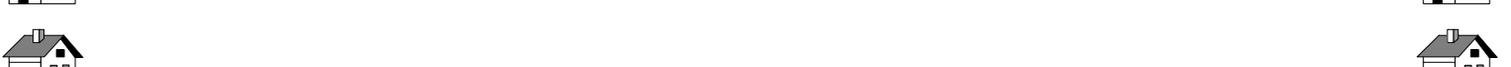


A LOOK AT HOMELESSNESS IN LEE COUNTY:

A Study Commissioned by Lee County Human Services



Submitted by Janet W. Eustis, M.S.S.A.
August, 2007



INTRODUCTION

The purpose of this paper is to assess the cost of chronic homelessness in the Lee County community, and look at the value of “supported housing”. Does it really make a difference in the lives of troubled individuals? Is supported housing a cost effective service? What should its place be in the human services system?

For the purposes of this paper, “chronic homelessness” is loosely defined as those who are living in temporary shelter, with friends, or on the streets, and struggle with long term or repeated homelessness. The vast majority of those who are chronically homeless suffer from some disability- addiction, a physical illness, or a serious mental illness. A disturbing statistic is that up to 45% of the children who are discharged from foster care at age 18 will experience homelessness by the age of twenty ¹.

This study reflects the beliefs and commitments of those closest to the problems- interviews with those recovering from homelessness, the providers of care for the chronically homeless, and those responsible for the planning and coordination of care. It is not scientific. The consumers identified were selected by caregivers. They are intended to create for the reader an understanding of the issues that confront our citizens every day.

This paper was commissioned by the Lee County Department of Human Services. The participating agencies are Lee County Court Administration; Lee County Sheriff’s Office; Lee Memorial Health Systems; Lee Mental Health Center, Inc.; Renaissance Manor, Inc., Salvation Army; and Southwest Florida Addiction Services.

GLOSSARY:

In the human services world we have a language of our own. A few terms and abbreviations have been defined below in order to assist the “non-human-service person” in reading this paper.

Abbreviations:

LCCA- Lee County Court Administration

LCSO- Lee County Sheriff’s Office

¹ NASWNEWS, Vol 52, No. 5, May 2007: Support Grows for Youth Who ‘Age Out’, Transition from Foster Care to Adulthood Eased; Paul R. Pace

LMHC- Lee Mental Health Center, Inc.
LMHS- Lee Memorial Health System
SA- Salvation Army
SWFAS- South West Florida Addiction Services

Definitions:

Chronic Homelessness (Federal Definition): The description of those who are continuously homeless for one year, or four or more times in the past three years, not including those living in transitional housing or with a friend.

Chronic Homelessness (for this paper): The description of those who are living in temporary shelter, with friends, or on the streets, and struggle with long term or repeated homelessness.

Homelessness: In this paper, this will imply **chronic** homelessness.

Supported Housing: combines affordable housing with support services aimed at enabling individuals to live as independently as possible. This can take the form of apartments, communal living, or rooms. The supported housing in Lee County is single site, as opposed to the scattered site model. Models for support services vary, depending on the needs of the individuals, the capacity of the provider, and community resources. Supported housing generally serves individuals with disabilities- mental illnesses, addictions, physical handicaps, developmental disabilities. The models discussed below address the needs of those with primary disabilities of addiction and mental illnesses. SWFAS' and Renaissance Manor's models will be described below.

NAMI: National Alliance for those with Mental Illnesses: a national organization made up of individuals with mental illnesses and their families. NAMI provides advocacy, education, and support. There is an active Lee County chapter.

HISTORY OF CHRONIC HOMELESSNESS

Chronic homelessness is a relatively new concept. Not since the Great Depression have we seen individuals and families living on the streets, in cars, or in the woods.

SRO's (single room occupancy) and affordable rental housing were available in cities. Jobs were plentiful. There were large institutions serving those with mental illnesses and disabilities.

The 1960s, 70s and 80s brought together multiple factors that increased the number and visibility of homeless individuals and families. Large institutions closed, and treatment services for those with disabilities, including mental illnesses, became community based. At the same time, urban renewal and the upgrading of our cities raised the price of real estate. The SRO disappeared, and low income rental housing became scarce. As care was becoming community based, affordable housing for those who were poor and disabled became less available. We witnessed the creation of the "drug culture". Veterans returned from Vietnam, many of whom were suffering from trauma with inadequate supports. There was a reduction in the number of jobs requiring low skilled labor. Public assistance to those with handicaps and the inability to work has not kept up with need.

In southwest Florida, the shortage of behavioral health services has contributed to the growth in the homeless population. As our population has increased, we have seen no growth, even a decrease, in resources. Lee County's only psychiatric hospital, Charter Glade, closed in 2000. In 2004, G. Pierce Wood (long term inpatient treatment) closed, and services became community based. Within the same timeframe, approximately 40 beds of residential treatment for adults with serious mental illnesses closed in Lee County. Funding from the Department of Children and Families to community services did increase, but it has since declined. Today, the community's major mental health provider, Lee Mental Health, has the same funding as in 2002. Combine this with the high percentage of uninsured in Lee County and the low Medicaid capitation rate for behavioral health, and we are looking at a community that is seriously under resourced.

All these factors have converged to create "homelessness" as a widespread issue. Each year as many as 3.5 million people nationally experience homelessness.² For most of them, this is a temporary or short term phenomenon. However, for some, this becomes a way of life.

² Culhane, Dennis, Metraux, Stephen, and Hadley, Trevor, 2002. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing"; Housing Policy Debate, Volume 13, Issue 1; Fannie Mae Foundation

Individuals can and do turn their lives around. Below are four individuals' stories of overcoming serious behavioral health handicaps with services and housing tailored to meet their needs.

SUCCESS STORIES: TRANSITIONAL LIVING CENTER (TLC) at SWFAS

SWFAS' TLC is a campus like setting that hosts residential treatment, half way houses, and support services to enable individuals to move into the community gradually, with support. The following are case studies of 2 individuals who have lived in **Permanent Supportive Housing**. This program is the stepping stone to independence for individuals who have been in more restrictive treatment, perhaps a group home or half way house. It provides affordable housing for low income individuals who have completed a minimal level of mental health and/or substance abuse treatment. Support services provided include occupational therapy, mental health services, case management and counseling. The community has 28 supported housing units. The program is considered successful when an individual transitions to community housing. In fiscal year '07, the program had an 80% success rate.

The individuals interviewed have been chronically homeless, and struggled with disabilities. They have given permission to use their story. This is a summary of their histories as they were narrated to me. Names and some facts and identifiers have been altered in the interest of privacy.

Susan's Story

Susan comes from a middle class family, and grew up in Atlanta. Her family had a strong Catholic tradition, and she was a successful student in a private Catholic school. She considers her childhood to have been "normal". As a teenager, she became bored with school, dropped out, and started using drugs. She was still living with her family.

At age 17, she experienced her first episode of "homelessness". She became pregnant, was afraid to tell her parents, and so moved out of her family's home. This was the beginning of a pattern. Susan married three times. She experienced periods of homelessness, continued to be drug involved, and each marriage ended in divorce. She had 4 children. They all experienced homeless while in her care. All her children have been removed from her custody, and grew up with relatives or in foster homes.

Susan has been chronically homeless most of her adult life. She would have short periods of apartment living, then transitioned to the streets, with friends, or homeless shelters. During the past 10 years, Susan has received shelter and case management services from the Salvation Army. She has been in SWFAS' Detox Program, 28 day treatment program, and half way house multiple times. She has been arrested in Charlotte County, lived in a homeless shelter in Charlotte County, and received services from Charlotte Community Mental Health. She has been hospitalized in Miami. Her sons have been in the custody of the state through DCF, have lived in foster care, adolescent shelters, and received treatment at SWFAS' adolescent treatment program, the Vince Smith Center.

Susan is now 46 years old. Two of her sons are adults, one is with her parents, and one is in the custody of his father. She has lived in transitional housing for almost a year. She is consistently sober and drug free, and her life has stabilized. She is looking for work and permanent housing. She is working with a Lee County Human Services case manager and continues in substance abuse treatment.

Alan's Story

Alan moved to Florida from Indiana when he was 16 years old. This was the beginning of his chronic homelessness. He lived under bridges, in a van, in the woods, and supported himself and his drug habit by selling his blood to the local blood bank twice a week. He "learned how to use the churches early". They provided one meal a day.

In his mid-twenties, his life stabilized. For 10 years he held a job and supported his wife and their 2 children. Then both adults began to do drugs and drink excessively. They moved to Lehigh Acres. Alan had trouble finding work. In 1995, he split with his wife and lost his apartment. His children were cared for by his parents. He lived in a van, or on the streets. He moved from place to place, was repeatedly hospitalized due to accidents, and had frequent run-ins with the law. Not having an address, he was without Medicaid or insurance.

His pattern of heavy drinking, medical problems, homelessness, and joblessness continued. He went through several rehab programs, but each time, he returned to the streets. He relates that he would sober up, be committed to staying sober, but when released to the streets he would start to drink again. After seven months of sobriety in jail, he was released, was living in a tent, and soon returned to the labor pool, pan handling, and drinking. He relates that he went to the hospital two dozen

times in that year, was in jail, went through detox several times, and was in Riverside Psychiatric Hospital. It was with help from a case worker at the Charlotte County Coalition for the Homeless that Alan was able to turn his life around. A year ago, he went from Riverside Hospital to the SWFAS 28 day program, to a half way house, and into transitional housing. He has been receiving guidance and support from a case manager at Lee Mental Health. He now has a job and a living arrangement, is moving toward permanent housing with the help of a housing case manager from Lee County Human Services. He states that as much as he wanted to change, “I needed help getting off the streets”.

SUCCESS STORIES: LONG TERM SUPPORTED HOUSING at LICATA VILLAGE

Licata Village is a group of 11 rental units, serving 22 individuals, in south Fort Myers. It was built and is managed by Renaissance Manor, Inc. Licata Village provides affordable and attractive housing for individuals who are diagnosed with serious mental illnesses. Renaissance Manor’s model is to develop the residences, and act as landlord with daily living support, while collaborating with community mental health providers who meet the residents’ psychiatric needs. Renaissance Manor staff ensures that the properties are in good condition, and provide frequent interaction, case management, transportation and life skills services for the residents.

Following are the stories of two individuals who have serious mental illnesses, and are able to lead productive and responsible lives in part due to Licata Village.

Domingo’s Story

Domingo’s problems associated with mental illness began years ago when he lived in Connecticut. Domingo was on the streets and had not been eating or bathing regularly. He was homeless for more than three years and was “in and out of programs and hospitals more than a dozen times.” He was suffering from a compilation of illnesses, including paranoid schizophrenia and anxiety. He attempted suicide repeatedly.

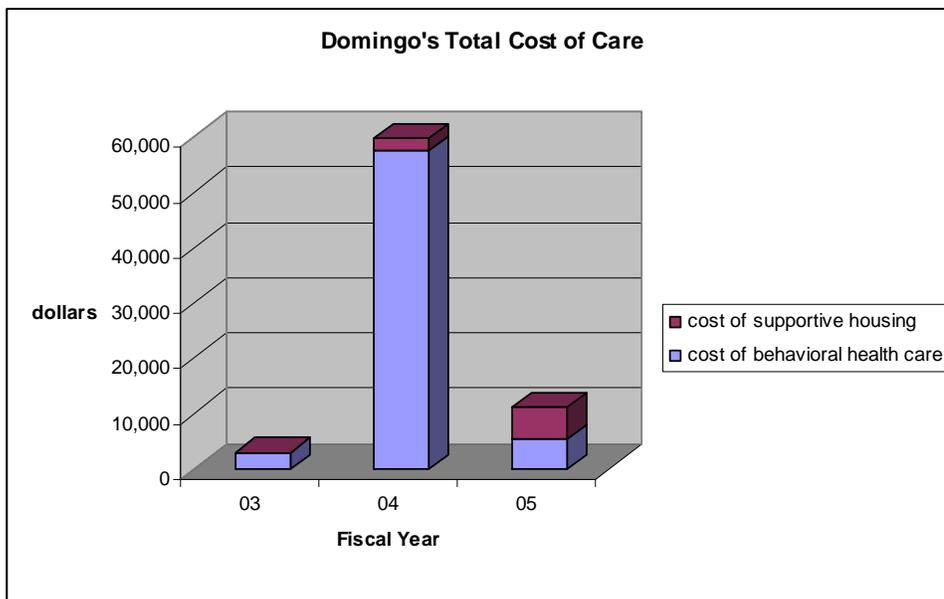
Domingo had a sister who cared enough about him to move him from Connecticut to Florida, where he resided with her and his mother in Cape Coral. Eighteen months after moving in with his family, Domingo relapsed, and refused to take his medication. He was no longer able to live with his family. He attempted suicide and was brought to the crisis unit at Lee Mental Health. He was hospitalized for

three months, and was transferred to the Rieves Residential Treatment Program at Lee Mental Health. Rieves is the most intensive level of residential treatment, training individuals to live independently in the community. In February, 2004, Domingo was able to move to Licata Village.

Since arriving at Licata Village, Domingo has undergone a remarkable transformation. His attributes much of his improvement to the stability of his environment, which in turn has vastly improved his attitude and outlook. Domingo has successfully lived in supportive housing for two and one half years and is a contributing member to his community. He is the first to tell people “you have to want to help yourself.” Domingo has appeared on cable access television numerous times raising mental health awareness on behalf of organizations such as NAMI. He was a part time employee at Lee Mental Health as a “peer counselor”. And he has no plans to stop, despite recently being diagnosed with diabetes. He will be volunteering as master of ceremonies for a benefit for NAMI. His message to people suffering with mental illness: “It can be done.”

Domingo’s quality of life is such that he contributes positively to his family and his community. At the same time, the cost of his care is greatly reduced from that time when his illness controlled him.

Table A



Note: In 03, Domingo was in a long term psychiatric hospital for several months. This cost was not available, and not included. In 04, he was in the community, and the Rieves residential program. He moved to Licata Village in February, 04. In FY 05 he lived at Licata Village.

John's Story

John moved to Cape Coral from Ohio with his family in 1980. It was clear that he was creating an unstable environment for his family due to his inability to control his anger. He was shouting and screaming at his nephews, knocking holes in doors, and was in and out of the Lee Mental Health's Crisis Unit "quite a few times." Into the '90s John was on Social Security disability, which barely allowed him to get by. He got a job at a Publix grocery store and was taken off disability while working a low-paying job. During this time, John was receiving treatment from Lee Mental Health, but it "didn't work out." At the time, he had no case manager, and therapeutic services provided did not meet his needs.

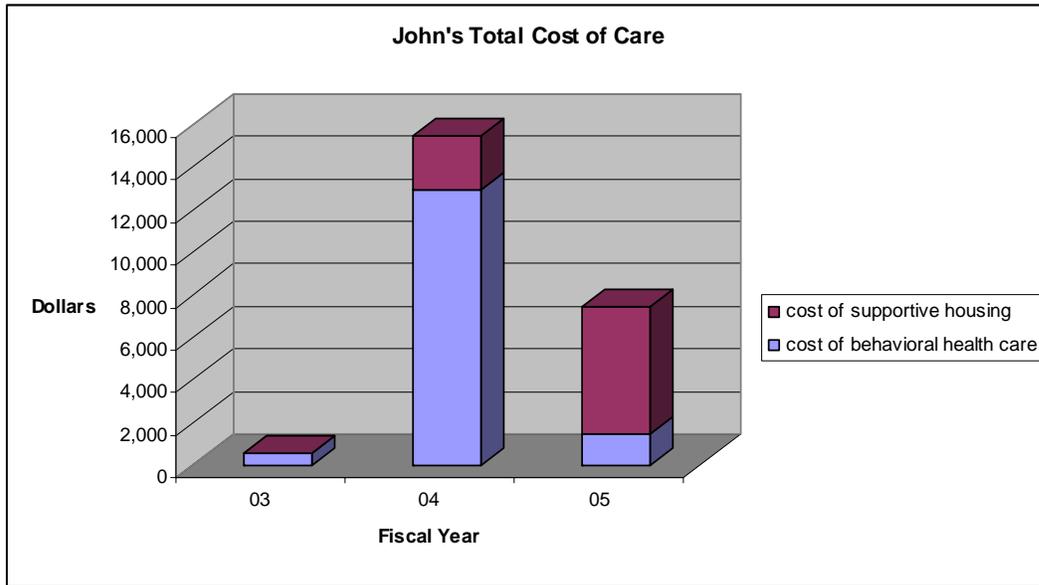
John's temper flared once again at work, leading to an altercation with several customers. John was fired. His mother and sister, who John had been living with in Cape Coral, both passed away from cancer. John was unemployed, had no income, and was forced to sell the house and live out of hotels. Soon, John was out of money, and he turned to the streets.

He was homeless for about a year "I slept any place I could- park benches, abandoned buildings..." He also "did lots of things that weren't too tasteful" – things associated with his mental illness and inability to reign in his volatile temper. John moved into the Mission (shelter) on MLK Blvd in Fort Myers, but was kicked out for his "disruptive behavior." He was transferred to a respite house, but was kicked out of there too.

John eventually moved to St. Matthews House in Naples, where he resided for five months, awaiting the completion of Licata Village. During this time, he received effective psychiatric treatment at Lee Mental Health.

John cites the quieter, less hectic environment of Licata Village as a major reason why he has not fallen back into old habits. He has not relapsed to Lee Mental Health's Crisis Unit since becoming a Renaissance Manor resident, three and one half years ago. "I'm elated to have a roof over my head," John says. He has worked for the Salvation Army as a bell-ringer during the Christmas season. He has now fully recovered from knee surgery, and is actively seeking employment.

Table B



Note: John moved to Licata Village in February, 04. In FY 05 he lived at Licata Village.

COST STUDIES

There have been multiple studies that have demonstrated the financial impact of homelessness. Perhaps the landmark study was produced by Dennis P. Culhane, Stephen Metraux, and Trevor Hadley of the University of Pennsylvania.³ Using a control group methodology, they evaluated the cost of serving 3,600 individuals with serious mental illnesses in New York City. They found that, on the average, each homeless person utilized over \$40,000 in resources from the jails, inpatient and outpatient detox, mental health, and hospital resources, and emergency shelters. When these persons were placed in permanent supportive housing, the reduction in cost of services (approximately \$16,000) came very close to paying for the cost of the permanent supported housing. If one bears in mind that this study did NOT include the cost of police, the court, or homeless services, we can assume that placing these individuals in housing actually saved money for the public system.

³ Culhane, Dennis, Metraux, Stephen, and Hadley, Trevor, 2002. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing"; Housing Policy Debate, Volume 13, Issue 1; Fannie Mae Foundation

“In other words, the study found that it cost the public the same amount to house a person with serious mental illness as it did to keep that person homeless. But while the costs were the same, the outcomes were much different. Permanent supportive housing results in better mental and physical health, greater income (including income from employment), fewer arrests, better progress toward recovery and self-sufficiency and less homelessness.”⁴

A paper by the Lewin Group reviews the cost of serving the homeless in six alternative settings in nine cities. It demonstrates that Supportive Housing is consistently a fraction of the cost of other services.⁵

There are multiple other studies that demonstrate the cost of homelessness.

“The Boston Health Care for the Homeless Program tracked 119 persons experiencing chronic homelessness for 5 years and discovered that they had more than 18,000 emergency room visits at an average cost of \$1,000/ visit.”

“The Hope Housing First program had 86% retention rates in its first year of providing 44 chronically homeless individuals housing and services. A cost-benefit analysis demonstrated an initial \$592,082 savings by serving chronically homeless people with Housing First and ACT teams as opposed to serving them in jails, hospitals and shelters.”

“Two frustrated police officers tracked the costs of three homeless individuals, two of whom accounted for \$120,000 and \$200,000 in hospital expenses in less than a year. The officers determined that the third individual- “Million Dollar Murray”- had cost more than \$1 million in hospitalization, incarceration, detox treatments, and ambulance rides”. ‘We spent \$1 million not to do anything about him’ - Reno P.D. Officer Patrick O’ Bryan”⁶

⁴ Joint Center for Housing Studies at Harvard University, 2005; *The State of the Nation’s Housing: 2005*; Cambridge, Massachusetts

⁵ The Lewin Group; **Costs of Serving Homeless Individuals in Nine Cities: A Chart Book**

⁶ Excerpts from the presentation of March 29, 2007, **The National Partnership: Investment, Innovation, and Results in Ending Homelessness**; United States Interagency Council on Homelessness

LOOKING AT LEE COUNTY

We⁷ assessed the cost of resources used by a limited number of individuals in Lee County who are chronically homeless. We did not use the federal standard, but our more intuitive definition that focused on individuals who were seen repeatedly by multiple service providers. The sample developed represents individuals who are homeless and use a variety of levels of service. We then determined if serving them in supported housing would be more cost effective.

Cost of unit of service: First, let us look at the cost of acute care services vs. the cost of supported housing on a daily basis. Table C lists the actual per unit cost of service. Table D compares the “unit of service” cost. In the hospital, this is one Emergency Department discharge, other services are calculated on a daily rate. It clearly demonstrates the point that one day of supportive housing is far less expensive than a day in any other service category. In fact, Renaissance Manor provides supported housing at a cost of \$500/ month, or a cost of \$16.50 per day, while a single discharge from the hospital is valued at \$1,966.

Table C

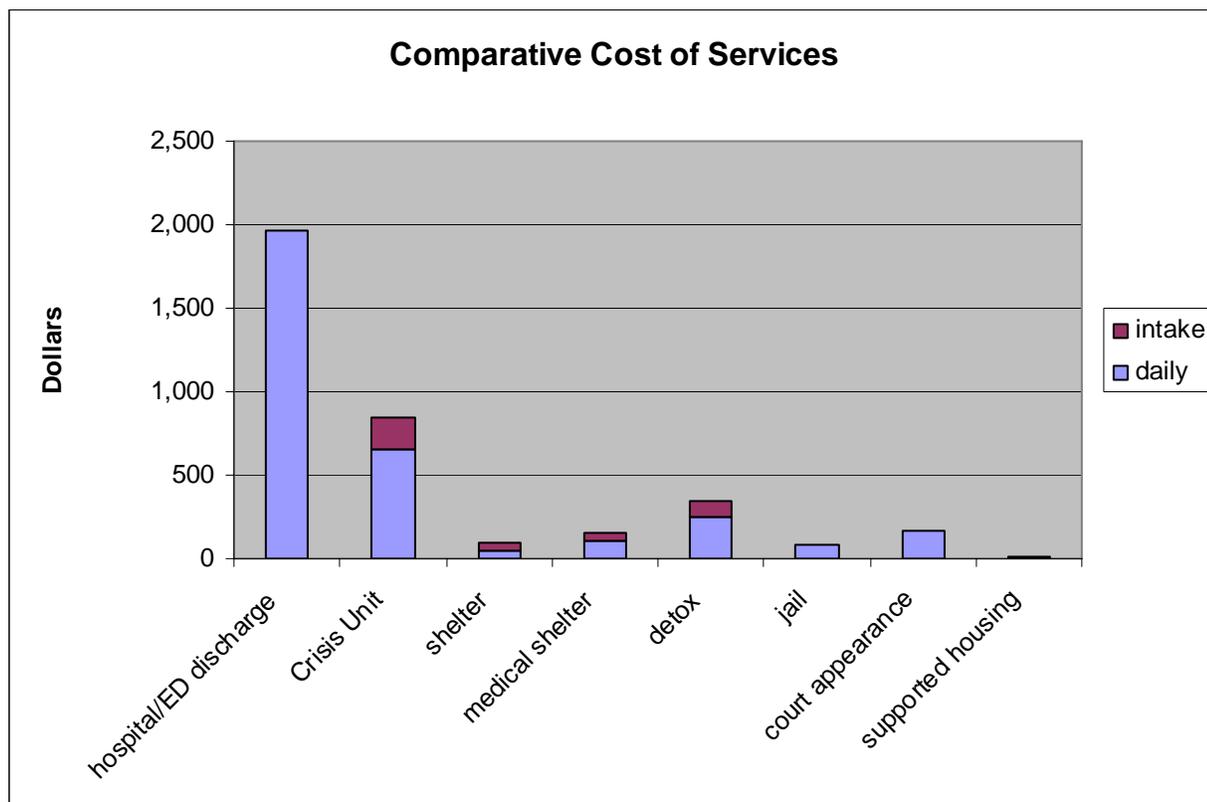
DAILY COST OF SERVICES			
	Daily	intake	total
hospital, ED discharge	1,966	0	1,966
crisis unit	660	189	849
shelter	49.94	50.4	100.34
medical shelter	108.05	50.4	158.45
detox	250	100	350
jail*	90.17	0	90.17
supported housing	16.44	0	16.44

*Lee County is constructing an addition to the jail which will be operational in 2008. The anticipated cost of the new jail is \$56.7 million dollars. The daily depreciation cost is estimated to be \$5.02 based on a 20 year useful life.

ED= Emergency Department

⁷ This has been coordinated by Lee County Human Services, and has involved Coastal Behavioral Health, Lee County Court Administration, Lee County Human Services LIFT Program, Lee County Sheriff’s Office, Lee Mental Health, Lee Memorial Hospital System, Salvation Army, Southwest Florida Addiction Services, and Renaissance Manor

Table D



Cost of individual care: Twelve individuals were selected after consultation with the above organizations. The initial criteria were those individuals who had been arrested and were identified by the Lee County Sheriff’s records as “transient” (without an address) during 2006 (943 individuals) and January through May, 2007 (383 individuals), and were known across multiple agencies. Subsequently, individuals not known to the Sheriff’s Office but known by other organizations were added to the list.

Below is a table that quantifies in dollars the amount spent on services to twelve homeless individuals. The cost of services provided over a 2 year period were totaled and averaged for a year. So, for example, client AB was the recipient of an average of \$150,047 of services in a year. Of that total, \$2,148 were expenses of the Sheriff, \$141,487 were the charges at Lee Memorial Health Systems, etc. Note that the total service dollars per individual are listed in the last 2 columns. The average spent per agency on these 12 individuals is on the bottom line. (A more detailed chart is in the appendix)

Table E
DOLLARS SPENT ON SERVICES, AVERAGED OVER TWO YEARS.

	LC SO	LMHS	SWFAS	SA	LMHC	LCCA	Yearly avg	2 YR TOTAL
AB	1,855	141,487	3,070	0	3,222	530	150,164	300,328
CD	0	20,591	0	653	2,551	123	23,918	47,836
EF	9,423	28,541	0	0	0	3,148	41,112	82,224
GH	7,620	20,638	0	389	585	81	29,313	58,626
IJ	1,443	3,225	0	0	7,886	142	12,696	25,392
KL	5,147	75,629	1,230	0	3,039	223	85,268	170,536
MN	0	81,174	18,554	0	2,807	0	102,535	205,070
OP	0	0	23,036	0	0	0	23,036	46,072
QR	0	13,499	12,619	841	0	0	26,959	53,918
ST	1,036	21,207	1,273	869	0	668	25,053	50,106
UV	10,649	27,503	0	10,964	0	246	49,362	98,724
WX	37	99,302	0	2,806	1,115	62	103,322	206,644
TOTAL	37,210	532,796	59,782	16,522	21,205	5,223	672,738	1,345,476

LCCA- Lee County Court Administration
 LC SO- Lee County Sheriff's Office
 LMHC- Lee Mental Health Center, Inc.
 LMHS- Lee Memorial Health System
 SA- Salvation Army
 SWFAS- South West Florida Addiction Services

A total of \$1,345,476 was spent on services to twelve homeless individuals over two years, or almost \$675,000 per year averaging \$56,250 per person per year.

Another way to look at this picture is to assess the services provided to a one consumer of care over an extended period of time. Below is the cost of care summarized for AB over a four year period

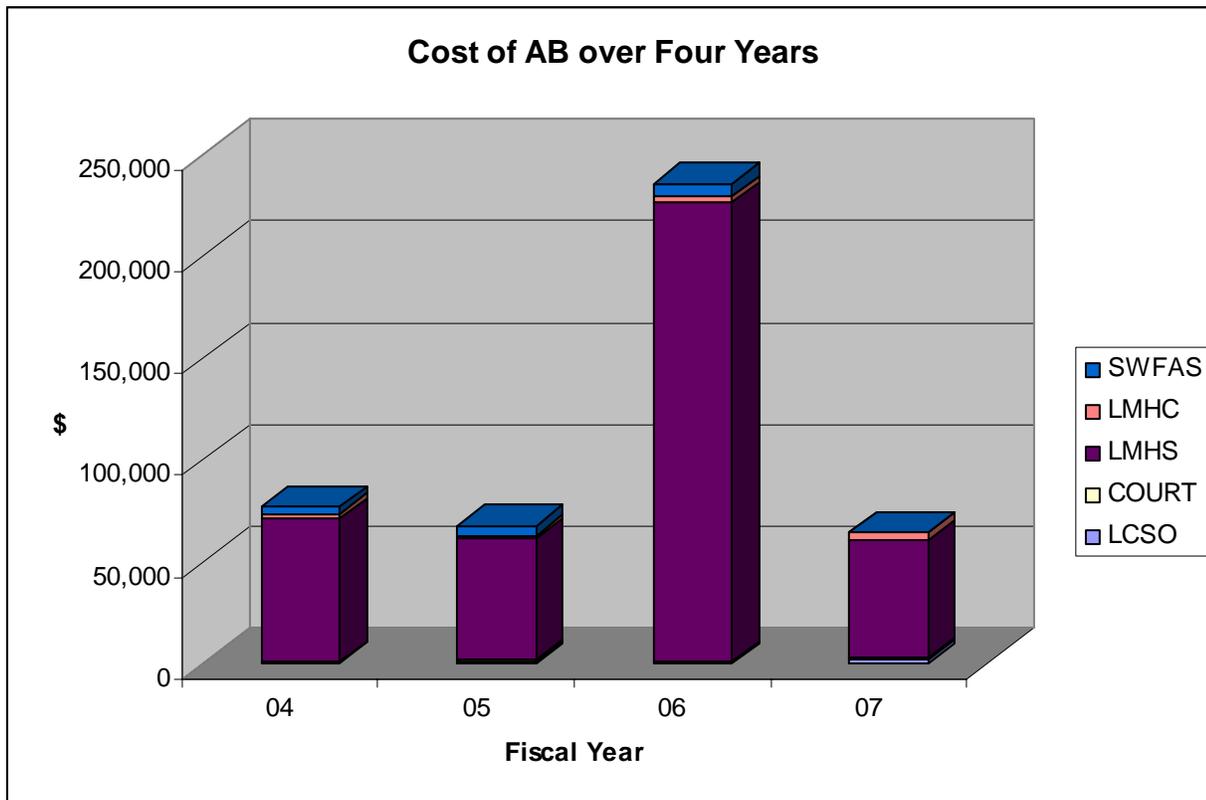
Table F
Cost of AB over Four Years

fy	LCSO	LCCA	LMHS	LMHC	SWFAS	TOTAL/year
04	704	407	70,000	2,672	3,628	77,411
05	1,472	407	59,826	1,480	4,805	67,990
06	1,094	492	224,856	3,048	6,140	235,630
07	2,479	322	58,118	3,396	0	64,315
Total per agency	5,749	1,628	412,800	10,596	14,573	445,346

Over four years, almost \$445,000 was spent on services to AB.

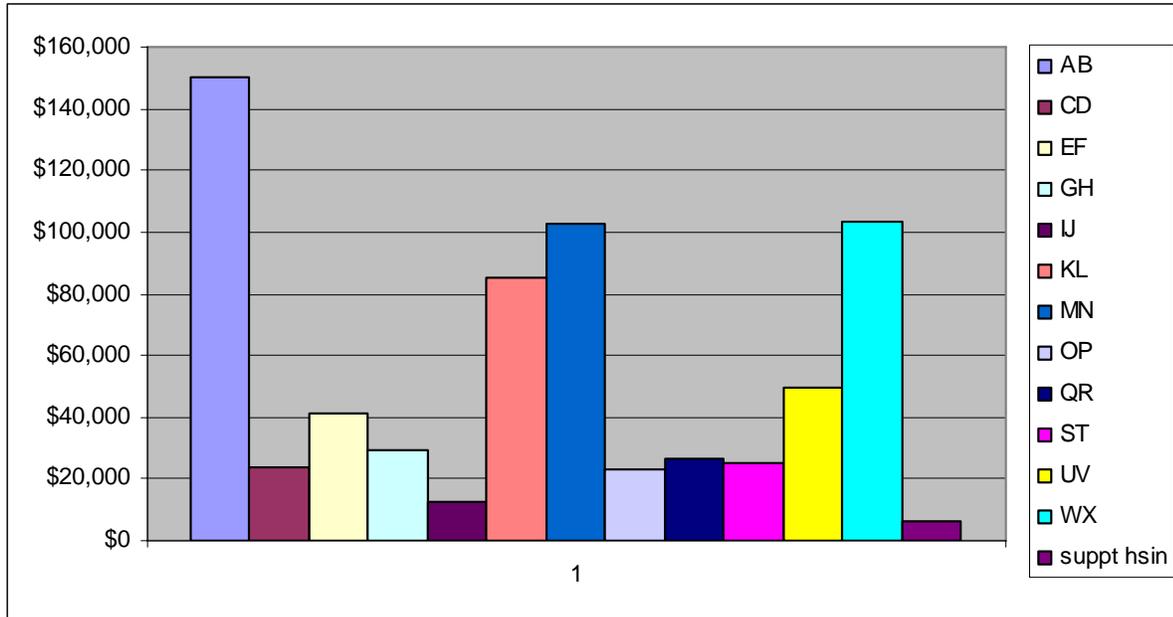
The chart below displays the costs of care for AB graphically.

Table G



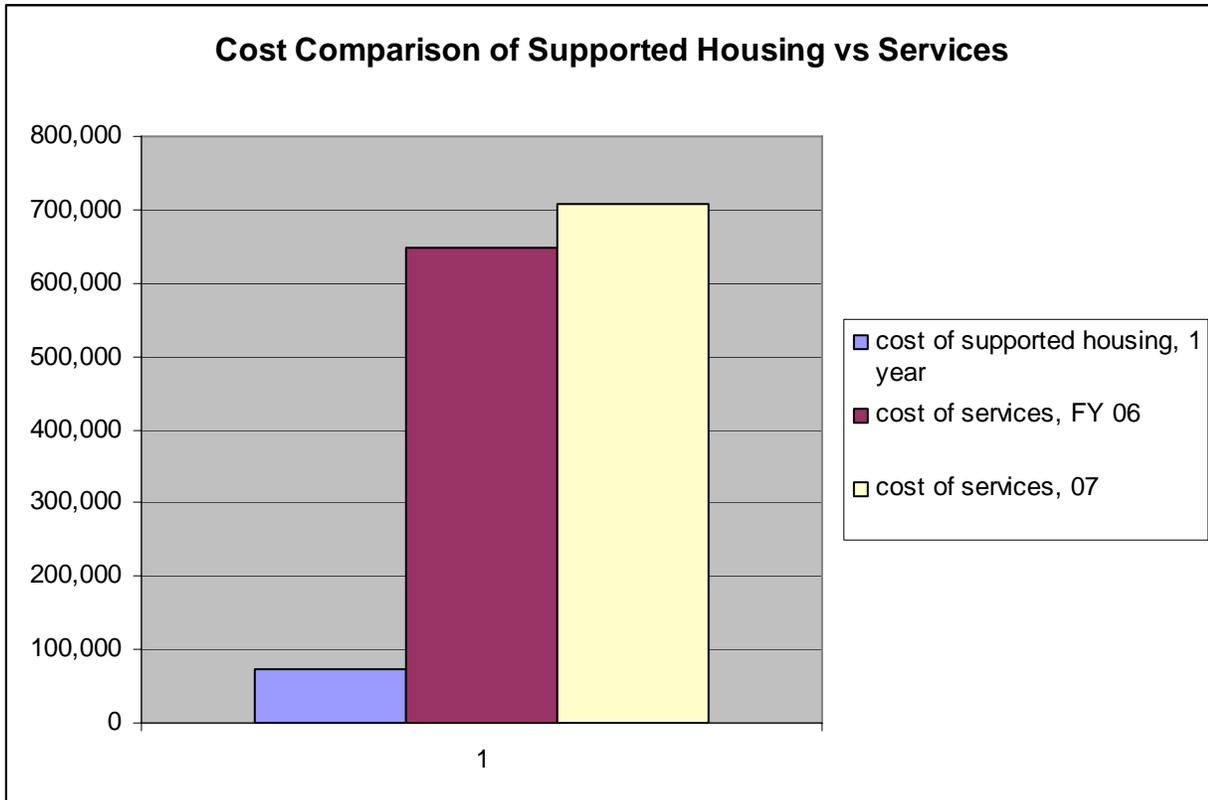
Cost of Individual Care Compared with the Cost of Supported Housing:
 The chart below shows the annual cost of resources to meet the needs of twelve individuals (AB through WX) averaged over a 2 year period, compared with the cost of supported housing for a year (\$6,000).

**Cost of Services Per Individuals AB through WX (averaged over 2 years)
 Compared to the Cost of Supported Housing
 Table H**



The chart below compares the total cost of services for the individuals identified for FY 06, for FY 07, and what would have been the total cost for supported housing. . Supported housing is a fraction of the service cost, and although this is not THE answer to the problem, it is consistent with our theory that supported housing, if it can assist in stabilizing an individual, is cost effective.

**Table
I**



The Total Cost of Serving Twelve Homeless Individuals over Two Fiscal Years, vs. the Cost of Supported Housing for Twelve

Conclusion

This study was intended to summarize the expense of services to the homeless, comparing that with the cost of supported housing. The success stories are related of four individuals who are served in Lee County, are recovering from addiction or mental illnesses, and for whom supported housing has been a key to their recovery.

Data was collected that summarizes the cost of care provided to twelve homeless individuals over a two year period. These individuals were identified by service providers. It was then compared with the cost of supported housing.

The total amount spent on services (including mental health, homeless services, addiction services, jail, the court, and jail) came to \$1,345,476 over a 2 year period, or \$672,738 per year. The cost of supported housing (Licata Village) for all twelve individuals would have been \$72,000 per year.

We looked at the all inclusive cost of two successful individuals served in supported housing. We found that the cost of housing and mental health services was far less than the previous cost of services alone when they were homeless.

Although we know that stable housing doesn't solve the problems, we know that it is a significant component in recovery. The Culhane study⁸ summarized the cost of intense service utilizers who were homeless in New York City. He compared this to the cost of housing AND services after the individuals were stabilized in supportive housing. He found that the total cost was slightly less to provide housing and services. One can speculate that over time, as individuals stabilize, their "cost" to "the system" continues to decline.

We can draw the conclusion that supportive housing pays for itself in a very direct fashion. The quality of life for individuals is dramatically improved, and they become productive members of our community. These individuals contribute economically and socially to our culture.

It is time to financially support comprehensive care in our community. It is cost effective. It improves quality of life for the individuals served and the community. And, it is the right thing to do.

⁸ Culhane, Dennis, Metraux, Stephen, and Hadley, Trevor, 2002. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing"; Housing Policy Debate, Volume 13, Issue 1; Fannie Mae Foundation

APPENDIX

SUMMARY OF COSTS FOR ALL IDENTIFIED CLIENTS									TOTALS		
	fy	LC SO*	LMHS**	SWFAS	SA	LMHC	LCCA#	SUP HS	FY	2 year	avg/yr
Ab	06	1,094	224,856	6,140	0	3,048	738	6,000	235,876	300,327	150,164
	07	2,615	58,118	0	0	3,396	322	6,000	64,451		
	ave	1,855	141,487	3,070	0	3,222	530	6,000			
Cd	06	0	19,221	0	1,306	194	246	6,000	20,967	47,836	23,918
	07	0	21,961	0	0	4,908	0	6,000	26,869		
	ave	0	20,591	0	653	2,551	123	6,000			
ef	06	0	25,934	0	0	0	3,075	6,000	29,009	82,223	41,112
	07	18,846	31,148	0	0	0	3,220	6,000	53,214		
	ave	9,423	28,541	0	0	0	3,148	6,000			
gh	06	0	1,660	0	777	509	0	6,000	2,946	58,621	29,311
	07	15,239	39,615	0	0	660	161	6,000	55,675		
	ave	7,620	20,638	0	389	585	81	6,000			
ij	06	0	3,810	0	0	4,848	123	6,000	8,781	25,391	12,696
	07	2,885	2,640	0	0	10,924	161	6,000	16,610		
	ave	1,443	3,225	0	0	7,886	142	6,000			
kl	06	146	76,936	860	0	4,170	123	6,000	82,235	170,533	85,267
	07	10,148	74,321	1,600	0	1,907	322	6,000	88,298		
	ave	5,147	75,629	1,230	0	3,039	223	6,000			
mn	06	0	121,881	27,017	0	0	0	6,000	148,898	205,069	102,535
	07	0	40,467	10,090	0	5,614	0	6,000	56,171		
	ave	0	81,174	18,554	0	2,807	0	6,000			
Op	06	0	0	18,573	0	0	0	6,000	18,573	46,072	23,036
	07	0	0	27,499	0	0	0	6,000	27,499		
	ave	0	0	23,036	0	0	0	6,000			
Qr	06	0	14,886	19,755	0	0	0	6,000	34,641	53,076	26,538
	07	0	12,111	5,483	841	0	0	6,000	18,435		
	ave	0	13,499	12,619	420	0	0	6,000			
St	06	365	11,711	2,545	1,737	0	369	6,000	16,727	50,101	25,051
	07	1,706	30,702	0	0	0	966	6,000	33,374		
	ave	1,036	21,207	1,273	869	0	668	6,000			
uv	06	21,298	4,650	0	11,878	0	492	6,000	38,318	98,722	49,361
	07	0	50,355	0	10,049	0	0	6,000	60,404		
	ave	10,649	27,503	0	10,964	0	246	6,000			
wx	06	73	3,105	0	5,612	2,230	123	6,000	11,143	206,641	103,321
	07	0	195,498	0	0	0	0	6,000	195,498		
	ave	37	99,302	0	2,806	1,115	62	6,000			
Sup Hsing											6,000
total	fy 06	22,976	508,650	74,890	21,310	14,999	5,289	72,000	648,114		
	fy 07	51,439	556,936	44,672	10,890	27,409	5,152	72,000	696,498		
	avg	37,208	532,793	59,781	16,100	21,204	5,221	6,000	672,306		
	SUM	74,415	1,065,586	119,562	32,200	42,408	10,441	144,000	1,344,612		

*Lee County is constructing an addition to the jail which will be operational in 2008. The anticipated cost of the new jail is \$56.7 million. The daily depreciation is estimated to be 5.02 / day/ inmate based on a 20 year useful life

*LCSO costs include operating costs of the jail, capital and maintenance costs, and administrative overhead. It does not include the cost of the street officers' time.

** LMHS reflects hospital charges

#Court reflects the operating costs of the court itself. It does not include capital costs, or the costs of the Public Defender, State Attorney, or law enforcement