

CREATING HOUSING OPTIONS: A KEY TO SUCCESS FOR EVERY STRATEGY




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ENDING CHRONIC HOMELESSNESS: A HOUSING FIRST APPROACH

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Housing First

- Housing approach that focuses on housing stability, reduction in emergency services utilization, income acquisition and permanently ending cycle of homelessness
- Triage into housing allows for quick stabilization and mitigates issues directly related to homelessness.
- Access to income, improved health outcomes, and addressing the underlying causes that led to homelessness, are all key components of the Housing First model. Once someone is housed, the focus on self-sufficiency and self-determination begins.
- Housing First contributes to drastically reducing the public cost of services (health, mental health, substance abuse, emergency shelter, and incarceration).



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Key Principles of Housing First

- Immediate Access to Permanent Housing
- Ending cycle of homelessness
- Solution focused Case Management
- Improve health outcomes
- Social & Community Integration
- Social mobility
- Community Development
- Cost savings associated with housing retention



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Coordinated Entry for Permanent Housing

- Coordinated Entry streamlines into services
 - Assessment for need and vulnerability
 - Prioritization of people based on need
 - Ensuring only those eligible get the service
 - Review of people currently utilizing services to ensure they still need it
 - Focus on prevention & Diversion
 - Collaboration with Milwaukee County's plan to end chronic homelessness

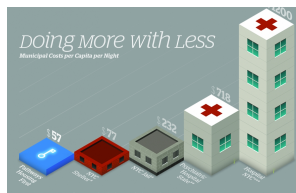
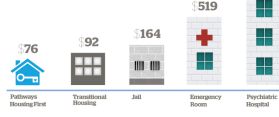


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Pathways to Housing PA

Housing First: Doing More With Less

Costs per Person per Night



Pathways PA = \$76 per day
 Pathways NY = \$57 per day
 HF Milwaukee = Current numbers at less than \$30 per day

Impact: Local Emergency Services

- Psychiatric hospitalizations = 100x more often for Chronically Homeless individuals
- Any Hospital Stay = 4x longer for Chronically Homeless individuals
- Behavioral Health Division Psychiatric Crisis Services = **\$605.00** per visit (non-admission)
- Behavioral Health Division Psychiatric Crisis Services = **\$1,829** per visit (admission)
- Behavioral Health Division Detox Medicaid Cost = **\$506** per visit
- Behavioral Health Division Crisis Mobile Medicaid Cost = **\$1,245**
- Behavioral Health Division Psychiatric Inpatient Medicaid Cost = **\$2,145**
- Average Emergency Room Medicaid Cost = **\$2,235**



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Housing First residents utilized crisis mental health services significantly less during their first year in housing.

Compared to the previous year spent homeless, during their first 12 months in housing, Housing First resident utilized 539 fewer mental health crisis services resulting in a cost savings of more than \$714,600.

- Top 4 Utilized Programs:
- Crisis Mobile
 - Detox
 - Psychiatric Crisis Services
 - Inpatient Services

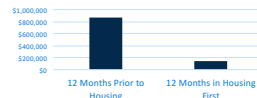
Previous Year: 627 episodes; \$860,985
Year in Housing: 88 episodes; \$146,347

42 additional programs were utilized at lesser rates

Mental Health Crisis Services
Utilization
Top 4 Programs



Mental Health Crisis Services
Costs
Top 4 Programs



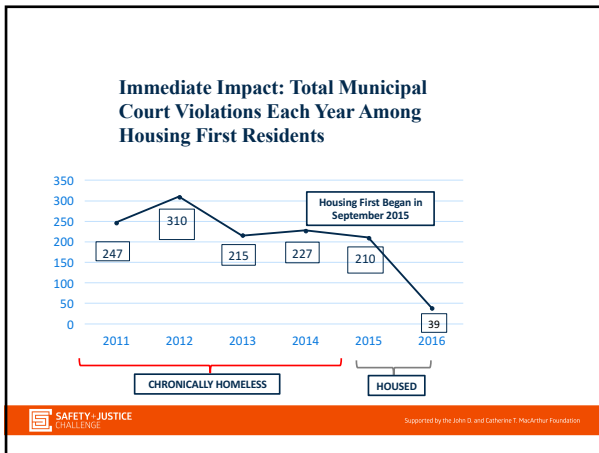
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Impact: The Justice System

- Overnight Jail: According to a two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, simply for the nights they were in overnight jail.
- call for service (average cost): \$950.15 per call
- Court Security: \$43.30 per case
- Public Defender: \$718.86 per case
- District Attorney: \$718.86 per case
- Prison: A typical cost of a prison bed in a state or federal prison is \$20,000 per year.



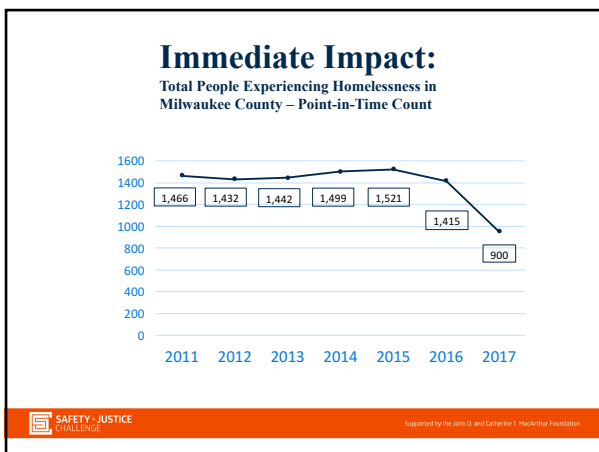
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Impact: Local Homeless Shelter Organizations

- Housing First residents' average time spent homeless is greater than 7 years. Some more than 20 years.
- In the 12 months prior to Housing First, the average time spent in shelter was greater than 180 days. Many slept in a shelter every night.
- Our residents experienced a 99% reduction in emergency shelter use.
- 77% of Housing First residents have experienced an increase in income, including employment.

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How can other communities have success?

- Levels of government working as a team.
 - "Milwaukee County's Housing First model has had an immediate and notable effect in addressing nuisance behavior stemming from individuals affected by mental illness, alcohol or substance abuse addiction" – Adam Stephens, Deputy City Attorney, City of Milwaukee
 - "As District Attorney, I recognize that not only is the Housing First model a step in the right direction for our most vulnerable citizens, it also aligns with our primary mission of public safety" – John Chisolm, District Attorney, Milwaukee County
- Clean data
- Program evaluation
- Public/private partnership
 - "Since Housing First began, we've seen decreases in nuisance behaviors, police contact and constituent complaints revolving around homelessness in the downtown area. Close to 50% of the long term homeless population that previously resided downtown have been housed through Housing First" – Beth Weirick, CEO, Milwaukee Downtown BID #21
- Coordinated entry outreach
- Partnership with police department

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SafetyAndJusticeChallenge.org

STABILIZATION TREATMENT PREPARATION (STP) TRANSITIONAL HOUSING PROGRAM




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Who's involved?

STP is a collaborative effort. The following organizations work together to ensure clients' success:


- Multnomah County Department of Community Justice (DCJ)
- Multnomah County Mental Health and Addiction Services Division (MHASD)
- Central City Concern (CCC)
- Multnomah County staff provide oversight and supportive service engagement. CCC provides housing and support services.


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How are clients referred?

STP serves individuals who are referred from the following programs:


- DCJ's Assessment Referral Center
- Health Department/MHASD Jail Diversion programs
 - Mental Health Court
 - Forensic Diversion


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What's different about STP?

STP clients benefit from extra support. Unlike other transitional housing programs, STP gives clients several unique services:

- 24/7 staffing
- 2:21 staff-to-client ratio at all times
- Intensive case support for each individual
- Dormitory-style living
- On-site offices for Parole/Probation, Jail Diversion, nursing oversight, and behavioral health counselors


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Community partners

STP wouldn't be successful without help from these several community partners:

- DCJ - Parole and Probation, Corrections Counselor, Health Assessment Team
- MHASD - Mental Health Court, Forensic Diversion Program
- Cascadia - Case Coordination, FACT Team
- Federal Parole and Probation
- Luke Dorf
- CCC - Old Town Recovery Center, CORE Team, Employment Access Center



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What are the outcomes?

STP stats:

- 246 clients served between 7/15-7/17
- 19 clients currently in programming
- 227 clients have exited the program
 - 110 clients successfully transitioned to another level of care/housing
 - 69 clients required additional supports, stopped engagement early, or were unable to engage fully
 - 48 clients "exited neutral" (left w/in first 7 days).



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Voices from clients

Without STP, I would be isolated. I wouldn't be talking to others. With STP, I'm surrounded with peers and people who share my experience. Now, I'm on track with my parole and I'm staying clean. - Jonathan

Before STP, I was living on the streets. This program gives me a place to "hang my hat," a reliable place to live, and resources for me to take care of the things I need to work on. - Barry






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Future aim

STP provides housing and intensive services for 21 adult men with an active waiting list. Looking forward, STP hopes to work on the following areas:

- Expanding the men’s program to meet the identified need.
- Replicating/expanding the STP program for women. (Thank you MacArthur Foundation!)

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Questions?





SafetyAndJusticeChallenge.org
