

THE SHOT REPORT 2015

2010 - 2015

A brief synopsis of data from the Supportive Housing Outreach Team Program.

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The U.S. Department of Housing and Urban Development

The Chicago Community Trust

Polk Bros. Foundation

Michael Reese Health Trust

Executive Summary

Permanent Supportive Housing saves money and lives. Renaissance Social Services' Supportive Housing Outreach Team program integrates comprehensive clinical case management with health care services to chronically homeless individuals with mental illness and substance abuse disorders. Over half of our clients also have a chronic health condition and all were at **high risk for dying** if they did not get off the streets. Program participants have an average of **8 ¾ years of homelessness** during their lifetime before coming into our program, and almost 20% are **veterans**. Many of the people being served are considered **high users of expensive healthcare** and the criminal justice system. They have averaged **52 hospital visits** during their lifetime and **6 emergency room** visits in the 12 months before entering the program. 93% have spent time in jail or prison, averaging almost **3 ½ years of incarceration** during their lifetime. It is also worth noting that 93% of program participants report experiencing trauma during their lifetime with **36% reported** experiencing **sexual assault** at some time during their life.

Since its beginning in 2010 this program has helped turn around people's lives. The vast majority of people served in the program have achieved housing stability, have avoided the emergency room, have stayed out of jail and prison and have begun to self-manage their disabilities. In addition, this program has **saved over 8 million dollars** in hospital, emergency room and prison costs for the state of Illinois' taxpayers. This is possible because the cost of providing housing and intensive services is only \$12,300 per person, per year.

Renaissance Social Services has proven that by providing permanent supportive housing with intensive clinical case management services and integrated healthcare services, we can save taxpayer dollars, get people off the streets who have a long history of homelessness, keep people out of prison, avoid unnecessary hospitalizations and help them start the road to recovering from serious disabilities.

Michael Banghart
Executive Director
June 2015

“The Chronically Homeless make up less than 18 percent of the total homeless population, yet they utilize more than 50 percent of the total services provided to the homeless.”

The National Alliance to End Homelessness

Introduction

The Supportive Housing Outreach Team (SHOT) program was created to serve the homeless population in Chicago that had been homeless the longest and have the most severe disabilities. This program is the result of Renaissance Social Services’ Chronic Homeless Initiative. This initiative started in 2008 as a response to local and national data indicating that the chronically homeless, especially individuals with significant mental health and substance use disorders, were not successfully getting off of the streets when compared to higher functioning, more acutely homeless populations. The purpose of this initiative was to increase the number of chronically homeless people served at Renaissance Social Services (RSSI).

The SHOT program started in 2010 when RSSI was awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the U.S. Department of Health and Human Services. This grant provided funding to serve 150 chronically homeless people with co-occurring mental health and substance abuse disorders in supportive housing. In order for this program to be successful, rental support was needed to provide the scattered site housing in which the chronically homeless individuals could live. This rental support was provided through grants from the US Department of Housing and Urban Development’s Continuum of Care Program.

The SHOT program consists of two teams of Clinical Case Managers and one Psychiatric Nurse who provide Comprehensive Case Management services using Housing First and Harm Reduction, all evidence based best practices. The case management teams address the homeless individuals’ needs by providing them with immediate housing in the community and supportive services in their new homes. Services are focused on teaching the client how to manage their disabilities, achieve stability in their housing and learn the life skills necessary to become autonomous.

This report is a brief picture of the first four years of the program.

Demographic Information

From September 1, 2010 to May 1, 2015, 145 chronically homeless individuals with a mental health and substance use disorder were housed by the SHOT program. Those being served by the SHOT program are representative, in terms of demographics, to the chronically homeless population in Chicago as indicated by the 2013 Annual Homeless Assessment Report to the U.S. Department of Housing and Urban Development. The SHOT program participants report the following:

Gender		Race	
Male	72%	African American	73%
Female	27%	Caucasian	25%
Transgender	1%	Asian	1%
		Multi-racial	1%

7% – Latino/Hispanic

19% – Veterans

Average Age = 48 years old

Severe Mental Illness Diagnosis = 100% (22% Psychotic Type Disorder)

Substance Abuse Diagnosis = 100%

Chronic Health Conditions

Cardiac Disease	62%
Respiratory Disease	35%
Musculoskeletal	23%
Chronic Infection	21%
Neurological Disease	9.6%
Cancer	5.8%
Gastrointestinal Disease	5.8%
Endocrine Disease	4.8%
HIV/AIDS	4.8%
Other	27%

54% of participants report having 3 or more medical conditions.

Average age of first homeless episode = 34 years old

Range 7 – 67 years old when *first* experienced homelessness

Average number of homeless episodes in lifetime = 6.4 episodes

Average length of homeless episode before entering the SHOT Program = 36 months

Average total time homeless in lifetime = 8.75 years

Hospital and Prison Use

Hospital Use Before Entering the SHOT Program

- 6.0 = the average number of emergency room visits per person in the 12 months before entering the program (range 0-50).
- 17 = the average number of nights in the hospital in the 12 months before entering the program (range 0-183).
- 52 = the average number of lifetime hospital visits (range 0-1,200).
- 8.3 months = the average total amount of lifetime overnight stays in the hospital (range 0-200).

Hospital Use Since Entering the SHOT Program

- 0.05 = the average number of emergency room visits per person since entering the program.
- 3 nights = the average amount of time spent overnight in the hospital since entering the program.
- 71% = the percent of participants who have had NO emergency room visits **or** hospitalizations since entering the program.
- Of the clients who were hospitalized in the first 3 years of the program, 60% were hospitalized for a chronic health issue (instead of a mental health or substance use related hospitalization).

Jail and Prison Use

- 93% = the percent of clients who have spent time in jail or prison during their lifetime.
- 34% = percent of clients who spent time in jail or prison in the 12 months before entering the program.
- 43 months = average total amount of time spent in jail or prison in lifetime.
- 5% = the percent of clients who experienced any time in jail or prison after entering the program.

Cost of Treatment

Homelessness

The U.S. Interagency Council on Homelessness (USICH) reports in *Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness* that homelessness costs from \$17,000 to \$42,000 per person, per year. These costs include direct homeless services such as shelter and food pantries, and indirect costs such as prison, emergency room and inpatient hospitalization costs.

Inpatient Hospital

The USICH estimates that inpatient hospital stays cost \$1,940 per day. SHOT clients had \$4,541,540 of inpatient hospital expenses in the 12 months prior to entering the program.

Emergency Room

The USICH estimates that it costs \$905 per day for every time an individual goes to the emergency room. SHOT clients had \$739,385 in emergency room expenses in the 12 months before entering the program.

Jail and Prison

USICH estimates that Jail and Prison cost \$84 per person per day. In the 12 months before entering the program SHOT clients had \$144,594 in jail and prison expenses.

Supportive Housing

Supportive Housing costs an estimated \$11,000 to \$20,000 per person per year. The SHOT program costs an average of \$12,300 per person per year. Since its inception 4 years ago, the SHOT program has spent \$4,700,732 to provide housing and supportive services to all of its program participants.

This figure stands in stark contrast to the estimated expenses these men and women would have incurred if they had not been housed. Using historical data on hospital use, ER visits and time spent in prison, we estimate our program participants would have incurred a total of \$14,185,832 in expenses over the same time period. Instead, our program costs (including the cost of ER, hospital and prison use since entering the program) was only \$5,778,186. This represents an overall **savings of \$8,407,646**, or nearly 60%.

Case Studies

The following case studies are from actual program participants in the SHOT program. Their names have been changed for reasons of confidentiality.

An Expensive Person

JR was housed by the SHOT team on August 29th, 2012 after living on the streets and in shelters for 6 uninterrupted years. He suffers from paranoid schizophrenia, and chronic gastric problems. In the 12 months before becoming involved with RSSI he had been to the emergency room 30 times and had spent 183 days overnight in the hospital for both medical and psychiatric reasons. This was typical for him during the six years he was homeless. The estimated cost for just these services is \$382,170. The cost to provide JR with housing and services since entering the program 2 years and 10 months ago is \$33,892 (\$33.69 a day times the time spent in the program). He has not been in the hospital or to the emergency room since entering the SHOT program. If his pattern of hospitalizations and ER visits was similar to the year before he entered the program JR would have cost taxpayers \$1,053,323 during that same time period. When the cost of Permanent Supportive Housing is deducted the SHOT program and RSSI **saved taxpayers \$1,019,431** between September 2012 and June 2015.

The Typical Client

While JR was considered a high user of emergency care services, Mary was more typical of the people served in RSSI's SHOT program. Mary was homeless for 4½ years before being engaged into housing and services by RSSI in April of 2011. In the 12 months before entering the SHOT program Mary had 3 visits to the emergency room and had spent 28 nights in the hospital, totaling an estimated \$57,035. If Mary had not been housed her cost during the time period of April 2011 to June 2015 would have been \$236,891 in ER and hospital expenses compared to \$51,074 in housing and supportive services. During her time in the program she has incurred \$64,020 in hospital and ER expenses, which, when added to the cost of the permanent supportive housing, totals only \$115,094, a **savings of \$121,797** from April 2011 to June 2015.



"RSSI provided me with a home and hope. I wouldn't be here without them."

E. N.

Summary

Renaissance Social Services started the Chronic Homeless Initiative in order to answer the call of serving people who had been living on the streets the longest, had the most severe medical and mental health problems and were the most likely to die if they did not find housing. The SHOT program has been the culmination of this work and demonstrates that a dedicated effort serving the chronically homeless can be successful when paired with the correct intensity of evidence based service delivery with affordable housing.

The people being served in the SHOT program have spent significant portions of their lives homeless, have multiple disabilities and most have experienced some significant trauma. Yet, with an opportunity for decent, affordable housing and the proper level of support they are able to achieve stability in their lives. Some participants have even returned to employment. The outcomes we see in the SHOT program indicate that after being in supportive housing for as little as six months clients report decreasing illegal drug use and having fewer mental health symptoms than when they entered the program. Many have stopped using alcohol and drugs altogether and are stable with their mental health medications.

In addition to improving the lives of the people being helped, the program has also saved over 8.6 million dollars in health care and prison expenses. Most importantly though, the participants in the SHOT program feel that they have their dignity back and have rejoined society.

We could not have this success without funding from SAMHSA and HUD specifically for chronically homeless programs, and we are indebted to Polk Bros. Foundation, The Chicago Community Trust and Michael Reese Health Trust for their ongoing support. I would also like to recognize the tireless efforts of the SHOT program staff for making this program successful.

Chicago's Plan to End Homelessness 2.0 and the nation's focused effort to eliminate chronic homelessness and veteran homelessness will only be successful if there are the necessary resources to fund programs that can provide the correct level of services for the neediest population.

Thank you.

Contact Information

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Supportive programs for affordable housing.