



HOMELESS PREVENTION PILOT PROJECT REPORT

Date: January 15, 2008

DESCRIPTION

The Cabinet for Health and Family Services/Department for Mental Health and Mental Retardation Services, in collaboration with The Coalition for the Homeless of Louisville; Families & Children First; and the Lake Cumberland MHMR Board, Inc. developed and implemented a homelessness prevention pilot project. The project was designed to offer institutional discharge planning on a voluntary basis to persons exiting state operated prisons, mental health facilities and the foster care system. The project was conducted from June 2005 through June 2007, as legislated by KY Acts 194A.735.

The primary goal of the project is to prepare a limited number of persons for return or reentry into the community by offering information about community services and help with finding housing. These support services include employment, medical and mental health services, housing options, education, and social support. The desired outcome of this pilot is a decrease in the number of people who become homeless after being discharged from state institutions.

METHODOLOGY

- The project was conducted in one rural area and one urban area.
- One service agency coordinated the project in each area.
- Client referrals were sent from prisons, mental health care facilities, and foster care.
- Case management was provided for each client.

RESULTS

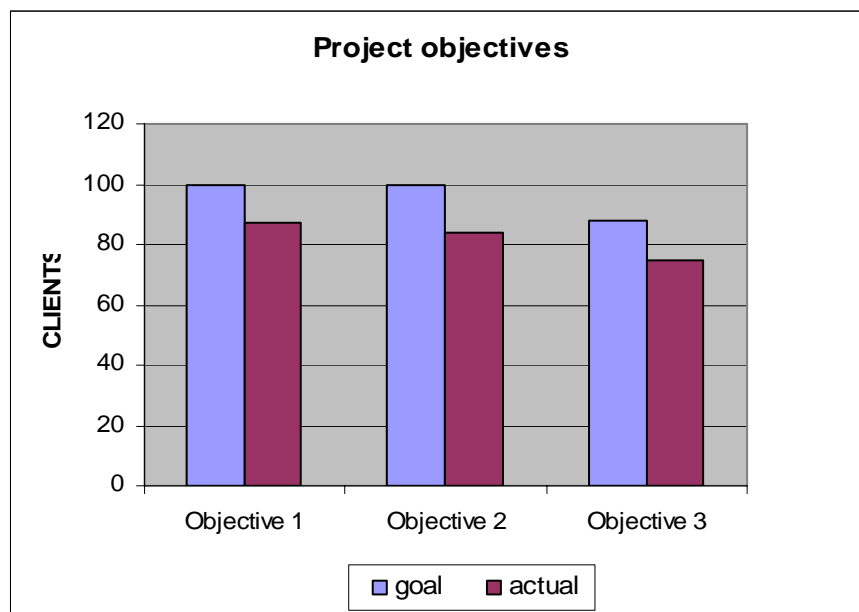
The project results are summarized in two tables. The first table shows the number of clients served, grouped by project objectives. The objectives were:

- (1) To provide discharge planning services for clients in each region.
- (2) To provide access to housing and community support for clients in each region.
- (3) To prevent 88% of the clients served from becoming homeless.

TABLE 1: clients served from July 2005 to June 2007.

PROJECT OBJECTIVE	FY06 clients	FY07 clients	Total served	Project goal
(1) Discharge planning				
Rural area	15	27	42	50
Urban area	20	25	45	50
total	35	52	87	100
(2) Housing and Community Support				
Rural area	15	24	39	50
Urban area	20	25	45	50
total	35	49	84	100
(3) Prevent homelessness				
Rural area	15	20	35	44
Urban area	20	20	40	44
total	35	40	75	88
		Clients not homeless	86%	88%

Chart 1: Clients served by project objectives



Objective 1 = provide discharge planning

Objective 2 = provide access to housing and community support

Objective 3 = prevent 88% of clients from becoming homeless

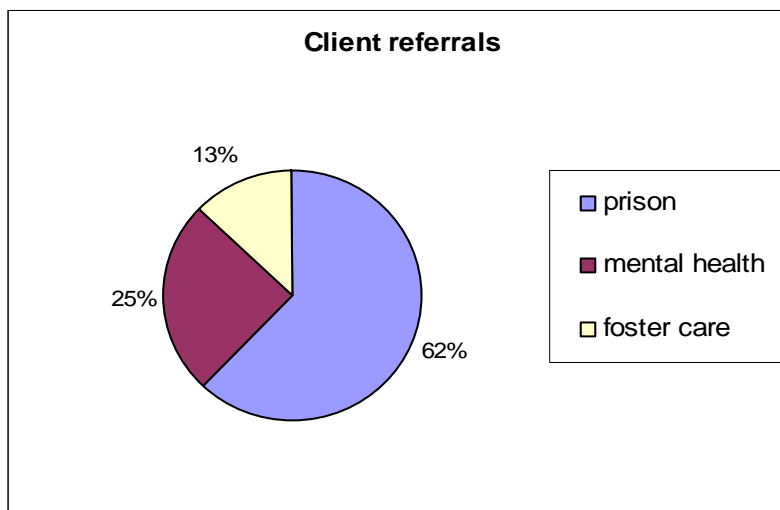
The second table shows the number of clients grouped by referrals coming from one of three project target areas:

- (1) state prisons
- (2) mental health institutions
- (3) foster care

TABLE 2: Client referrals from July 2005 to June 2007

CLIENT SERVED BY GROUP	FY06	FY07	TOTAL
(1) state prison			
Rural area	11	18	29
Urban area	15	10	25
			54 clients (62%)
(2) mental health institution			
Rural area	1	8	9
Urban area	2	11	13
			22 clients (25%)
(3) foster care			
Rural area	3	1	4
Urban area	3	4	7
			11 clients (13%)
Total			
			87 clients (100%)

Chart 2: Client referrals to the project



COST BENEFIT ANALYSIS:

The Homeless Prevention Pilot project cost the State **\$200,000 over two years**. A total of 87 clients were served by the project in 2 years. We used institutional recidivism rates to calculate annual and daily savings to the State.

Prisons

A total of 54 referrals were made from the prison system. The Department of Corrections recidivism rate is 27.5%. This means that normally 15 (57 x.275) of these clients would have returned to prison. In our case only 3 clients returned to prison, so the pilot project kept 12 (15-3) or 23% of the prison referrals in the community. The daily rate for a bed in a Kentucky State Reformatory is \$68. **In one year the pilot project saved the prison system \$ 297,840.**

Mental Health Facilities

A total of 22 referrals were made from the mental health system. The hospital readmission rate is 37.7%. This means that normally 8 (22x.377) would have been readmitted to a psychiatric hospital. In our case only 4 clients were readmitted to the hospital so the pilot project kept 4 (8-4) or 18% of mental health referrals in the community. The daily rate for a staying in a Kentucky Psychiatric Hospital is \$500. **In one year the pilot project saved the mental health system \$730,000.**

Foster Care

A total of 11 referrals were made from the foster care system. The average daily cost of serving a child in the foster care system is \$95. This means that 11 clients were kept from reentering the foster care system. **In one year the pilot project saved the foster care system \$381,425.**

Homeless Shelter System

Subtracting the number of referrals that reentered the system, a total of 80 people were also kept out of the homeless shelters. The daily rate for a stay in the shelter system is \$13. **In one year the pilot project saved the shelter system \$379,600.**

SUMMARY:

The project demonstrated that homeless prevention works. The case management project kept the clients focused on reintegrating into society and prevented them from cycling in and out of state institutions. The demands for participation exceeded the project capacity during its second year.

The project also suggests that the State of Kentucky and the shelter system could save \$1,788,865 per year if a reintegration program was used. This pilot was only conducted in two communities. If the program is extended to other areas of the State, the savings would be considerable.

The average daily savings for the State for each day when project clients were housed is \$4,901. It would only take 41 days for the state to recoup the cost of this program.

APPENDIX: Success Stories

Case workers in each region were asked for one example that would show how the project affected their clients.

(1) Urban region (case story provided by Family & Children First)

“Mr. Bradley was referred to me from Central State Hospital in December 2006. He was a patient who had been battling a problem with alcohol addiction and prior drug use. He was also receiving treatment for mental illness. While in the hospital, Mr. Bradley was diagnosed with kidney cancer. Cancer surgery was arranged for Mr. Bradley but he had no where to go. Our agency was able to arrange for him to stay at a transitional facility after the hospital discharge. Later, he was granted a housing voucher through the Kentucky Housing Corporation. Our agency located a safe apartment for Mr. Bradley and he moved in.”

“Today, he receives SSI and is able to pay all of his bills. He is also able to provide his own food, transportation and buy medications. He has stayed clean despite temptations that have come his way. Over the summer, Mr. Bradley was severely beaten and robbed. Even after all of this, Mr. Bradley stayed positive and focused on his goals. He continues to work hard at re-building his life and participating in the community. He has recently contacted his three daughters that he had not seen in 30 years and plans to visit his children and grandchildren.”

(2) Rural region (case story provided by ADANTA):

“When I first met Mary she was in a detention center and told me she would be homeless when she was released. Her three children were staying with her mother. Mary needed a place of her own to make a home.”

“Our agency applied for a Kentucky Housing Corporation (KHC) Safe Start voucher for homeless families with children. Mary was approved for the voucher, but we hadn’t found an appropriate unit for her to rent when she was released. She stayed with her mother until she found a trailer that would pass the KHC inspection. Mary also gained employment after release. She and her children moved to the trailer in April 2007 and are living as a family again. Mary is able to pay her rent because of the KHC voucher.”