Welcome

Welcome to the 2019 Housing Ohio Lightening Round

Lightening Round Rules

• 5 minutes to share information
• 10 slides each presenter
• Slides advance automatically
• Buzzer goes off at 5 minutes

Intersection of Homelessness & Opioid Use
Key Partnerships With Syringe Exchange Program, City Gov., Local Nonprofits

Assertive & Targeted Outreach for Individuals Experiencing Highest Risk

Harm Reduction, Overdose Prevention, & Safety Planning
Community Inclusion. Housing First But NOT Housing Only

Multidisciplinary Team Approach With Strong Peer Involvement

Dynamic Integrated Care With Accessible Medically Assisted Treatment 43% Actively Engaging
Autonomy in Choices & Community-Based Recovery Options

97% Housing Retention
52% Enrolled in MAT
100% Equipped with Naloxone & Other Harm Reduction Measures

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@MatthewATice

Pathways to Housing PA
Next Up…

HOUSING AND HARM REDUCTION: PROMOTING SAFE USE

Billy King Kong and other YWCA staff discuss safety and harm reduction strategies.

- YWCA staff discuss safety and harm reduction strategies.
- Staff share best practices and successful outcomes.
- Participants engage in interactive discussions and group activities.
EDUCATING STAFF

- The MACK program addresses AEDS, SIDS, and SCD.
- Education occurs through semi-annual workshops.
- We offer PSAP, various staff, and procedures to help
- We provide ongoing training for nursing and medical staff.

STAFF ROLES

- Staff roles include assessing patients for diagnosis of
  disease or illness, applying appropriate technology, and
  providing education to patients and families.
- Staff members work closely with patients and families to
  provide support and guidance.

STAFF ROLES-BUILDING TRUST AND RAPPORT

- Communication is key to building trust and rapport.
- Active listening and empathy are important.
- Staff members are available to answer questions and
  address concerns.
- Staff members provide emotional support to patients and
  families during difficult times.
WHAT ARE OUR GOALS: TO KEEP OUR CLIENTS HOUSED, IMPROVE THEIR QUALITY OF LIFE AND TO KEEP THEM ALIVE...

• WE DO NOT JUST ADDRESS AN ING
• WE HAVE A 북한松树和icker public
• We maintain positive relationships
• We provide this Narcan: Test strips to our
• We are always available to help them

OUTREACH SERVICES

• Make new clients with Narcan Narcan
• Provide Narcan Narcan
• County Department of Health and the
• Conduct outreach and the delivery
• Always have Narcan Narcan
• Provide Narcan

PROVIDING EDUCATION FOR THE CLIENTS

• Antämatching
• Know the drug
• Common uses of medication
• Risk of the drug
• Proper disposal instructions
• Make sure people know the
• Drug screening
• Did you know that
• Use if you are Caught
• Identification:
• Use Narcan Narcan

HTTPS://HARMREDUCTION.ORG/ISSUES/FENTANYL
HTTPS://WWW.HEARTLANDALLIANCE.ORG/MHRI/CONFERENCE/535-2/2/
HTTPS://WWW.BRAVE.COOP
Criminalization violates human rights

“I’m just simply baffled by the idea that people can be without shelter in a country, and then be treated as criminals for being without shelter...”

—Dr. Nigel Rodley, Chair of the U.N. Human Rights Committee, former U.N. Special Rapporteur on Torture
Lt. Heath King of the Charleston Police Department said, “Those tickets should be a catalyst for people to be moving in the right direction.”

The number of homeless encampments reported has increased by 1,342% in the last ten years.

Visible homelessness ➔ Criminalization

69% growth in prohibition on camping city-wide

31% increase in bases on sleeping in public city-wide

88% increase in bases on littering, loitering, and vagrancy

“A turning of the tide? San Diego repeals 35-year-old law that punished homeless people”

A decision this week by the San Diego City Council will stop people for living in their vehicles. Advocates hope other cities will follow the lead and look into construction policies on homelessness.
Moreover, enforcing these ordinances is poor public policy. Needlessly pushing homeless individuals into the criminal justice system does nothing to break the cycle of poverty or prevent homelessness in the future. Instead, it imposes further burdens on scarce judicial and correctional resources, and it can have long-lasting and devastating effects on individuals' lives.

Actions YOU can take!

• Endorse!
• Speak out!
• Promote model policies!
St. Joseph Center

St. Joseph Center’s mission is to provide working poor families, as well as homeless, men, women and children of all ages, with the inner resources and tools to become productive, stable and self-supporting members of the community.

St. Joseph Center (SJC) was founded on July 8, 1976 by two Sisters of St. Joseph of Carondelet. Though we are a separately incorporated 501(c)(3) non-profit organization, we retain an affiliation with the Sisters as a “Sponsored Institution.”

Benefits of A Diverse Workplace

- Increase in Creativity
- Increase in Productivity
- Increase in Positive Branding
- Increase in Cultural Empathy and Community/Client Engagement
Outreach & Engagement
- 5,610 homeless men, women, and children engaged
- 2,202 of these people were successfully linked to services/enrolled in housing program
- 17,000 hot, nutritious meals served to homeless men and women at Bread and Roses Café
- 150,000 meals prepared at home by Food Pantry clients using groceries received from St. Joseph Center

Housing
- 472 homeless people placed in permanent housing
- 1,000 formerly homeless men, women, and children assisted to retain housing

Mental Health
- 333 men, women, and children benefited from life-changing mental health services

Education & Vocational
- 42 men and women graduated from our Culinary Training Program; 75% found jobs
- 35 women graduated from Codetalk, our web development training program; 75% found jobs
- 60 children ages 18 months to 5 years old received educational and enriching childcare

Racial Disparities Data

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>General Population</th>
<th>Deep Poverty</th>
<th>Innovation</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>73.9%</td>
<td>59.7%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Black</td>
<td>12.4%</td>
<td>23.5%</td>
<td>42.4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.8%</td>
<td>1.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.2%</td>
<td>4.0%</td>
<td>4%</td>
</tr>
<tr>
<td>Native American and Other Pacific Islander</td>
<td>.2%</td>
<td>.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>5.0%</td>
<td>3.9%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Hispanic/Latino (of any race)</td>
<td>17.2%</td>
<td>24.3%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Source: SPARC, 2018

How Did We Get Here?

- Historical Racism and White Supremacist Ideology
- Privileges associated with “whiteness”
- Disadvantages associated with “color”
- Institutional Racism
- Explicit/Implicit Bias
Implicit Bias in the Workplace

Implicit bias can affect:
- Who gets hired
- Who managers trust with assignments
- Who gets promoted

Does our provider workforce reflect the racial diversity of those we serve?

Creating Racial Equity

Strategic intention from the highest level – CEO and Executive Team committed to increasing diversity with respect to race and educational status

1. Intentionally recruited service providers who had experienced homelessness and/or incarceration
2. Softened degree requirements whenever possible, and even removed degree requirements for a number of positions
3. Diversified staff at all levels

St. Joseph Center Staff Demographics

Demographics of Senior Managers

<table>
<thead>
<tr>
<th></th>
<th>Senior Managers 2013</th>
<th>Senior Managers 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td>Black</td>
<td>50%</td>
<td>6%</td>
</tr>
<tr>
<td>Latino</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td>Asian</td>
<td>10%</td>
<td>47%</td>
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Source: SPARC, 2018
Building a Race Equity Culture:
The Race Equity Cycle

AWAKE
• Focus on people and on building a workforce and boards comprised of individuals from different race backgrounds

WOKE
• Focus on culture and creating an environment where everyone is comfortable sharing their experiences, and everyone is equipped to talk about race equity and inequalities

WORK
• Focus on systems to improve race equity

Creating Racial Equity in Your Organization
Full Session @ 1:30 – 3:15 PM

Va Lecia Adams Kellum, Ph.D.
President & CEO
St. Joseph Center
Vadams@stjosephctr.org

Next Up…
LGBTQ Homelessness

OHIO

2.2X

20 CITIES
1 COUNTY
Next Up...

Rural Youth Homelessness
Lightning round
Beth Horwitz
Housing Ohio Conference
April 9, 2019
Voices of Youth Count

- National policy research initiative designed to fill gaps about:
  - Who experiences homelessness as a young person?
  - How and when youth become homeless?
  - How many youth experience homelessness?
  - How can we intervene so that youth homelessness becomes rare, brief, and one time?

Comprehensive Data Collection

- Local counts
- National prevalence surveys
- Youth households interviews
- Provider reviews

- Intervention evidence
- Policy entry points
Limited Services

- Half of the small VoYC counties had **no programs** specifically for runaway and homeless youth; those that did had only 1-2 programs.

- Broader youth serving organizations were primary service providers for youth experiencing homelessness.

- Lack of services tailored to youth shapes young people’s experiences.

Youth homelessness in rural communities is especially hidden.
Youth experiences of homelessness is fluid.

Some youth are at greater risk of homelessness:

- 546% Youth with less than a high school diploma had a higher risk.
- 162% Youth reporting annual household income of less than $15,000 had a higher risk.
- 120% Latina/E, African American youth had a higher risk.
- 33% Hispanic, non-Latina youth had a higher risk.
- 83% Black and African American youth had a higher risk.
- 200% Unmarried parenting youth had a higher risk.

Coalition Building

- Collaboration & Partnerships
- Capacity Building
- Services
- Advocacy
- Policies

Americans Indian or Alaska Native youth had 2.2 times the risk of reporting homelessness.
Our partner, the Center for Housing & Health, promotes the coordination, research, evaluation and policy development of housing and health programs that serve vulnerable populations in the Chicago Metropolitan Area.

UIH pays CHH $1,000 per member per month for each patient housed up to 12 months.

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Housing</th>
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<tr>
<td>Rush University Medical Center</td>
<td>Swedish Covenant</td>
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<tr>
<td>Northwestern</td>
<td>Cook County Health</td>
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**27 Supportive Housing Agencies**

**4,000 scattered site units**

**125 - 150 vacancies**

**3 Single Room Occupancy (SRO) Hotels**

**Stephen Brown MSW LCSW**

**UI Health**

**Director of Preventive Emergency Medicine**

"One patient, now deceased, had annual healthcare costs of $533,000."

**1st Cohort Retention, Cost & Utilization**

- **26** Patients placed into housing
- **47%** Housing Retention (16 of 26 survivors)
- **21%** Cost Reduction
- **57%** Drop in IP Utilization
- **67%** Drop in ED Utilization
- **55** Since 11/15

Lesson #1:

Homelessness is a dangerous health condition.

- 30% mortality rate
- Mortality higher in the unsheltered (3.6x)
- Metastatic Cancer: 20%
Lesson # 2:
The homeless are invisible in healthcare.

• Started with 68 in 2015
• 4,800 since 2010.
• 1,240 current patients

Lesson # 3:
The chronically homeless have exorbitant healthcare costs & utilization.

• Of the 1,240 current patients, 40% had annual healthcare costs that were 1.9 to 160 times higher than our average patient costs.

Lesson # 4:
Going forward, all solutions should be multi-sector solutions.

It’s called Collective Impact
Why? The Wrong Pockets Problem
Silent systems cause cost shifting to the most expensive public sector resources.

Source: https://www.pathwayshousingfirst.org

Per Diem Costs

<table>
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<tr>
<th>Cost Factor</th>
<th>Michigan Avenue Hotel:</th>
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<tr>
<td>20.7</td>
<td>$625/ evening</td>
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<tr>
<td>20.7</td>
<td>$625/ evening</td>
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</tbody>
</table>

For patients with refractory, severe mental illness
LOCUS: 28+
INSTITUTIONALIZATION
For patients with severe mental illness or substance abuse
May include patients with Assisted Outpatient Treatment (AOT)
LOCUS 25–27
CLUSTERED OR PROJECT-BASED WITH ONSITE SUPPORT
For patients with moderate or well-controlled mental illness or substance abuse
LOCUS: 23–24
SCATTERED SITE – WITH ASSERTIVE COMMUNITY TREATMENT (ACT)
Patients with controlled or mild mental illness and/or substance abuse
LOCUS: up to 22
SCATTERED SITE – HOUSING CASE MANAGEMENT
Patients identified as needing assistance locating affordable or supportive housing:
RAPID REHOUSING

WHAT HEALTHCARE NEEDS FROM HOUSERS

- Housing and Supports need to match the acuity of the patient.
- A separate ladder is needed for those with complex medical needs or palliative care.
- BHH’s housing retention rates did not match other Housing First projects.
- Privately managed crisis shelters with strict disciplinary policies.
- No low barrier crisis shelters.
- ED sees more unsheltered patients with higher acuity levels of mental illness / substance abuse.
- Only housing available was Level 2, limited Level 3.

Stephen Brown MSW LCSW
Director, Preventive Emergency Medicine
University of Illinois Hospital & Health Sciences System
Thank You

Matt Tice
Pathways to Housing PA
Bela Koe-Krompecher
YMCA of Central Ohio
Eric Tars
National Law Center on Homelessness & Poverty
Va Lecia Adams
St. Joseph Center
Melissa Meyer
Lighthouse Youth and Family Services
Beth Horwitz
Chapin Hall at the University of Chicago
Stephen B. Brown
University of Illinois Hospital

CEU Code

COH1925