

Oneida County Department of Mental Health

Using Effective Planning to Solve Complex Social Problems

**Building a 10-Year Plan
to
End Chronic Homelessness
in
Utica/Rome/Oneida County**

May 27, 2008 Presentation at
MVCC



Chronic Homelessness

A person is chronically homeless if they have a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or physical disability)

AND

- Four or more episodes of homelessness in the past three years

OR

- Are homeless continuously for a year or more.



Why focus on the chronic?

- About half of the homeless in Oneida County are single adults (54%)
- Most enter and exit the homeless system once or twice- staying only a month or two.
- 10% (approx.) are chronically homeless- they use a lot more resources per person than the other 90%- but often without results.



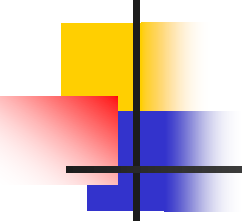
Putting the data together

- Health, mental health and substance abuse treatment, criminal justice, public assistance and homeless systems operate independently-
- Data sharing barriers are significant
- We have made some significant progress using locally-developed software and a wide-area network with multiple data entry points



Beginning to connect the dots

- 1016 individuals with jail and psychiatric inpatient admissions (2000-2007)
- 224 of them have one or more homeless episodes recorded. More may be homeless but not in database because they did not use a local shelter or other program for homeless persons submitting data.
- Half (50%) those who were homeless had > 1 psychiatric inpatient stay
- 77% of homeless were in jail > 1 time



Oneida County Jail and Psychiatric Inpatient
Admits- for 31 Persons over 8 years:
2000-2007 (c-info/HMIS)

31 People

271 jail bookings

253 inpatient stays in local
hospital psychiatric unit

NOTE: Chronic homelessness not confirmed for this group,
but it's likely that most are chronically homeless.



Cost Estimates: Top 31

- 271 jail stays/90 days est. average/\$74/day=

\$1,804,860

- 253 inpatient stays/2,239 days actual/\$739/day=

\$1,654,621

Total: \$3,459,481

\$112,000 per person

**14K/Year- not counting ER, police, court,
other DSS and healthcare costs**



Why is it worth working on this issue?

- Chronically homeless persons use expensive public resources
 - Emergency medical services
 - Medicaid-funded
 - Psychiatric hospital beds
 - Addiction treatment resources
 - Other healthcare
 - Police, courts, corrections resources
 - Public Assistance, DSS foster care for their children and emergency housing costs (shelter, motel)



County costs

- 25% county share for Medicaid costs of healthcare, addiction, mental health treatment (but savings may not go to the county).
- Jail costs are 100% county
- DSS: Public assistance, motel vouchers, children in foster care, staff time for difficult cases



City costs

- Emergency medical and ambulance costs
- Repeat arrests by police for minor non-violent crimes uses valuable resources
- 941 and 945 police pick-up orders for psych. emergencies cost time and money
- City court costs



Hospital costs

- Emergency Room visits that are not reimbursed
- Inpatient stays for those without private insurance or Medicaid
- Social workers spend a lot of time working on discharge planning for the homeless-hospital stays are extended



Healthcare Cost Example

- 227 chronically homeless adults were followed throughout San Diego's public systems for 18 months.
- They accounted for: 2,358 hospital visits, 1,745 trips by ambulance,
- Also numerous police pick-ups and detox transports, and \$6 million in health care costs alone,
- \$26,431 per person on average



Impact on community

- Chronically homeless are more likely to be street homeless
- Effects perceptions of community quality- downtowns, parks
- Resources that could be used better elsewhere to improve the community are diverted



Evidence of failure: recidivism

- 549 persons we arrested and sent to county jail were jailed five or more times in past five years
- They are 6% of those in jail, but account for nearly a quarter (23%) of all jail days in past five years (2003-2007)



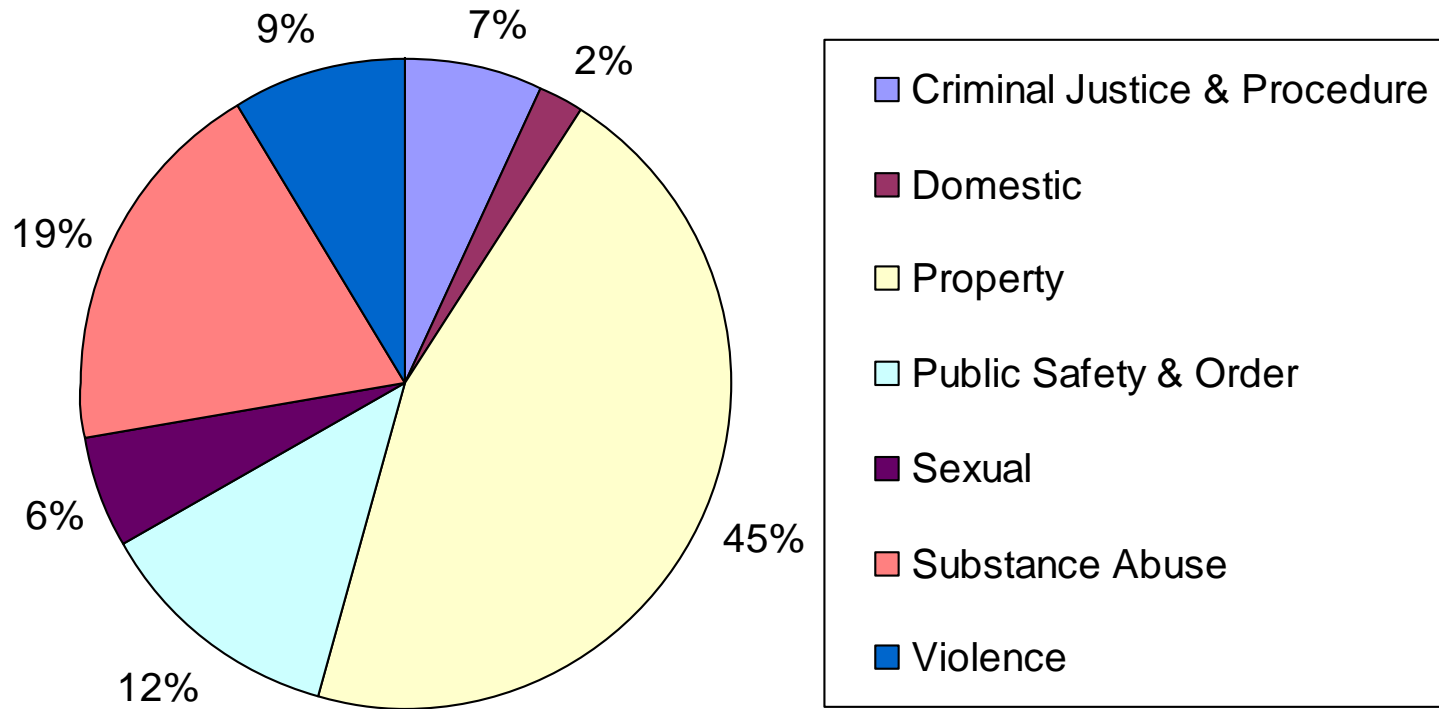
Recidivism and Mental Health

140 individuals with a mental health disability in Oneida County were incarcerated at our jail:

6 or more times in three years ('03-'06)

SOURCE: *c-info* data from Forensic Mental Health unit at OCJ
and other data entry points

In Jail and Homeless: Charges





Repeat offenders in OCJ (>5)

- Three fourths are male (77%)
- Nearly half (44%) are 25 or younger
- Two-thirds (67%) are white

- Many are homeless and jobless
- Likely that many are chronically homeless (but lack data to confirm at this point in time)



Boston area video clip (5 minutes)



Solving vs. Managing

- We currently “manage” chronic homelessness using expensive hospital, law enforcement, emergency housing, and other resources without solving the problem.
- “Housing First” approach can solve the problem



Housing First Approach

- Old model: Discharge or deny services to those who break program rules, refuse to take meds or to stop drinking or using drugs-unhealthy cycle continues
- Housing First: Provide safe, supportive housing first- then work to engage person in healthy living, recovery, employment, family reunification



Success: Portland Maine

- Cut number of chronic homeless by half in three years
- Service costs in ambulance and emergency room use, jail nights, and police contacts were cut in half after housing placement, dropping from an average of over \$28,000 per person annually to \$14,000.



Success: Portland Maine

- Healthcare cost reduction of 59% for a savings of \$497,042
- Emergency room costs decreased by 62% for a savings of \$128,373, and
- Inpatient hospitalizations decreased by 77% for a savings of \$255,421.
- Prescription drug costs increased by 31% for a cost of \$46,049.



Success: Portland Oregon

- Per person/per year cost of health care and incarcerations cut from \$42,075 to \$17,199.
- Investment in services and housing during the first year of enrollment averaged \$9,870.
- This represents a 35.7% (\$15,006 per person) annual cost saving for the first year following enrollment in CEP.



Seattle: 811 Eastlake

- Chronically homeless alcoholics only
- 75 residents
- Saved \$2,529,829 after residents were housed. Savings in:
 - Emergency medical services
 - Healthcare clinics
 - Addiction treatment
 - Law enforcement/jail



Seattle: 811 Eastlake

Service	One-Year Prior	One-Year After	% Change
Medical Center visits	891	596	-33%
Paramedic Services	540	432	-20%
County Jail Bookings	123	59	-52%
County Jail Days	1233	678	-45%
Sobering Center Admits	549	222	-59%



Savings and Spending Pots

- Beauty of using Housing First approach is that we can use federal and state resources to cut local costs.
- HUD and NYS DHCR funds to cut local law enforcement, jail costs and county foster care, shelter and Medicaid costs



Utica Project in Progress

- Developer: Johnson Park Center
- Chronically homeless single women with a mental health disability
- Two buildings/8 units near Johnson Park
- Rehab funding has been secured from NYS
- Applying to HUD for operations funding
- This project will save Utica and Oneida County a lot of money- and help these women as well!
- Need More Projects Like This!



MV Housing/Homeless Assistance Coalition

- Oneida County Mental Health:lead agency
- Meeting since 2002- 70 Members/40 agencies, city, county departments
- Monthly plenary meetings plus Task Groups
 - Homeless Youth
 - Homeless Veterans
 - Chronically Homeless



MV Housing/Homeless Assistance Coalition

- Since 2003, over \$16 million to Oneida County in state and federal (HUD) funding for supportive housing and homeless programs.
- Number of homeless in Oneida County has dropped substantially in the past three years
- 316 homeless on 1/24/2007



Building the Plan: Next Steps

- Appoint a steering committee
- Set up a Workgroup
- Meet every other month
- Allocate planning tasks and responsibilities
- Set a timetable for plan pieces
- Develop draft plan and get input
- Release Final Plan and publicity



Mohawk Valley Housing and Homeless Assistance Coalition

Utica/Rome/Oneida County Continuum of Care

Coalition Lead Agency:

Oneida County Mental Health

Coalition Chair: Steve Darman, Social Science Associates

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10-Year Plan to End Chronic Homelessness Chair:

Randy VanWagoneer, President, MVCC



Additional Resources

- Interagency Council on Homelessness
 - www.ich.gov
- Supportive Housing Network of NY
 - www.shnny.org
- National Alliance to End Homelessness
 - www.endhomelessness.org
- Corporation for Supportive Housing
 - www.csh.org