

Evaluation of Top 51 Intervention for Highest Users of Single Adult Shelter August, 2015

Executive Summary

Purpose:

The Top 51 pilot was funded by Hennepin County HSPHD in 2012 as a two and a half year effort to test ways to house the longest term shelter users. It provided intensive engagement with the highest users of county contracted single adult shelter. The pilot included two contracts with Catholic Charities and Salvation Army for \$713,675 for the two and a half years of the pilot, July 1, 2012 through December 31, 2014.

Outcomes:

- 68 percent are housed (54 of 79). The average time to housing is slightly more than six months.
- For 42 clients housed at least one year, HCMC emergency room visits declined by 76 percent and ambulance runs declined by 41 percent. Specialty care also declined. Overall, there was a 27 percent decline in HCMC encounters. The types of care that increased were primary care, dental, and pharmacy.
- For the 79 in the pilot, 16 had police arrests. In the year prior to the pilot, there were 21 arrests. Post pilot start, there were an average of 12 arrests per year, for a 43 percent decline in arrest activity.
- The 79 people in the pilot had over 100,000 shelter nights since Oct 1996 when records began. This represents almost 280 years-worth of shelter nights. After housing, shelter use drops to zero. The cost of secure waiting space is inexpensive; Safe Bay costs the county roughly \$6.75 per day per person and Higher Ground is \$10.64 per day per person. However, 100,000 shelter nights, even at the lower Safe Bay cost, is \$675,000 for these 100,000 nights.

What has changed as a result of the pilot:

- A contract was extended to Catholic Charities to continue working with the highest users of county-contracted shelter. Additional staff were contributed by the Hennepin County Access unit.
- Additional funds were made available to Catholic Charities and Simpson shelter to extend shelter hours in the morning, allowing shelter guests to stay until 9:00, when county case workers were available to work with them.
- “Coordinated Entry” is being implemented in 2015, allowing the highest users of shelter to be assessed and triaged to the most appropriate housing resource. The Homeless ACT team added 25 additional slots to their programming which can accommodate some of the highest users of shelter.

Background:

The focus of the Top 51 pilot is on the highest needs clients in county-contracted single adult shelter. An intensive planning process conducted in 2011 identified a set of single adults who had been in shelter for five to fifteen years. Twelve of the top 51 had been in shelter since Secure Waiting opened in 1996. An analysis of their use of county services showed that they utilized medical services but almost no other social services in the county. Only half were on public assistance. Some members of the planning group had direct knowledge of the clients and had tried off and on for years to engage them with different housing options.

The solution piloted in this project was to intensively engage the top users of shelter regardless of their stated desire for housing and work with them until and after housing was achieved. These top 51 users of shelter, between Jan 1 2008 and April 15, 2011 had used 47,294 nights in shelter, the equivalent of the bottom 2,133 shelter users, almost 8 percent of shelter capacity.

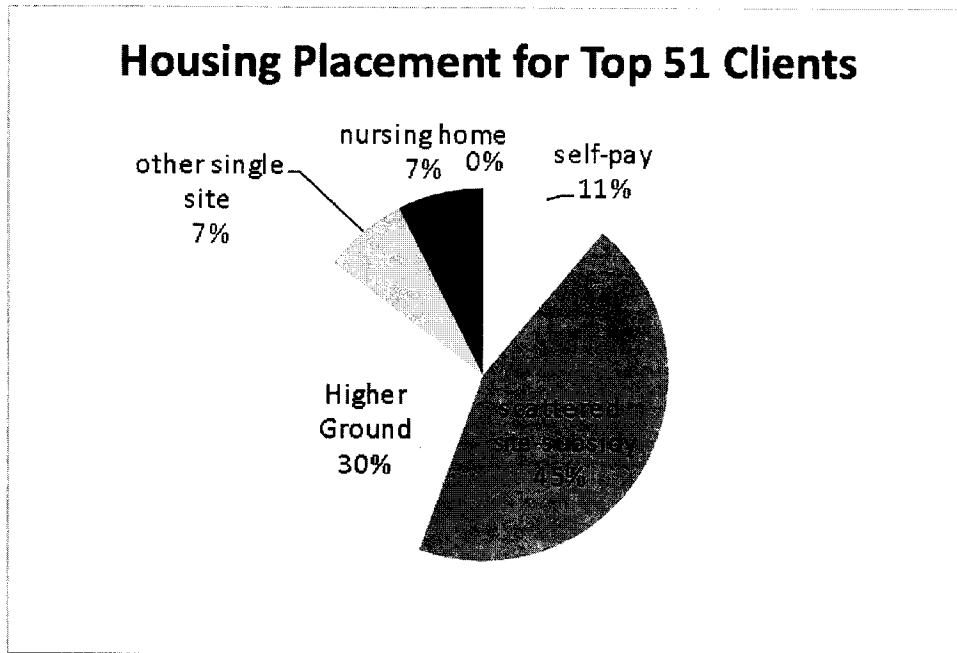
Implementing the pilot: Hennepin County contracted with the two agencies that operate the large downtown shelters, Catholic Charities and Salvation Army. The contracts were for two years, and later amended for an additional six months to allow the pilot to run a full two years and have time for an evaluation once the two years concluded. The value of the contracts over the two and a half year period was \$713,675. In addition, the Homeless Access unit assigned two staff to the project, to link these clients to county social services, where appropriate. The contracted outcomes included

- Clients are engaged with supportive services: needs assessments are completed and individual service plans are developed
- Clients will access available benefits: applications completed for available benefits, including income assistance and medical assistance
- Clients will obtain housing stability: clients that acquired housing will maintain housing with no episodes of homelessness, clients will not use HC contracted shelters, and clients will be satisfied with housing situation.

The pilot started July 1, 2012. There were 55 clients originally enrolled in the pilot; 49 men and 6 women. As clients were housed, 18 more clients were enrolled in 2013, and another 12 in 2014 for a total of 85 clients who were part of the pilot. County records show that the average first year in shelter was 2004 and 16 were in shelter in the 1990s when records began. The 85 people in the pilot represent more than 100,000 nights in shelter from October 1996 to the start of the pilot, representing 280 years' worth of shelter nights. Six of the clients have either died or moved out of Hennepin County shortly after being assigned to the Top 51 pilot so their experience is not included in this analysis. That leaves 79 clients reported below.

Housing:

Fifty-four of the 79 clients were housed during the pilot (68 percent). The average time from first engagement with Top 51 to housing was 198 days, or just over six months. Most have subsidized housing, primarily through GRH or a subsidy from MFHA. Slightly more than half are living in the community, in scattered site apartments or are paying their own rent. The majority of those living in a facility are at Higher Ground. Higher Ground is a facility owned and operated by Catholic Charities that has a shelter on the first two floors and 74 single room occupancy supportive housing units on upper floors. Six clients have been able to take over their own rent and remain housed without a subsidy.



Benefit Utilization:

There was improvement in benefit use from July 2012 to December 2014. The number receiving cash assistance grew from 24 to 39 and the number with health insurance grew from 34 to 40. Despite the growth, about half or less were on benefits; the other half not on benefits.

Benefit receipt pre and post pilot

| | July 2012 | | Dec 2014 | |
|--------------------|-----------|-----|----------|-----|
| | number | pct | number | pct |
| GA | 15 | 19% | 25 | 32% |
| RSDI/SSI | 9 | 11% | 14 | 18% |
| any income support | 24 | 30% | 39 | 49% |
| health care | 34 | 43% | 40 | 51% |

Nineteen clients were in housing, without GA or RSDI/SSI. They were primarily in MFHA subsidies (especially people who are undocumented), or paying their own rent.

Health Care Utilization:

There were 42 people in the Top 51 project who were housed at least one year at the time the pilot ended. Health care utilization at Hennepin County Medical Center (HCMC) was examined for those 42 clients to see if there was a change in utilization that coincided with housing. Previous analyses have shown a decline in emergency medical use and an increase in primary care. For this analysis, 31 of the 42 had medical services at HCMC in the year prior to housing and 26 received medical services at HCMC in the year after they were housed. Virtually all health care use declined once the clients were in housing, with the exception of pharmacy, dental, and primary care. It is possible that clients received health care at other hospitals or primary care clinics closer to their new homes, although the vast majority of clients are living closer to HCMC than other area hospitals.

Top 51 Use of HCMC Medical Services: One year pre and one year post housing for most services

| Type of care | Pre-housing | Post-housing | Pct change |
|-------------------------------------|------------------|------------------|------------------|
| | Completed visits | Completed visits | Completed visits |
| Ambulance Transport | 32 | 19 | -41% |
| ED Visits | 107 | 26 | -76% |
| Urgent Care | 8 | 4 | -50% |
| APS Visits | 3 | 2 | -33% |
| Admission | | | |
| Medical | 13 | 2 | -85% |
| Psych | 4 | 3 | -25% |
| Jail | 10 | 5 | -50% |
| HCMC Primary Care Visits | 27 | 44 | 63% |
| HCMC Speciality Care Visit | 142 | 82 | -42% |
| Dental Visit | 2 | 6 | 200% |
| Contact Center | 4 | 15 | 275% |
| Pharmacy Contact | 41 | 122 | 198% |
| OT including speech | 15 | 10 | -33% |
| PT | 38 | 5 | -87% |
| MHC Visits - Completed | 28 | 22 | -21% |
| Health Care for the Homeless Visits | 85 | 39 | -54% |
| PHC/TB Visit | 4 | 0 | |
| Total | 574 | 407 | -29% |
| | n = 31 | n = 26 | |

Police interactions:

Police arrest data show 16 clients on Top 51 with an arrest either in the year prior to the pilot's start or at some point after the pilot began. Eleven people had an arrest in the prior year for a total of 21 arrests. Ten people had an arrest after the pilot started, over a two and a half year period. Annualized, the number of arrests post pilot start was 12, for a 43 percent decline in arrests. About one third of the arrests are court actions not related to a new charge – mostly warrants. One quarter are related to alcohol consumption in public. The rest are miscellaneous charge such as trespassing or riding on the MTC without paying.

Input from staff

A focus group of Top 51 staff was conducted in December, to get their insights into the program. Staff described the project as exceeding expectations, unleashing potential for their clients in housing and having an impact in the shelter system far beyond the clients they served. It sent a message that you can't stay in shelter forever.

Staff were quick to identify success stories – David who had stayed in shelter on Currie every night for 15 years moved into housing and is doing well. Matthew was restricted from shelter when he was resistant to considering housing options presented to him. He slept outside next to the shelter and was brought inside to an apartment at Higher Ground in the middle of the night. By morning, he was interested in staying there and signed up for GRH housing.

Staff also could quickly point to several areas where public policy was frustrating. Staff felt that the commitment process doesn't pay attention to people who are homeless. In one case, the Commitment process wanted to pinpoint a specific measure rather than look at the whole picture. The person refused to get on health insurance so they weren't able to build a case. The client ended up dying on the street.

The clients that haven't been housed are those with delusional disorders where their delusions prevent them from seeing other options besides shelter. Staff wish there were more housing options than GRH. Some people are reluctant to identify as disabled, which gets them GA and then GRH. Staff have worked hard to connect these clients to the county's Mental Health Center (MHC). A psychiatrist from the MHC has made home visits to the shelters to try to engage these clients and entice them to seek treatment.

Staff feel that we need a shelter system that is concerned about moving people through the shelter, rather than letting shelter be an end in itself. Everyone who is offered shelter needs to be moved out in the end. Every shelter should be concerned about its frequent users and find a solution.

Staff felt very good about the Top 51 project. We identified a problem, we planned a solution, we followed through and were successful. Staff felt that it is essential that we keep both Salvation Army and Catholic Charities at the table in partnership. These are shared clients with a shared solution.