The cost of chronic homelessness in Washington, D.C.

On a given night in the District, approximately 1,800 individuals and 130 families are chronically homeless—they have been homeless repeatedly or for years and have at least one—and sometimes many—disabling conditions. These are some of our most vulnerable residents.

The research is clear—chronic homelessness has a high human and financial cost.

The good news is that there are proven solutions—like Permanent Supportive Housing (PSH)—that save lives and reduce costs.

**Human cost of chronic homelessness**

*Because of the immediacy of life on the streets, appointments made for next week are easily forgotten and rarely kept, leading to episodic encounters with the health care system after wounds have festered or illnesses have grown more severe*.  

- Dr. Levy and Dr. O’Connell

People who are chronically homeless are dying young of preventable and manageable diseases.

- People who experience chronic homelessness die 4-9 times younger than the general population.
- The average age of someone who is chronically homeless is in the 50s and average life expectancy is 61, compared to the U.S. average of 79.

A recent analysis of self-reported health conditions from 828 of the most vulnerable chronically homeless individuals in the District reveals that people who are chronically homeless suffer from:

- Heart disease
- Diabetes
- Liver disease
- Hypertension
- Kidney disease
- Asthma
- Emphysema
- Stroke
- Tuberculosis
- Cancer
- Hepatitis C
- Frostbite

**Financial cost of chronic homelessness**

Chronic homelessness is costly. Without the stability of a home people who are chronically homeless are living in a state of crisis, moving from one emergency service to the next.

Permanent Supportive Housing is a proven intervention that couples affordable housing and supportive services, provides the stability needed for people to recover at a much lower cost than letting someone remain homeless.
It is estimated that in just one year’s time, DC’s 828 most vulnerable chronically homeless individuals had:

- 4,702 E.R. visits
- 2,544 ambulance rides to the hospital
- 2,346 police interactions
- 2,154 hospitalizations in an inpatient setting
- 1,696 uses of a crisis service (suicide prevention)

This costs a minimum of **19 MILLION** in emergency services per year.

Of this group, the most vulnerable 50% cost an average of $40,843 per person annually, while solutions like PSH cost $22,500.

**$40,843** per person annually  **VS**  **$22,500** per person annually

Preventing one inpatient hospitalization at **$2,596/DAY** could pay for over **43 DAYS OF PSH**

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**Case Study**  
**Ricky, 51 years old**

For some, the financial and human costs are much higher. Ricky is 51 years old and has struggled with schizophrenia for most of his life. His mental illness has made it difficult to hold on to jobs in retail and security, getting ongoing primary care, and taking medication for underlying health issues. He often goes to the E.R. because he needs a warm safe place to sleep for the night. In one year alone, Ricky:

- Took the ambulance 134 times to the hospital
- Had four inpatient hospital stays
- Used mental health crisis services 12 times

This represents **$208,908 in medical costs alone.**

Fortunately, in February, Ricky moved into Permanent Supportive Housing, where he receives affordable housing and the support needed to recover.

**PSH** only cost **$22,500 a year and drastically reduces the use of other emergency services.**

Although Ricky has a long road ahead, he now has a place to call his own.

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5. Miriam’s Kitchen Analysis of DC Coordinated Entry System data
6. Ibid.