

Rebuilding Lives Updated Strategy Columbus and Franklin County, Ohio

Systems Data Match – HMIS & the Alcohol, Drug & Mental Health Board of Franklin County (ADAMH)

Final Report
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Prepared for:

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Introduction

This study summarizes findings from a data match between, on one hand, records from the Homeless Management Information System (HMIS) database maintained by the Community Shelter Board (CSB), and the database on behavioral health services administered by the Alcohol, Drug and Mental Health Board (ADAMH) in Columbus Ohio. Specifically, the data looks at ADAMH services consumed by two populations: adults first entering shelters (family and singles) in 2004 and 2005; and persons placed in Rebuilding Lives sponsored permanent supportive housing in 2004 and 2005.

Based on this match between ADAMH and HMIS databases, aggregated rates of services use for mental health (MH) and substance abuse (SA) services are reported, as well as the corresponding costs to ADAMH for the services provided. For the persons in shelter, rates and costs are provided for the one-year period prior to first shelter entry, and for the period during which they were in shelter. A subset of this population is also grouped into three clusters based on their services use patterns to examine whether ADAMH services use varies in relation to shelter use patterns. For the match between ADAMH and RL-PSH tenants, rates and costs of services use are reported for two equivalent one-year periods immediately prior to and immediately following each person’s placement into RL-PSH.

Key Findings

Single Adults in the Shelter System

Table 1 - Shelter Use & ADAMH Services – Single Adults First Entering the Shelter System in 2004-2005 (n=5,810)

	Outpatient Services (% of persons)	Outpatient Services (cost)	Inpatient Services (% of persons)	Inpatient Services (cost)
Mental Health Services				
Received 1 Year Before Shelter Entry	21.7%	\$4,006,556	0.9%	\$854,764
Received During Shelter Stay	21.7%	\$3,078,801	1.1%	\$1,078,625
Substance Abuse Services				
Received 1 Year Before Shelter Entry	15.5%	\$1,160,163	5.3%	\$727,313
Received During Shelter Stay	18.2%	\$1,385,092	7.8%	\$989,035

Inpatient services include any inpatient stay that occurs up to one week after a shelter exit. Persons using MH outpatient services increased from 1,259 (1 year pre-shelter) to 1,262 (during shelter stay).

Table 1 shows the treated prevalence for single adult individuals who first entered the shelter system in 2004 or 2005. Noteworthy findings include:

- The overall treated prevalence was at least 21.7% for MH services and 18.2% for SA services. Depending on the degree of overlap between those receiving services prior to and during their shelter stay, and across

inpatient and outpatient services, the combined prevalence for these two periods and service mode would actually have been higher.

- The proportions of persons who used services, both for SA and MI, was either the same or higher during the shelter stay than in the year prior to the shelter stay, despite the time an average individual spent in a shelter being considerably less than one year.
- Looking at outpatient services, despite the equal proportion of services use for the study group during their time in shelter, the total cost of MH services was less during a shelter stay than for services consumed in the year prior to shelter admission. This is due at least in part to the shorter amount of time that, on average, the shelter stay covered. Contrary to this, however, the total cost of SA outpatient services actually increased during the shorter shelter period.
- Among inpatient services, rates (and corresponding costs) of use went up in the time period covered by shelter use. This time period also covered inpatient stays immediately following (i.e., one week or less after exit) shelter exit, as a person cannot stay in a shelter and in a hospital simultaneously.
- A majority of all who received pre-shelter MH and SA services – 63.1% and 51.8% of service users, respectively – received services in the month immediately prior to their shelter admission. For both MH and SA services, about 20% of the total services consumed in the year before shelter use came in the month just before shelter entry. These findings are not shown on Table 1 (see appendix tables).

Those persons in the dataset who were in shelter early enough to track shelter use for two years (through mid-2006) were assigned to clusters based on their shelter utilization patterns (determined by days and discrete stays in shelter). This came to 1,574 persons. Of these persons, about three-quarters (78.2%) exhibited a “transitional” shelter use pattern, another 14.9% were classified as “episodic,” and the remainder (6.9%) were considered to be “long-term” stayers.

Table 2 - Shelter Use & ADAMH Services – Focus on Single Adults in Cluster Analysis

	Long-Stay	Episodic	Transitional
Total Persons	108	235	1,231
Mental Health Services			
Received 1 Year Before Shelter Entry	20.4%	31.5%	20.1%
Received During Shelter Stay	45.4%	49.8%	18.9%
Substance Abuse Services			
Received 1 Year Before Shelter Entry	12.0%	19.1%	14.7%
Received During Shelter Stay	41.7%	50.6%	15.1%

Table 2 shows the rates of ADAMH behavioral health services use that occurred in each cluster. More detail on the methods used to generate these clusters is provided in the methodology section at the end of this report. Table 2 is used to evaluate whether or not there were differences in these rates among these different clusters. The results indicate that any overall increases in treated prevalence from the pre-shelter period to the sheltered period can be explained mainly by increases seen in the long-stay and episodic clusters.

Specifically:

- The transitional stayers' rates of services use were very similar to the overall rates in Table 1. This was partly due to their representing three-quarters of the overall population. Their rates of services use, for MH and SA services, were very similar across the two time periods.
- Those in the episodic group had higher prevalence rates of MH and SA services use than the overall group, and the proportion receiving both types of services increased considerably, for both MH (31.5% to 49.8%) and SA services (19.1% to 50.6%), from the period before shelter to the period in shelter.
- Those in the long stay cluster had rates of MH and SA services use prior to shelter admission that were comparable to the overall rates. After entering shelter, however, their rates of services use doubled (20.4% to 45.4%) for MH services and tripled (12.0% to 45.7%) for SA services.

Table 3 - Shelter Use & ADAMH Services – Single Adults in Cluster Analysis

	Total	Proportion Long-Stay	Proportion Episodic	Proportion Transitional
Total Persons	1,574	6.9%	14.9%	78.2%
Mental Health Services				
Cost 1 Year Before Shelter Entry	\$1,382,906	4.9%	22.1%	73.0%
Cost During Shelter Stay	\$2,122,070	12.0%	39.4%	48.6%
Substance Abuse Services				
Cost 1 Year Before Shelter Entry	\$510,593	2.8%	11.4%	85.8%
Cost During Shelter Stay	\$967,294	12.7%	46.7%	40.6%

Table 3 focuses on the cost findings, broken down by cluster. Cost here is used as a proxy for amount of services consumed. Broken down by cluster, Table 3 looks at the percentage of total cost (and thereby total services) that was used by each cluster. Therefore the rows in this table add up to 100%. These percentages should be compared to the proportional representation among the whole group that is shown in the first row ("total persons"). Thus, in a hypothetical example, if a group represented

10% of the population (in the first row) but consumed 50% of the services costs (in a subsequent row), this would represent a considerably disproportionate use of services.

Summarizing these findings:

- The long-stay and episodic clusters consumed disproportionate amounts of MH and SA resources while they were in shelter, which was partly a function of the longer time these two clusters spent in shelter, compared to the transitional group.
- Those in the transitional cluster used pre-shelter resources that corresponded closely to their representation in the population. These proportions decreased for the time period in which they are sheltered, which is in part a function of the relatively short time periods that they spent in shelter.
- Particularly striking is the resource allocation for the long-stay group during their shelter stay. While they underutilized (compared to the proportional size of this group) ADAMH services prior to shelter admission, once admitted to shelter they used substantially higher proportions of both MH and SA services.
- The episodic group, 14.9% of the total population, used disproportionately high levels of services after entering shelter, both for MH services (39.4%) and for SA services (46.7%).

Families in the Shelter System

Table 4 - Shelter Use & ADAMH Services – Families First Entering the Shelter System in 2004-2005 (n=1,208)

	Outpatient Services (% of persons)	Outpatient Services (cost)	Inpatient Services (% of persons)	Inpatient Services (cost)
Mental Health Services				
Received 1 Year Before Shelter Entry	12.1%	\$149,801	0.0%	\$0
Received During Shelter Stay	15.0%	\$140,416	0.2%	\$27,708
Substance Abuse Services				
Received 1 Year Before Shelter Entry	5.3%	\$65,657	0.7%	\$15,628
Received During Shelter Stay	6.3%	\$59,952	0.0%	\$0

Note: Inpatient services include any inpatient stay that occurs up to one week after a shelter exit.

Results for adults who are part of families who first stayed in the family shelter system in 2004 or 2005 are reported here in a fashion (and using tables) that are parallel to how the results among single sheltered adults are reported. Overall, as is consistent with the literature, adults in sheltered families had lower rates of behavioral health services consumption than single sheltered adults. Interestingly, however, the patterns

of use found among adults in families share many features with what have been reported for single adults.

Table 4 shows the treated prevalence for adult individuals in sheltered families who first entered the shelter system in 2004 or 2005. Noteworthy findings include:

- The overall treated prevalence was at least 15% for MH services and 6.3% for SA services. As with the results shown for single adults (see Table 1), these rates are doubtlessly conservative when assessing treated prevalence rates among the overall population.
- The levels of ADAMH inpatient services use was negligible for this group.
- The proportion of persons who used outpatient services, both for SA and MI, was higher during the shelter stay than in the year prior to the shelter stay, despite the decreased opportunity (shorter time period) the average family shelter stay represents compared to the one-year pre-shelter period.
- Despite the larger proportion of services use, the total cost of services (for both MH and SA) was less for services received during a shelter stay than for services consumed in the year prior to shelter admission. This was due at least in part to the shorter amount of time that, on average, the shelter stay covered.
- A substantial proportion of all who received pre-shelter MH & SA services – 35.6% and 21.9%, respectively – received these services in the month prior to their shelter admission (not shown on table).

Table 5 - Shelter Use & ADAMH Services – Focus on Families in Cluster Analysis

	Long-Stay	Episodic	Transitional
Total Persons (Adults in Families)	75	12	220
Mental Health Services			
Received 1 Year Before Shelter Entry	8.0%	16.7%	15.9%
Received During Shelter Stay	21.3%	41.7%	15.9%
Substance Abuse Services			
Received 1 Year Before Shelter Entry	6.7%	8.3%	5.5%
Received During Shelter Stay	13.3%	8.3%	4.5%

As with the singles, the rest of the breakdown of the HMIS-ADAMH match looks at differences in behavioral health services used among the sheltered families when they were placed into three groups by virtue of a cluster analysis based on their shelter utilization (see the methodology section at the end of this report for more information on cluster analysis). Three hundred and seven adults were in sheltered families that had sufficient data for tracking in a cluster analysis. The cluster distribution is one

where almost three-quarters of these families exhibited a “transitional” shelter use pattern, with another 3.9% classified as “episodic,” and almost one-quarter considered as “long-term” stayers.

Table 5 shows the rates of services use broken down by cluster. This evaluates whether or not there are differences in the patterns of services use among these different groups. It indicates that the overall increase in treated prevalence from the pre-shelter period to the period the families were in shelter can be explained mainly by increases seen in the long-stay and episodic clusters. Specifically:

- The transitional stayers’ rates of services use were very similar to the usage of the overall set of adults in families reviewed in Table 4.
- Those in the episodic group had higher prevalence rates of MH and SA services use than the overall group, and the proportion receiving MH services was considerably higher during the period in shelter as compared to the period before shelter. However, there were only 12 persons from families classified as episodic.
- Those in the long stay cluster had the lowest rates of MH services use prior to shelter admission, a rate that went up sharply after they entered shelter. Their rate of consuming SA services also increased substantially after shelter admission.

Table 6 - Shelter Use & ADAMH Services – Families in Cluster Analysis

	Total	Proportion Long-Stay	Proportion Episodic	Proportion Transitional
Total Persons (Adults in Families)	307	24.4%	3.9%	71.7%
Mental Health Services				
Cost 1 Year Before Shelter Entry	\$47,039	9.5%	17.3%	73.2%
Cost During Shelter Stay	\$44,781	42.8%	20.4%	36.8%
Substance Abuse Services				
Cost 1 Year Before Shelter Entry	\$20,798	12.6%	7.7%	79.7%
Cost During Shelter Stay	\$20,410	42.4%	6.0%	51.5%

Table 6, in a manner parallel to Table 3, focuses on cost findings as a measure of the amount of services used and breaks them down by cluster. As with Table 3, the rows in this table add up to 100%, and the percentages should be compared to the proportional representation among the whole group that is shown in the first row (“total persons”).

Summarizing these findings, the proportions of resources consumed follow a similar pattern to that found among the single adults that were described in conjunction with Table 3. Specifically:

- The long-stay and episodic clusters consumed disproportionate MH and SA resources while they were in shelter, consistent with the longer time these two clusters spent in shelter (compared to the transitional group).
- Those in the transitional cluster incurred pre-shelter ADAMH expenses in about the same proportions as their representation among sheltered families in the cluster analysis, but then (proportionately) incurred decreased ADAMH expenses during the time they spent in shelter.
- The long-stay group underutilized (proportionally) ADAMH services prior to shelter admission, but accounted for substantially higher proportions of both MH and SA services while in shelter.
- The episodic group (3.9% of the total population) used a disproportionately high level of pre-shelter resources, especially for MH services, and maintained these high levels while in shelter.

Persons formerly homeless and placed into Rebuilding Lives-sponsored permanent supportive housing (RL-PSH)

Table 7 – ADAMH Services Use Among Persons Placed in RL-PSH in 2004-05: Proportion of Tenants Using ADAMH Services and Costs of Services Incurred (number of tenants=1,273)

	% of Total	Total Cost	Cost per RL-PSH Placement	Cost per ADAMH Service User
One Year Period Prior to RL-PSH Move-In				
Total ADAMH Services Costs		\$5,342,344	\$4,197	
Outpatient MH Services	52.3%	\$3,159,564	\$2,482	\$4,744
Residential MH Services	1.9%	\$295,001	\$232	\$12,292
Outpatient SA Services	34.8%	\$1,296,907	\$1,019	\$2,928
Residential SA Services	11.7%	\$590,872	\$464	\$3,966
One Year Period Following RL-PSH Move-In				
Total ADAMH Services Costs		\$5,018,909	\$3,943	
Outpatient MH Services	65.9%	\$4,211,945	\$3,309	\$5,020
Residential MH Services	0.9%	\$174,603	\$137	\$15,873
Outpatient SA Services	28.7%	\$542,927	\$426	\$1,487
Residential SA Services	4.0%	\$89,434	\$70	\$1,754

ADAMH services participation and related costs were examined for all persons placed in RL-PSH in 2004 and 2005 for two time periods – the one-year period preceding RL-PSH placement and the one-year period following placement. The object of this comparison between time periods is to get a crude impression of the impact of RL-PSH placement on the use of ADAMH services and the related costs for providing these services.

RL-PSH programs gave preference in selecting their placements to persons with histories of long-term homelessness and disability, including psychiatric disabilities and substance abuse problems. Given this, it would be expected that substantial proportions of persons placed in RL-PSH would make use of ADAMH services. It would be expected that placement in supportive housing would facilitate use of ADAMH services and thus participation rates would increase. It would also be expected that, with stable housing and case management support, ADAMH services would be used more efficiently and there would be less need for more costly acute services. This latter expectation can only be partially assessed in this study, as these data only cover a small proportion of inpatient hospital care that would be received by this population, and it is inpatient hospital care where cost reductions would be expected to be the most drastic were behavioral health services used in a more efficient manner.

This pre-post comparison is crude because it is a straight comparison of services used in the two one-year periods without taking into account the many other factors besides RL-PSH that may also impact ADAMH services use. In addition, a substantial minority of the PSH tenants did not stay in RL-PSH for the whole year following placement. Nonetheless the results are informative in the context of an exploratory study.

Table 7 summarizes these findings. More detailed results, including a breakdown of these results by individual RL-PSH program, are available in the appendix. The main findings shown on this table include:

- Overall ADAMH services costs declined from \$5.3 million to \$5.0 million from the pre-placement to the post-placement periods, a reduction of 6.1%. Substantial cost reductions in inpatient MH services and SA services (inpatient and outpatient) more than offset cost increases in MH outpatient services.
- The large majority of ADAMH expenditures on the PSH population were on outpatient MH services, and these expenditures increased in conjunction with PSH placement – from \$3.1 to \$4.2 million.
- Two dynamics account for this increase in the cost of MH outpatient services. First, the proportion of tenants who were using outpatient MH services increased from 52.3% in the pre- PSH placement period to 65.9% in the post-placement period. Second, in addition to the increase in the proportion of persons who used outpatient services, the average cost per person using outpatient MH services increased from pre- to post- placement from \$4,744 to \$5,020.
- The already small proportion of persons using ADAMH inpatient MH services decreased further as inpatient MH expenditures declined as

well. Per-patient inpatient expenditures increased, however, from \$12,292 to \$15,873.

- Total expenditures for SA services (outpatient and inpatient) decreased from \$1.8 to \$0.6 million, a decline of 66.5%.
- All aspects of SA services examined in Table 7 declined substantially. This includes the rates of services use as well as the average cost per services user, and both for inpatient and outpatient services.

In summary, while overall ADAMH expenditures declined somewhat it is important to note the different dynamics for the MH services, where outpatient use increased substantially, and SA services, which saw a drastic decline.

Discussion and Recommendations

Sheltered Homeless

The overall prevalence rates for adults using ADAMH MH services was at least 21.7% for single adults and 15.0% for adults in families in the period before or during shelter stay. The rates of persons receiving MH services either holds steady (single adult) or increases (adults in families) while these groups are in shelter, compared to the year preceding shelter entry. The costs of providing these MH services went down while the groups were in shelter, but these amounts are not comparable as the average amount of time spent in shelter is less than one year for both single adults and adults in families.

At least 18.2% of single adults and 6.3% of adults in families received some type of ADAMH SA service while in shelter. Both of these rates reflect increases when compared to the year prior to shelter entry. For single adults, expenditures for SA services actually increased during the time this group was in shelter.

Breaking down these services use data by cluster produces further insight as to the services utilization patterns, which are surprisingly similar for the single adults and the adults in families. For those staying in shelter for considerable time periods, either with episodic or long-term stay patterns, use of ADAMH services increased substantially. Why adults in these long staying households (families or singles) receive more behavioral health services while in shelters is unclear. Did behavioral health issues become more apparent, and the opportunity for treatment greater, as shelter stays became longer? Or were these adults directed to more behavioral health services, regardless of the presence of diagnosable mental health conditions, as part of their participation in shelter programming?

Clearly more research is needed here to answer these questions and to gain further understanding of the relationship between homelessness, shelter use, and use of behavioral health services. Clearly, this report shows, the focus here should be on those who make more extensive use of shelter services, as they consume the disproportionate share of ADAMH services used among homeless adults, and their level of services consumption (measured in expenditures) increases while they are homeless. This situation, where ADAMH expenditures increase in conjunction with receipt of shelter services, represents a potential hidden cost of homelessness.

It bears reiterating that these conclusions are made cautiously given the limitations in the data. Medicaid inpatient hospital services, psychiatric hospitalizations and detoxification, and Medicaid pharmacological services are paid for by the Ohio Department of Jobs and Family Services. Data about these services provided to the homeless population is kept by this state agency.

Better insights as to how the use of inpatient services reimbursed through other sources (primarily Medicaid) changes in conjunction with homelessness, shelter use, and changes in ADAMH services is essential to ascertaining whether shelter use is associated with increased behavioral health services costs or whether costs are merely shifted from inpatient to outpatient services.

The second key limitation is the absence of information on the nature of the services received and the lack of diagnosis information accompanying these utilization results. Without this information, the rates of services consumption only approximate the extent to which there is treated mental illness or substance dependency in these sheltered populations. Much of the data on what type of services are being received, the frequency with which these services are being received, and diagnoses that accompany these services should be in ADAMH records, and represent logical follow-ups to this study.

Tenants of RL-PSH

Analysis of behavioral services use among the RL-PSH tenants allows for a comparison between equal one-year periods of services use immediately before and after placement in this housing. The results show increased use of MH outpatient services and decreased use, by two-thirds, of SA services (both inpatient and outpatient). All combined, ADAMH services use decreases by 6.1% from the pre- to the post-placement period.

The reductions in the use of SA services, which amount to almost \$1,000 per RL-PSH placement, are findings that, to the extent they can be attributed to the housing placement, represent collateral cost savings that increase the feasibility of expanding the supply of PSH. However a simple drop in use of SA services leaves unanswered questions regarding the relationship of this drop to the drop in actual substance abuse,

to retention of housing, and to housing policies that mandate neither services nor abstinence from alcohol/illegal drugs as a prerequisite for tenancy.

The increase in the use of MH services, focused mainly on outpatient services, is difficult to interpret in the absence of more comprehensive data on inpatient services use. As supported by these findings, a large proportion of RL-PSH tenants have a psychiatric disability which will require some services. The increase in outpatient services use shown in this study, while incurring increased costs for ADAMH, may in fact represent an overall cost savings if it comes in conjunction with reductions in inpatient services use from non-ADAMH providers. The availability of more comprehensive inpatient data would be the first step toward expanding this study into the use of MH services into a study which could assess whether more substantial cost savings, along the lines of what appear to be present for the SA services, were in fact present here.

And finally, in the absence of a more rigorous analysis, there remains the possibility that factors other than PSH can explain the changes in services utilization between the two periods.

Methodology

Matching

An automated administrative database of HMIS records was provided to ADAMH to match with their administrative database in accordance with procedures outlined in a data sharing agreement between ADAMH and the Community Shelter Board (CSB) and as approved by the institutional review board at the University of the Sciences in Philadelphia.

The HMIS database contained all households – families and single adults – whose first homeless shelter stay was either in 2004 or 2005, and all persons placed in permanent supportive housing under the auspices of Rebuilding Lives in 2004 and 2005. The sheltered households, when the data permitted it, were also assigned to one of three groups based on a cluster analysis of shelter utilization. The ADAMH database contained records of persons who were receiving mental health or substance abuse services either on an inpatient or an outpatient basis. ADAMH records date up to one year prior to shelter entry (i.e., as far back as 2003).

HMIS and ADAMH records were matched based on common social security numbers and ADAMH staff then aggregated the results in a table whose format was provided for them by CSB research consultant. Dr. Steve Metraux then reformatted the aggregated tables and, in consultation with ADAMH staff, produced this report which summarizes the findings. The data were broken down by year – 2004 and 2005. These yearly results are provided in the appendix following this section.

In interpreting these results, it is important to be aware that the HMIS and ADAMH records were matched based only on common social security number. While the matches found under such a criterion would be very likely to be valid, in the absence of using other identifiers the match will miss persons who have either misrepresented their SSN or had it incorrectly entered into either of the two databases. As a result of this limitation and the more general nature of matching administrative datasets, these analyses yield conservative results where the actual degree of crossover between the two services systems is likely to be higher.

Cluster Analysis

Cluster analysis is a means by which to group sheltered households by their shelter use patterns over a given time period. Specifically, homeless households – either single adults or families – are sorted by two criteria: the number of shelter stays they have had over a given time period; and the number of shelter days they have accumulated during those stays. While cluster analysis uses systematic procedures to group observations (single adults or families) together into groups based on like numbers of days and discrete stays consumed, the end result is analogous to looking at a graph where total days and total episodes are graphed for each observation and circles are drawn around the main groupings on the graph.

The clusters that form typically involve three distinct stay patterns:

- Transitional stayers have one or two relatively short shelter stays, mostly lasting less than a month, and are then not again seen in the shelter system. This group will contain the majority of shelter users.
- Episodic users will have multiple, relatively short stays (again usually lasting less than one month). This group “bounces” in and out of shelters, and the combined number of days a household typically spends in shelters during the multiple stays is substantially higher than what the transitional household logs.
- Long-term stayers have one or two very long shelter episodes. These often last for over six months. This group is usually of small proportion and consumes a vastly disproportionate amount of shelter days.

Separate cluster analyses are performed here on single adults and families. These cohorts enter the shelter system for the first time during the first six months of 2004 and are then followed for two years. Cluster analysis then generates distinct subsets (transitional, episodic and long-term stayers) for each cohort.

Appendix – Original tables provided by ADAMH with data broken down by year: 2004 and 2005

Sheltered Households – Mental Health Services 2004

Shelter Use & ADAMH Mental Health Services (2004)	All Households	Long-stay Households	Episodic Households	Transitional Households
Single Adults in Shelter				
Total Number of Sheltered Individuals	3,193	108	235	1,231
Received Outpatient MH Services 1 Year Prior to Shelter Entry	689	22	74	248
Total Cost of Outpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$2,314,181	\$66,941	\$272,170	\$874,627
Received Outpatient Services 30 Days Prior to Shelter Entry	437	12	41	162
Total Cost of Outpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$542,496	\$10,344	\$40,391	\$218,697
Received Outpatient MH Services During Shelter Stay	753	49	117	233
Total Cost of Outpatient MH Services Consumed During Shelter Stay	\$2,364,866	\$208,528	\$671,362	\$695,551
Received Inpatient MH Services 1 year prior to Shelter Entry	24	1	3	9
Total Cost of Inpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$440,121	\$441	\$33,957	\$134,770
Received Inpatient Services 30 days prior to Shelter Entry	6	1	0	3
Total Cost of Inpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$67,518	\$441	\$0	\$51,156
Received Inpatient MH Services During (or right after) Shelter Stay	47	2	9	17
Total Cost of Inpatient MH Services Consumed During (or right after) Shelter Stay (+7days)	\$844,913	\$46,308	\$164,648	\$335,673
Individuals in Shelter as Part of a Family				
Total Number of Sheltered Individuals	624	71	8	220
Received Outpatient MH Services 1 Year Prior to Shelter Entry	72	6	1	35
Total Cost of Outpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$81,991	\$4,480	\$8,074	\$34,413
Received Outpatient Services 30 Days Prior to Shelter Entry	29	1	1	12
Total Cost of Outpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$12,937	\$1,050	\$21	\$5,303
Received Outpatient MH Services During Shelter Stay	113	14	4	35
Total Cost of Outpatient MH Services Consumed During Shelter Stay	\$84,880	\$18,127	\$8,081	\$16,479
Received Inpatient MH Services 1 year prior to Shelter Entry	0	0	0	0
Total Cost of Inpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$0	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	0	0	0	0
Total Cost of Inpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$0	\$0	\$0	\$0
Received Inpatient MH Services During (or right after) Shelter Stay	1	0	0	0
Total Cost of Inpatient MH Services Consumed During (or right after) Shelter Stay (+7days)	\$21,910	\$0	\$0	\$0

Sheltered Households – Substance Abuse Services 2004

Shelter Use & ADAMH Substance Abuse Services (2004)	All Households	Long-stay Households	Episodic Households	Transitional Households
Single Adults in Shelter				
Total Number of Sheltered Individuals	3,193	108	235	1,231
Received Outpatient SA Services 1 Year Prior to Shelter Entry	508	13	45	181
Total Cost of Outpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$729,558	\$14,452	\$35,986	\$247,175
Received Outpatient Services 30 Days Prior to Shelter Entry	273	9	17	97
Total Cost of Outpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$132,287	\$2,589	\$4,199	\$53,251
Received Outpatient SA Services During Shelter Stay	655	45	119	186
Total Cost of Outpatient SA Services Consumed During Shelter Stay	\$957,829	\$123,154	\$233,228	\$216,273
Received Inpatient SA Services 1 year prior to Shelter Entry	178	0	14	62
Total Cost of Inpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$488,837	\$0	\$22,214	\$190,766
Received Inpatient Services 30 days prior to Shelter Entry	96	0	8	35
Total Cost of Inpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$128,081	\$0	\$8,112	\$68,213
Received Inpatient SA Services During (or right after) Shelter Stay	267	0	59	69
Total Cost of Inpatient SA Services Consumed During (or right after) Shelter Stay (+7days)	\$668,572	\$0	\$218,359	\$176,280
Individuals in Shelter as Part of a Family				
Total Number of Sheltered Individuals	624	71	8	220
Received Outpatient SA Services 1 Year Prior to Shelter Entry	32	4	0	12
Total Cost of Outpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$34,354	\$2,188	\$0	\$16,583
Received Outpatient Services 30 Days Prior to Shelter Entry	8	0	0	3
Total Cost of Outpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$3,898	\$0	\$0	\$1,339
Received Outpatient SA Services During Shelter Stay	49	8	1	10
Total Cost of Outpatient SA Services Consumed During Shelter Stay	\$41,541	\$4,431	\$1,233	\$10,518
Received Inpatient SA Services 1 year prior to Shelter Entry	4	0	0	0
Total Cost of Inpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$4,038	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	0	0	0	0
Total Cost of Inpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$0	\$0	\$0	\$0
Received Inpatient SA Services During (or right after) Shelter Stay	0	0	0	0
Total Cost of Inpatient SA Services Consumed During (or right after) Shelter Stay (+7days)	\$0	\$0	\$0	\$0

Sheltered Households – Mental Health Services 2005

Shelter Use & ADAMH Mental Health Services (2005)	All Households	Long-stay Households	Episodic Households	Transitional Households
Single Adults in Shelter				
Total Number of Sheltered Individuals	2,617	0	0	0
Received Outpatient MH Services 1 Year Prior to Shelter Entry	570	0	0	0
Total Cost of Outpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$1,692,375	\$0	\$0	\$0
Received Outpatient Services 30 Days Prior to Shelter Entry	357	0	0	0
Total Cost of Outpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$381,922	\$0	\$0	\$0
Received Outpatient MH Services During Shelter Stay	509	0	0	0
Total Cost of Outpatient MH Services Consumed During Shelter Stay	\$713,935	\$0	\$0	\$0
Received Inpatient MH Services 1 year prior to Shelter Entry	30	0	0	0
Total Cost of Inpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$414,643	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	3	0	0	0
Total Cost of Inpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$10,340	\$0	\$0	\$0
Received Inpatient MH Services During (or right after) Shelter Stay	19	0	0	0
Total Cost of Inpatient MH Services Consumed During (or right after) Shelter Stay (+7days)	\$233,712	\$0	\$0	\$0
Individuals in Shelter as Part of a Family				
Total Number of Sheltered Individuals	584	4	4	0
Received Outpatient MH Services 1 Year Prior to Shelter Entry	74	0	1	0
Total Cost of Outpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$67,810	\$0	\$72	\$0
Received Outpatient Services 30 Days Prior to Shelter Entry	23	0	0	0
Total Cost of Outpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$10,531	\$0	\$0	\$0
Received Outpatient MH Services During Shelter Stay	68	2	1	0
Total Cost of Outpatient MH Services Consumed During Shelter Stay	\$55,536	\$1,035	\$1,059	\$0
Received Inpatient MH Services 1 year prior to Shelter Entry	0	0	0	0
Total Cost of Inpatient MH Services Consumed 1 Year Prior to Shelter Entry	\$0	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	0	0	0	0
Total Cost of Inpatient MH Services Consumed 30 Days Prior to Shelter Entry	\$0	\$0	\$0	\$0
Received Inpatient MH Services During (or right after) Shelter Stay	1	0	0	0
Total Cost of Inpatient MH Services Consumed During (or right after) Shelter Stay (+7days)	\$5,798	\$0	\$0	\$0

Sheltered Households – Substance Abuse Services 2005

Shelter Use & ADAMH Substance Abuse Services (2005)	All Households	Long-stay Households	Episodic Households	Transitional Households
Single Adults in Shelter				
Total Number of Sheltered Individuals	2,617	0	0	0
Received Outpatient SA Services 1 Year Prior to Shelter Entry	394	0	0	0
Total Cost of Outpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$430,605	\$0	\$0	\$0
Received Outpatient Services 30 Days Prior to Shelter Entry	194	0	0	0
Total Cost of Outpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$83,745	\$0	\$0	\$0
Received Outpatient SA Services During Shelter Stay	405	0	0	0
Total Cost of Outpatient SA Services Consumed During Shelter Stay	\$427,263	\$0	\$0	\$0
Received Inpatient SA Services 1 year prior to Shelter Entry	129	0	0	0
Total Cost of Inpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$238,476	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	64	0	0	0
Total Cost of Inpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$66,645	\$0	\$0	\$0
Received Inpatient SA Services During (or right after) Shelter Stay	188	0	0	0
Total Cost of Inpatient SA Services Consumed During (or right after) Shelter Stay (+7days)	\$320,463	\$0	\$0	\$0
Individuals in Shelter as Part of a Family				
Total Number of Sheltered Individuals	584	4	4	0
Received Outpatient SA Services 1 Year Prior to Shelter Entry	32	1	1	0
Total Cost of Outpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$31,303	\$426	\$1,601	\$0
Received Outpatient Services 30 Days Prior to Shelter Entry	6	0	0	0
Total Cost of Outpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$2,220	\$0	\$0	\$0
Received Outpatient SA Services During Shelter Stay	27	2	0	0
Total Cost of Outpatient SA Services Consumed During Shelter Stay	\$18,411	\$4,228	\$0	\$0
Received Inpatient SA Services 1 year prior to Shelter Entry	5	0	0	0
Total Cost of Inpatient SA Services Consumed 1 Year Prior to Shelter Entry	\$11,590	\$0	\$0	\$0
Received Inpatient Services 30 days prior to Shelter Entry	1	0	0	0
Total Cost of Inpatient SA Services Consumed 30 Days Prior to Shelter Entry	\$136	\$0	\$0	\$0
Received Inpatient SA Services During (or right after) Shelter Stay	0	0	0	0
Total Cost of Inpatient SA Services Consumed During (or right after) Shelter Stay (+7days)	\$0	\$0	\$0	\$0

Permanent Supportive Housing – 2004-2005 – tables reflect all placements and broken down by PSH program

PSH – Mental Health Services (total)

Table PSH & ADAMH Mental Health Services – Total	All Households
Households - Single Adults in PSH	
Total Number of Individuals in PSH	1,273
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	666
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$3,159,564
Received Outpatient MH Services Within 1 Year After PSH Entry	839
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$4,211,945
Received Inpatient MH Services Within 1 year prior to PSH Entry	24
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$295,001
Received Inpatient MH Services Within 1 Year After PSH Entry	11
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$174,603

PSH – Mental Health Services (by program)

Table PSH & ADAMH Mental Health Services - Community Housing Network	Briggsdale	Cassady	North 22nd	N. High St.
Households – Single Adults in PSH				
Total Number of Individuals in PSH	22	29	71	69
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	14	25	43	33
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$64,383	\$20,087	\$239,697	\$186,831
Received Outpatient MH Services Within 1 Year After PSH Entry	22	24	64	62
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$193,858	\$141,681	\$403,382	\$405,740
Received Inpatient MH Services Within 1 year prior to PSH Entry	2	0	3	2
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$23,696	\$0	\$16,965	\$45,702
Received Inpatient MH Services Within 1 Year After PSH Entry	0	0	0	0
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$0	\$0	\$0	\$0

PSH – Mental Health Services (by program)

Table PSH & ADAMH Mental Health Services - Community Housing Network	Parsons	St. Clair	E. 5th Ave	RLPTI
Households – Single Adults in PSH				
Total Number of Individuals in PSH	49	23	73	112
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	24	7	50	95
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$78,281	\$29,117	\$108,079	\$216,283
Received Outpatient MH Services Within 1 Year After PSH Entry	35	21	70	109
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$210,985	\$55,031	\$232,947	\$505,227
Received Inpatient MH Services Within 1 year prior to PSH Entry	0	1	2	4
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$0	\$4,700	\$78,027	\$21,365
Received Inpatient MH Services Within 1 Year After PSH Entry	1	0	2	3
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$12,960	\$0	\$34,788	\$42,034

PSH – Mental Health Services (by program)

Table PSH & ADAMH Mental Health Services - Community Housing Network	Safe Haven	Scattered Site
Households - Single Adults in PSH		
Total Number of Individuals in PSH	24	52
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	19	21
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$194,730	\$33,215
Received Outpatient MH Services Within 1 Year After PSH Entry	22	19
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$220,224	\$34,352
Received Inpatient MH Services Within 1 year prior to PSH Entry	2	0
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$21,286	\$0
Received Inpatient MH Services Within 1 Year After PSH Entry	1	0
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$11,445	\$0

PSH – Mental Health Services (by program)

Table PSH & ADAMH Mental Health Services - YWCA & YMCA	YWCA		YMCA	
	Shelter Plus Care	Wings I & II	Sunshine Terrace	40 W. Long
Households - Single Adults in PSH				
Total Number of Individuals in PSH	14	144	120	261
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	11	118	50	70
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$36,099	\$942,232	\$460,840	\$208,010
Received Outpatient MH Services Within 1 Year After PSH Entry	13	136	51	88
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$44,582	\$762,695	\$254,877	\$320,419
Received Inpatient MH Services Within 1 year prior to PSH Entry	0	2	1	3
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$0	\$80,100	\$4,905	\$25,019
Received Inpatient MH Services Within 1 Year After PSH Entry	0	1	0	1
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$0	\$31,752	\$0	\$3,568

PSH – Mental Health Services (by program)

Table PSH & ADAMH Mental Health Services - Other PSH Programs	NCR	SE MH	VOA
	Commons	Interim Housing	Scattered Site
Households - Single Adults in PSH			
Total Number of Individuals in PSH	70	116	19
Received Outpatient MH Services Within 1 Year Prior to PSH Entry	31	46	5
Total Cost of Outpatient MH Services Consumed 1 Year Prior to PSH Entry	\$90,654	\$226,129	\$8,908
Received Outpatient MH Services Within 1 Year After PSH Entry	35	59	6
Total Cost of Outpatient MH Services Consumed Within 1 Year After PSH Entry	\$96,247	\$292,420	\$11,160
Received Inpatient MH Services Within 1 year prior to PSH Entry	1	1	0
Total Cost of Inpatient MH Services Consumed Within 1 Year Prior to PSH Entry	\$13,230	\$59,976	\$0
Received Inpatient MH Services Within 1 Year After PSH Entry	0	2	0
Total Cost of Inpatient MH Services Consumed Within 1 Year After PSH Entry	\$0	\$38,056	\$0

*Community Action PSH program is not broken out due to low N

PSH – Substance Abuse Services (total)

Table PSH & ADAMH Substance Abuse Services – Total	All Households
Households - Single Adults in PSH	
Total Number of Individuals in PSH	1,273
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	443
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	\$1,296,907
Received Outpatient SA Services Within 1 Year After PSH Entry	365
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	\$542,927
Received Inpatient SA Services Within 1 year prior to PSH Entry	149
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	\$590,872
Received Inpatient SA Services Within 1 Year After PSH Entry	51
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	\$89,434

PSH – Substance Abuse Services (by program)

Table PSH & ADAMH Substance Abuse Services - Community Housing Network	Briggsdale	Cassady	North 22nd	N. High St.
Households – Single Adults in PSH				
Total Number of Individuals in PSH	22	29	71	69
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	8	23	38	29
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	\$8,482	\$77,775	\$162,230	\$66,649
Received Outpatient SA Services Within 1 Year After PSH Entry	9	14	31	25
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	\$12,425	\$15,371	\$60,942	\$44,075
Received Inpatient SA Services Within 1 year prior to PSH Entry	2	15	9	11
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	\$7,279	\$183,406	\$21,958	\$43,006
Received Inpatient SA Services Within 1 Year After PSH Entry	3	3	1	3
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	\$7,991	\$1,679	\$3,030	\$3,048

PSH – Substance Abuse Services (by program)

Table PSH & ADAMH Substance Abuse Services - Community Housing Network	Parsons	St. Clair	E. 5th Ave	RLPTI
Households – Single Adults in PSH	49	23	73	112
Total Number of Individuals in PSH	18	6	29	35
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	\$34,712	\$5,122	\$134,321	\$74,932
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	7	6	35	27
Received Outpatient SA Services Within 1 Year After PSH Entry	\$21,165	\$7,080	\$51,925	\$15,218
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	9	2	12	13
Received Inpatient SA Services Within 1 year prior to PSH Entry	\$12,022	\$12,329	\$110,134	\$35,958
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	2	0	7	3
Received Inpatient SA Services Within 1 Year After PSH Entry	\$2,751	\$0	\$3,500	\$3,319
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	49	23	73	112

PSH – Substance Abuse Services (by program)

Table PSH & ADAMH Substance Abuse Services - Community Housing Network	Safe Haven	Scattered Site
Households - Single Adults in PSH		
Total Number of Individuals in PSH	24	52
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	15	43
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	\$95,886	\$114,829
Received Outpatient SA Services Within 1 Year After PSH Entry	9	43
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	\$48,505	\$58,646
Received Inpatient SA Services Within 1 year prior to PSH Entry	2	10
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	\$6,842	\$26,161
Received Inpatient SA Services Within 1 Year After PSH Entry	0	6
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	\$0	\$7,227

PSH – Substance Abuse Services (by program)

Table PSH & ADAMH Substance Abuse Services - YWCA & YMCA	YWCA		YMCA	
	Shelter Plus Care	Wings I & II	Sunshine Terrace	40 W. Long
Households - Single Adults in PSH				
Total Number of Individuals in PSH	14	144	120	261
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	5	53	31	42
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	\$26,429	\$171,177	\$67,282	\$38,079
Received Outpatient SA Services Within 1 Year After PSH Entry	4	46	21	46
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	\$3,646	\$99,024	\$15,221	\$46,269
Received Inpatient SA Services Within 1 year prior to PSH Entry	2	15	13	8
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	\$8,857	\$25,024	\$21,894	\$12,481
Received Inpatient SA Services Within 1 Year After PSH Entry	0	5	3	7
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	\$0	\$16,317	\$2,122	\$28,340

PSH – Substance Abuse Services (by program)

Table PSH & ADAMH Substance Abuse Services - Other PSH Programs	NCR	SE MH	VOA
	Commons	Interim Housing	Scattered Site
Households - Single Adults in PSH			
Total Number of Individuals in PSH	70	116	19
Received Outpatient SA Services Within 1 Year Prior to PSH Entry	33	30	5
Total Cost of Outpatient SA Services Consumed 1 Year Prior to PSH Entry	\$132,395	\$67,460	\$13,342
Received Outpatient SA Services Within 1 Year After PSH Entry	17	22	2
Total Cost of Outpatient SA Services Consumed Within 1 Year After PSH Entry	\$22,917	\$12,019	\$7,133
Received Inpatient SA Services Within 1 year prior to PSH Entry	15	10	1
Total Cost of Inpatient SA Services Consumed Within 1 Year Prior to PSH Entry	\$37,846	\$15,729	\$1,380
Received Inpatient SA Services Within 1 Year After PSH Entry	2	5	0
Total Cost of Inpatient SA Services Consumed Within 1 Year After PSH Entry	\$4,757	\$5,104	\$0

*Community Action PSH program is not broken out due to low N