

Emergency Shelter Fund /No Freeze Plan

Overview

Through an application to Broome County Mental Health Department, Fairview Recovery Services (FRS) was awarded a one time only grant of \$29,623 to administer an Emergency Shelter Fund (ESF) to cover the cost of shelter for people without financial resources to secure housing. Because mental health and co-occurring chemical dependency issues go hand in hand with homelessness, the target population is people with mental illness and/or addiction.

How It Works

The ESF that began in late December 2004 targets homeless people who are in need of short-term emergency housing and transitional housing for those who are in the process of securing Public Assistance through the Department of Social Services or alternative resources. Those who fit within the admission criteria of the shelter programs of the Volunteers of America (VOA), the YWCA and the YMCA are referred to those programs when there is bed availability. Those who are under the influence of drugs or alcohol are referred to the Addictions Crisis Center (ACC) when there is bed availability. The ESF reimburses the VOA (\$10 per night), YMCA (\$10 per night) and YWCA (\$12 per night) for the cost of housing for individuals who are not eligible for DSS funding. Given the ACC is 100% state funded and is not a homeless shelter, it is not eligible for the ESF reimbursement.

A partnership was formed with the Kirkwood Motel (\$35 per night) to provide overflow housing for people turned away from shelters due to ineligibility for admission or lack of bed space. When there is lack of bed availability at the ACC, an intoxicated individual is first sent to the ER at Binghamton General Hospital. If medically cleared, the homeless person is transported via cab to the Kirkwood Motel for overnight or weekend shelter. A room was also secured at the Dixie Hotel for one month (\$300 per month), however it was used infrequently because program participants were reluctant to stay in a facility they perceived as a place for sex offenders.

The FRS Homeless Outreach Worker and the FRS Shelter Plus Care Program Case Manager are instrumental in making referrals and following up with housing and appropriate services. One or both workers go out to the Kirkwood Motel each morning in an FRS van (excluding the weekends) and transport the homeless individuals back into Binghamton. They also interview the participants who utilize the shelter beds at the VOA, YWCA and YMCA. All are offered help to obtain housing and other appropriate services. The work involved falls under the auspices of the job duties of the Homeless Outreach Worker, however the time spent by the FRS Shelter Plus Care Program Case Manager (approximately 150 total hours) was donated by FRS.

From the inception of the program during the cold winter months to May 15, 2005 under the "No Freeze" policy, overnight housing was available to anyone who was homeless and without financial resources. During warmer weather between May 15 and October 15, overnight housing is available on a more limited basis and is utilized for people who are seeking permanent housing. The FRS workers review the intakes of each applicant or interview him/her to determine eligibility for overnight housing.

Lessons Learned: What Works:

We have seen many positive results from the ESF effort. Widespread publicity for the “no-freeze” concept has generated newfound public concern for the problem of homelessness. Homeless individuals who had previously eluded our outreach efforts have been identified.

We had a number of great successes in connecting difficult-to-serve individuals with appropriate services. For example, shelter funds were utilized in helping two young adults who asked a guidance counselor for help after leaving a volatile home environment. They were housed through emergency funds until they found safe housing at the YMCA. Another situation occurred involving a married couple that had lost their apartment and were in need of emergency housing. Their need was great because the husband was disabled in a wheel chair and his wife was developmentally disabled. Shelter funds were able to sustain this couple until a collaborative effort was put into place with other community agencies to find a permanent housing solution.

The FRS workers offer all participants referrals to appropriate services. Motivational interviewing techniques are used in an attempt to engage the participants. With the involvement and support of the Commissioner of Department of Social Services (DSS), hospital emergency room personnel, local hospital executives, providers of housing services and concerned citizens, the ESF has successfully housed 77 unduplicated people over a span of seven months. All those who sought housing were served. No one was turned away. New insights into the nature and extent of homelessness in Broome County, and the types of services that are needed to end homeless, have become clearer through the project.

Areas in Need of Improvement:

The data shows that at least 83 of the total 133 (62%) utilizations (these numbers represent duplicated participants) involved substance abuse. This number includes the high usage of two particular substance-abusing clients, one who used 23 stays and one who used 14 stays. Of the unduplicated participants 22 of the 77 (28%) were under the influence of alcohol or drugs. This presents a significant problem in our system. When the ACC beds are full there is not a safe place for intoxicated individuals to go. Currently they are sent to be medically cleared at the Binghamton General Hospital ER before being transported by cab to the Kirkwood motel. This puts a burden on the ER both with increased traffic and liability issues. The hospital incurs multiple costs associated with medically clearing project participants so they could be sent to the Kirkwood Motel. Even with medical clearance, this arrangement presents a safety issue, as there is no oversight of the withdrawal process once these individuals leave the hospital.

The data shows that 24 of the 77 (31%) unduplicated participants had a mental health diagnosis and the 33 of 77 (43%) are at risk for mental illness. The mental health status is discovered through self-report by the participants. Given the stigma associated with mental illness, it is likely this problem is underreported and the numbers are higher. Currently no mental health-screening tool is used. There are inherent problems with doing a mental status evaluation given the level of skill of the shelter staff at the varying times a participant may present as well as the issue of accuracy when a participant is under the influence of a mood altering substance. It is an area that requires more attention.

Recommendations:

While we have been successful in providing housing for some of our community’s most vulnerable citizens, there are problems to address as we go forward. The following are significant areas that require attention to improve the project.

- **Identify a more cost effective way to medically screen individuals under the influence of drugs or alcohol when the ACC is full**
- **Locate a safe environment for participants under the influence when the ACC is full**
- **Identify ways to screen for mental health issues**
- **Identify an on-going model of housing that will serve the small number of addicted and/or mentally ill individuals who overuse the shelter and emergency system and don’t want treatment**

The problems that have surfaced through the ESF are consistent with those identified by the Broome County Homeless Coalition in their 2005 Exhibit 1 McKinney Vento application in the *Goals and Strategy* section as seen below. This plan provides us with the next steps to take toward finding solutions to this community problem.

<p>Goal 3h: Further develop and refine Emergency Shelter Fund and “no-freeze” program</p>	1. Continue to seek appropriate locations for overflow beds during cold months	Project Uplift/Fairview Recovery Services	10/05
	2. Work with hospitals and Addictions Crisis Center to establish cost effective procedures for performing medical assessments before sending clients to motels	Fairview Recovery Services/Commissioner of Mental Health/Hospital Officials/New York State Office of Alcohol and Substance Abuse Services (OASAS)	10/05
	3. Continue developing processes for connecting clients with services	Fairview Recovery Services/HUD Outreach Worker/Shelter Representatives	10/05
	5. Continue developing processes to assure that comprehensive data is collected: collaborate with HMIS project	Fairview Recovery Services/HMIS Subcommittee	10/05
	6. Obtain permanent funding for program	Fairview Recovery Services/Commissioner of DSS/Coalition	5/06
<p>Goal 4h: Develop Services for individuals sanctioned from entitlement programs and banned from shelters due to “burned bridges”</p>	1. Coordinating with Emergency Shelter Fund Program (see goal 3h), intervene with individuals who have sought overnight housing in motels on cold nights	HUD Outreach workers/DSS Adult Protective Unit	On-going
	2. Continue system-wide discussions about admission criteria in shelters	Shelter Representatives	10/05
	3. Study harm reduction and “Housing First” models to develop programming targeted for these hard-to-serve individuals	Continuum of Care Subcommittee	3/06