.r.*	Participants in Street Outreach who were given the VI-SPDAT	n.r.*

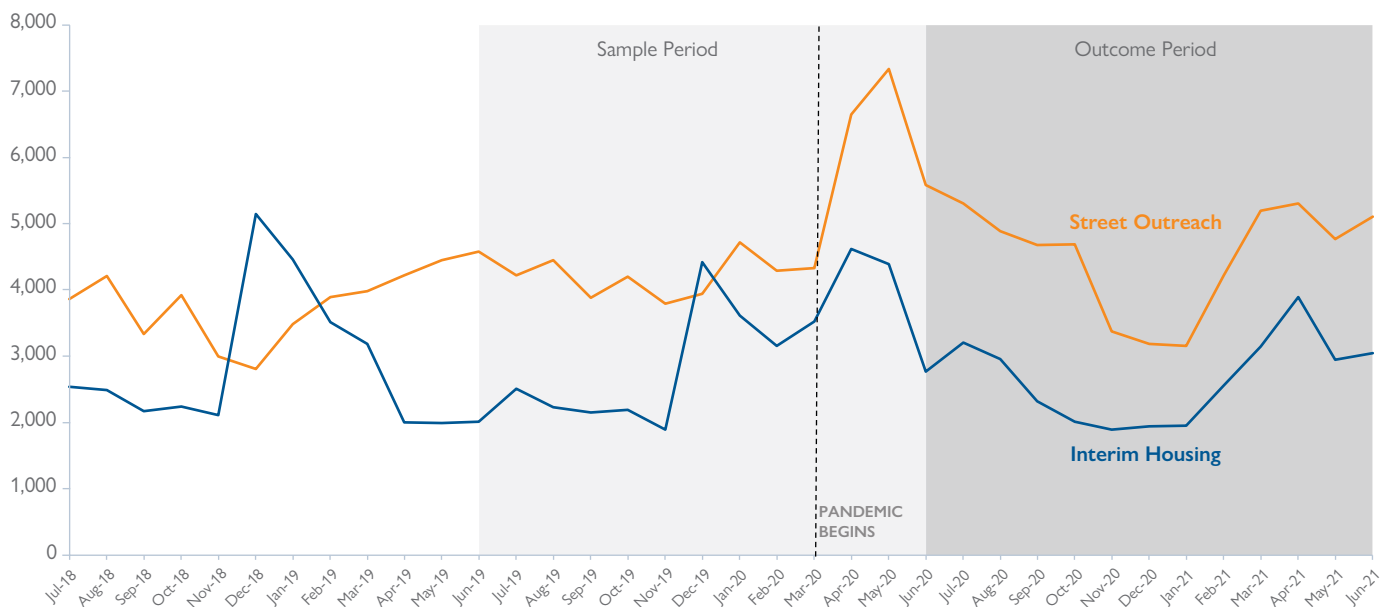
Notes: This table compares measures of mental health and Serious Mental Illness (SMI) across data sources that describe people experiencing homelessness. “*” denotes that the data is not reported because VI-SPDAT data was not available for this brief’s sample.

UNDERSTANDING WHO IS UNSHELTERED IN LOS ANGELES - A DESCRIPTION OF OUR SAMPLE

In FY 2019–20, street outreach workers enrolled 45,021 unique individuals in street outreach programs. Enrollments have increased somewhat over the last three fiscal years (Figure 1). During our sample period (FY 2019–20), enrollments in both street outreach and interim housing increased from March 2020 to late summer and early fall of the same year, but enrollment trends were otherwise similar—although they shifted slightly higher in FY 2019–20 and FY 2020–21. COVID-19 and public health policy responses to the pandemic, which intensified around March 2020, corresponds with an increase in enrollments. Although explicit research focused on how the pandemic has altered services is beyond the scope of this study, our results should be interpreted within the broader context of the pandemic’s far-reaching disruptions and associated policy changes.

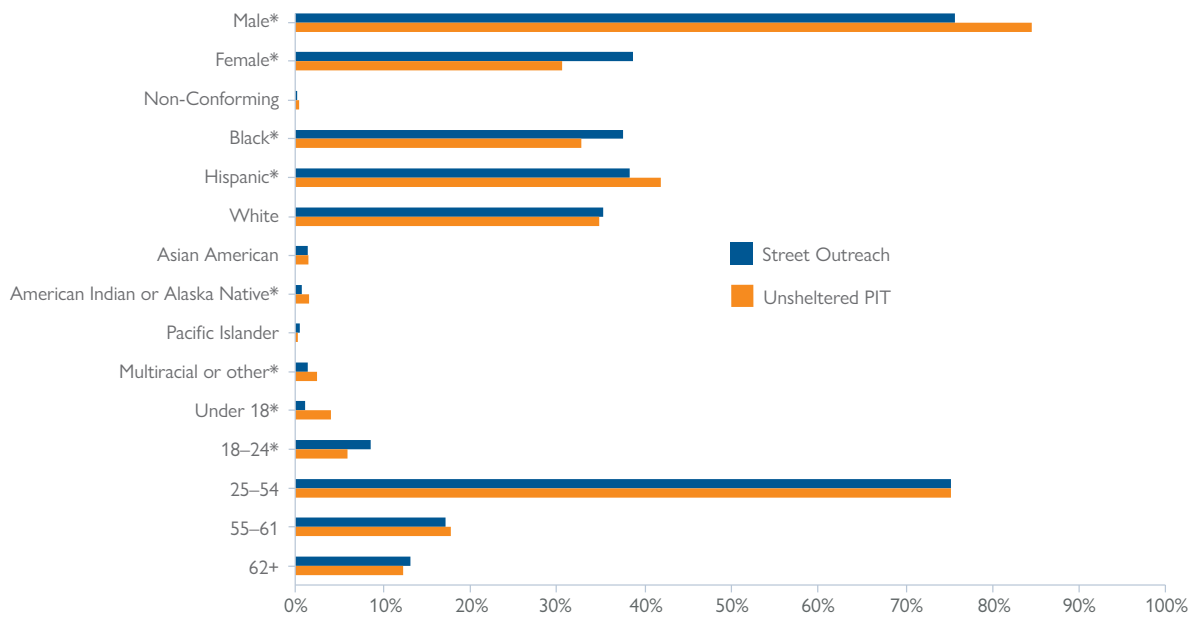
We find that the population of street outreach participants is similar to that of the 2020 PIT Count, but there are differences. The demographic characteristics of the two populations are presented in Figure 2. Street outreach participants identified as follows: 34% female, 65% male, and .2% gender non-conforming. They were 1.3% Asian American, 33% Black, 1.3% Multiracial, .7% American Indian or Alaska Native, .5% Pacific Islander, 33% Hispanic, and 31% White. The majority of participants (65%) were between the ages of 25–54, about a quarter (26%) are ages 55 or older, 7.5% are between the ages of 18 and 24, and 1% are under 18. Using the simulation approach described above, we observe statistically significant differences between the PIT Count population and people enrolled in street outreach programs. In particular, relative to the PIT Count, street outreach participants were more likely to be female, more likely to be Black, less likely to be Hispanic, less likely to be American Indian or Alaska Native, less likely to be Multiracial or other, less likely to be under 18, and more likely to be 18–24. Given these differences, our findings on street outreach participants may not be generalizable to the entire population of unsheltered people in Los Angeles’ CoC.

FIGURE 1: All New HMIS Enrollments in Street Outreach and Interim Housing (FY 2019–20 through FY 2020–21)



Notes: This figure uses HMIS data on enrollments in street outreach and interim housing (HMIS project types Emergency Shelter, Day Shelter, Safe Haven, and Transitional Housing) between July of 2019 and June of 2020.

FIGURE 2: Demographic Comparison of Street Outreach Participants and Unsheltered Individuals in 2020 PIT Count



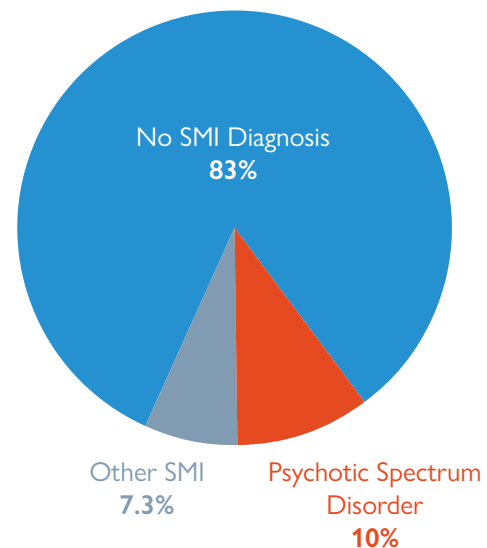
Notes: “*” denotes statistically significant differences. This figure compares HMIS data on participants enrolled in street outreach projects between July of 2019 and June of 2020 to the 2020 PIT Count Demographic Survey. The proportion of street outreach participants that were male, female, Black, Hispanic, American Indian or Alaska Native, multiracial or other; younger than 18, or age 18-24 falls outside of the 95% confidence intervals we estimate for the PIT Count Demographic Survey using simulation analysis. This indicates that these differences are statistically significant.

FINDINGS

RESEARCH QUESTION 1: What percent of street outreach participants had a DMH or DHS service for a psychotic spectrum disorder (PSD) or other serious mental illness (Other SMI) within the 5 years prior to their enrollment in street outreach?

FINDING: Through linking DMH and DHS service records to street outreach participants, we estimate that 10% of street outreach participants had a service visit involving a PSD in the five years prior to their enrollment in street outreach (Figure 3). Another 7.3% of participants had a service visit involving Other SMI. Combining these two groups, 17.3% of people had a PSD or Other SMI service within 5 years prior to enrollment in street outreach. This estimate does not include participants with undiagnosed SMI or SMI that was diagnosed by a healthcare provider not covered in DHS or DMH administrative records.

FIGURE 3: Street Outreach Participants with a Service involving Psychotic Spectrum Disorder or Other SMI within 5 Years Prior to Street Outreach Enrollment



Notes: This figure uses HMIS data on participants enrolled in Street Outreach projects between July of 2019 and June of 2020. SMI diagnosis data comes from DMH and DHS service records dating back to July 1, 2014.

TABLE 2: Demographics and Prior Homeless Service History of Street Outreach Participants with Past PSD or Other SMI Services Compared to No SMI

	PSYCHOTIC SPECTRUM DISORDER	OTHER SMI	NO SMI	WHOLE SAMPLE
Gender				
Male	65%	51%	67%	63%
Female	34%	47%	32%	32%
Non-Conforming	*	*	0.2%	0.2%
Race				
Black	45%	38%	30%	30%
Hispanic and/or Latino	26%	31%	34%	31%
White	25%	27%	32%	28%
American Indian or Alaska Native	1.0%	1.1%	0.6%	0.6%
Asian American	1.2%	0.9%	1.3%	1.2%
Native Hawaiian or Pacific Islander	0.7%	*	0.5%	0.4%
Multiracial	1.8%	2.0%	1.1%	1.2%
Age				
Under 18	*	*	1.2%	0.9%
18–24	4.2%	11%	7.6%	6.4%
25–54	67%	59%	66%	56%
55+	29%	30%	26%	23%
Prior Contact with Homeless Services	80%	75%	31%	39%
Total number	4,584	3,277	37,160	45,021

Notes: This table uses HMIS data on participants enrolled in street outreach projects between July of 2019 and June of 2020, and observes their interim and permanent housing placements during the year after their enrollment. Race and ethnicity information is self-reported at the time of first street outreach enrollment in HMIS. “*” denotes that the value was suppressed for privacy concerns due to small cell sizes. Percentages are rounded and may not sum to 100.

RESEARCH QUESTION 2: Do street outreach participants with past PSD or Other SMI service visits have different demographics or prior homeless service histories compared to those without PSD or Other SMI?

KEY FINDINGS: Participants with services for PSD are more likely to be Black, less likely to be Hispanic, and slightly less likely to be White compared to participants with services for Other SMI and those with No SMI. Those with services for PSD are 65% male compared to 51% male for

those with Other SMI services, and 67% male for those with No SMI. Eighty percent of participants with services for PSD have prior contact with any homeless services compared to 75% for those with services for Other SMI and 31% for participants with No SMI.

We observe many demographic differences between participants with services for PSD, Other SMI, and No SMI (Table 2). Although these differences may include true differences in composition across groups, it is important to note that they also likely reflect differences in access to

TABLE 3: Interim or Permanent Housing Placements of Street Outreach Participants within One Year of Outreach, by Subgroup

	NO ENROLLMENT	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT SUPPORTIVE HOUSING	TOTAL
Gender					
Male	80%	16%	2.1%	1.4%	28,324
Female	76%	19%	3.1%	1.8%	14,517
Non-Conforming	*	*	*	*	85
Race					
Black	73%	21%	3.6%	2.1%	13,482
Hispanic and/or Latino	81%	16%	2.1%	1.3%	13,779
White	81%	16%	1.8%	1.3%	12,677
American Indian or Alaska Native	*	*	*	*	270
Asian American	*	*	*	*	532
Native Hawaiian or Pacific Islander	*	*	*	*	198
Multiracial	*	*	*	*	522
Age					
Under 18	*	*	*	*	397
18–24	76%	19%	3.7%	1.7%	2,892
25–54	79%	17%	2.2%	1.3%	25,197
55+	69%	25%	3.9%	2.8%	10,217
Prior Contact with Homeless Services	65%	29%	3.8%	2.9%	17,496
Total percent	80%	17%	2.4%	1.5%	
Total clients	35,812	7,481	1,063	665	45,021

Notes: This table uses HMIS data on participants enrolled in street outreach projects between July of 2019 and June of 2020, and observes their interim and permanent housing placements during the year after their enrollment. Race and ethnicity information is self-reported at the time of first street outreach enrollment in HMIS. “*” denotes that the value was suppressed for privacy concerns due to small cell sizes. Percentages are rounded and may not sum to 100.

services as well as potentially different diagnostic practices that may be experienced across groups.¹⁹ In other words, these findings represent the demographic patterns in who accesses and interacts with certain DHS and DMH services and who are also street outreach participants.

Participants with services for PSD are 45% Black compared to 38% of participants with services for Other SMI and 30% for participants with No SMI services. Participants with PSD are less likely to be Hispanic (26%) or White (25%) compared to participants in other groups. Participants identified as

American Indian or Alaska Native make up around 1% of those with services for PSD and those with services for Other SMI compared to .6% of those with No SMI services. Asian Americans make up approximately 1% of each group. Multiracial participants are slightly more represented in the Other SMI services group (2% vs. 1.8% for those with PSD services and 1.1 % for those with No SMI services).

In terms of gender, both participants with services for PSD and participants with No SMI services are approximately two-thirds male and one-third female. Participants for Other SMI are substantially more female.

TABLE 4: Average Days to Interim or Permanent Housing Enrollment for Street Outreach Participants Who Were Subsequently Enrolled in an Interim or Permanent Housing Program

	INTERIM HOUSING	RAPID RE-HOUSING	PERMANENT SUPPORTIVE HOUSING
Gender			
Male	106	184	199
Female	109	163	197
Non-Conforming	104	139	157
Race			
Black	96	171	191
Hispanic and/or Latino	106	161	207
White	124	206	203
American Indian or Alaska Native	139	200	204
Asian American	111	178	224
Native Hawaiian or Pacific Islander	84	134	266
Multiracial	100	161	157
Age			
Under 18	58	82	160
18–24	86	138	160
25–54	108	166	205
55+	111	199	200
Prior Contact with Homeless Services	115	190	195
Average	107	175	199

Notes: This table uses HMIS data for participants enrolled in street outreach projects between July of 2019 and June of 2020. The average days until placement is calculated by taking the difference between entry dates for each participant's street outreach enrollment and subsequent housing enrollment.

Sixty-seven percent of participants with services for PSD are between the ages of 25-54 compared to 59% for those with services for Other SMI and 66% for those with No SMI services. We observe less variation in proportion of participants aged 55+ across SMI services groups—proportions range from 26% (No SMI) to 30% (Other SMI). Though participants aged 18-24 make up a relatively small share of the overall sample, we observe a higher percentage (11% vs. 7.6% for those with No SMI services and 4.2% for those with PSD services) of them among participants with services for Other SMI.

Prior homeless service utilization varies largely between groups. While 80% of participants with services for PSD have previously enrolled in any homeless service program, 75% of Other SMI participants have enrolled in any prior homeless service program, and only 31% of participants with No SMI services have previously enrolled in any homeless service program.

RESEARCH QUESTION 3: What interim and permanent program enrollments do street outreach participants receive?

KEY FINDINGS: Overall 20% of participants enroll in either an interim or permanent housing program within a year of their street outreach enrollment. The largest share of participants enroll in interim housing (17%), with relatively smaller shares enrolling in rapid re-housing (2.4%) and permanent supportive housing (1.5%).

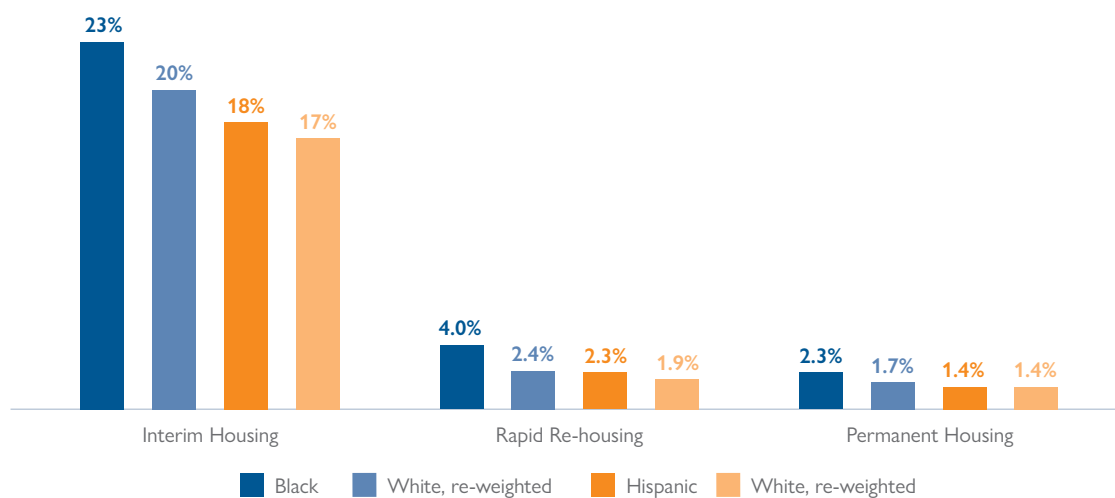
Examining subsequent interim or permanent housing program enrollments as recorded in the HMIS shows a fifth (20%) of street outreach participants enroll in interim housing, rapid re-housing, or permanent supportive housing programs within a year of their street outreach enrollment.²⁰ Most of these enrollments are in interim housing (17%), while 2.4% of participants enroll in rapid re-housing, and 1.5% enroll in permanent supportive housing programs. Because our measure is based on “furthest” program enrollment, it is important to note that 18% of all street outreach participants enroll in interim housing at some point as they progress through the homeless services system.

Table 3 shows interim and permanent housing program enrollments for various groups of street outreach participants compared to the overall sample. Female

participants are more likely to have an interim or permanent housing enrollment than male participants. Compared to White and Hispanic participants, Black participants are more likely to have an interim or permanent housing enrollment. Participants aged 55 and over are more likely to have an interim or permanent housing enrollment than younger individuals. Participants with prior homeless services use have higher than average interim and permanent housing program enrollment rates.

While enrollment in an interim or permanent housing program is an important outcome, street outreach participants often receive other referrals and services (e.g., basic needs, connections to healthcare, referrals to mainstream benefits and other resources) and forms of housing (e.g., residential treatment centers and reunification with family) during their enrollment that we do not examine due to data limitations. Street outreach programs also operate within the larger homeless services system where slots in housing programs are scarce. During the last ten days of January 2020, Los Angeles’ CoC’s total interim housing beds were at 85% occupancy, rapid re-housing was at 100% occupancy, and permanent supportive housing was at 88% occupancy.²¹ And, it is likely that some open beds had pending matches, thus inflating availability.

FIGURE 4 : Rate of Interim and Permanent Housing Program Enrollments within One Year, Re-weighted by Race or Ethnicity



Notes: This figure uses HMIS data on participants enrolled in street outreach projects between July 2019 and June 2020. For comparison to Black and Hispanic participants, a re-weighted sample of White participants is matched to the demographic, HMIS history, and health condition characteristics of either the Black or Hispanic sample. Individuals missing data for any of the variables used for re-weighting are excluded from the analysis. This means that 2,484 White participants, 1,852 Black participants, and 2,396 Hispanic participants were excluded from this analysis, which represent 6%, 4%, and 5% of the sample respectively. See accompanying technical appendix for additional detail.

Table 4 shows the average length of time it takes street outreach participants to get enrolled in various interim and permanent housing programs from the start of their street outreach enrollment.²² Overall it takes an average of 107 days for participants to get into interim housing programs, and 175 and 199 days to get into rapid re-housing and permanent supportive housing, respectively. Across subgroups, average times to housing are highly varied. We see that gender non-conforming participants have somewhat shorter average times across interim and permanent housing programs than male or female participants. American Indian or Alaska Native, Asian American, and White participants experience longer than average times for all interim and permanent housing placements. Participants aged 25–54 and over 55 also experience slightly longer than average times to

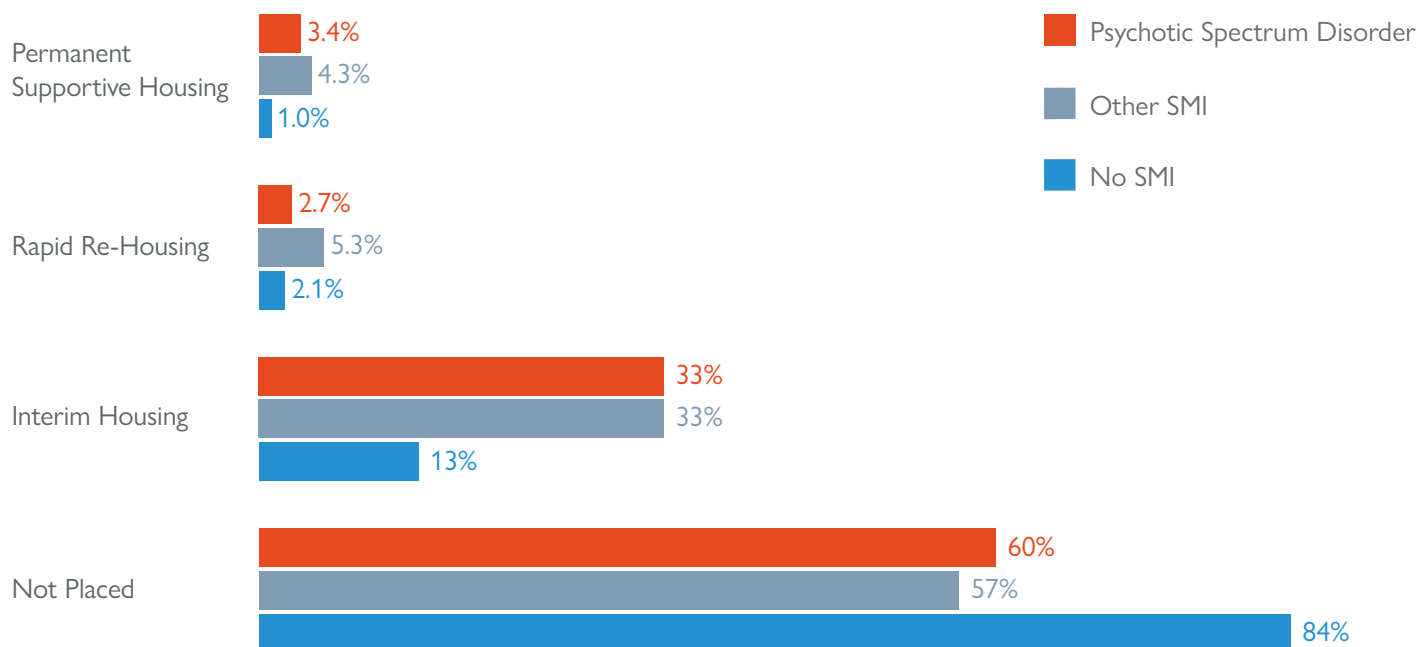
enrollment in interim and permanent supportive housing.

RESEARCH QUESTION 4: Do interim and permanent housing program enrollments differ by the race or ethnicity of street outreach participants?

KEY FINDINGS: After adjusting for a limited set of other characteristics, Black participants remain more likely to have interim and permanent housing program enrollments compared to White participants. Hispanic participants are slightly more likely than White participants to have interim housing and rapid re-housing program enrollments.

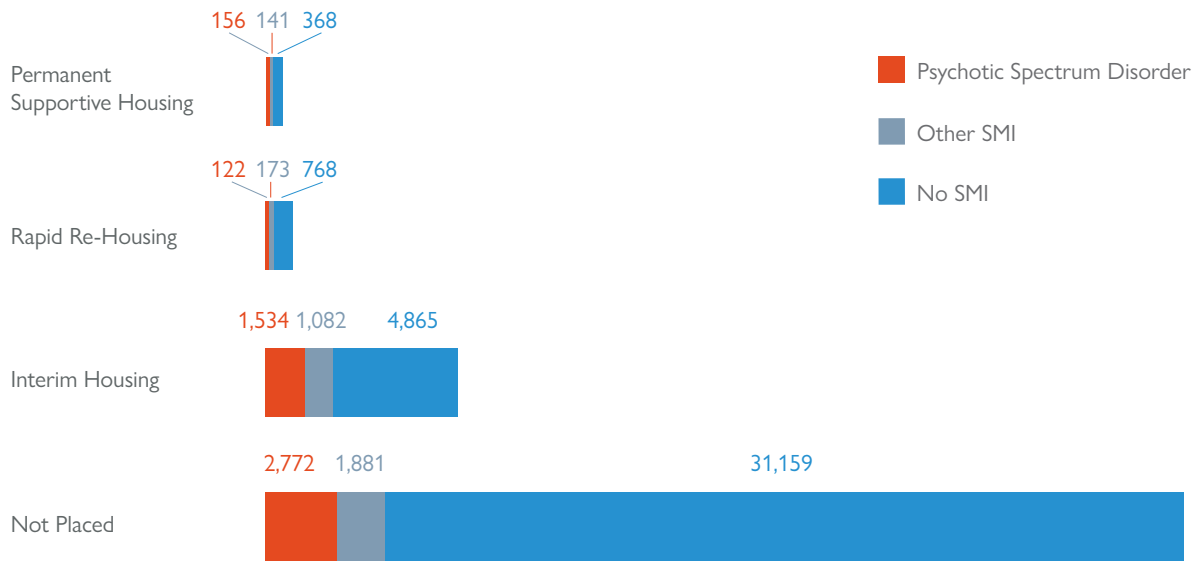
In our broader analysis of housing program enrollments, we presented unadjusted differences in interim and permanent

FIGURE 5: Rate of Interim and Permanent Housing Enrollments of Participants with Services involving Psychotic Spectrum Disorder, Other SMI, and No SMI



Notes: This figure uses HMIS data on participants enrolled in street outreach projects between July of 2019 and June of 2020. SMI Diagnosis data comes from DMH and DHS service records dating back to July 1, 2014.

FIGURE 6: Number of Interim and Permanent Housing Enrollments of Participants with Services involving Psychotic Spectrum Disorder, Other SMI, and No SMI



Notes: This figure uses HMIS data on participants enrolled in street outreach projects between July of 2019 and June of 2020. SMI Diagnosis data comes from DMH and DHS service records dating back to July 1, 2014.

housing program enrollments between racial and ethnic groups enrolled in street outreach programs. To further explore how racialized burdens and barriers could be influencing participants’ access to housing programs, we perform a reweighting analysis. The analysis adjusts the composition of compared groups so that they are similar according to other characteristics that may differ between the two groups, such as differences in age, gender, prior HMIS history, and self-reported mental health concerns and substance use. The results of this analysis should not be interpreted as showing or suggesting the absence of racial inequities in access to interim and permanent housing programs from street outreach programs. This analysis is a cursory examination of differences in interim and permanent housing program enrollments and how those differences relate to a limited set of other characteristics. The results of this reweighting procedure (Figure 4) show that Black street outreach participants remain more likely than White participants to have interim and permanent housing enrollments after adjustment. Hispanic participants are also slightly more likely to have interim and rapid re-housing enrollments than White participants after adjustment. Among the “complete case” subset of participants, we re-weight and separately compare Black participants and

Hispanic participants to White participants. Sample sizes were insufficient to include other racial groups in this analysis.

RESEARCH QUESTION 5: Do interim and permanent housing program enrollments differ by whether street outreach participants previously received PSD or Other SMI services?

KEY FINDINGS: After using linked data to observe whether street outreach participants have prior services for PSD, Other SMI, or have No SMI services, we can examine if interim and permanent housing program enrollments differ between groups. Forty percent of participants with PSD enrolled in interim and permanent housing program, including 33.5% who enrolled in interim housing and 6.1% who enrolled in either rapid re-housing or permanent supportive housing within one year of enrolling in street outreach. Participants with prior services for PSD and Other SMI are more likely to be enrolled in interim housing, rapid re-housing, and permanent supportive housing programs than participants without a service for an SMI.

Comparing only participants with PSD and Other SMI service

visits, we see that participants with service visits for PSD are less likely to enroll in both permanent supportive housing and rapid re-housing programs. However, they were about as likely to enroll in interim housing programs as participants who had Other SMI service visits. The lower enrollment rates for rapid re-housing and permanent supportive housing among participants with PSD suggests the need for more intentional or specialized services to connect them to permanent housing.

Examining the number of housing enrollments by SMI service groups shows (Figure 6) how participants with services for PSD or Other SMI enrollments make up a small portion of overall interim and permanent housing program enrollments. Though participants with services for PSD or Other SMI enroll in interim and permanent housing programs at a higher rate (see above), it is important to note that over 2,700 participants with services for PSD and over 1,800 participants with Other SMI had no interim or permanent housing program enrollment in the year following their street outreach enrollment.

CONCLUSION

The number of people experiencing homelessness and sleeping on the street in Los Angeles is a humanitarian crisis. There are also persistent questions about the prevalence of SMI among people who are unsheltered and the role of mental health services in preventing and addressing homelessness.

By leveraging linked administrative data on both homeless services and services at DMH and DHS for an SMI, this study helps to focus on a population in need of urgent intervention and care. We found that just over 4,500 of the 45,000 individuals enrolled in street outreach services had a service visit for a PSD in the prior five years. While that is only ten percent of people who received street outreach services, it is a troubling number of individuals who are experiencing PSD symptoms while living on the street. Sixty percent of this group were not enrolled in housing during the one-year outcome window. Participants with PSD will need specialized and intensive support to exit homelessness. On a positive note, PSD is treatable with appropriate care and resources, and street outreach workers have been successful at connecting people with PSD to housing programs when those resources are available. A coordinated and intensive effort to expand treatment, housing, and outreach services could be successful at helping thousands of individuals.

It is important to note that the vast majority of street outreach participants - more than 80% - do not have a County service history with diagnoses for any SMI within five years of enrolling in street outreach services, much less services with a diagnosis for PSD. However, even among participants without any SMI, the overwhelming majority (84%) were not enrolled in interim or permanent housing during the one-year outcome window. It is also true that most people with SMI in Los Angeles are housed, and not living on the street. The societal causes of homelessness for people are a combination of structural racism, lack of access to income or extremely low income, and our region's affordable housing shortage. Permanent solutions to homelessness must address these root causes.

Our goal for this brief, as well as our ongoing collaboration with DMH and LAHSA, is to continue building an understanding of the experiences and needs of people who are unsheltered in Los Angeles so that policies and programs can succeed in helping them achieve stable housing. Street outreach programs are a major component in LA's efforts to end unsheltered homelessness, and this analysis provides a description of recent (FY 2019–20) program participants and their interim and permanent housing program outcomes. While we continue to caution against generalizing our findings to the entire unsheltered population, street outreach program data provides valuable insights into the experiences of over 45,000 unsheltered Angelenos.

ACKNOWLEDGEMENTS

We thank the Los Angeles County Department of Mental Health (DMH) for their generous support of this project through the DMH+UCLA Public Partnership for Wellbeing. We gratefully acknowledge our partners at DMH and the Los Angeles Homeless Services Authority for their thoughtful comments on this brief. Thank you also to Dr. Beth Bromley, Dr. Patricia Lester, Dr. Dennis Culhane, Vincent Kane, Dr. Norweeta Milburn, and Dr. Sam Tsemberis for sharing their insights on earlier drafts.

We also acknowledge Patricia St. Clair, USC Leonard D. Schaeffer Center for Health Policy & Economics, and Dr. Benjamin Henwood, USC Suzanne Dworak-Peck School of Social Work, for sharing PIT Count Demographic Survey results that are invaluable to our analysis. The views expressed are those of the authors and do not necessarily reflect the views of our funders. All errors should be attributed to the authors.

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This research publication reflects the views of the authors and not necessarily the views of our funders, our staff, our advisory board, the Commission of the Los Angeles Homeless Services Authority (LAHSA), the Los Angeles County Department of Mental Health, the Los Angeles County Department of Health Services, the Public Partnership for Wellbeing, or the Regents of the University of California.

Endnotes

- 1 Small cell sizes prevent us from presenting comparative housing enrollment rates for American Indian or Alaska Native, Asian American, Native Hawaiian or Pacific Islander, and Multiracial participants.
- 2 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.
- 3 For further reading on Measure H, see <https://homeless.lacounty.gov/>.
- 4 Velthorst, E., Fett, A.-K. J., Reichenberg, A., Perlman, G., van Os, J., Bromet, E. J., & Kotov, R. (2017). The 20-Year Longitudinal Trajectories of Social Functioning in Individuals With Psychotic Disorders. *American Journal of Psychiatry*, 174(11), 1075–1085. <https://doi.org/10.1176/appi.ajp.2016.15111419>; van der Ven, E., Scodes, J., Basaraba, C., Pauselli, L., Mascayano, F., Nossel, I., Bello, I., Humensky, J., Susser, E., Wall, M., & Dixon, L. (2020). Trajectories of occupational and social functioning in people with recent-onset non-affective psychosis enrolled in specialized early intervention services across New York state. *Schizophrenia Research*, 222, 218–226. <https://doi.org/10.1016/j.schres.2020.05.051>
- 5 Our analysis involves data pre-processing and record linkage. For more details about these aspects of our analysis, please consult the accompanying technical appendix.
- 6 Some Street Outreach programs operating in the LA CoC do not participate in the HMIS. Because our sample definition is based on HMIS data, such programs are excluded.
- 7 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 percentiles 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.
- 8 We limit rapid re-housing enrollments to those that have 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.
- 9 Street outreach occurs through a sequence of contact, program enrollment, and engagement with a caseworker. After the start of a program enrollment, engagement may occur and indicates substantive case management with a participant (e.g., a housing plan, document preparation, needs assessments, etc.). For the purposes of this brief, we use “enrollment date” rather than “engagement date” as the starting point for our 12-month outcome period.
- 10 In our summary encoding, permanent supportive housing supersedes rapid re-housing, which supersedes interim housing.
- 11 See <https://www.hudexchange.info/programs/hdx/pit-hic/> for additional information and data about the PIT Count.
- 12 For detailed information on the methodology of the PIT Count and Demographic Survey see <https://www.lahsa.org/documents?id=4658-usc-2020-homeless-count-methodology-report>
- 13 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, DMH, and DHS, among other datasets.
- 14 Parabiaghi, A., Bonetto, C., Ruggeri, M., Lasalvia, A., & Leese, M. (2006). Severe and persistent mental illness: A useful definition for prioritizing community-based mental health service interventions. *Social Psychiatry & Psychiatric Epidemiology*, 41(6), 457–463. <https://doi.org/10.1007/s00127-006-0048-0>
- 15 This category is composed of delusional disorder, brief psychotic disorder, other psychotic disorder, unspecified psychosis not due to a substance or known physiological condition, unspecified paranoid state, shared psychotic disorder.
- 16 Grouping of these diagnosis codes and their categorization as SMI was informed by CPL affiliate researchers in the David Geffen School of Medicine at UCLA and later refined with input from staff at DMH.
- 17 These data collection phrases are meant to be illustrative. The HMIS is not a scientific survey and collection approaches may vary between different case workers, participants, and organizations.
- 18 Severe depression, bipolar disorder, post-traumatic stress disorder, and or schizophrenia are listed as examples of SMI in the survey.
- 19 For an overview of the history of anti-Black racism in schizophrenia, see: <http://www.neuwritewest.org/antiblack-racism-neuro/anti-black-racism-and-schizophrenia-past-and-present>. In a 6-site psychiatric study investigating the role of patient race in diagnosis, Gara et al. found that when making schizophrenia diagnoses “in African American subjects, clinicians appeared to minimize the possibility of mood disorder diagnoses or failed to carefully apply the diagnostic criteria for these disorders” (2012)
- 20 Accessing housing programs is a step towards housing stability, but participants may still return to homelessness after their enrollment in these programs. Examining participants’ outcomes in housing programs is beyond the scope of this brief.
- 21 Based on authors’ calculations using Housing Inventory Count data available at <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>
- 22 Because our interim or permanent housing program enrollment outcome period is limited to 12 months, these averages exclude people who wait more than 365 days to enroll in a housing program. Such participants are categorized as not housed in any program in our analysis because their housing program enrollment occurs outside of our outcome period of 12 months.