

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Office of the Commissioner

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Governor Tim Pawlenty
State of Minnesota

The Honorable Michael Paymar, Chair
The Honorable Steve Smith
House Public Safety Finance Committee

The Honorable Linda Higgins, Chair
The Honorable Thomas Neuville
Senate Public Safety Budget Division

The Honorable Joe Mullery, Chair
The Honorable Paul Kohls
Public Safety and Civil Justice Committee

Dear Colleagues,

Enclosed please find the Homeless Pilot Project Grants Interim Report as prepared by the Office of Justice Programs, a division of the Minnesota Department of Public Safety. The purpose of the report is to document the use of grant funding and the effectiveness-to-date of the programs. We submit this report to you Pursuant to Laws of Minnesota 2005, Chapter 136, Article 8, Section 27, Subdivision 3.

The primary purpose of these grants is to reduce the use of public safety and correctional resources in response to the community of homeless and to connect people experiencing homelessness with housing and services. An additional objective of the pilot projects is to develop cooperative, collaborative relationships between local police departments and service providers. We are pleased with the initial results achieved by three pilot projects that were funded. You may note that of the 216 homeless individuals actively receiving services at the time of this report; 48 percent have obtained stable housing. In addition, results indicate that reliance on correctional and emergency services is decreasing while program participants are engaged with outreach workers.

If you have any questions or concerns related to this report, please don't hesitate to contact me or Sue Perkins of the Office of Justice Programs at 651 201-7338.

Sincerely,

A handwritten signature in cursive script that reads "Michael Campion".

Michael Campion
Commissioner

cc: Laura Kadwell, Director of Ending Long Term Homelessness
Legislative Reference Library

Homeless Pilot Project Grants: Interim Report to the Minnesota Legislature

December 2006

Prepared by the Office of Justice Programs
Minnesota Department of Public Safety

Homeless Pilot Project Grants Interim Report

Executive Summary

The Minnesota Department of Public Safety (DPS), Office of Justice Programs (OJP) currently oversees the programming of three Homeless Pilot Project grantees: *People Incorporated* (Hennepin County), *The Police-Homelessness Outreach Program* (Ramsey County), and *Churches United Ministry* (St. Louis County). Total grant funding awarded equals \$390,000, with individual programs providing an additional \$206,806 in matching contributions.

The purpose of these grants is to reduce the use of public safety and correctional resources in response to the community of homeless; to promote stronger communities through street and shelter outreach; and to connect people experiencing homelessness with housing and services. An additional objective of the pilot projects is to develop cooperative, collaborative relationships with local police departments.

Homeless Pilot Project grantees are currently one year into a two year grant award. Collectively they have served 251 persons experiencing homelessness. Of the 216 actively receiving services at the time of this report, 48 percent have obtained stable housing. Additional services offered by the programs include access to benefits, medical care, chemical and mental health treatment, and case management.

To date, two-thirds of program participants are male, three-quarters of who are between 36 and 55 years of age. The greatest racial groups served are Native American (35%), white (34%) and African-American (29%). Most program participants were identified and recruited by street outreach workers and law enforcement at 39 and 38 percent, respectively. An additional 11 percent are participating based on self or peer referral.

Initial feedback from the pilot programs reveals cooperative partnerships with police departments and municipal groups. Police have been described by project staff as committed to the projects, responsive to issues impacting the community of homeless, and open to expanding their knowledge through cross-trainings and homeless focus groups. Together they have identified the highest risk homeless persons and implemented cooperative interventions. Challenges have primarily related to engaging police at all levels of the organization, the limited availability of officers, homeless persons as a low priority for police, and the tenuous historical relationship between police and persons experiencing homelessness.

Preliminary data collected from the Bureau of Criminal Apprehension (BCA) illustrates a decrease in the use of arrest for program participants. Prior to programming, 87 percent of program participants had been arrested at least once as compared to 33 percent who have been arrested one or more times during the program. Likewise, detoxification center admissions data illustrates that 68 percent of program participants had one or more admissions to detox before programming versus 31 percent with one or more admissions during programming. By both measures, reliance on correctional and emergency services appears to be decreasing while participants are in programming. Post-program data is not yet available.

Obstacles to effective service provision from the view point of the program staff are primarily related to the lack of available housing, especially for persons with multiple challenges such as chemical addiction, mental health needs, and criminal records. Barriers to care include homeless persons' lack of health care benefits, identification, and stable housing to manage medications and health. Staff express that more funding and resources are needed to meet case management demands, to cover transportation and medication costs, and to conduct community building activities.

All grantees are required to engage in a formal evaluation process to examine program outcomes and their ability to attain their articulated goals. Each program is permitted to select their own evaluator and relevant measurement tools. Grantees are currently in the preliminary stages of program evaluation such that outcome measures are not yet available.

Homeless Pilot Project Grants Interim Report

The Minnesota Department of Public Safety (DPS), Office of Justice Programs (OJP) in collaboration with the Ending Long-Term Homelessness Advisory Council and the Minnesota Department of Human Services Office of Economic Opportunity has awarded funding to three Homeless Pilot Project grantees. The goals of these programs were selected as consistent with the grant objectives of: “reduc[ing] the use of public safety and correctional resources and promot[ing] stronger communities through street and shelter outreach that will connect people experiencing homelessness to housing and services.” Grant recipients are supported for two years by Homeless Pilot Project funds.

Pursuant to Laws of Minnesota 2005, Chapter 136, Article 8, Section 27, Subdivision 3, the Office of Justice Programs submits the following Annual Report on the effectiveness of the Homeless Pilot Project programs and use of grant funding:

USE OF FUNDING:

A total of \$390,000 in grant funding was awarded to the three pilot projects. Grant funding is used by the projects for the following purposes:

Personnel Costs	\$275,710 (71%)	Supports 4.5 staff
Contract Services	\$ 66,698 (17%)	Primarily for mental health services and evaluation assistance
Direct Assistance	\$ 20,874 (5%)	Identification cards, hygiene supplies, bus transportation
Staff Expenses	\$ 6,110 (2%)	Mileage, office supplies and cell phones
Overhead	\$ 20,608 (5%)	

In addition to the funding for the projects that is provided by the grants, agencies provide \$206,806 in additional support in the form of matching contributions. The matching contributions primarily support personnel costs and direct assistance to homeless individuals, including the cost of temporary shelter while program participants are awaiting a housing placement.

GRANT RECIPIENT PROGRAM SUMMARIES:

Hennepin County: **People Incorporated** (\$189,838)

People Incorporated aims to decrease homeless contacts with police and emergency medical services through active, front-end community outreach. Program staff has daily contact with persons experiencing homelessness through a street outreach team that strives to facilitate transitional and permanent housing, and to provide for the physical, mental, and chemical health needs of the homeless community. This program has also established a point person who works cooperatively with the Minneapolis Police Department to address law enforcement contacts and code enforcement issues. In part, grant funding will add a Psychiatrist and a Registered Nurse to the outreach team to serve hard to reach persons and increase the number of treatment services available to this population. Through proactive measures that address mental and chemical health, People Incorporated aspires to decrease contacts with police and hospitals, and increase clients' retention of permanent housing.

Ramsey County: **South Metro Human Services: Police-Homeless Outreach Program** (\$82,248)

South Metro Human Services seeks to utilize grant funding to add a worker to their team currently serving the homeless population. This Police-Homeless Outreach Program worker (P-HOP) will specifically develop an active, on-going collaboration with the St. Paul Police Department and be located within a police department sub-station. In this manner the police and P-HOP worker can respond rapidly and effectively to issues between the police and persons experiencing homelessness. In addition, this position will be involved in cross-training between the ACCESS team and law enforcement, and participate in collaborative coalitions and alliances. This

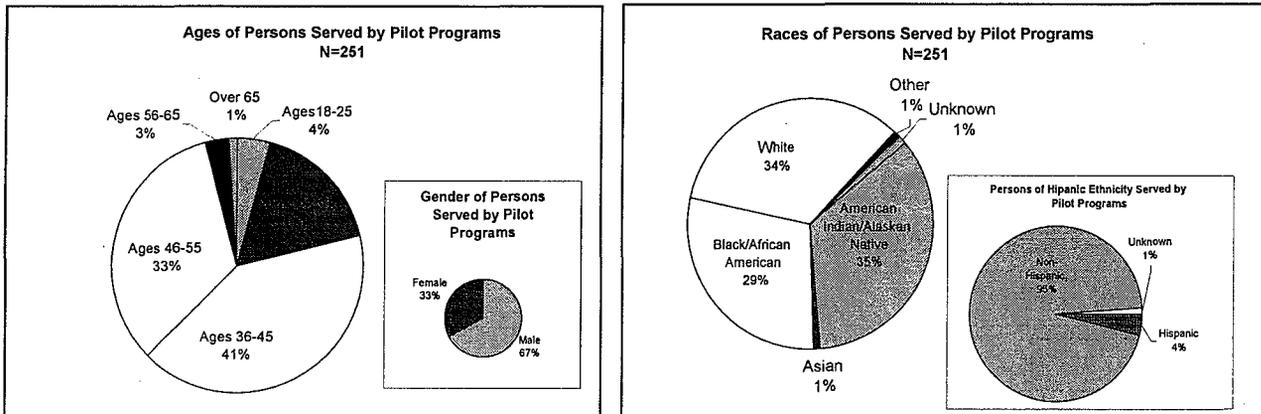
new worker will also work directly with the population of homeless who are least receptive to case management services or who are most often precluded from services and housing due to criminal records.

St. Louis County: Churches United Ministry, Duluth (\$131,725)

Churches United Ministry (CHUM) and the Human Development Center (HDC) have partnered together, in cooperation with the Duluth Police Department, to create the Duluth Homeless Outreach Collaborative. CHUM operates emergency shelters, drop-in centers and street outreach, whereas HDC is the primary provider of mental health and 24 Hour Crisis Response Team services to Duluth’s population of homeless. The collaborative seeks to identify, with the help of the police, the homeless population that is most frequently in contact with law enforcement and target them for services. The goal is to divert these persons away from the court system and provide intensive case management in lieu of formal proceedings or consequences. Case management activities include assisting with applications for benefits and housing, securing appointments for mental and chemical health through HDC, and increasing personal skill development. The Collaborative also provides peer networking opportunities and activities for persons experiencing homelessness in the Duluth area to intensify community support systems.

PARTICIPANT DEMOGRAPHICS:

After one year of service provision, the three pilot projects have served 251 persons experiencing homelessness in Ramsey, Hennepin and St. Louis counties. Those who have been served are roughly two-thirds male, and three-quarters of participants fall between the ages of 35 and 55 years old. The homeless population is racially diverse, however American Indians/Native Alaskans, Whites, and African Americans were the three largest groups represented in these programs at 35, 34, and 29 percent, respectively.

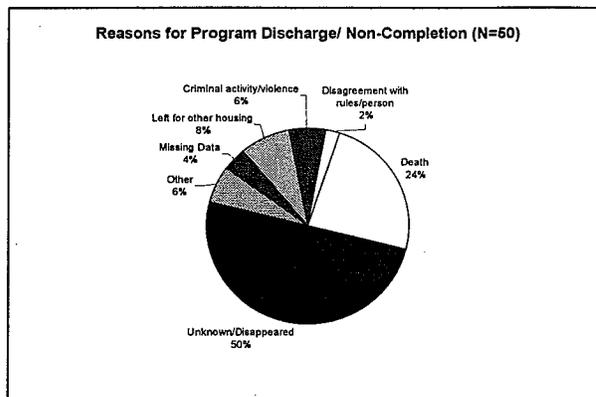
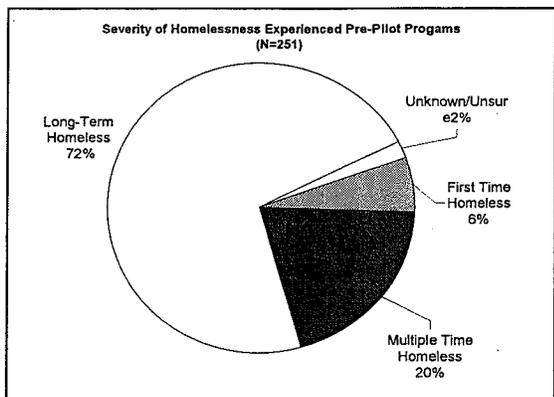


PARTICIPANT REFERRALS AND CHARACTERISTICS:

Participants for the pilot programs came in approximately equal percentages from street outreach workers’ efforts to engage the homeless community (39%) and from referral from law enforcement or the criminal justice system (38%). Other sources of participants were self or peer referred (11%), referral from social workers or counselors (7%) and referral from shelters or housing providers (5%).

Of program participants, 72 percent reported that they have experienced Long-Term Homelessness. For the purpose of these grants, long term homelessness has been defined as: “Homeless for at least one year, or homeless four times in the past three years.” An additional 20 percent of participants reported experiencing multiple periods of homelessness that did not meet the formal definition of long-term homelessness. In this regard, it appears the pilot projects are correctly identifying and serving those who are experiencing chronic homelessness. Cumulatively, the pilot programs reported that of the 216 persons actively receiving services as of September, 2006, 48 percent had acquired “stable housing” as defined individually by each program.

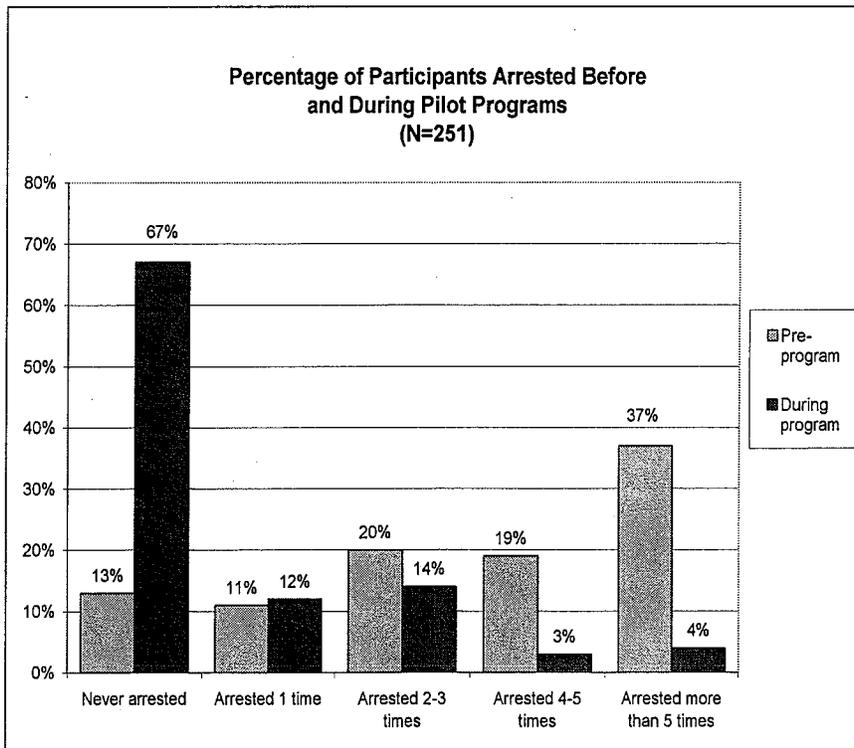
All programs have experienced a degree of attrition in retaining participants (N=50). Due to the transient nature of the homeless community, 50 percent of persons not completing the program are categorized as having “disappeared” or discontinued for “unknown” reasons. The second largest cause of attrition, death (24%), illustrates the risks to health and safety that are a reality for persons experiencing homelessness.



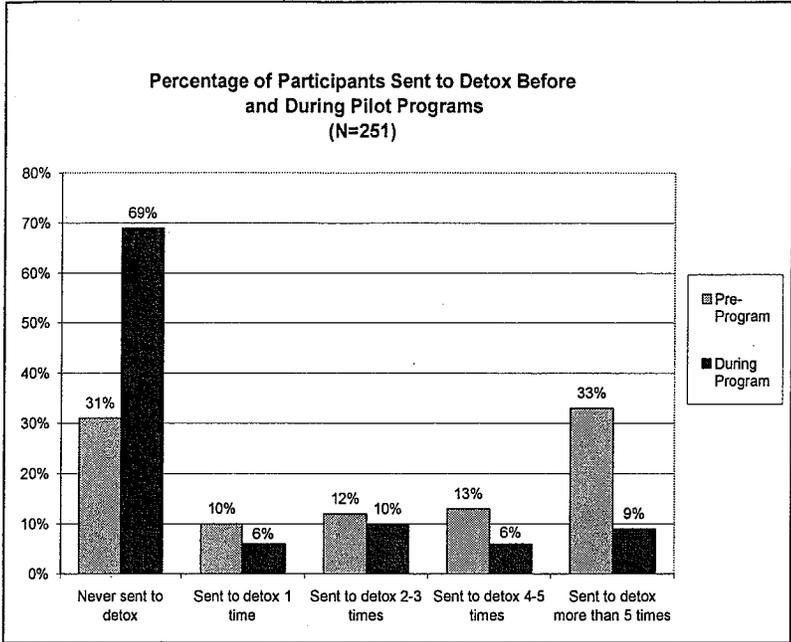
IMPACT UPON LAW ENFORCEMENT RESOURCES AND RECIDIVISM:

In addition to reducing long term homelessness, a main objective of the Homeless Pilot Projects is to reduce the use of correctional interventions and resources. To the extent possible, programs are intended to target persons who are having frequent contact with law enforcement. These contacts often result in use of detoxification services, hospitalization, criminal charges, court action, jail time, and probation services.

Data collected from the Bureau of Criminal Apprehension (BCA) arrest records before participants began the pilot programs demonstrate that 76 percent of all participants had been arrested multiple times (more than once); 37 percent of all participants had been arrested more than 5 times before starting the programs. Data collected from the BCA during programming demonstrates that frequency of arrests have decreased such that 67 percent of participants have not been arrested at all thus far during programming. Interim data collection shows that 4 percent of participants remain in the category of having been arrested 5 or more times during programming down from 37 percent. This data suggests that a small percentage of homeless persons will continue to utilize law enforcement resources, but that most program participants have had fewer arrests since they began the program.



Long term data on arrest rates post-programming are not yet available.



Similarly, the pilot projects are intended to reduce the use of non-correctional placements that involve police contact. Admissions data from detoxification centers reveals that prior to starting the programs, 58 percent of participants had multiple admissions (more than one) to detox. Admissions data collected during participant programming demonstrates a decrease in the use of detox such that 25 percent of program participants required multiple trips. It is also notable that those using detox chronically (more than 5 times) has decreased from 33 percent to 9 percent, though they do not represent the same length of timeframe. There has also been a substantial increase in the number of participants who have not required any use of detox during programming; from 31 percent up to 68 percent. This data

supports project worker observations that chemical health services are an on-going need area for the population of homeless, but also supports participant reports that programming has motivated them to remain sober.

ADDITIONAL PROGRAM IMPACT:

Quarterly, grant recipients are asked to provide narrative information about their programs’ successes, challenges and collaborative opportunities. They were asked to provide additional information for this report concerning their quality of partnership with the police; perceptions about the program among program participants; major obstacles to service provision; and what resources would help to better serve the community of homeless. The following is a summary of key narrative responses from all three pilot programs:

Relationships with Police Departments:

All programs expressed positive relationships with police departments that met or exceeded their expectations. Police have been open to creative problem solving and changing protocols on how they enforce codes and address nuisance behavior with the community of homeless. They have also used the pilot programs as a resource and communication link to the community.

Strengths of collaboration	Limitations of collaboration
<ul style="list-style-type: none"> • Receptivity to the programs/commitment to collaborate/willingness to integrate efforts. • Positive relationship building between police and program staff/clear role delineation. • Cooperative identification of highest risk persons/tag-teaming police responses to problem persons and areas. • Opportunities for cross-trainings and ride-alongs with police to improve understanding of each other’s perspectives and role in working with homeless. • Discussion groups between police and homeless persons are changing perceptions and stereotypes about one another. 	<ul style="list-style-type: none"> • Police have limited numbers of officers and time available to cooperate. • Difficulty engaging all officers, supervisors and stakeholders within some police departments. • Homeless citizens are low priority as compared to other issues for police. • Homeless community is distrustful of police/past negative experiences need to be overcome. • Transfer of information and data between pilot programs and police regarding use of citations and arrests can be slow/difficult.

Selected Collaborative Partnerships:

In addition to police departments, the pilot programs have been facilitating partnerships with other community resources and service providers. Collaborative partnerships have included: Court systems, detox centers, shelters and housing sources, business associations, faith-based charities, chambers of commerce, county commissioners, and community corrections departments. The pilot projects are also well represented on a variety of committees and task-forces including the Hennepin County Commission to End Long-Term Homelessness, the Greater Downtown Council (Duluth), The St. Paul Coalition for the Homeless, the Crime Prevention Task Force (Minneapolis), the Clean and Safe Team (Duluth Police), and the St. Paul Police/Provider Task Force.

Feedback from Program Participants and Staff:

Feedback from program participants has revealed appreciation for the many services these pilot projects provide as well as the sense of belonging and community the programs have fostered. The following are accounts from participants and staff describing the impact the programs have had upon lives:

Participants:

- “Imagine having everything you own in a bag with no idea where to go. You’re tired, sore and depressed...This program helped me feel a part of something.”
- “This program has given me a place to hang out, a chance to meet new people and helps me with food. It keeps me sober and helps me get business done.”
- “Being in the street outreach program is helping me cut down on my drinking and I’m not getting in trouble with the police as much as before.”
- “I would have never received benefits without you. I don’t understand how to get benefits; you really helped.”
- “Thank you for getting me housing. I could not have done it without your help.”
- “Without dry socks and gear I would have frozen to death.”
- “It’s hard when you ain’t got nowhere to go, cause you start to not care and just get depressed and want to drink and do nothing cause you ain’t got nothing. (This program) has helped me make friends. It has helped me to be sober and get housing.”

Staff:

- “Helen lived on the streets since age eleven, reportedly fleeing an abusive foster home soon after her mother’s death. She was involved in prostitution for 35 years, addicted to heroine and cocaine. As a [program] participant, she is housed, drug-free and is graduating from Breaking Free, a support program for women escaping prostitution and chemical dependency.”
- “Bob was a chronic drug user and dealer all his adult life. After connecting with [the program] he received his very first mental health assessment and treatment. He now takes medications for Bi-Polar Disorder, manages his diabetes, and was recently reunited with his family in another state.”

Additional Need Areas:

The following obstacles have been identified by pilot project administrators and staff as on-going barriers to service delivery or empowerment of the homeless community:

Housing:

- Limitations in available and affordable housing; need more housing resources.
- Criminal records preclude people from public housing access; have had to find other housing solutions.
- Few housing options available for persons with “multiple barriers” such as chemical addiction, mental health issues and criminal records. Eviction rates are high among this group.
- Few options for police to place homeless people “after hours” other than in jail or detox centers.
- Difficulty engaging landlords in agreeing to house high-risk population.
- Need additional subsidies for housing for people on General Assistance.

Staffing:

- Services are very time intensive; need more outreach and case management staff to meet needs of population.
- Police departments are also short staffed, impacting the time and resources that can be devoted to this issue.
- It takes a long time and staff consistency to build trusting relationships with potential program participants.
- Not enough staff to meet the needs of all the people and areas the police have identified.
- Not enough hours available to meet all the psychiatric needs of participants.

Costs:

- Transportation costs are high to get people to appointments for medical and psychiatric care.
- Costs associated with procuring birth certificates and identification cards (necessary to get benefits and services).
- High demand from the community of homeless for sober activities, outings and community building. These activities are expensive to operate regularly.
- High cost of medications to address chronic physical and mental health needs.

Care:

- Few chemical and mental health treatment options available to this community.
- Wait time for chemical assessment and mental health treatment is long; participants’ motivational window of opportunity is missed.
- Need additional subsidies to get those on General Assistance mental health care.

FINAL EVALUATION:

All grantees are required to engage in a formal evaluation process to examine program outcomes and their ability to attain their articulated goals. Each program is permitted to select its own evaluator and relevant measurement tools. Evaluation techniques proposed by the grantees include: Entry and exit surveys of program participants, focus groups with participants and community stakeholders, measurement of participants’ ability to attain their personal goals, effectiveness of clients in accessing and retaining benefits, housing, and health care, and examination of arrest and detox center data. Grantees are currently in the preliminary stages of program evaluation such that outcome measures are not yet available.