ASSESSING COMMUNITY COSTS OF CHRONIC HOMELESSNESS IN THE GALLATIN VALLEY

A community-based health and housing research project.

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THANK YOU TO OUR PARTNERS!

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Table of Contents

1. EXECUTIVE SUMMARY

Funded through a grant from the Montana Healthcare Foundation, Human Resource Development Council of District IX embarked on a research project to understand the current community costs and the most cost effective approach to addressing chronic homelessness. Specifically, the project aimed to identify any correlation between the impacts of housing on health outcomes. The study was expanded to incorporate costs from law enforcement agencies, social service providers and other community resources that are expended each year which might be impacted by housing. Key community partners convened around this purpose and developed a research protocol that would allow researchers to assess costs from each public sector. Eight participants provided both a qualitative interview, and releases of information that allowed researchers to compile and analyze the types and costs of services provided in a two year period. The overall cost of all services for these eight individuals totaled over $450,000.

Research results showed our community spends $28,305 annually per homeless "super-utilizer" with many of these costs un-reimbursed or paid with taxpayer dollars. Additionally, analysis of the health care issues, or law enforcement charges show that many of these costs could be reduced with stable housing. A comparison of the costs before and after housing further supported this concept, showing a 73% reduction in health care costs alone. The Housing First model which connects homeless persons with stable housing and supportive services was estimated to cost $11,860 per household annually. Housing First is a less costly, more effective model that will achieve better health, housing and community outcomes.

1.1 Mission

HRDC intended to create a knowledge base for communities that, combined with local knowledge, will lead to strategic planning efforts to end chronic homelessness. To that end, HRDC identified healthcare, local government and social service partners who currently interact with and serve chronically homeless members of our community. These partnerships identified super-utilizers of community services and created a methodology for analyzing a super-utilizer's cost to the community. This local knowledge can then be combined with best practices from the Housing First methodology to help create a strategic vision for ending chronic homelessness in the Gallatin Valley.

The health problem we seek to address is limited access to healthcare and associated poor health outcomes for households experiencing or at risk of homelessness. HRDC works with approximately 500 housing insecure households annually (representing over 900 individuals). Medical conditions often contribute to housing instability with their associated high costs and limiting impacts on income. The incidence of disabling mental and physical conditions among customers range from 32% in family households to over 90% among homeless individuals. Homeless individuals represent our most vulnerable and difficult-to-assist customer base and are more likely to suffer from longer episodes of homelessness. Chronically homeless customers also tend to be "super-utilizers" of emergency, hospital-based medical care. These super-utilizers receive little to no preventative care, demonstrate poor overall health, and receive the most costly services. These same customers also draw on community social services and local government resources. Our goal with this project is to identify partners impacted by super-utilizers, create a methodology for assessing their community-wide costs, and use this local knowledge to develop a framework for addressing chronic homelessness and its health outcomes. Currently, the costs of super-utilizers are dispersed among numerous providers, keeping aggregate costs hidden. An empirical understanding of the scope of chronic homelessness in the community and its associated community-wide costs will help inform policy and funding responses among partners.

Nationally, the Housing First approach has proven successful in addressing chronic homelessness and improving health and community outcomes. The Housing First approach emphasizes placement in housing without pre-conditions (work, sobriety, income, visits with mental health provider, etc.) that have traditionally resulted in chronically homeless customers choosing to opt out of transitional and supportive housing models. Housing stability and its benefits are successful in part due to pairing housing placement with rigorous supportive case management and mentoring to help households maintain their housing and achieve self-sufficiency. The Housing First model has been embraced most in

those communities that have analyzed the medical, public and social services costs of chronic homelessness and found that the initial investments in housing are much less than these ongoing costs. However, Montana has lagged behind the nation. Our intent is to create a framework that can be used by any community to identify partners and super-utilizers, assess costs, and develop an appropriate community response. Part of this effort involved consolidating the statistical information gathered by each partner to create transparent, usable data that isolates the costs of chronically homeless individuals. HRDC is also in the unique position to continue providing housing placement and case management to individuals of study and measure outcomes of those placed in permanent housing against those remaining homeless. Locally, we have some data regarding the population we wish to serve, collected over numerous Warming Center seasons. A key outcome of this proposed project was to create partnerships that will help quantify the scope and community costs of chronic homelessness in order to "right-size" a solution.

1.2 Expert Partners

There are currently community partners working in healthcare, employment, housing, addiction and mental health, providing an extensive network of support and referrals for our shared customers experiencing homelessness. Assessing the Community Cost of Chronic Homelessness in the Gallatin Valley implementation will utilize the resources of nearly all of these community partners, however; key partners were focused in healthcare, emergency and supportive services.

The Human Resource Development Council, District IX: (HRDC) A non-profit community action agency, dedicated to strengthening community and advancing the quality of people's lives. We serve our community in these seven areas: Food and Nutrition, Housing and Homelessness, Child and Youth Development, Senior Empowerment, Community Transportation, Home Heating, Efficiency, and Safety, and Community and Economic Development. Each year HRDC provides case management and housing services to over 700 households experiencing housing insecurity.

Gallatin City-County Health Department: The Gallatin City-County Health Department is dedicated to protecting and promoting the health of county citizens and the environment through the efforts of dedicated and skilled employees and application of sound public health principle. A regular partner in supporting the intersection between health and housing, the Heath Department recently partnered with HRDC to conduct health mapping on all HRDC properties and partnered on a HIV Housing Assistance grant.

City of Bozeman: The City of Bozeman's police department, parks and library provide a significant level of service to the chronically homeless. HRDC communicates regularly with city staff regarding our chronically homeless customers, and will engage the city in this project to track local government costs. The city is also a financial supporter of numerous affordable housing initiatives, ranging from homelessness to homeownership.

Gallatin County: Gallatin County, specifically the county detention center and staff, have high levels of inmates experiencing homelessness. Detention Center efforts currently include Fresh Start, a re-entry program targeted at reducing recidivism.

Community Health Partners: (CHP) CHP provides medical and dental care and assistance with securing private insurance and will participate as a coordinated entry point for Housing First services. In recognition of the healthcare savings resulting from stable housing, HRDC and CHP are engaged in discussions regarding long-term support for the Housing First program.

Greater Gallatin Homeless Action Coalition: (GGHAC) GGHAC serves as the local Continuum of Care coalition, representing non-profits and organizations working to combat homelessness. GGHAC members have committed to serving as coordinated entry points for Housing First services. GGHAC member organizations include local congregations whose members generously commit time and funding to assisting homeless households, and may serve as mentors to participants.

Gallatin Mental Health Center: (GMHC) GMHC is the area's primary provider of comprehensive and mental health care and response to mental health crisis, and will serve as a key partner in the identification of super-utilizers. GMHC has committed to serving as a coordinated entry point for housing services and discharge planning and to providing consistent supportive mental health services to program participants. GMHC staff witness the connection between stable housing and the ability to maintain positive health status on a daily basis, and provide a crucial service to homeless participants struggling with mental health challenges.

Bozeman Health Hospital: (BHH) BHH provides emergency medical and hospital services, and will be the key partner engaged in the identification of super-utilizers. They have committed to working with Housing First for improved discharge planning. BHH recognizes that proper discharge planning and stable housing can prevent rapid re-entry to costly emergency services and hospitalization, and is engaged in long-term planning with HRDC to sustain the Housing First model.

American Medical Response: (AMR) The local ambulance service for the greater community. During the Warming Center season, AMR is contacted several times per month to take guests to the hospital, at significant unreimbursed cost to the company.

1.3 HOMELESSNESS IN GALLATIN COUNTY

Homelessness in Gallatin County is a growing issue. The 2016 Point in Time Housing survey, part of a national initiative to capture data related to homelessness on a given night in January, was conducted in Gallatin County. The survey found that 100 different individuals experienced homelessness, either staying in an emergency shelter, unsheltered outside, or in a place not meant for human habitation. The homeless population is diverse ranging in age from infants to seniors, about 20% of the population is female and many are just experiencing periodic homeless that will last several weeks. From these survey respondents, 47% are considered chronically homeless. As a part of the survey process, the population were asked additional health-based questions. The following results were of significance: 21% of respondents felt that they had limited access to primary health care providers and 36% had limited access to mental health providers. The most common challenges for accessing care were wait times for follow up services and gaps or inconsistent care. The average number of emergency room visits for homeless respondents in the past year was 3.44. On average respondents had been transported via ambulance to the hospital .84 times annually. Forty percent of respondents reported that chronic health conditions were not well managed, and an additional 28% reported that injuries and illness were untreated. Dental care was also an issue, with 55% of respondents reporting no recent dental care. Additional question related to community services found that 70% of homeless respondents regularly used the Bozeman Public Library as a safe place to stay warm during the day.

1.3 HOUSING IN GALLATIN COUNTY

In recent years, changing housing markets have created increasing difficulties on local families seeking to secure permanent housing. The largest impacts of the regional population growth seem to be on city's infrastructure, particularly housing affordability and availability. The overall residential vacancy rate is 1.5%, which is lower than both the statewide and nationwide rates. Extreme difficulty in finding available rental housing is reported across virtually all communities. This impacts local families, by making the transition from homelessness back into housing more challenging resulting in longer periods of homelessness. Consequently, the length of time required for Housing First case managers to support customers in achieving stable housing have also increased. This paired with more

stringent income and rental restrictions from federal funding sources has widened the gap where families seeking assistance may fall through.

2. METHODOLOGY

2.1 PARTICIPANT SELECTION

Participants were selected through multiple avenues. The interviewer conducted outreach at the various HRDC locations; main office, our Warming Center and our Community Café, in order to generate interest in participating. Participants were also referred by partnering agencies such as Gallatin Mental Health Center and the Salvation Army. Interested participants scheduled appointments to conduct the interview with the interviewer. Potential participants were screened based on two main criteria: (1) had experienced at least one year of homelessness and (2) used multiple services or at least one service multiple times per month.

Eleven appointments were scheduled; eight were completed. The three other scheduled participants did not show and the interviewer was unable to make contact with them again. In addition to providing expertise and guidance in describing the varying mechanisms of homelessness, participants also received $25 gift cards.

Over the course of eight weeks, eight individuals were interviewed to assess and understand their experiences with homelessness and service usage while in the Gallatin Valley. The average age was 46.25 years old with the youngest being 22 years old and the oldest being 61 years old. There were five males and three females interviewed. The average length of time living in the Gallatin Valley was 4.37 years. Of those 4.37 years, the average length of time experiencing homelessness was 1.63 years. While all individuals discussed extensive work histories (cooking, truck driving, cleaning, etc.) only two were working at the time of the interview. Four individuals were receiving Social Security Disability Insurance or Supplemental Security Income from the Social Security Administration. Two individuals were not currently working, but both reported to be actively looking for work.

2.2 RELEASES OF INFORMATION

Participants signed releases of information for records and financial information from the various agencies they had been involved with in order to quantify the cost of their services connected to frequency. They also signed and reviewed in depth with the interviewer, a participant agreement and contract which outlined the purpose, protections, rights, and confidentiality of participation. All but one participant agreed to tape-recorded interviews. The interviewer maintained detailed notes to supplement and referred to participant responses in addition to the tape recordings when applicable.

Releases of information and a service summary report were submitted to agencies the utilized by the participant. Records and financial information were analyzed upon receipt.

2.3 INTERVIEW PROTOCOL

Interview questions followed a semi-structured model in which question topics were outlined. Participants were asked about their length of time in the Gallatin Valley as well as length of time experiencing homelessness. They were asked about their experiences sleeping outside or in the shelter, and what kind of interactions they had with other individuals experiencing or not experiencing homelessness. Participants were asked about their health before experiencing homelessness and any changes while/after experiencing homelessness. Participants were asked about frequency of use of services and access to resources. Participant responses were then transcribed and coded for thematic analysis.

3. STRENGTHS AND LIMITATIONS

From the beginning of the study to present, every effort was taken to ensure participant confidentiality and research fidelity. While supporting collaboration between the research staff, partnering agencies, and records departments, this study brings with it specific strengths and limitations. It should be noted that this study is intended as a snapshot of chronic homelessness costs to the community at a specific point in time and is not longitudinal in scope.

Limitations

Limitations to the study included delay in processing for records and billing requests from respective agencies. Many healthcare organizations and similar agencies work within a specific system in their billing areas. Navigating these systems turned out to be intensive and time-consuming. Also a great deal of time was spent in developing data sharing processes and releases of information that worked for all project partners. To ensure that our study remained HIPPA compliant, we used a combination of multiple releases of information; including ones specific to the agency and one developed utilizing the expertise of the project partners. Also as a result some partners were unable to identify and share potential super-utilizers from within their own service system. Due to the delay in many of these areas, the development of this project was slowed down.

Should this study be replicated with more resources, it is recommended to expand the study to larger numbers of participants. It may lead to a broader understanding of the effects of housing on alleviating chronic illness by having a two groups of the same number; one group of participants who are currently homeless and another who consist of formerly homeless individuals.

While we aimed to have at least ten participants, we were only able to interview eight. Due in part to the nature of the homeless community, many of the individuals who had reported interest in participating were unable to do so. Stronger coordination and scheduling between outreach sites and participants is encouraged.

Strengths

Similar studies were reviewed to provide a framework for this project to be implemented. Partnering agencies provided invaluable insight and guidance in the development of this project. Their collaborative efforts ensured a true community approach to addressing chronic homelessness. Accessing the expertise from cross-disciplinary professionals confirmed the dedication and strength of our study.

Every step of the process was appropriately vetted; making sure that the goal of the project was maintained. Concerns such as confidentiality and anonymity were protected through the use of releases of information and permission to disclose forms **(Appendices A and C).** Participant initials were inverted and coded to further strengthen anonymity.

4. RESULTS AND ANALYSIS

4.1 QUALITATIVE SUMMARY

The primary themes discussed and obtained from coded qualitative interviews included resources, effects of being homeless, housing, and health. The shared themes and experiences speak volumes to the effects of homelessness on an individuals' health and well-being.

Resources

Many respondents easily identified the various resources in town. Out of 300 coded responses, there were 126 responses that identified resources. They described barriers to resources such as inflexible access times – "the shelter closes too soon. It's too cold outside. There are people still out there. No safe place to stay [in the summer]." They also

described positive accesses to resources stating "HRDC is actually a good place." Respondents discussed knowing where to go for resources such as food stamps, Medicaid, and nightly meals such as the Community Café.

Employment and jobs were discussed 19 times as the primary motivator for moving to Bozeman. Participants stated that Bozeman offered the "biggest job opportunity." One participant stated that they "worked a lot, two jobs." They still struggled to obtain stable housing. Responses from the interviews indicated that without stable and secure shelter, the ability to achieve one's goals (such as transitioning out of homelessness) is virtually unmanageable. This is also due to a number of effects from experiencing homelessness.

Effects of Being Homeless

Stigma

In understanding the effects of homelessness, one individual reported "it's hard to get showered and cleaned up, people judge you." This statement speaks to an ongoing culture of oppression and societal judgments. Another individual stated "it's hard to accept the help I need because of my disability of anxiety and depression and PTSD." It was a common theme for participants to report apprehension in accessing services due to their physical/mental health. Clients would report feelings of embarrassment and disappointment when their physical or mental health symptoms prevented them from attending appointments. Another described the look on people's faces as "disgusted" while waiting at the bus stop.

Access to Services

Access to Services was a recurring theme throughout the interviews. Agencies and services such as Job Service, HRDC, (the Warming Center, Community Café, Streamline Bus, Galavan), Gallatin Mental Health Center, the Help Center, and Bozeman Health were the most commonly reported. However, there were four clients who had also been incarcerated at the detention center, and had difficult securing housing upon release. This may not have been a voluntary use, but it provided a service which was overly utilized particularly in relation to homelessness.

Housing

Respondents came from uniquely diverse backgrounds, including their housing. Some grew up in affluent families while others were raised by themselves in destructive and toxic environments. Through attaining independent housing, many reported having successfully maintained stable housing for years. Frequently a significant life event resulted in the loss of housing. One individual reported that their house burned down while they were driving truck. Another had been evicted after experiencing severe depression and anxiety resulting in housing damages. This same individual states that this negative housing reference continues to be a primary barrier in attaining future housing. Another had been working as a cook and renting an apartment for years until the restaurant and property owners sold the businesses.

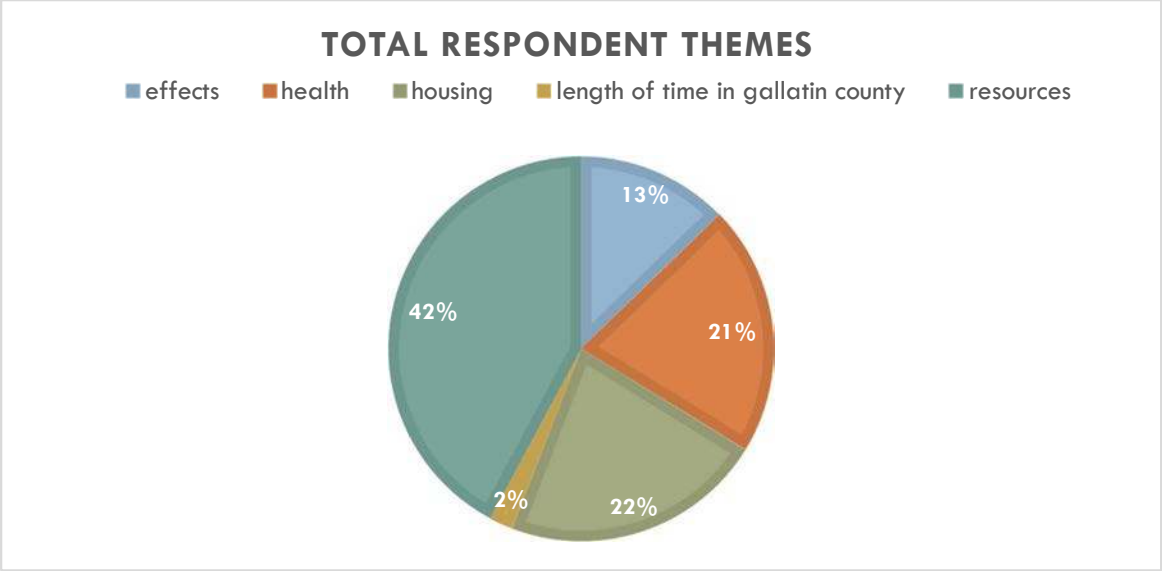
One reported that they would stay in motels when they had the money while working two jobs. Another reported that they were watching their grandchildren who would then stay with school friends while this individual slept in their vehicle in the Bozeman Library parking lot. This same respondent reported they had a felony which is a significant barrier to housing. Many reported worsening health conditions as the length of time without stable housing increased.

Health

Many of the participants disclosed health issues prior to experiencing homelessness. Some reported always having had high blood pressure or arthritis. Others stated they had had been treated for seizures previously. Many had experienced mental health issues such as depression, anxiety, and even schizophrenia. The one commonality is that when they became homeless, their physical and mental health conditions became increasingly worse, their "health started to deteriorate again." All cited admissions to Bozeman Health Hospital, some even cited Hope House Crisis

Facility at Gallatin Mental Health Center. Both of these health centers work with acute crises and both were utilized by the participants numerous times while experiencing homelessness.

Conditions which respondents identified as having been exacerbated by homelessness included increased depressive symptoms, suicidal ideation, thyroid issues, seizures, frostbite, substance use, diabetes, post-traumatic stress disorder, heightened blood pressure, and many more. One individual reported their frostbite and mental health had become so severe that they had to be treated at the Montana State Hospital. Another had reported that they had ongoing encounters with law enforcement and frequent incarcerations at the Gallatin County Detention Center resulting in increased mental health symptoms. This individual reported that they had started hearing command voices and increased agitation resulting in interpersonal conflict. They stated that their symptoms had not been this significant before sleeping outside.

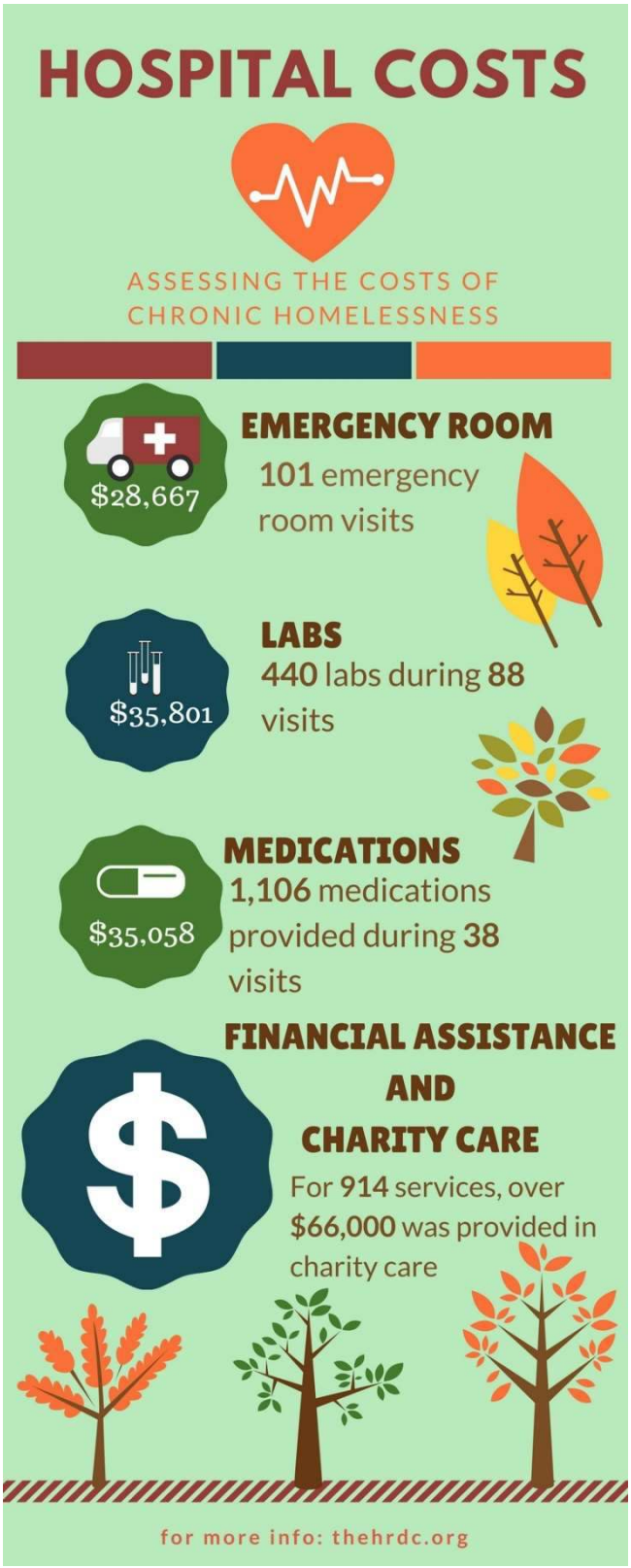


Qualitative Analysis Conclusion Overall participants expressed feelings and experiences related to collectively negative health effects. Participants who had unique and varying circumstances are connected through their shared experiences. Many called the culture of homelessness compared with that of "a family." While pre-existing medical conditions may have existed, it is evident that these symptoms were made worse by instability, constant crisis, and exposure to the elements, and varying effects of experiencing homelessness. Without stable and secure shelter, it will be increasingly difficult for health symptoms to improve thereby resulting in a higher frequency of service use with minimal progress.

4.2 QUANTITATIVE SUMMARY

Results from quantitative data show that from calendar years 2014-2016 **$450,090** in service delivery charges were incurred by the eight participants. That's averaging around **$226,441 annually**. The **average annual cost per participant** reached **$28,305.**

Through the collection of medical records and financial data with participant written permission, the interviewer was able to assess the annual cost for services. Services were categorized as *social services, law enforcement, health, and ambulance*. Social services included the local community action agency and churches totaling **$50,637**/year. These included programs such as housing assistance, shelter, phone cards, gas cards, food assistance, and transportation. Law enforcement includes the local police department and detention center. Health services included the local hospital, community health clinic, and community mental health center.



Health Services Costs

Hospital Costs

Representing the largest expenses from the hospital for the eight participants over the past two years (apx. 2014-2016) there were:

- **101** emergency room visits totaling **$28,667**
- **32** clinic outpatient visits totaling **$7,052**
- **66** exams were completed during **18** visits totaling**$24,055**
- **440** labs were completed during **88** visits totaling **$35,801**
- **1,106** medications were distributed during **38** visits totaling **$35,058**
- **82** procedures were completed during **12** visits totaling **$7,444**

The majority of services provided from the hospital were covered by Medicaid and/or Medicare; both of which are paid for through taxpayer dollars. However, ***over $66,000*** in charity care/financial assistance was provided **914 times**. That means approximately $33,000 of hospital charity care/financial assistance annually goes towards covering costs that are not provided by another means.

Conditions being treated during this duration at the hospital included:

- Neck ache/headaches (26 times)
- Substance use (16 times)
- Suicidal ideation/mental change (14 times)
- Anxiety (11 times)
- Dizziness (9 times)
- Depression (6 times)
- Hypothyroidism (6 times)
- Seizures (5 times)
- Frostbite related (3 times)

Combined, the majority of the conditions being treated were related to mental health and substance use. Across all eight participants, only four identified utilization of community mental health services. Access to services during the day due to location and provider availability may indicate a limited amount of engagement.

Community Health Clinic Costs

The community health clinic provided the majority of their care by billing to Medicaid or by placing participants on the sliding fee scale. Annual routine medical care is approximately $218.09/visit. Between the two service years, participants received the following services:

- **75** medical appointments totaling **$8,581**
- **13** dental appointments totaling **$2,575**
- **16** therapy appointments totaling **$1,813**

Community Mental Health Center Costs

Outpatient services at the local community mental health center totaled at **$40,309**. The four individuals were seen **806 times** in during the reporting period which averages to about 50 times per person a year. The highest used service in outpatient was overwhelming adult case management.

- Three of the participants were seen **626** times by a **case manager** totaling **$26,487** in service costs.
- **Crisis Response Therapists** evaluated three of the participants **21 times** totaling **$4,425**.
    - One of the participants was evaluated 16 out of the 21 times; averaging 8 crisis evaluations/year
- **18 medication** appointments were provided totaling **$3,604.**
- **Employment support** was provided **98 times** totaling **$2,810**.
- Participants were seen by a **therapist 14 times** totaling **$2,555**.

The **crisis stabilization facility** at the community mental health center provided **125 services** at a cost of **$32,079** to three of the participants. This facility is for individuals who are reporting and presenting in an acute crisis. Criteria for admission include suicidal/homicidal ideation or inability to care for basic needs due to mental health interference or psychosis. Typical stays are for three days at a time.

- Participants spent **65 total stays** with a cost of **$26,325**.
    - One individual spent 54 total days with a cost of $21,870.
- **Therapy** was provided **29 times** with a cost of **$3,140**.
- **Medication** consultations were provided **10 times** totaling **$1,741**.
- There was 1 nurse visit and 1 CRT evaluation totaling **$273**.

Ambulance Costs

The local ambulance provided service to half of the participants with a total cost of **$32, 706** over the course of the reporting period responding to **22** calls. Services included:

- **$5,969** were not reimbursed
- Of the **22** calls
    - **9** were identified as Advanced Life Support meaning that they required a higher level of intervention sometimes involving opening the airway, providing medication, or supporting circulation. Typically, more severe conditions would receive an ALS identification.
    - **7** were identified as Basic Life Support meaning that they received support for anything up to higher levels of intervention due to lower severity of their condition.
    - **2** calls were related to mental health symptoms, but the participant declined support
    - **3** calls were related to conditions secondary to alcohol use

- **1** call was related to a snake bite

Law Enforcement

Four participants reported multiple nights sleeping at the detention center and two were involved in multiple interactions with police officers costing **$8,609**/year.

Detention Center

At the local detention center, **over $13,000** in costs were accrued by half (4) of the participants. These costs included:

- **21** incarcerations with **168** days in the detention center
- Charges included:
  - **9** disorderly conducts,
  - **8** holds for another county,
  - **7** theft,
  - **5** criminal trespassing,
  - **4** drug charges,
  - **4** alcohol-related charges,
  - **3** partner family member assaults,
  - **3** driving related charges.
  - **2** misdemeanor assaults,
  - **1** contempt of court, and
  - **1** obstructing a peace officer,
- **3** of the participants also received health services and 2 of the 3 received mental health services

Social Service Costs

Community Action Agency

The local community action agency provided services to all eight individual over the course of the two year reporting period. These services included, but were not limited to:

- **3,463 meals** at the Community Café' totaling **$27,184**
- **106 emergency food boxes** from the local food bank totaling **$4,034**
- **6,812 bus rides** to the participants and totaling **$27,809** of community action agency funding
- **84 case management** appointments totaling **$3,474**
- **676 nights** at the seasonal nightly warming center with a total cost of **$26,732**

The local community action agency receives funding from local donations and state and federal grant dollars. All eight participants utilized the seasonal nightly warming center for an average of **85** nights; indicating almost three months staying in a homeless shelter.

Additional Costs

Public Library

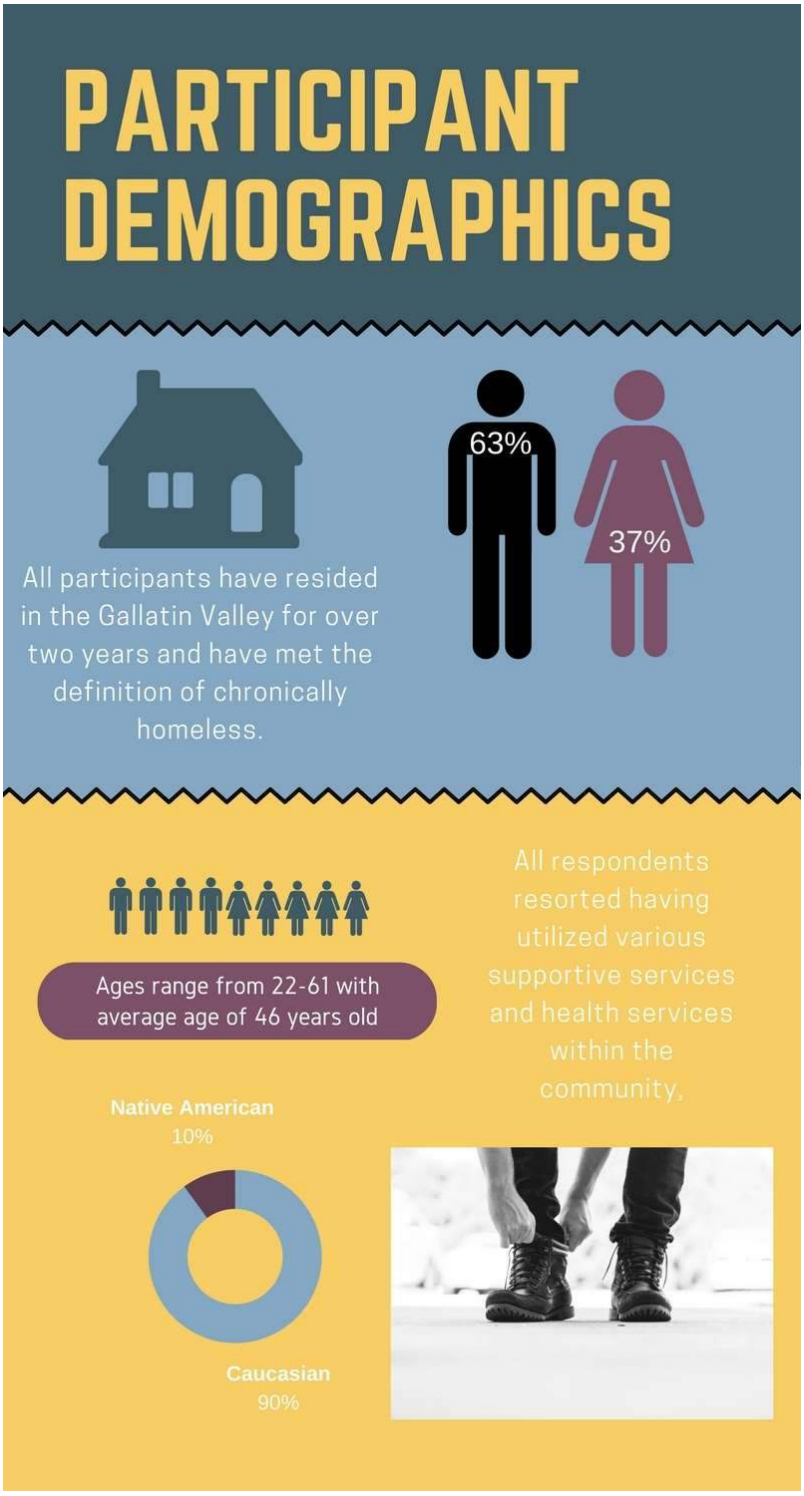
All eight individuals also indicated utilizing the library on a near daily basis while experiencing homelessness. In lieu of an intentional community center, public libraries across the country become ad-hoc centers. Speaking with the director of the local public library provided invaluable insight into the effects homelessness has on the publicly funded institution.

The director reports that many of the individuals who are experiencing homelessness (identified either by verbal report or visual indication) tend to arrive daily when the library is open and many stay the entire day. She reports that their fiscal year budget amounts to $1,918,293. Averaging around 9,000 individuals at the library per week it costs about $4 per person. Anecdotally, the director reported that they see about 40 individuals experiencing homelessness every day. That averages to $80/day in costs. With the library being open 6.5 days/week, over **$2,000/month or $24,000 in library costs** are associated with individuals experiencing homelessness.

As a result of the increase in service usage from individuals experiencing homelessness, increased security was requested. Through a partnership with the local law enforcement, police officers have begun increasing their rounds to the area near the library in efforts to curb conflict and increase a sense of safety for all participants of the library; homeless and housed. Currently, the Deputy Chief of Police estimates that approximately $500/month are associated with this increase at the library. This includes equipment, staffing, and applicable trainings.

Along with the increase in rotations, in 2016 the library and police department developed a substation on the second floor of the library. The intent is to have the substation be a place where law enforcement can meet with witnesses/victims in more private space as well as a workspace. If a full-time veteran police officer were housed in this space, it could cost up to $84,000/year.

4.3 PARTICIPANT PROFILES



Agency Key: HRDC = community action agency, GMHC = community mental health center, AMR = ambulance, BH = hospital, CHP = community health clinic, GCDC = jail, LE = law enforcement, churches = local church charity giving.

Participant A

$10,964

"I do at least 325 miles on my mountain bike a month.
I'd like to be moved and I'd like to be working."

A long time community resident, this individual primarily utilized health services.. They also reported increased anxiety with the community health clinic resulting in minimal engagement in services.

COMMUNITY HEALTH CLINIC

Participant A received numerous health services resulting in

$729

for treatment of high blood pressure and cholesterol over the course of

5 visits

COMMUNITY ACTION AGENCY COSTS

$10,235

286 meals

121 shelter nights

416 rides with the bus line

POTENTIAL IMPACT OF HOUSING

Chronic health conditions have limited Participant A's ability to obtain and maintain stable employment leading to a prolonged period of homelessness. Participant A had challenges attaining services at the community health center and as a result seeks hospital services as their primary medical resources.

Stable housing would lead to decreased anxiety which would alleviate some of the challenges effecting access to primary care at the community health clinic which would in turn improve health outcomes and reduce the cost to the hospital and the community action agency.

Information Source: thehrdc.org

Participant B

$66,734

"Now it's been 4 years total that I've been homeless in the city of Bozeman and I can't seem to express to anybody how much help I need, but it's hard to accept the help I need because of my disability of anxiety and depression and PTSD

Participant B has utilized nearly every service within the community, yet continues to remain homeless and report increased health issues. Participant B has also encountered issues with past landlords and states that it has continued to reduce their ability to care for self.

COMMUNITY HEALTH CLINIC
Participant B received two counseling sessions and one meeting with a case manager for a total cost of
$225
during
3 visits

COMMUNITY ACTION AGENCY COSTS
$18,808
730 meals
$1,810 in housing assistance
1560 rides with the bus line

MENTAL HEALTH
$12,498
204 case management appointments totaling
$8,540
6 days crisis facility

AMBULANCE
$3,372
between 2014-2016
4 calls

CHURCHES
$465
gas cards, phone cards, short-term hotel assistance

HOSPITAL
$24,165
81 emergency department
19 medications
58 labs
"... admitted for dehydration/hypotension related to Influenza A in the setting of homelessness." Pain, anxiety, dehydration, influenza, abscess,

DETENTION CENTER
$3,345
41 days incarcerated

LAW ENFORCEMENT
$3,855
46 contacts

POTENTIAL IMPACT OF HOUSING

Chronic health conditions have limited Participant B's ability to obtain and maintain stable housing leading to a prolonged period of homelessness and multiple incarcerations. Having stable housing could have reduced these areas of stress and minimized costs to the service areas.

Housing stability is one of the key deterrents to recidivism and provides a home base for individuals to attain health improvements.

Information Source: thehrdc.org

Participant C $29,884

"...try to get my knees better so I quit falling down on the ice... ...concussion from a job injury."

Participant C reports to have moved to the Gallatin Valley to be closer to family. They stated they can stay with family occasionally, but don't want to put their housing at risk. After suffering an injury at work, Participant C spent the majority time in their vehicle. They reported they could not afford rent on their own. They since have obtained employment, but remain in their vehicle. Participant C has relied heavily on the community to support shelter and food needs for the past several years. They report primarily using health services associated with leg and back pain resulting from the aforementioned work injury.

COMMUNITY HEALTH CLINIC

Participant C received 5 medical visits, 1 counseling, and 1 case management totaling

$876

during

7 visits

COMMUNITY ACTION AGENCY COSTS

$20,229

1,095 meals

$10,072 in housing assistance

245 nights at the shelter

HOSPITAL

15 clinic visits

$8,531

LAW ENFORCEMENT

victim - investigation of criminal mischief and damage to property. Domestic

$248

3 contacts

POTENTIAL IMPACT OF HOUSING

Participant C reports that their leg and back pain became exacerbated when they have to sleep in their vehicle. Even at the seasonal warming center, Participant C reports inability to adequately address their physical conditions.

Access to stable and secure housing would provide the environment necessary for Participant C to effectively address their health conditions.

Information Source: thehrdc.org

Participant D

$45,111

"I was off my medication. I don't sleep right and I hear voices (when I'm off my medication). I'll only get like 4 hours of sleep at night."

Participant D reports to have moved to the Gallatin Valley to be closer to their son. They reported that shortly after moving here, they stopped taking their medication and were asked to move out of a shared apartment. They reported that they received frostbite as a result of sleeping outside after being asked to leave the shelter due to their behavior. Participant D then received emergency crisis services from the hospital and community mental health center which resulted in an involuntary commitment at the state hospital. At the time of the survey, Participant D reported to be stable on their medication, stably housed, and had an improved relationship with their son.

COMMUNITY HEALTH CLINIC

Participant D received 4 medical visits and 1 case management totaling

$447

during

5 visits

COMMUNITY ACTION AGENCY COSTS

$15,272

416 meals

$1,556 in housing assistance

28 nights at the shelter

MENTAL HEALTH

$18,283

215 case management

3 crisis evaluations

8 days crisis stabilization

HOSPITAL

8 emergency visits

1 inpatient

$9,509

POTENTIAL IMPACT OF HOUSING

Participant D had to reach a level of crisis before they received the appropriate support to move out of homelessness and increase mental health stability.

Stable and secure housing could have provided earlier intervention and/or preventative care. This could have resulted in a reduction of crisis services, retention of all fingers (the tips were amputated following the level of frostbite), and a shorter recovery time.

Information Source: thehrdc.org

Participant E $15,257

"This is the longest I've been homeless, not by my own choice."

Participant E reports having moved to the Gallatin Valley three years ago to work in the park. They state that after their contract ended they remained with friends, but were unable to keep their own place. Following increased anxiety and struggles with substance use, Participant E became homeless.

COMMUNITY HEALTH CLINIC

Participant E received 12 counseling sessions, 11 medical appointments, and 5 dental totaling

$4,359

during

28 visits

COMMUNITY ACTION AGENCY COSTS

$4,282

416 meals

$1,556 in housing assistance

28 nights at the shelter

AMBULANCE

3 calls

$6,416

MENTAL HEALTH

$200

1 intake

POTENTIAL IMPACT OF HOUSING

Participant E reports ongoing struggles with sobriety and increasing feelings of anxiety and depression. Participant E discusses the effects of staying at the shelter as intensifying their anxiety and depression.

Living in their own space with the community supports to move from transitional housing to permanent supportive housing would aid in the reduction of Participant E's anxiety and depression.

Information Source: thehrdc.org

Participant F $211,680

"...liver, kidneys, seizures, some alcohol, not taking meds...mental state - nightmares about childhood...drank to cope...more depressed started having more problems."

Participant reported significant seizure, thyroid, and mental health issues. They stated that as a result of traumatic experiences in their youth they began drinking more heavily. Their health issues had already been untreated and after becoming homeless had become more increasingly dire. As a result, this participant had multiple inpatient admissions to the hospital and at times was in the intensive care unit.

COMMUNITY HEALTH CLINIC
42 medical visits, 4 dental, and 1 case management totaling
$4,674
during
47 visits

COMMUNITY ACTION AGENCY COSTS
$20,419
936 meals
$2,778 in housing assistance
197 nights at the shelter

MENTAL HEALTH
$40,613
207 case management appointments totaling
$8,740
54 days crisis facility
16 Crisis evaluations

AMBULANCE
$18,210
between 2014-2016
12 calls

HOSPITAL
51 emergency department
396 labs
$132,764
1,346 medications
11 inpatient stays

POTENTIAL IMPACT OF HOUSING

Participant F described minimal adherence to medication while homeless partly due to memory related difficulties and lack of a safe place to keep their medications. Attaining housing could have provided the stability necessary to have their medication in a safe and secure environment where they would have easier access to support.

With stable and secure housing there could have had fewer seizures, fewer hospitalizations, and fewer trips with the ambulance.

Information Source: thehrdc.org

Participant G $52,130

"Fluid around my brain, heart, and lung...had to stay in the hospital for two weeks."

Participant G reported to have moved to the Gallatin Valley to take care of their grandchildren. They reported to have been working three jobs, but could not find an apartment that would take one adult and three children that they could afford. As a result, they were sleeping in their van. Participant G's grandchildren eventually began staying with friends. As a result of long untreated health issues and homelessness, the individual began drinking heavily. This resulted in hospitalization and ultimately death by liver failure. At the time of the survey, Participant G had plans to move back to a southwestern state where their daughter lived. They were staying in an assisted care facility as they could not be discharged to homelessness given the severity of their illness.

HOSPITAL

Participant G received multiple procedures and ultimately passed away at the hospital.

$41,358

16 days inpatient

8 emergency visits

COMMUNITY ACTION AGENCY COSTS

$4,895

156 meals

$1,553 in housing assistance

21 nights at the shelter

COMMUNITY HEALTH CLINIC

Participant E received 1 counseling sessions, 5 medical appointments, and 3 dental totaling

$1,170

during

9visits

AMBULANCE

3 calls

$4,708

POTENTIAL IMPACT OF HOUSING

Earlier access to stable housing could have reduced the cost of emergency services to the community and ultimately prevented death.

Participant H

$16,926

"I don't know why this keeps happening. It's like there's someone there that I can see, but they won't leave me alone."

Participant H reports to have severe issues with their mental health, but have been unsuccessful in attaining supports with the community mental health center. They state that they grew up in foster care with multiple different families. They report that they haven't had the ability to attain supports. More than half of their service use has been with the local detention center resulting from disorderly, trespassing, and public intoxication charges.

DETENTION CENTER

Participant H received numerous charges resulting in

$9,771

of detention center costs and

121 days

incarcerated.

CHARGES INCLUDED

- **4** disorderly conduct
- **4** criminal trespass
- **1** intoxicated pedestrian
- **1** open container

COMMUNITY ACTION AGENCY COSTS

$6,667

520 meals

33 shelter nights

104 rides with the bus iine

POTENTIAL IMPACT OF HOUSING

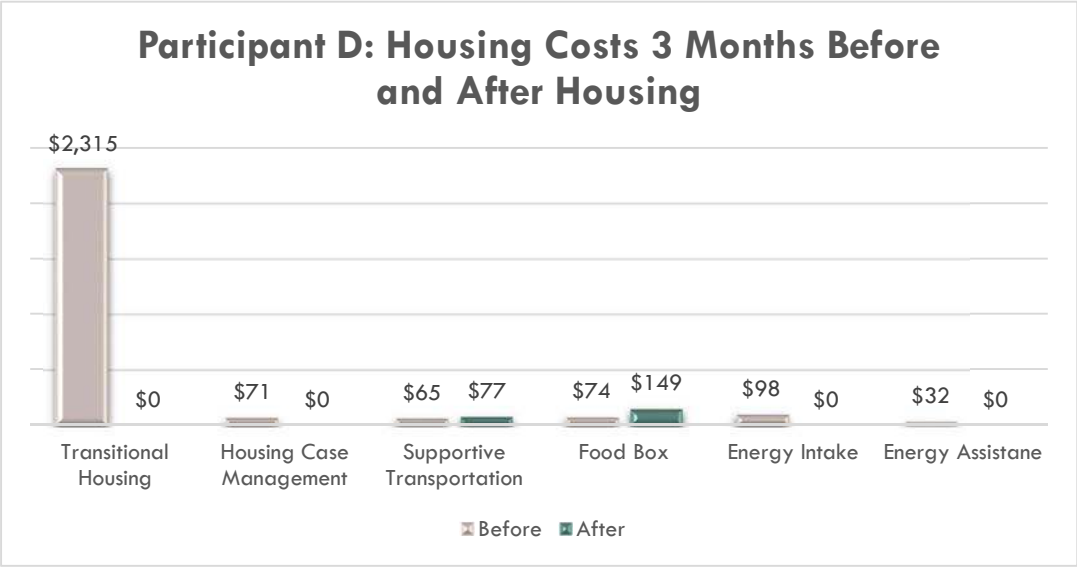
When someone has a place to live, they are typically less likely to drink outside or sleep somewhere they aren't supposed to be sleeping which can result in the aforementioned charges.

Attaining stable housing, with supportive services, would provide a safe environment where they would be less likely to have interacted with the detention center for related charges

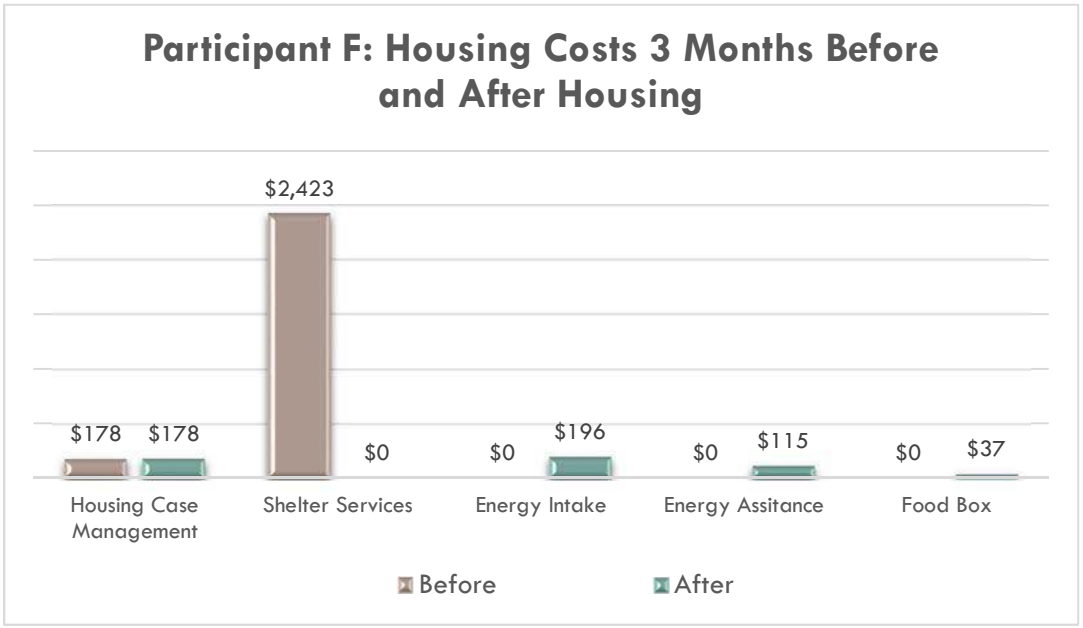
Information Source: thehrdc.org

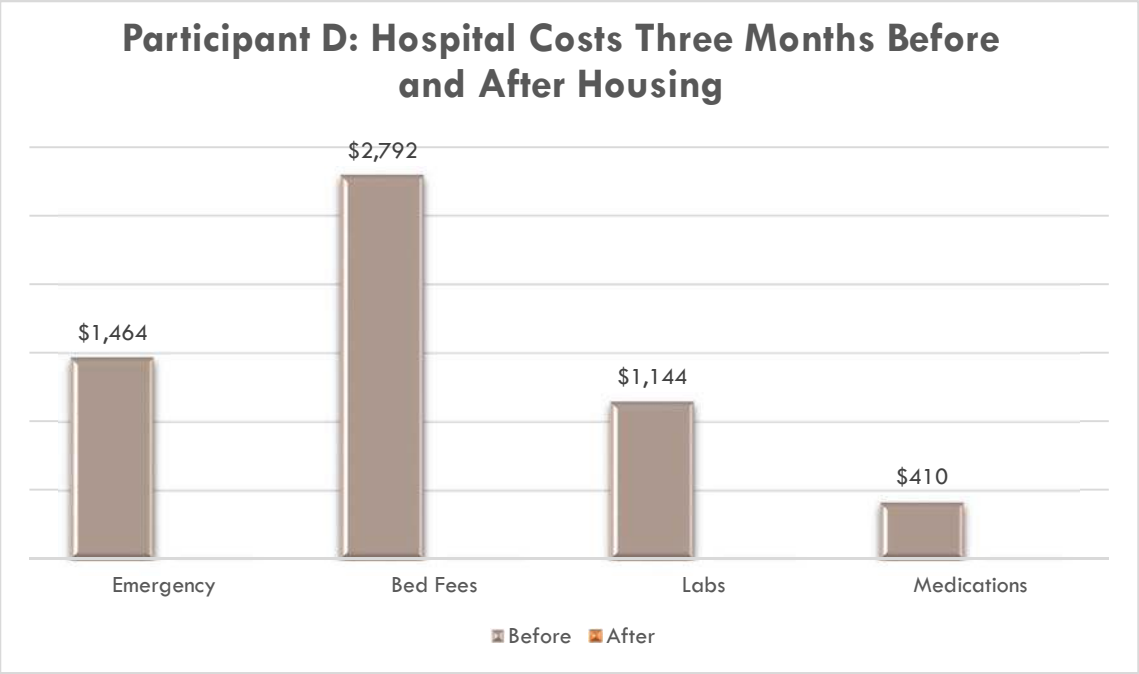
4.4 Two Participants – Before and After Housing

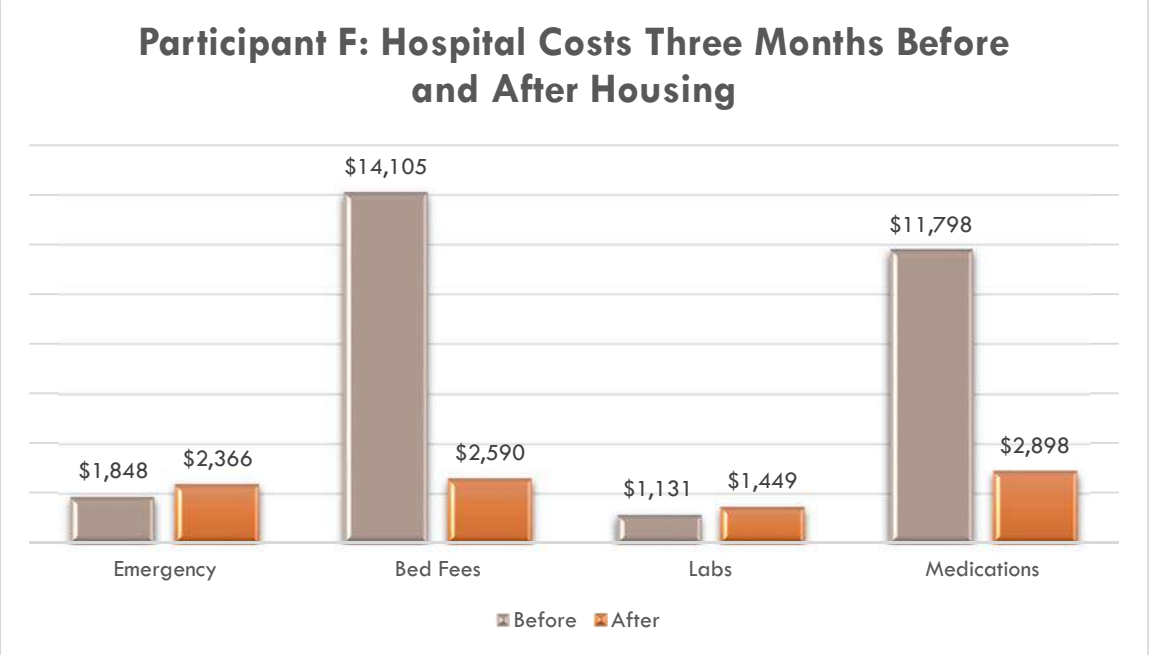
At the time of the interviews all but two participants were still experiencing homelessness. The two housed individuals allowed us to review their health and housing service usage three months after obtaining housing. The two highest utilized services included the community action agency and hospital which will be the comparison of service cost before and after housing.



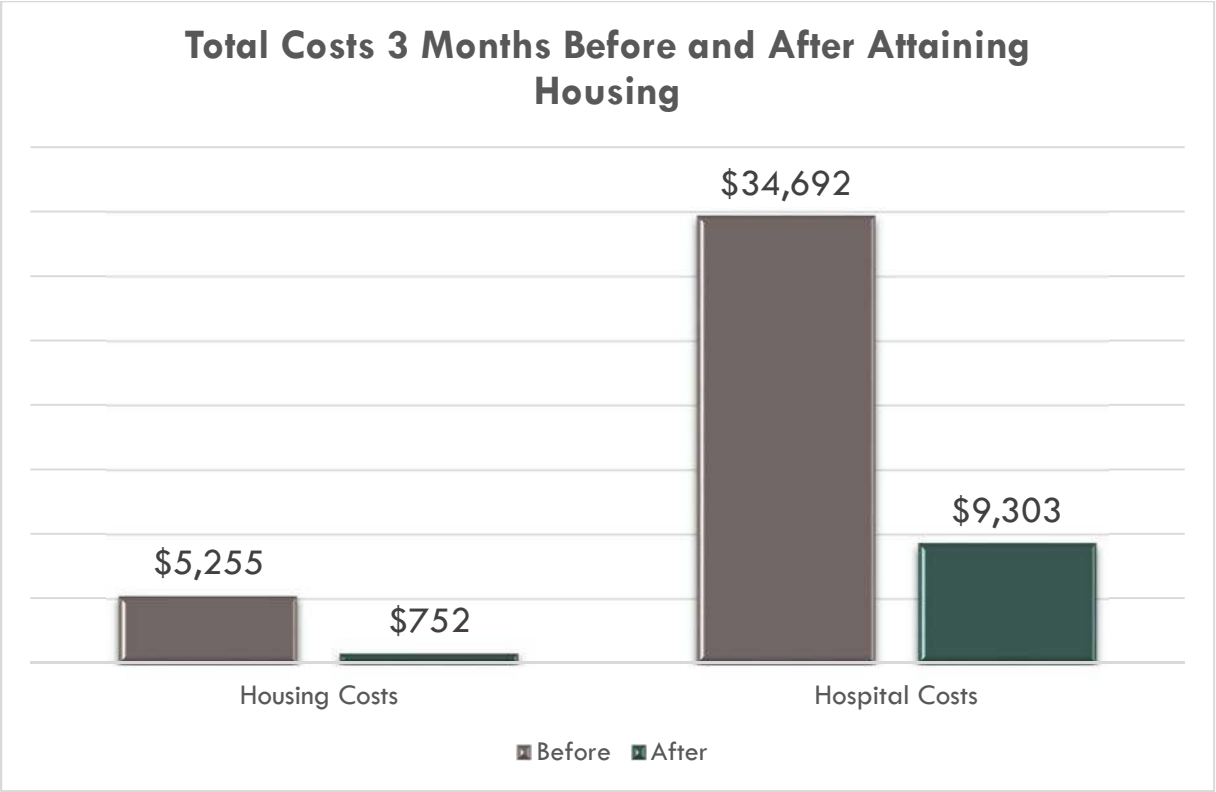
Housing service usage three months prior to attaining housing totaled over **$5,255**. For both participants, three months after attaining housing elicited costs totaling only **$674**. That is a cost reduction of over **87%**, saving over **$4,581** in service use.







For both participants, hospital costs drastically decreased after attaining housing. Prior to attaining housing, hospital services totaled **$34,982**. After attaining housing, this cost was reduced to **$9,303**; a cost savings of over **73%**. While there continued to be inpatient stays for Participant F, the amount of time and level of intensity was significantly reduced. Meanwhile, Participant D did not have any hospital costs three months after housing. This is the same individual who previously had been admitted for frostbite secondary to homelessness and mental health issues.



Combined, both housing and health services were significantly reduced after attaining housing. As previously shown, some hospital costs remained, but the duration and level of intensity was shown to be reduced compared to prior to attaining housing. While there continued to be minimal housing costs, these are more related to costs associated with housing. These costs include energy assistance and utilizing a food box – something which is more difficult to do while homeless when there are no energy costs associated nor is there a place to keep perishable items/cooking materials.

4.5 Housing First Cost Alternatives

The Housing First model of housing support works to move households out of homelessness into permanent housing as quickly as possible by providing longer term rental rapid re-housing assistance paired with access to supportive services. Traditional homeless service models (in which homeless persons reside in a shelter and are required to obtain sobriety, access mental health services, and engage in a high level of services prior to having access to permanent housing) have proven to be cost prohibitive, can take two or more years before households are secure, and continues to show a high level of recidivism. By contrast, Housing First is a more cost effective method which typically works within a shorter time frame and has shown decreases in returns to homelessness.

In our community, including Gallatin, Park and Meagher counties, HRDC has successfully demonstrated the effectiveness of this model. Current cost estimates show that HRDC could provide Housing First services to a homeless household, including one year of rental assistance and case management services for $10,765. This includes roughly $8,065 in rental assistance assuming Fair Market Rent for our local community, and $2,700 of case management services to support increased access to community resources and social service support. Annual routine medical care is approximately $218.09/visit. Assuming quarterly medical care, this results in $872.36 in annual health care costs. Also included in this number is six emergency food boxes at $37.16 over the course of the year, $222.96 annually in food assistance. A Housing First model of support could stabilize housing and provide preventative medical care for $11,860.32

5. NEXT STEPS

5.1 Literature Review

The eight individuals who participated in this study provided a strong sample representative of individuals who are experiencing homelessness while utilizing community services repeatedly. In order to provide the best possible framework for this study to be implemented and give an empirical launching pad, we reviewed multiple similar studies and identified current trends in funding availabilities for interventions.

Project 25: Housing the Most Frequent Users of Pubic Services among the Homeless

by Fermanian Business & Economic Institute at PLNU

April 2015

Researchers in the San Diego, California area sought to determine whether providing a Housing First model coupled with wrap-around services would reduce the cost of chronically homeless individuals who readily use community services. They partnered with the United Way as a funding source and a local community agency as a lead researching entity. Furthermore, they received information from a local corporation contracted with the county to provide health and resource data along with the local housing agency. This was the first comprehensive data collection for a study of its kind. Project 25 was presented as a new program within the community agency. It involved enrolling 28 participants into the program and provided vouchers for hotels or transitional housing. During the interim, while waiting for permanent housing, these individuals received intensive case management which at times could include up to 4-5 visits/week in the beginning. Wrap-around services were determined based on individual need and half of the participants identified as living with a severe and persistent mental illness. Services provided included medical, dental, case management, medication management, etc.

The researchers describe the program as a Housing First model coupled with in home medical care indicating that services were provided with the participants' engagement. The intensive nature of this program matched the high risk/super-utilizing nature of the participants. The results of the program saw more than a 50% reduction in service costs after the first year the participants became housed and engaged in wrap-around services, with an additional 25% reduction in service costs after year two. The researchers urged the importance of Housing First and providing intensive case management along with wrap-around services and demonstrated the cost-effectiveness of said services.

Homeless Cost Study

By the United Way of Greater Los Angeles

October 2009

The United Way of Greater Los Angeles partnered with the University of Southern California's Center for Community Health Studies at the Keck School of Medicine to study the cost effects of permanent supportive housing for four chronically homeless individuals. USC researchers analyzed experiences of the individuals before and after obtaining housing. They looked at cost savings as well as overall individual well-being of the participants. Data was obtained through public and private record acquisition to assess use of public services. Researchers assessed usage of public services such as hospitalization, inpatient treatment, ER visits, hospitalizations, arrests, time in jail, and outpatient mental and physical health services. They looked at a two year time of service usage prior to obtaining permanent supportive housing. The researchers then assessed the same data over a two-year period after obtaining permanent supportive housing. Their results found a decrease in service usage in all areas, save mental health. The

researchers attributed the increase in mental health clinic use to stronger connection to access of services instead of through unnecessary emergency room visits.

Researchers identified that part of the success in permanent supportive housing is the support component. By having ongoing case management and wrap-around services, participants were able to move towards a higher level of independence including employment and volunteering; developing value in their current status rather than holding on to values of homelessness. Researchers found that permanent supportive housing resulted in over 43% in cost savings - $187,288 while on the street in service usage versus $107,032. The approximate costs findings of two years prior to housing are not far off from the results of the Assessing the Costs of Chronic Homelessness study which equated to about $205,000 over a two year period. The researchers showed that their findings were also consistent with the results of other studies that showed permanent supportive housing to be more cost effective than ongoing homelessness.

CMCS Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities

By the Center for Medicare and Medicaid Services

June 2015

The Center for Medicare and Medicaid Services approved in their bulleting the use of Medicaid dollars for supported housing activities. It was issued to nationally to aid states in designing the specific Medicaid benefits that would be targeted for individuals with disabilities, older adults needing long term services and supports, and those experiencing chronic homelessness. Recognizing the effects of homelessness on health and vice versa, the allocation of this funding will allow for increased services in addressing homelessness and a coordinated effort between health and housing agencies. The CMCS describe the specific activities that would be covered by Medicaid funds including individual housing transition services, individual housing and tenancy sustaining services, and state-level housing related collaborative activities. Individual housing transition services would include supporting the individuals' preparation and transitioning to housing. Individual housing and tenancy sustaining services include ongoing housing support to remain a good tenant thusly ensuring housing stability. State-level housing related collaborative activities can include developing partnerships with stated/HUD funded housing projects. The CMCS cited various pilot projects that support and utilize Medicaid funds for housing assistance. The 1915(c) HCBS (Home and Community Based Services) Medicaid waiver allows for use of all three areas in supporting individuals experiencing chronic homelessness. The waiver provides for state reimbursement of housing transition and tenancy sustaining services to include assessing the individuals' needs, assisting in securing housing, securing required documentation, searching for housing, collaborating with landlords, and training on how to be a good tenant.

5.2 Recommendations

Comparing cost and health outcomes of chronically homeless individuals against those housed evidenced support for the allocation of resources to a Housing First model. As demonstrated through this project, Housing First is a less costly, more effective model that will achieve better health, housing and community outcomes. It is integral to moving public support to direct, strings-free rental assistance that moves people into housing immediately. Effective, small-scale implementation is important in evaluating and adjusting the program to ensure success with statewide implementation. HRDC is engaged with key partners that will benefit from Housing First's improved health and housing outcomes. Many of the customers served by Housing First are medically complex, and super-utilizers of emergency and hospital-based services. Stable housing for this vulnerable population will reduce ER utilization, hospital readmission, and other high-cost medical care by improving living conditions and access to basic services.

Implementation of the Housing First model will not likely eradicate the need for a seasonal shelter and other transitional opportunities, however; it will reduce the demand for expansion of these services. The results from this project suggest that Housing First models cost far less than the current housing, public service, and healthcare delivery systems for homeless persons. Our goal is to move the public policy discussion to increased funding and utilization of the Housing First model, and to influence private organizations that benefit from the model to support its sustainability. Indeed, the success of Housing First and its implementation will depend upon all community partners contributing to a coordinated response.

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Appendix A

Assessing the Cost of Chronic Homelessness

Participant Agreement and Consent Form

You are being asked to take part in a research project to understand the costs of chronic homelessness in our community. We are asking you to take part because you signed up at one of our outreach locations (HRDC, Salvation Army, Community Café', Warming Center, etc.) or you were referred by a service provider. Please read this form carefully and ask any questions you may have before agreeing to take part in the project.

What the project is about: In collaboration between the HRDC and the Montana Healthcare Foundation, the purpose of this project is to analyze and quantify the impact of homelessness in the Gallatin Valley. In particular, the project aims to assess the use of health and supportive services. You must have been living in the Gallatin Valley for a part of the last 3 years and have experienced homelessness during this timeframe.

What we will ask you to do: If you agree to be in this project, we will conduct an interview and survey with you. The interview will include questions about your housing and health history, services you've used, health struggles you've endured, factors that impact your ability to secure and maintain housing, personal history, sign releases of information to disclose protected health information to the interviewer, and specific factors that would assist you in attaining your goals. The interview will take about 45-60 minutes to complete. With your permission, we would also like to tape-record the interview. Participation in the project will consider ended after the tentative project closure date of October 2016.

Signed Releases of Information: After completing the interview, you will be asked to sign Releases of Information for health and other service agencies you have identified as having received assistance with in the past 3 years. Signing the Release of Information is strictly voluntary and *only the specifically identified information on the release will be permitted to be disclosed to the researchers*. Possible information to disclose may include, but is not limited to: age, treatment/service, reason for treatment/service, frequency, cost of treatment/service, admission dates, etc.

Your answers will be confidential. The records of this study will be kept private. All public reports and communication resulting from this research will be de-identified. Research records will be kept in a locked file; only the researchers will have access to the records. If we tape-record the interview, we will destroy the tape after it has been transcribed, which we anticipate will be within two months of its taping.

Obtained records will be destroyed three months after the close of the project. The tentative closing date for the project is October 2016.

Risks and benefits:

There is the risk that you may find some of the questions about your health and housing history to be sensitive and personal. Responses to said questions and information outlined to disclose in the release of information is voluntary in nature.

The benefit for you to participate in the project, aside from compensation, is the ability to play a direct role in the development and direction of service delivery, to include health and housing, in your community.

Compensation: By participating in the project you will receive a $25 gift card.

Taking part is voluntary: Taking part in this project is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with HRDC or any of the partner agencies. If you decide to take part, you are free to withdraw at any time.

If you have questions: The points of contact conducting this project from HRDC are Jenna Londynsky (Research Aid) and Sara Savage (Housing Director). Please ask any questions you have now. If you have questions later, you may contact Jenna Londynsky at jlondynsky@thehrdc.org or leave a message at (406) 585-4840. You can reach Sara Savage at ssavage@hrdc9.org or (406) 585-4884.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

In addition to agreeing to participate, I also consent to having the interview tape-recorded.

Your Signature _____ Date _____

Signature of person obtaining consent _____ Date_____

Printed name of person obtaining consent _____ Date_____

This consent form will be kept by the researcher for at least three years beyond the end of the study. Participation in the study will be considered complete three months after the tentative project closure date of October 2016.

Appendix B

WE WANT YOUR OPINION!

Why?

HRDC and the MT Healthcare Foundation are conducting a research project to improve health and housing programs in our community.

We are currently seeking out individuals to participate in an interview and survey! You'll receive a $25 gift card for sharing your story!

How Do I sign up?

Leave your name and contact information with the front desk and someone will contact you soon!*

*Be sure to include your name and best way to contact you such as phone number, case worker, message number, e-mail, etc.

Have you slept outside or at the Warming Center in the past few years?

Have you met with different services in town?

We need your help!

Receive a $25 gift card for participating!

SIGN UP TODAY!

HRDC
32 South Tracy
Bozeman, MT 59715
(406) 585 - 4840
Thehrdc.org
Dates and times to be determined! Call or stop by today to find out more!

Appendix C

AUTHORIZATION FOR RELEASE, DISCLOSURE AND EXCHANGE OF INFORMATION TO INCLUDE IDENTIFIED PROTECTED HEALTH INFORMATION (PHI)

PLEASE NOTE: "This information has been disclosed to you from records whose confidentiality is protected by Federal Law: Federal Regulations (45 CFR Part 160 and 164; and 42 CFR Part 2) prohibit you from making any further disclosure if it is without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Name: _____ **DOB**: _____ **SSN:** _____

I hereby authorize, request, and consent to the disclosure of information and records concerning the above-named individual from the following agencies below ***(please initial):***

_____ Bozeman Health	_____ HRDC IX
_____ American Medical Response	_____ Salvation Army
_____ Community Health Partners (Livingston, Bozeman, and/or Belgrade)	_____ Gallatin Mental Health Center
_____ Gallatin County Detention Center	_____ Bozeman Police Department
_____ Bozeman Public Library	_____ Urgent Care
_____ Alcohol and Drug Services of Gallatin County	_____ The Help Center
_____ Other: _____	

Disclose to/Recipient: _____ **on behalf of HRDC XI** for the purpose of collecting quantitative data in cooperation with the **MT Healthcare Foundation** in order to understand the costs of chronic homelessness in our community. All public reports and communication resulting from this research will be de-identified. Records may only be disclosed the intended recipient identified above.

Specific Information to be RELEASED/OBTAINED *(Please initial)*:

_____ Type of service received _____ Cost per service

_____ Dates of service _____Billing information

_____ Discharge/Aftercare Plans _____Criminal History

Method of Disclosure: _____ Writing _____ Verbal _____ Electronic*

This authorization expires *December 31, 2016* ***unless otherwise noted.***

Authorized records request time-frame: January 2013 – October 2016

*Please be aware that communication sent over e-mail and/or the internet may not be secure.

_____ _____

Participant Signature ***Date***

<u>Participant Acknowledgements and Understandings</u>

I acknowledge and understand that:

- *The released information may contain alcohol, drug abuse, HIV, psychiatric information and cannot be released without my specific consent, except under a Court Order.*
- *It is my intent that the information released is prohibited for any other purpose than that which is stated above.*
- *My treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.*
- *I can receive a copy of this form after it has been signed.*
- *This is a voluntary authorization and may be revoked at any time in writing.*
    - *If I do, it will not have any effect on any actions taken prior to receiving the revocation.*
- *This information will not be disclosed to anyone other than those participating in my treatment continuum without my written permission.*
- *The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.*
- *Some of the information shared between the organizations listed above may be subject to various state and federal privacy laws, including, but not limited to HIPAA, FERPA, and/or the alcohol and drug abuse privacy regulations (42 C.F.R. Part 2), and that all of the organizations listed above agree to comply with those regulations to the extent they apply to their respective activities, including, but not limited to any restrictions or allowances for any further disclosure of information shared or provided to them in accordance with this consent and authorization*

_____ _____

Participant Signature ***Date***

<u>REVOCATION OF AUTHROIZATION/CONSENT</u>

I hereby REVOKE the foregoing AUTHORIZATION FOR RELEASE, DISCLOSURE AND EXCHANGE OF INFORMATION TO INCLUDE IDENTIFIED PROTECTED HEALTH INFORMATION (PHI) in its entirety effective immediately.

_____ _____

Participant Signature ***Date***

Appendix D

Interview Protocol

This interview guide will be semi-structured and used as a framework to steer conversation in order to illicit qualitative data regarding the participants experiences in the community related to the use of services, health history, and housing history. As an informal structure, this guide serves more as a "checklist…it sets the stage for a comprehensive but flexible discussion with plenty of latitude for additional topics to emerge" (Royse, D., Thyer, B.A., & Padgett, D. 2016). The interviewer will also make observational notes regarding the participant presentation, environment of where the interview was conducted, and objective observational cues from participant behavior.

Signed participant agreement/consent forms will be required at time of interview.

Identified factors/constructs to evaluate:

I.) Access to services
II.) Use of services
III.) Health history
IV.) Housing history

Process

Open and close-ended questions will be utilized in the interview process with a semi-structured interview guide. Interviews will be recorded with participant consent.

Listed below is the DRAFT outline for topics/interviews in the interview process.

I.) Introductions
    a. Age, gender, race, ethnicity, family history, length of time in the Gallatin Valley, insurance, income, resources, support systems, etc.
II.) Housing history
    a. Length of time homeless
        i. number of episodes homeless
    b. Current housing status
        i. Location
    c. Access to housing services
        i. Location
        ii. Times available
        iii. Knowledge of types of health services
    d. Goal for future housing
III.) Health history
    a. Past health status
        i. Include family/biological
    b. Current health status
        i. Services used

ii. Frequency
iii. Treatment received
iv. Treatment for _____

c. Access to health services
i. Location
ii. Times available
iii. Knowledge of types of health services

d. Goal for future health status

IV.) Other service history

a. Services used
i. Interactions with law enforcement
ii. Gallatin County Detention Facility

b. Service Received
c. Frequency

V.) Other comments

a. Gaps/needs for attaining goals
b. Anything else?

THANK YOU!!!

Sample probing questions:

- Tell me more about that.
- What was that like?
- What would that look like?
- And then what happened?
- What would an example be of that?
- What did you mean by _____ ?

Sample types of question:

- Attitude – What is your opinion on _____?
- Feelings – How did you feel when _____?
- Knowledge – Tell me about_____
- Behavior – What did you do?