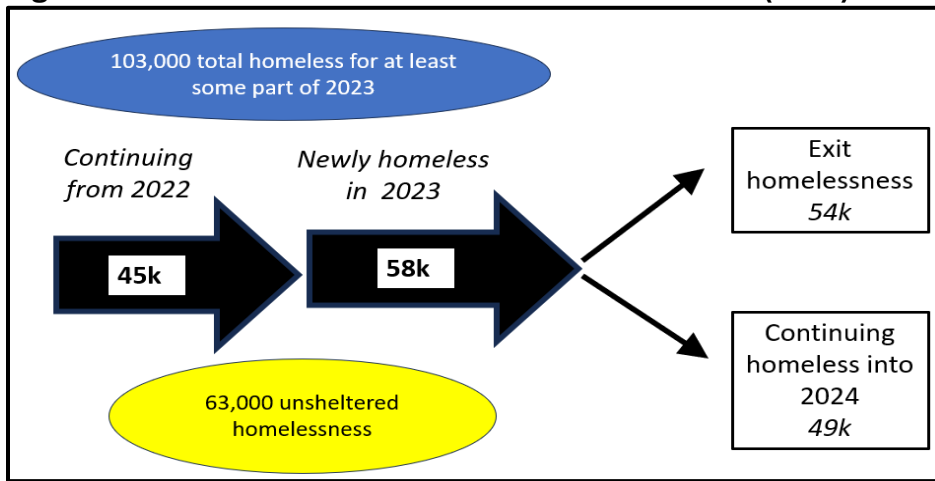


Technical note: Quantifying LA homelessness as a flow

To make policy, one needs to understand the problem at hand. At first sight, Los Angeles’ homelessness challenge seems straightforward: end homelessness for the 70,000 or so people -roughly 50,000 of whom live on the streets - identified as homeless in recent iterations of LA’s annual point-in-time (PIT) count.¹ However, as Figure 1 below illustrates for 2023, the PIT count captures only a moment in an ongoing and much larger process: in that year 103,000 people accessed LA County’s homeless services. Between 2020 and 2024, close to 300,000 people (3% of LA County’s population of 10 million) accessed the county’s homeless services at least once.

Figure 1: Homelessness in LA – inflows and outflows (2023)



Source: Leadership Table

Figure 1 can usefully be interpreted as an illustration for the LA region of some innovative recent efforts to apply systems analysis to the challenge of addressing homelessness. (Fowler et. al 2019; Nourazari et al 2021) As will become evident in this note (and as is explored in depth in a companion policy note), adopting a systems perspective – and thus considering homelessness as a “flow” points to some policy insights and dilemmas that go beyond those from a more conventional “stock” analysis.

Considered as a flow, homelessness is daunting in its complexity. Multiple drivers lead to homelessness; there are multiple pathways through homelessness; and multiple ways to exit. This technical note explores interactions among two dimensions: the duration of homelessness spells, and the vulnerabilities associated with homelessness. The aim is to lay out an internally-consistent unifying framework that both is anchored in the existing empirical literature on homelessness in LA, and directs attention to some priority strategic dilemmas (“are we doing the right things?”) confronting the region as it endeavors to address its homelessness crisis in an environment of increasing fiscal stringency. The

¹ For the most recent four years, the PIT count was 69,144 (2022); 75,518 (2023); 75,332 (2024); and 72,308 (2025). LAHSA (2025).

estimates are orders of magnitude, generated by triangulating (details are in the text that follows) among multiple data sources and academic studies to achieve internally consistent results.

1: How homelessness evolves

Multiple sources provide information on the duration of homelessness for some surveyed population. However they vary in how they characterize the time periods, in the sub-samples for which they provide information - and in the locations where they sample. As per Table 1, one way to cut through this complexity is to delineate how the contours of LA homelessness evolve over the course of five years for a stylized (but, as spelled out over the course of this note, empirically-anchored) newly-homeless cohort. (Annex Table A1 contrasts the estimates of homeless duration used in this paper with those reported in some other sources.) The patterns of exit shown in Table 1 are calculated on the basis of the following parameters:²

- Roughly 40 percent of Los Angeles’ newly homeless exit within the first six months;³
- a further 15 percent exit in the subsequent six months;
- For all subsequent years, exit by 30% of all who remain homeless as of the end of the previous year.

As Table 1 shows, over the course of three years 78% of the initial cohort exits homelessness, and 22% remain homeless. (After 5 years, almost 90% of the initial cohort have exited.)

Table 1: Evolution of an initial homeless cohort of 100 (%)

Category	At entry	After 12 months	After 24 months	After 36 months	After 5 years
Exiting homelessness (%)					
Exit homelessness	0	55	69	78	89
Remaining homeless	100	45	31	22	11
TOTAL	100	100	100	100	100

Source: Calculated, based on sources and assumptions identified in body of paper.

² These baseline exit rates are constructed – but only a narrow range is plausible. The reason is that, as explored further throughout this note, its empirical estimates are anchored in two verified external sources of data - the PIT count, and the county flow data for 2021-2024. Exit rates other than the baselines used to calculate Table 1 are plausible - but only within a narrow range. If, for example, the first-six-month exit rate were reduced from 40% to 35%, then both the 7–12 month and later-year rates would need to rise to maintain overall consistency – to, say, 17% for the former and 33% per year for the latter.

³ HUD (2016) estimates that nationwide about 40% of people who become homeless exit within six months. Further, as discussed in Section 3, confidence in the (at least ‘ballpark’) accuracy of these seemingly high exit rates (especially in the early period) is reinforced insofar as they are key to reconciling PIT counts and the higher Figure 1 estimates of the flow of homelessness derived from measures of use of homeless services provided by LA county.

At first sight, the rapid decline evident in Table 1 could be interpreted as implying that over time LA's homeless crisis will resolve itself. But such an interpretation would be a mistake. Table 1 does not reckon with the scale of LA's homelessness crisis. As per Figure 1, about 58,000 people became newly homeless in 2023. An exit rate of 89% over the subsequent five years would nonetheless leave close to 6,000 of the entering cohort homeless in 2028. Even more starkly, as per Section 3 of this note and Annex Table A2, the number of people who are homeless at any point in time is the accumulated year-on-year total of those remaining homeless after initially becoming homeless at any time over the previous decade or so.⁴

Two further discomfiting policy implications lurk beneath the surface of Table 1. First, the rates of exit in the table are based on LA's prevailing policies – namely an already large-scale (and fiscally costly) program of interventions that aim to shorten the duration of homelessness. In the immediate future (details [available here](#)) LA is likely to confront both accelerated entry into homelessness and increasing budget stringency, and thus less support for exiting homelessness (and slower exit rates than those in Table 1); the gains that are (implicitly) 'baked-in' to Table 1 risk being reversed. Second, for reasons elaborated in the next section, as time on the street lengthens, exit becomes increasingly difficult and the costs of its facilitation increasingly high. In consequence, if the current efforts to reduce homelessness go into reverse, there is a risk of a cumulative downward spiral.

2: Homelessness and vulnerability over time

Is homelessness a housing problem (as per the title of an [instant-classic 2022 book](#) by Gregg Colburn and Clayton Aldern) - with variations across metropolitan areas a consequence of variations in the workings of their housing markets - or is a problem rooted in the distinctive vulnerabilities of the people who become homeless? While 'both' is the correct answer, the focus of this note is on interactions between homelessness and vulnerability.

This section focuses on five sets of vulnerabilities - mental health (MH) and substance abuse (SA), plus (to a lesser extent) physical vulnerabilities, and vulnerabilities associated with prior experience of prior foster care or incarceration. Here are the empirical estimates used in the analysis that follows as to the prevalence of each at entry. (Annex Table A3 contrasts the estimates used here with those of other sources.):

- Mental health (MH) challenges are estimated to be present prior to entry for roughly 30 percent of the newly homeless population.⁵

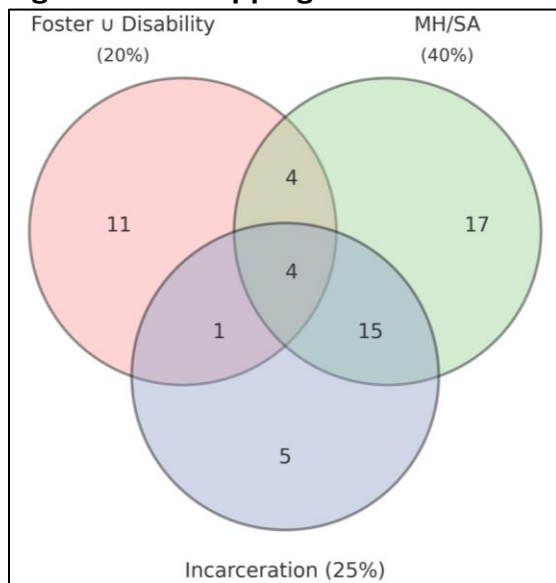
⁴ Note that, while there is a long tail, as Annex Table 1 signals, the number who remain homeless subsequent to the onset of homelessness becomes vanishingly small as the years elapse.

⁵ As discussed later in the text, the findings in UCSF (2023, 2025) provide the basis for the 30% estimate.

- Substance abuse (SA) challenges were present for roughly 20% of the newly homeless population.
(Note: taking account that MH and SA commonly co-occur, roughly 40% are presumed to have prior incidence of one or both.)
- Physical disability was present for roughly 13% of people who become newly homeless.⁶
- Foster care – roughly 10% of people who become homeless had been in foster care at some earlier time in their life.⁷
- Incarceration – roughly 25% of people who become homeless had previously been incarcerated. (The large majority of them also had pre-homeless mental health or substance abuse challenges).⁸

As Figure 2 below depicts, there are large overlaps among the five vulnerabilities. Incorporating these overlaps so as to ensure that each person is counted only once yields the following: 57% of an entering homeless cohort have at least one of the five vulnerabilities; 43% have none.⁹

Figure 2: Overlapping vulnerabilities at entry into homelessness



Note that while the impact of economic vulnerability is not analyzed directly, its role is implicit in the relatively large share of ‘none of the above’. (Note also that non-economic vulnerabilities not included in the table could straightforwardly be incorporated into the

⁶ The estimate of the prevalence of physical disability is derived from LAHSA’s 2023 administrative tabulations of new entries.

⁷ Foster care history is drawn from survey samples based on LAHSA’s 2020 Homeless Count demographic survey of the newly homeless.

⁸ Prior incarceration estimates rely on LAHSA’s Homeless Count survey and are consistent with findings from the UCSF/Benioff 2025 Los Angeles study.

⁹ The overlaps included in the Venn diagram have been constructed to be consistent with available information; other configurations are also logically possible, but all would be broadly similar to Figure 2.

analysis without altering the overall patterns and conclusions.¹⁰) Note further the striking ethnic and age distributions of LA's homeless population. 38% of LA County's homeless (but only 9% of the LA County population) are African-American. 44% of California's homeless population are age 50 or older (the percentage is somewhat higher for LA County). 41% of these had been working poor, and became homeless for the first time after the age of 50 as the result of job loss, housing loss or family crisis after decades in labor market.

Beyond their association with becoming homeless, vulnerabilities also matter for homelessness policy because the relationship is not static – the incidence of vulnerabilities among a continuing-homeless cohort changes with the passage of time. Why? Because mental health and substance abuse are both causes and consequences of homelessness. The magnitude of the two-way interactions and the disaggregation among two 'levels' of MH/SA incorporated into Table 2 below build on UCSF's (2023, 2025) California-wide survey. As per the UCSF studies:

- For MH, UCSF provides both a restrictive and an expansive definition:
 - *Restrictive MH* is characterized by one or both of current hallucinations or psychiatric hospitalization in the six months prior to the survey. According to UCSF (2025), about 10 percent of their sample were experiencing restrictive MH symptoms as of entry into homelessness; an additional 10 percent developed these symptoms subsequent to becoming homeless.
 - *Expansive MH* is a broader category, which includes severe anxiety and serious depression. As per UCSF (2023), 51% of those surveyed reported severe anxiety, and 48% reported serious depression. (These figures were not further disaggregated by time of onset.)
- *Substance abuse* was defined as the use, three or more times per week, of methamphetamine, cocaine, heroin, fentanyl, or misuse of prescription opioids during the six months prior to the survey. As of the time of the UCSF (2023) about 35% of the survey reported regular illicit drug use, with about 20% of the total sample reporting that some illicit drug use (though not necessarily of the same intensity) began prior to becoming homeless.
- *Complex behavioral challenges* ('*complex MH/SA*' in Table 1) is introduced in UCSF (2025) as a composite variable that includes one or both of restrictive MH and high-intensity SA.

The MH/SA trends laid out in Table 2 are calculated on the basis of the following parameters (which were set by triangulating the UCSF (2023, 2025) data and analysis with estimates from other studies to generate measures more closely aligned with LA County's specific realities; see Annex Table A3 for a comparison across a variety of studies of estimates of the prevalence of a variety of vulnerabilities):

¹⁰ Along with ethnicity and age, also often analyzed are the disproportionately large LGBTQ and veteran incidence among the homeless population, and also the distinctive challenges confronted by women, and families with children.

- 12% of entrants into homelessness are presumed to already have ‘complex’ MH/SA symptoms – and a further 28% have ‘other’ MH/SA symptoms.
- During the first twelve months after entry, 30 percent of those who remained homeless with no prior MH/SA are presumed to develop new MH/SA conditions.
- Over the following two years, the MH/SA incidence is estimated to increase at a rate of roughly 25 percent per year among those still without MH/SAb.
- Over time, an increasing share of MH/SA symptoms fall into the ‘complex’ category. In the estimates used here, among those who remain homeless, 8% per year of those with non-complex MH/SA progress to complex MH/SA, while 4% per year of those without MH/SA develop complex MH/SA directly¹¹.

Along with deterioration in MH/SA symptoms, ‘differential exit’ comprises a second channel through which the incidence of MH/SA symptoms among the homeless population increases over time. Building on the literature (e.g. Culhane and Kuhn, 1998), these differential exit rates are proxied heuristically here as:

- In the first year of homelessness, the rate of exit from homelessness is twice as rapid for those who have no MH/SA symptoms than for those who have some symptoms. In subsequent years the rate is 1.5 times as rapid.

As Table 2 shows, the combined impact of these ‘deterioration’ and ‘differential exit’ rates (plus the overall exit rates in Table 1) is a radical increase over time in the proportion of an initial homeless cohort of 100 with some MH/SA symptoms – from 40 percent (40/100) at entry to 86 percent (19/22) after three years.

Table 2: Incidence over time of mental health and sub stance abuse for an initial homeless cohort of 100 people

<i>Point in time</i>	60 enter with no MH/SA			40 enter with some MH/SA		Total remaining homeless
	<i>No MH/SA</i>	<i>Complex MH/SA</i>	<i>Other MH/SA</i>	<i>Complex MH/SA</i>	<i>Other MH/SA</i>	
At entry	60	0	0	12	28	100
End of year 1	13	0	6	9	17	45
End of year 2	6	1	5	7	12	31
End of year 3	3	1	4	6	8	22

Even as the increase in the proportion of homeless people with MH/SA symptoms is an important part a consequence of differential exit rates, the specific role of ‘deterioration’ is worth highlighting. After 3 years, only three of the remaining cohort of 22 have no MH/SA symptoms. Of the remaining 19, (all with MH/SA symptoms), five had no MH/SA symptoms

¹¹ Note that the “4% directly” is a subset within the broader shift from ‘no’ to ‘some’ MH/SA. Thus in year 1, of the newly homeless with no MH/SA, 30% develop MH/SA symptoms – with 4 of the 30 developing complex MH/SA. In subsequent years, 25% of those remaining homeless without MH/SA develop symptoms – broken down as 4% complex and 21% other.

at entry. Further, of the 7 with complex MH/SA symptoms, only 3-4 exhibited these symptoms at entry.¹² Put differently – and, as discussed further below, potentially of important implications for policy – for roughly one-third of the long-term homeless population, homelessness was a cause of deepening MH/SA challenges.

3: Quantifying homelessness – from flow to stock

The previous two sections have quantified homelessness as a flow – a process of entry and exit, with a changing incidence of vulnerabilities over time among those who remain homeless. But policy discussions of homelessness generally take as their point of departure the level and trends in annual PIT counts – and the PIT count measures homelessness as a “stock”.¹³ So for the empirical analysis to serve as a useful platform for policy analysis, it is necessary to connect the micro-level (“flow”) insights with aggregate (“stock”) measures of the magnitude of LA’s homelessness challenge.¹⁴ Table 3 provides the requisite bridge.

Table 3: The contours of LA homelessness – disaggregating the 2024 PIT count by vulnerability and duration

Duration of Homelessness	Complex MH/SA	Other MH/SA	Other vulnerabilities only	None of the above	Total
Under 6 months	1,872	4,368	2,652	6,708	15,600
6–12 months	2,423	4,943	859	2,174	10,400
12–24 months	5,103	8,671	914	2,312	17,000
More than 24 months	13,429	16,219	670	1,694	32,012
Total	22,827	34,201	5,095	12,888	75,012

Source: Calculated: application to PIT count data of the estimates (and underlying assumption) embedded in Table 1

Note: The disaggregation for “more than 24 months” is calculated using a projected ‘end of year 4’ set of estimates (using the exit and deterioration rates laid out elsewhere in this technical note).

The rows of Table 3 disaggregate the 2024 PIT count (about 75k) into four distinct time-duration categories; the columns allocate the data across four classes of vulnerability. The row estimates are generated by applying the Table 1 exit rates to the Annex Table A1

¹² The seeming decline in the fourth column of Table 2 in the numbers with complex MH/SA is a result of exit (for about 8 of the 12) plus worsening symptoms among a small subset of those who entered homelessness with non-complex MH/SA—on the order of 2 of the 10 long-duration survivors (out of the initial 28).

¹³ The federally mandated Point-in-Time (PIT) count is an annual, region-wide census of people experiencing homelessness, conducted on a single night each January. The Los Angeles Homeless Services Authority (LAHSA) oversees the PIT count for the Los Angeles Continuum of Care, which spans all of Los Angeles County except the cities of Glendale, Pasadena, and Long Beach (each of which conducts its own count).

¹⁴ For useful applications of systems analysis to the challenge of linking stock and flow analyses of homelessness, see Fowler et. al (2019) and Nozari et al (2021).

measures of the number of newly homeless for each of the prior ten years.¹⁵ The composition of vulnerabilities within each time band is estimated using the Table 2 and Figure 2 parameters.

To link the Table 3 estimates to the policy issues for which the estimates are intended to provide a systematic empirical platform, it is useful to organize discussion around three conceptually distinct homelessness ‘clusters’:

- *Short-term homelessness* - those who enter and then exit homelessness within 12 months.
- *‘Chronic’ homeless* – those whose homelessness and MH/SA circumstances have come to a point where they cannot live independently without sustained support. And:
- *The ‘vulnerable’ homelessness* – those who have not yet spiraled downwards into chronic homelessness, but whose life circumstances (ie the five vulnerabilities explored in Section 2) are too fragile to facilitate straightforward exit.

Mapping this cluster framework onto homelessness data surfaces some pointed questions vis-a-vis strategic prioritization of LA’s homelessness efforts in a time of fiscal stringency.

The *‘chronic homeless’* cluster is a useful point of departure. The PIT data, as disaggregated in Table 3, provides the basis for an expansive definition of ‘chronic’ that includes both long-duration homelessness and complex MH/SA needs. Considered through this lens, the ‘chronic homeless’ cluster includes three distinct subgroups: (i) the 13.4k people in the lower-left cell of Table 3 who both have complex MH/SA symptoms and have been homeless for over two years; (ii) the 16.2k people in row four who have been homeless for over two years and exhibit some (but not complex) MH/SA symptoms; and (iii) an additional 9.4k people in Table 3’s first column with complex MH/SA symptoms but a shorter duration of homelessness. ***In total, the chronic homeless cluster comprises 39k people.***¹⁶ For these 39k chronically homeless people “housing first” is unambiguously the ‘technically’ preferred option – however large resource demands (especially in LA’s high cost housing market....) have historically made for a large gap between what is desired, and what is implementable. More in the companion policy paper.

At the other end of the spectrum is the *‘short duration’ cluster* of people who enter and subsequently exit homelessness within a year. A good first approximation of the magnitude of this cluster can be derived from LA County measures of the number of people who, over the course of a year, access homeless services for their first time ever. Applying the Table

¹⁵ For simplicity, the 2024 PIT is treated as a 1/1/2024 snapshot: 2023 entrants map to ‘<12 months,’ 2022 entrants to ‘12–24 months,’ and 2021 or earlier to ‘>24 months.’ As per the parameters introduced earlier, the estimates apply exit rates of 40% (0–6m), +15% for the subsequent six months, and 30% of those who remain, in subsequent years.

¹⁶ LAHSA uses a less straightforward definition of ‘chronic,’ which combines a duration threshold (≥12 months or 4 episodes/3 years) with a disability requirement. Using this definition, LAHSA classified 42% of the 2024 PIT count (31.6 people) as ‘chronically homeless.’

1 exit rates, this unbundles into two subgroups - a **short duration cluster of about 30k people who exit within one year**¹⁷ plus 28k who remain homeless into a second year. (Note that because of differences in measurement approaches¹⁸, using the LA County ‘flow’ data yields much larger numbers than are captured by the point-in-time count which, as per rows 1 and 2 of Table 3, identifies 26k people as homeless for less than a year – with roughly 9k of these likely to exit within a year of becoming homeless.)¹⁹

‘Vulnerable homeless’ is an in-between cluster - comprising those who are no longer on a short-term exit path and have not (yet) crossed into chronic homelessness – but are at risk of a deepening downward spiral. This group thus comprises a pivotal ‘in-between’ population for whom policy choices can most strongly influence whether exit from homelessness into self-sustaining daily life remains plausible, or whether some form of permanent supportive housing will be called for. Along lines similar to those for short-term homelessness, estimates of this cluster’s magnitude vary depending on whether they are derived from the LA County ‘flow’ data of patterns of service use or the PIT count ‘stock’ data.

Using the PIT count data, the ‘vulnerable homeless’ cluster can be defined as encompassing three distinct sub-groups: (i) about 12k identified in the third row of Table 3 as homeless for 12-24 months, but not caught up in complex MH/SA symptoms; (ii) about 2k identified in the fourth row of the table as homeless for over two years, but who remain without any MH/SA symptoms; and (iii) about 13k from rows one and two of Table 3 who are not caught up in complex MH/SA symptoms, but whose homelessness spell is likely to exceed the one-year short duration cap;²⁰ Added together, these three sub-groups total 28k people. Note, though, that using county data would add roughly 11k to subgroup (iii).²¹ Depending on which data are used, **the estimated magnitude of the ‘vulnerable homeless cluster thus ranges from 27-38k.**

Regardless of the specific estimate, a focus on the ‘vulnerable’ category surfaces a key policy question: What can be done to minimize the number of people who, having had the misfortune to become homeless, journey all the way down the slippery slide to disaster? The answer matters not only for facilitating rapid exit for those in the short-duration homeless cluster, but also for shaping what happens to those who do not exit quickly and

¹⁷ Calculated using an exit rate of 40% in the first six months, and 15% of those remaining over the subsequent six month period.

¹⁸ The disconnect is mostly because many people who enter and exit homelessness in less than a year fall outside of the PIT count survey dates - but also because a PIT count census will inevitably fall short of universality.

¹⁹ Calculated on the assumption that roughly 35% of those included in rows 1 and 2 (and thus homeless as of the time of the PIT count) will have exited within a year of becoming homeless.

²⁰ The 26k in rows 1 and 2 minus (i) the 9k who exit within a year, and (ii) 4k with complex MH/SA symptoms who are included in the ‘chronic homeless’ cluster. (As per the body of the paper, the estimate of 17k exits is 11k below the corresponding estimate using the County flow data.)

²¹ This is the difference between the number estimated to remain homeless into a second year from rows 1 and 2 of Table 3 (17k) versus the 28k estimate using county data.

find themselves in the ‘vulnerable homeless’ cluster. Indeed, viewed from any of a human, social, policy and fiscal perspective, short of ‘pure’ prevention, keeping the duration of homelessness as short as possible (in a non-draconian way) is the most desirable outcome.

Viewed from the perspective of short-term homelessness, key questions include: What interventions could be helpful in facilitating rapid exit? How important are time-limited rental and other subsidies, and other non-pecuniary supports? How could these subsidies be more effectively targeted? By how much will budget stringency reduce support for facilitating rapid exit?

Turning to the ‘vulnerable homeless’, arguably this cluster comprises the neglected middle of homelessness response – falling between the cracks of prevention, chronic homelessness (and permanent supportive housing), and self-resolution. What more can be done to reduce the risk that this group progresses into chronic homelessness? How might support be better structured for those whose needs are significant but not yet at the level requiring permanent supportive housing? Finally, viewed from both outcome and fiscal perspectives, how should scarce resources be balanced between supporting this group and meeting the needs of the chronically homeless?

Stepping back from the details, how might the three-cluster framework help address some urgent, looming policy challenges confronting LA’s efforts to address homelessness? An immediate task is to look for efficiency gains – how well are resources being used to deliver on programs already underway? But when the required cuts are large, attention also needs to be given to effectiveness – are we doing the right things? As the companion policy note explores in depth, it is in addressing the latter question that the three-cluster framework can be helpful.

Annex Table A1: Point of time distribution of homeless duration in Los Angeles County — Comparative sources (% of total homeless)

Duration	PRESENT PAPER ²²	UCSF CASPEH (2023)	RAND LA LEADS (2024) ²³	LAHSA (PIT 2024, proxy) ²⁴
< 12 months	35%	~45%	20–27%	~58%*
12–24 months	23%	~15%	14–17%	
> 24 months	42%	~40%	50–66%	~42%* (chronic)

Annex Table A2: Homelessness – stocks and flows

Year	PIT Count	Estimated Newly Homeless	Still Homeless in January 2024
2014	34,682	26,000	472
2015	41,174	30,900	801
2016	46,874	35,200	1,304
2017	55,048	41,300	2,186
2018	52,765	39,600	2,994
2019	58,936	50,000	5,402
2020	66,436	49,715	7,673
2021	69,144	49,715	10,956
2022	69,144	53,755	16,936
2023	75,518	57,855	26,035
2024	75,312	-	—

Source: LAHSA annual PIT counts; Leadership Table newly homeless 2021-2024

Notes: (i): The PIT count is undertaken in February each year; for simplicity the numbers are assumed to be as of January 1st of relevant year. (ii): The Leadership Table has released “newly homeless” (“first time access of services”) estimates for 2021-2024. For earlier years, consistent with the relationship between these data and the year’s PIT counts, the “newly homeless” is estimated by multiplying the relevant year’s PIT count by 0.75. Minor adjustments (“guesstimates”) were also made to bridge gaps in 2021-22 data collection due to Covid-related disruptions.

²² As per the Table 3 disaggregation of the PIT count.

²³ The unusually high proportion of the Rand (2024) sample that was homeless for longer than 24 months is an artifact of their research approach (which sought depth rather than County-wide representation; Skid Row (heavily populated by very long-term homeless) was one of three locales surveyed).

²⁴ LAHSA does not publish PIT data disaggregated by duration of homelessness. Its “chronic homelessness” measure (~42% of 2024 PIT) combines a duration threshold (≥12 months or 4 episodes/3 years) with a disability requirement. See also footnote 8.

Annex Table A3 — Vulnerability categories, modeled vs external sources (% of PIT population)

Vulnerability category	PRESENT PAPER	UCSF CASPEH ²⁵ (adapted)	RAND LA LEADS (2024)	LAHSA (PIT 2024, proxy)
Complex MH/SA	30%	~20–25%	~30–40%	~25–30%
Other MH/SA	46%	~35–40%	~40–50%	~30–35%
Other vulnerabilities only	7%	~10%	~5–10%	~10–12%
None of the above	17%	~25–30%	~0–5%	~25–30%

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²⁵ CASPEH/UCSF does not present its survey percentages as mutually exclusive categories. The approximations used here recast their data in a way that enables some comparison with this paper’s modeled estimates.

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