



Public Health Advisory Committee

Agenda for the Sub-Committees

August 23, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Sub-Committee Action
Supper is served!	La Loma Tamales	5:45 – 6:00	
Call to order + Introductions	<i>Laurel Nightingale</i>	6:00 – 6:05	
PHAC Logistics and /or Department Updates <i>Accreditation decision, if any</i>	<i>Margaret Schuster</i>	6:05 – 6:10	
Presentation 1: Room 132 <i>Analysis of Single Chronic Adult Homelessness – Humphrey School of Public Affairs Capstone Project</i>	<i>James Kiny and Adam Wahlberg</i>	6:10 – 6:50; 6:50 – 7:00	Informational / discussion Q & A
<i>Prioritizing discussion, continued</i>		7:05 – 8:00	Additional PHAC committee discussion time
Presentation 2: Room 333 <i>Play It Safe – Crumb Rubber / Tire Mulch in Minneapolis</i>	<i>Nancy Brown and Dianna Kennedy</i>	6:10 – 6:35 6:35 – 6:45	Informational / discussion Q & A
		6:45 – 7:15	Additional joint sub-committee discussion

Next Meeting of the Full Committee: September 27, 2016, Minneapolis City Hall, Room 132

Next Sub-committee meeting: October 25, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: [Public Health Advisory Committee - City of Minneapolis](#)

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Humphrey School of Public Affairs
Capstone Project Spring 2016
Analyzing chronic homelessness in Hennepin County

By James Chege, Adam Wahlberg, Tian Qiu, Candice Cheng
Capstone Advisor: Dr. Maria Hanratty

In partnership with Hennepin County Office to End Homelessness



Why Study Chronic Homelessness in Hennepin County?

- Hennepin County's single adult shelter population has doubled from 2004-6 to 2012-14.
- Studies show that the chronic homeless population uses the largest share of resources.
- Improving services would have a big impact in lowering the overall homeless rate.
- It's the right thing to do.



How is Chronic Homelessness Defined?

- HUD changed the federal definition in December 2015.
- **Chronic Homelessness:**
 - **Continuous Homelessness:** A person has spent at least one night in shelter for each of the past 12 months.
 - **Episodic Homelessness:** A person had four episodes of homelessness in the past three years, with months leading up to 12. (There used to be no restrictions.)
- **Transitional Homelessness:** People with shelter stays under these thresholds.
- **Also:**
 - People who exit institutional settings after fewer than 90 days now have that time counted toward homelessness.
 - The time between periods of homelessness is now defined as seven days in order for the period to be a homelessness episode. We used 30 days, while also doing sensitivity analysis on seven-day periods.

Methodology

A Quantitative Analysis Approach

Data : **Administrative**

- Contained dates, shelter entry /exit- months, number of persons
- Data sets: Shelter use/stays, Demographics, and Medical claims, Prison and detentions Incidences

Sample : All individuals (single adults) in the Hennepin county shelters within three year windows 2004 to 2014

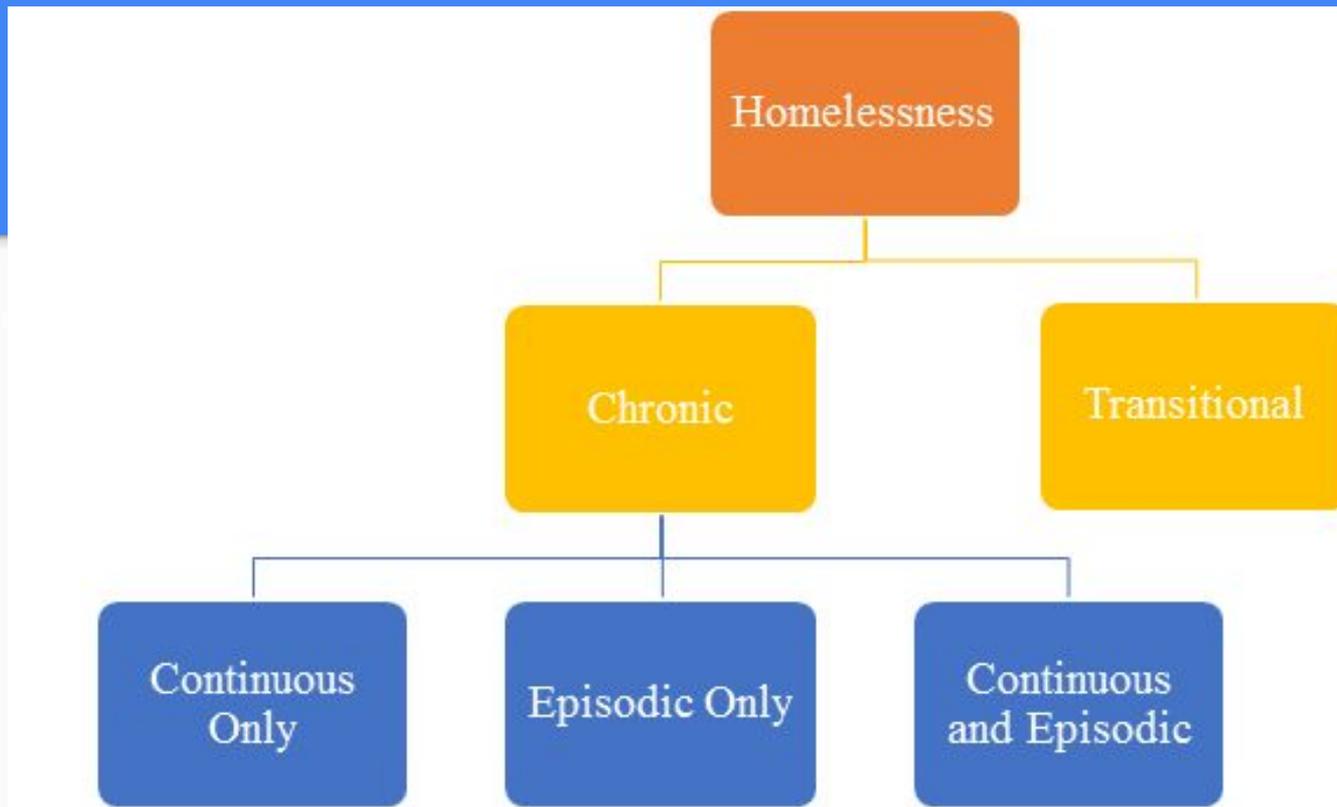
Analysis:

Formed groups of shelter populations based on New definition and shelter and service use within three year periods:

- Transitional and Chronic (Episodic & Continuous)

New Definition

- Episodic Only



One spell of 12 months

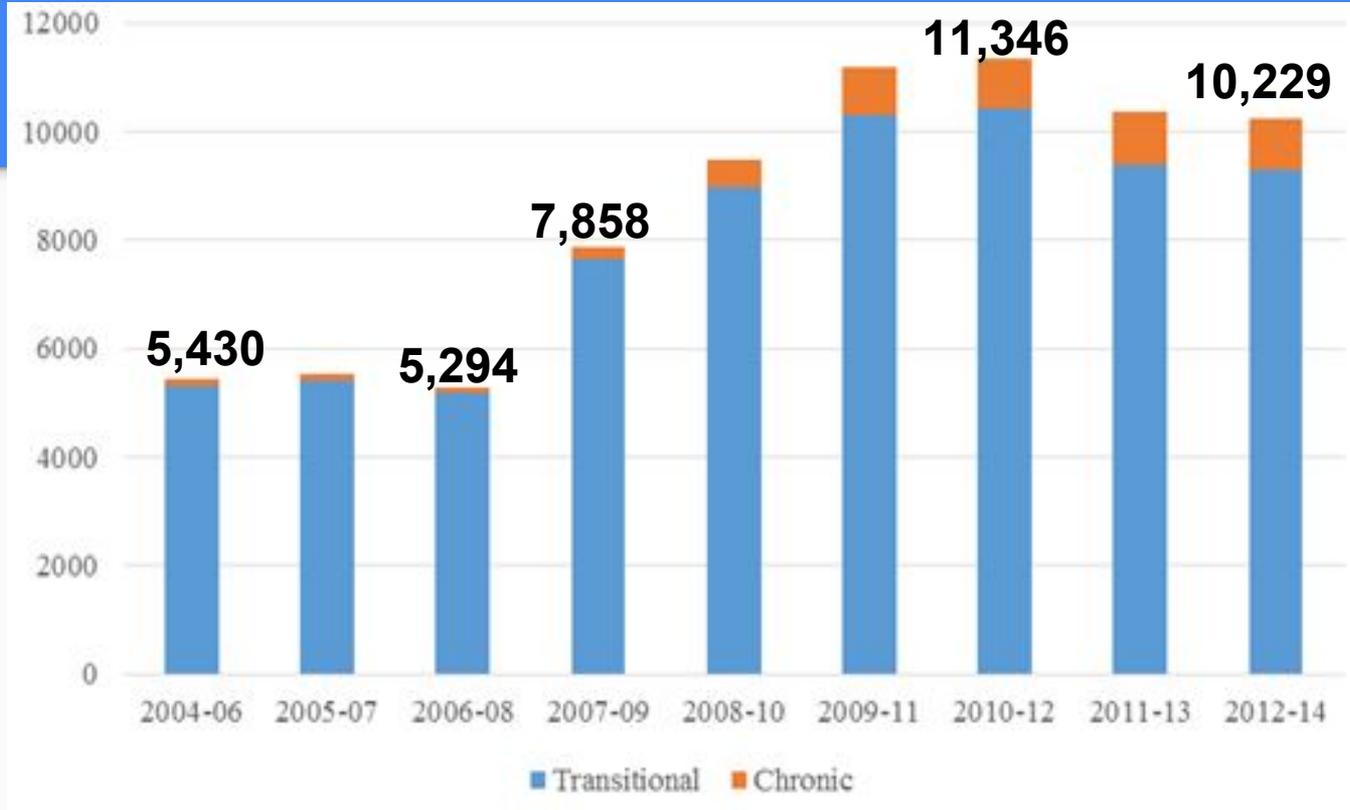
4 or more episodes 12 months or more

One 12 month spell + 3 or more episodes

Counts, Episodes & Spells

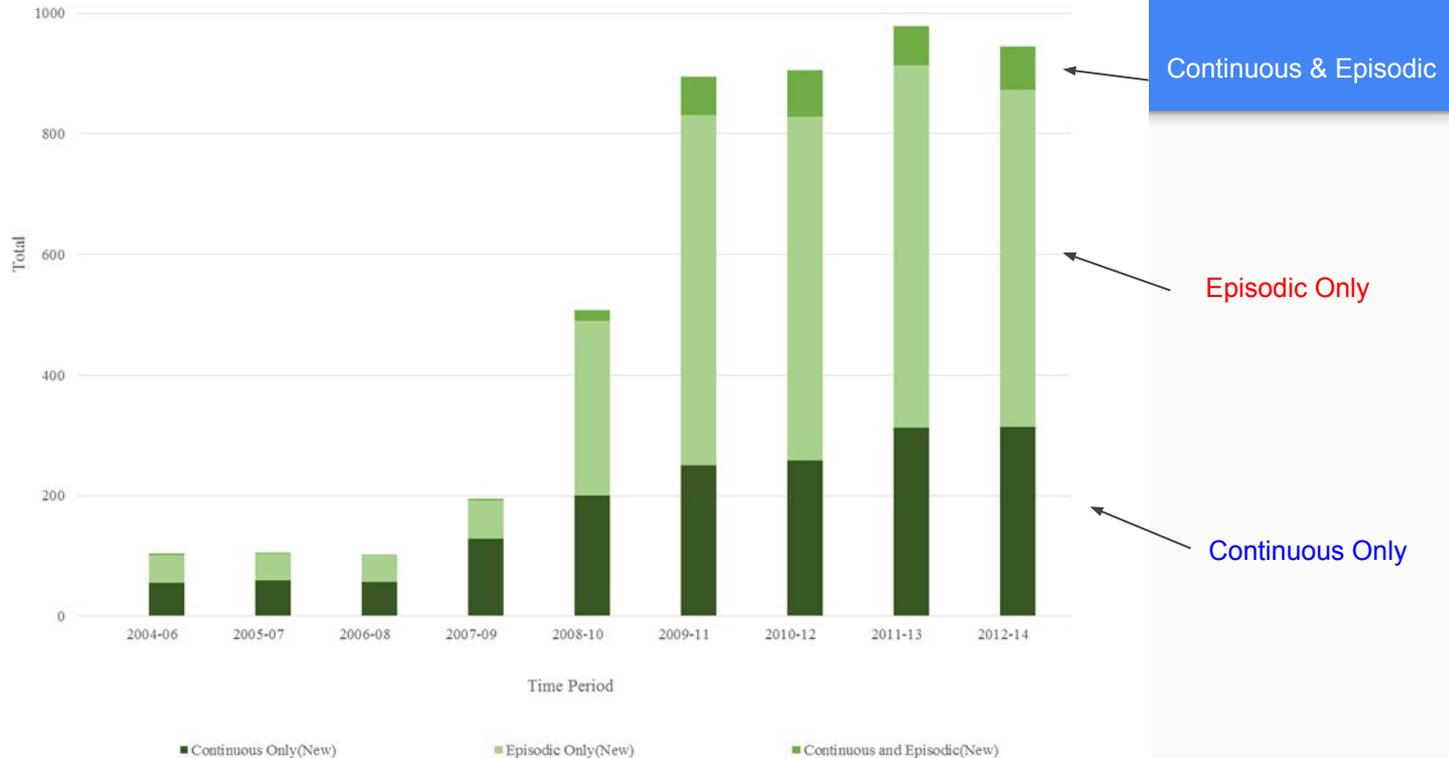
Homeless Population, Hennepin County, 2004-14

(New federal definition of chronic homelessness, 30 days episode gap)



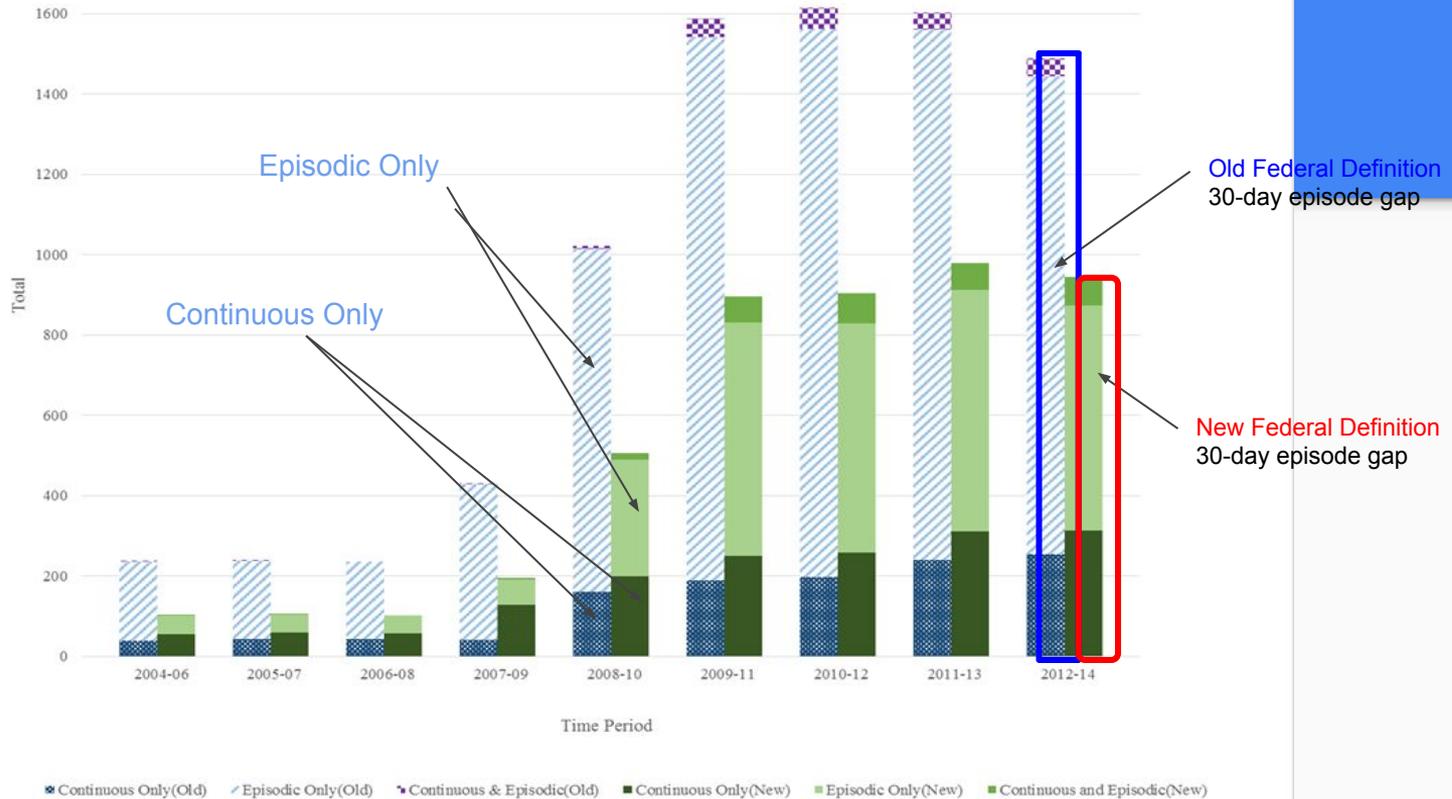
Chronic Homeless Population, Hennepin County, 2004-14

(New federal definition of chronic homelessness, 30 days episode gap)



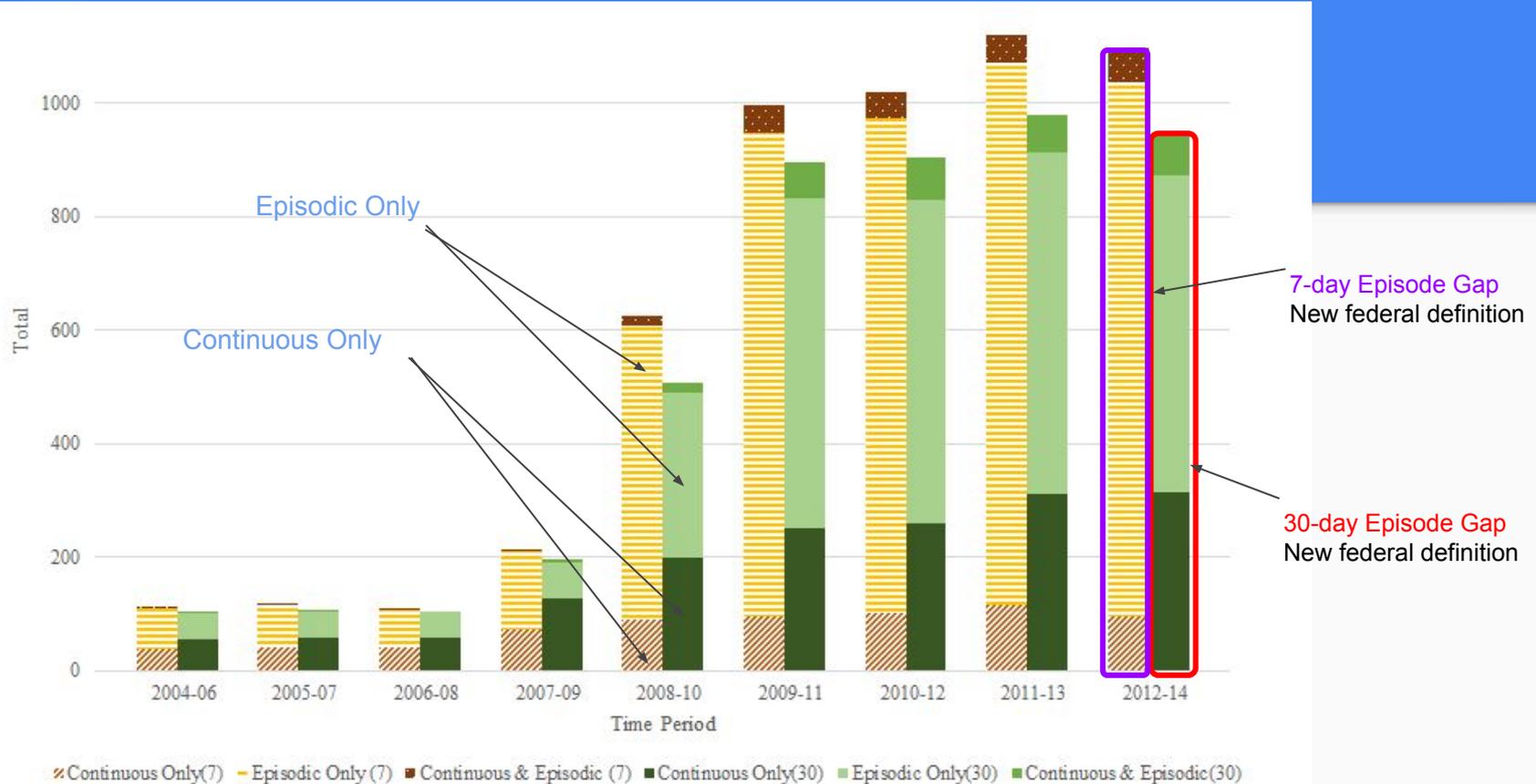
Chronic homeless population = continuous only+episodic only+ continuous and episodic
Source: Authors' calculations using Hennepin County Administrative Data.

We Applied The Old Federal Definition



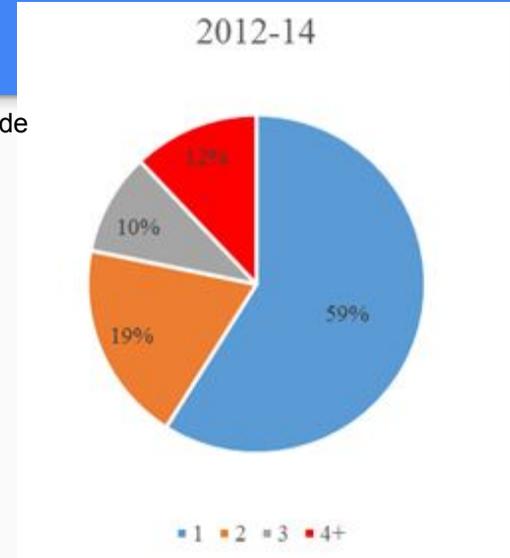
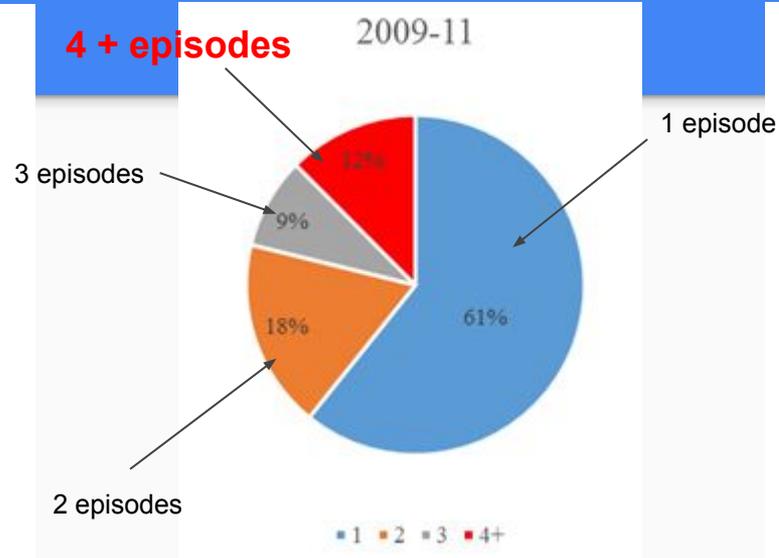
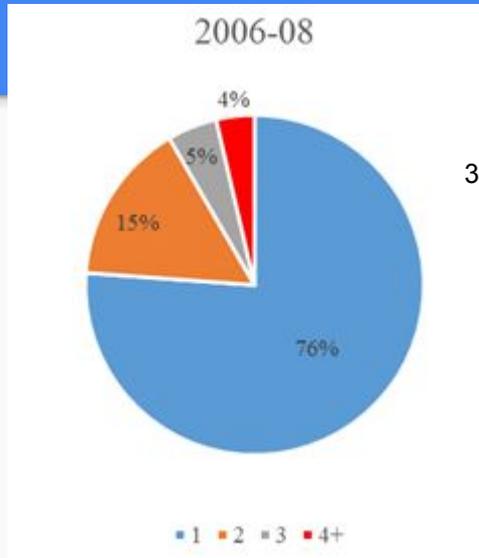
Chronic homeless population = continuous only+episodic only+ continuous and episodic
Source: Authors' calculations using Hennepin County Administrative Data.

We Applied the Seven-Day Episode Gap



Chronic homeless population = continuous only+episodic only+ continuous and episodic
 Source: Authors' calculations using Hennepin County Administrative Data.

Number of Homeless Episodes in Three-Year Time Interval (30 day episode gap)



Length of Longest Spell (days)

(30 day episode gap)

Length of Longest Spell (Days), Hennepin County, 2004-14

Time period	Percentile			
	25	Median	75	90
2004-06	3	13	38	92.5
2005-07	3	14	40	94
2006-08	3	13	40	96
2007-09	2	17	56	127
2008-10	2	18	63	144
2009-11	2	20	70	162
2010-12	2	23	76	165
2011-13	3	27	84	185
2012-14	4	30	88	191

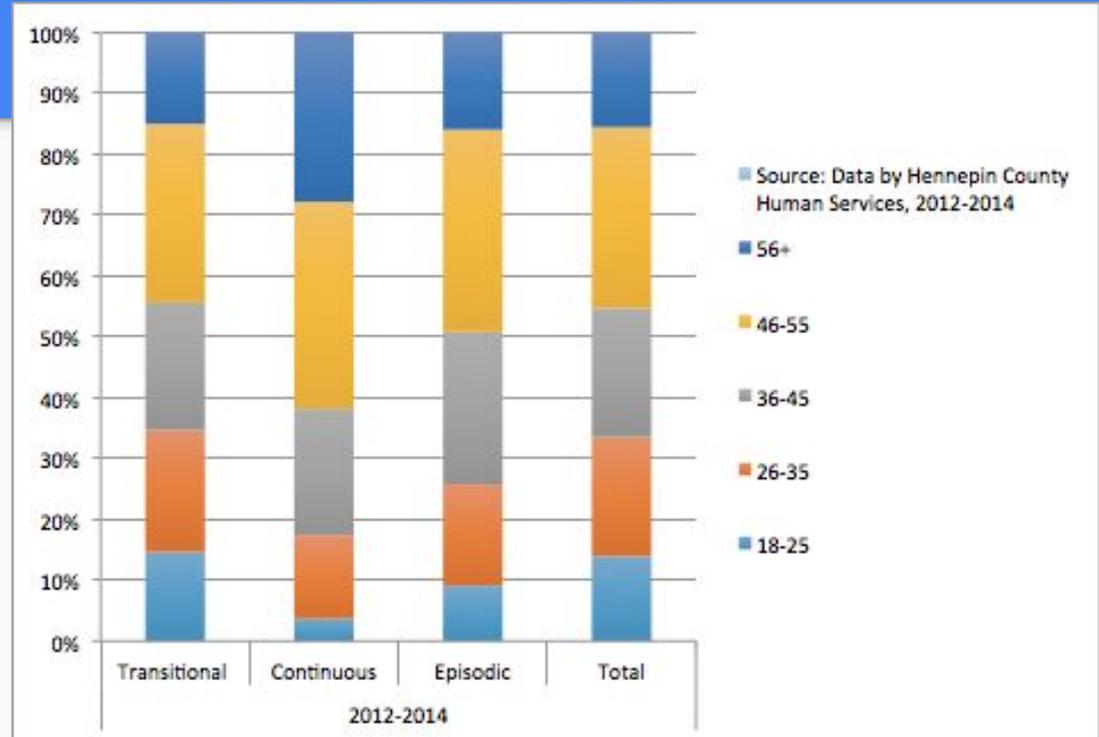
Demographics

Demographics: By Age

Majority: Age 36+

Largest bracket: Age 46-55

**New definition with
30 days episode
gap 2012 to 2014**

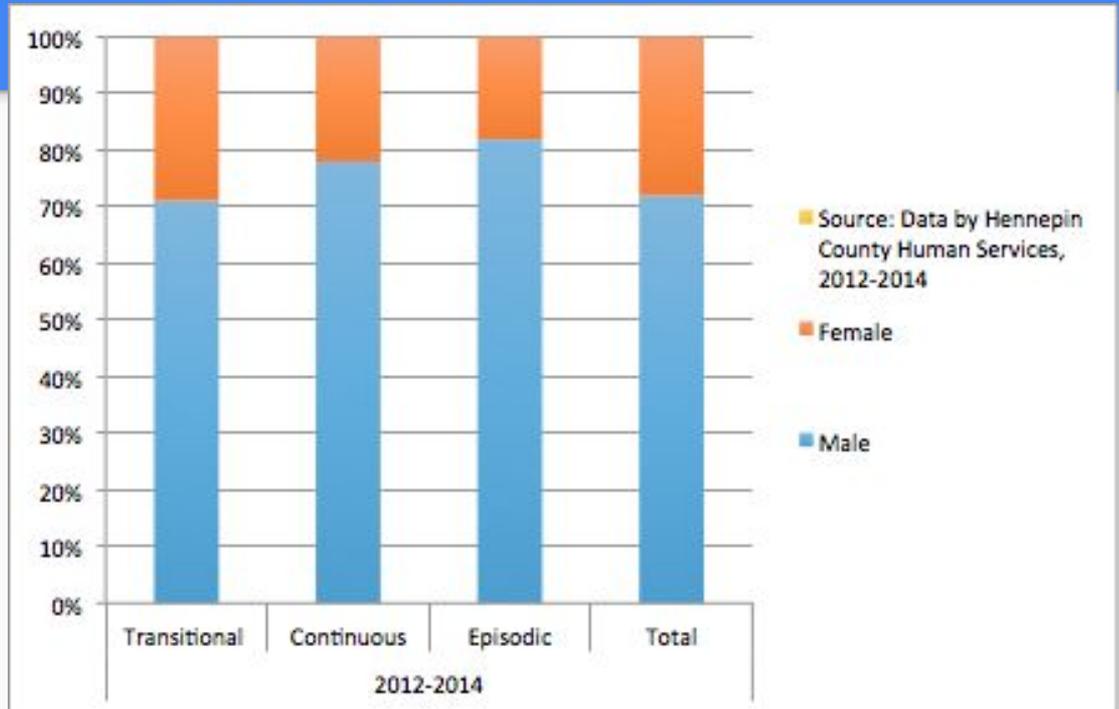


Demographics: By Gender

Majority: Male

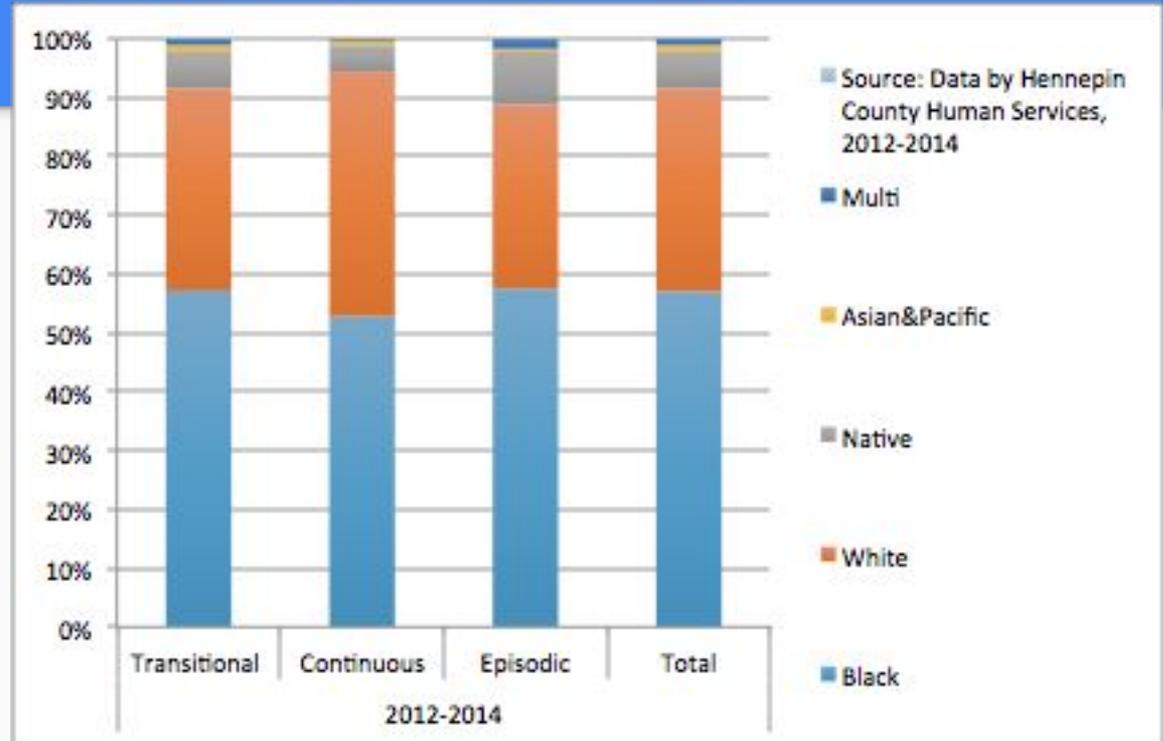
Male: Larger percentage of episodic

**New definition with
30 days episode
gap 2012 to 2014**



Demographics: by Race

Majority: Black



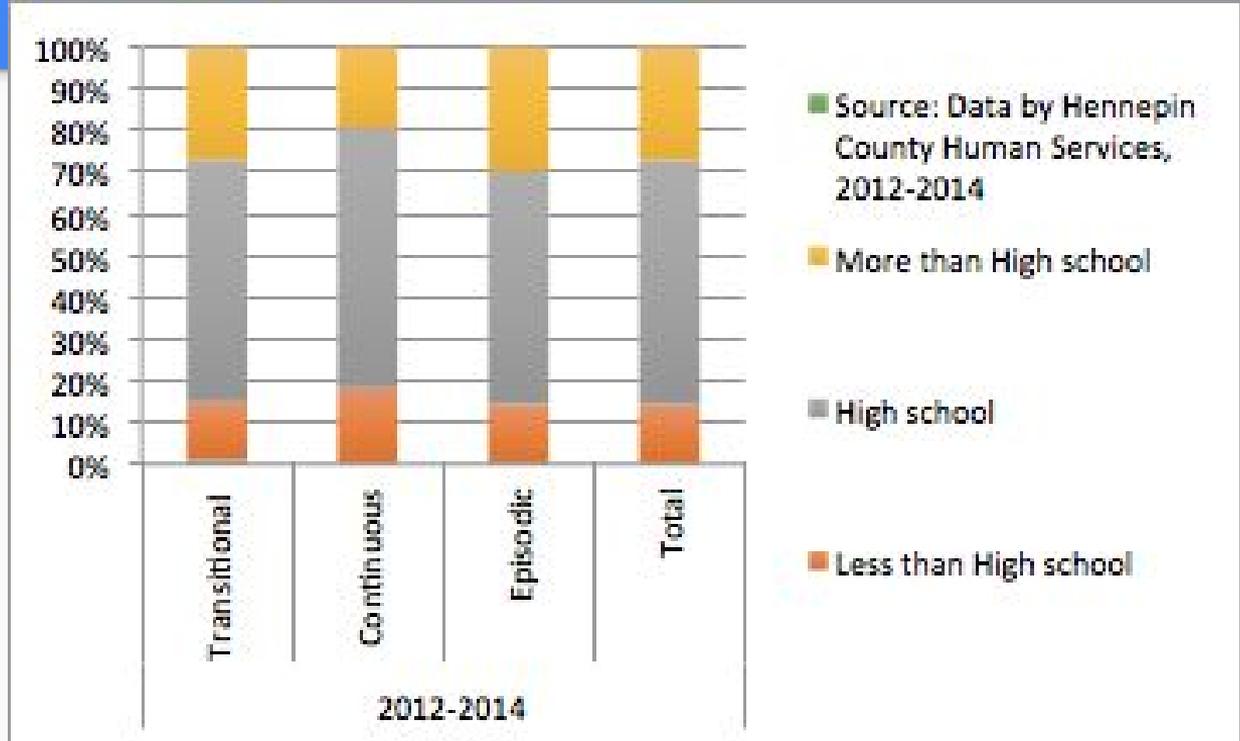
New definition with
30 days episode
gap 2012 to 2014

Demographics: Education Level

Majority: high school degree

Not a large difference

New definition with
30 days episode
gap 2012 to 2014

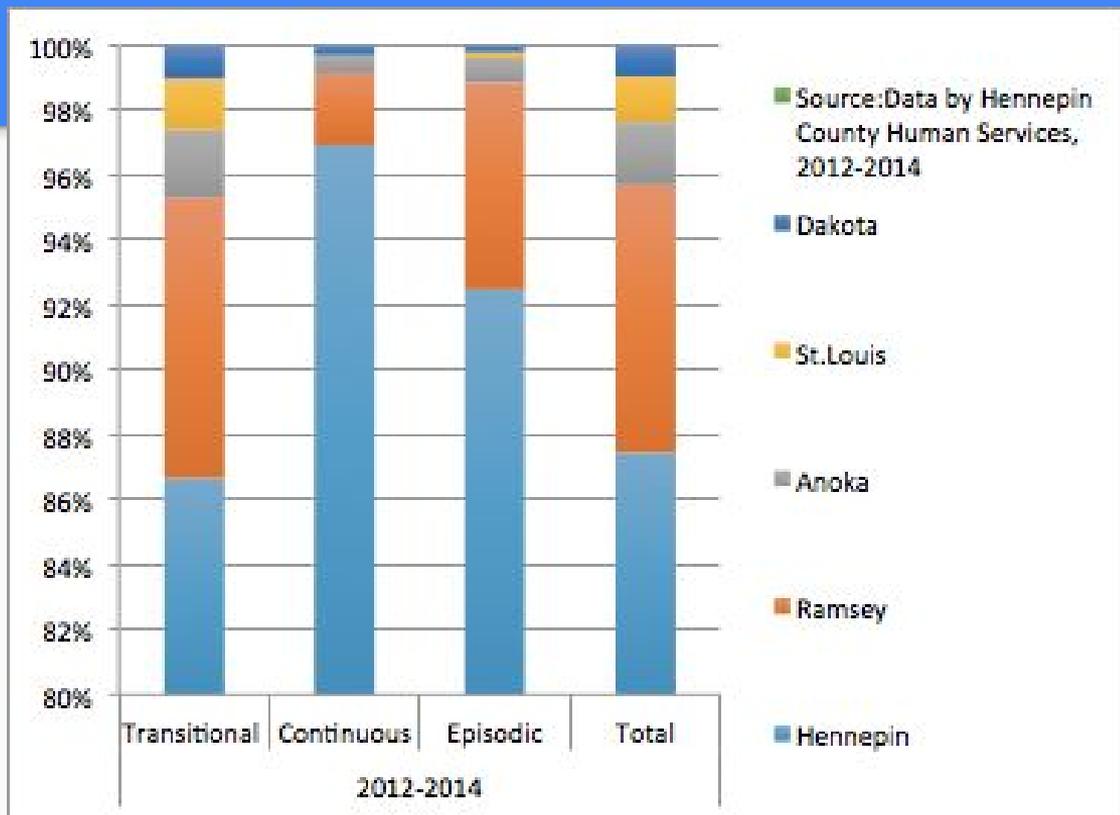


Demographics: Residence County

Hennepin: 86%

Larger share: episodic and continuous

**New definition with
30 days episode
gap 2012 to 2014**

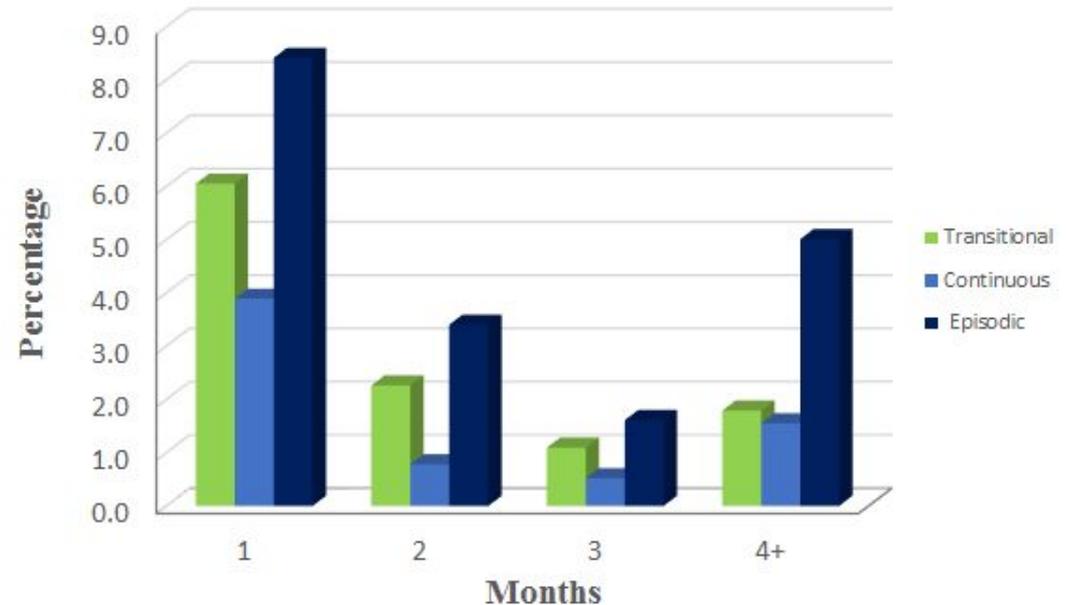


Health Service Use

Mental Health Inpatient

Mental Health Services:

Heavy users Episodic group
Episodic -18% Continuous-7%
Transitional-11%



New definition with 30 days
episode gap 2012 to 2014

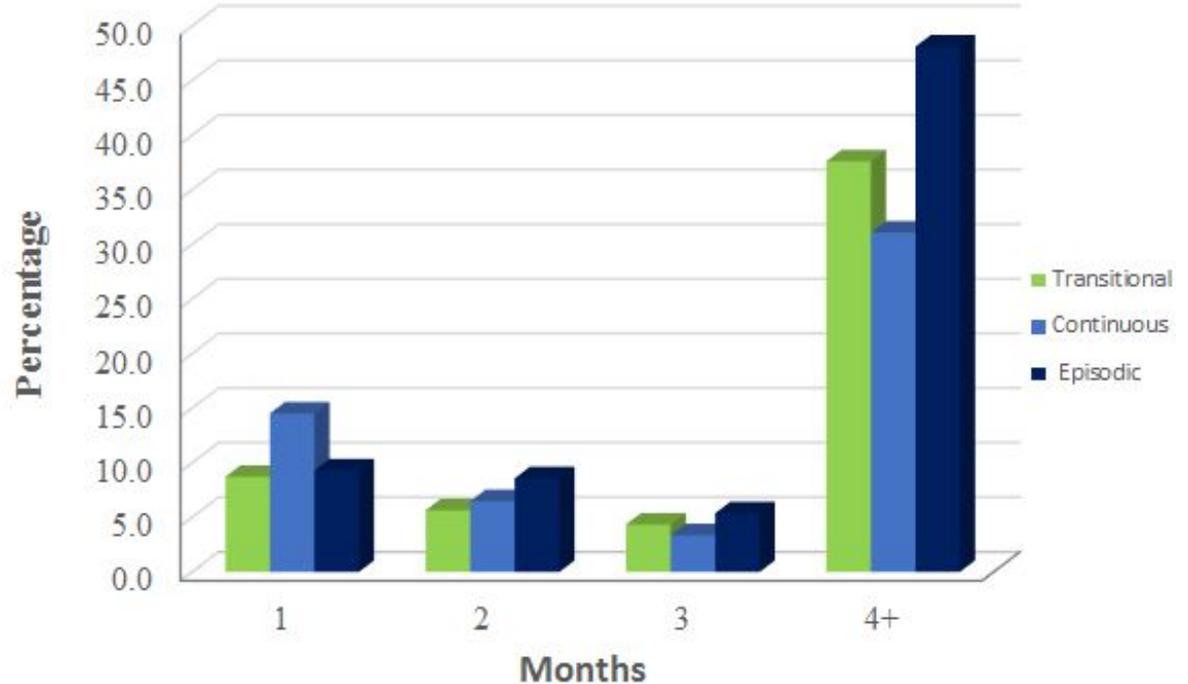
Mental Health Outpatient

Heavy Usage Compared to
Mental Health inpatient.

At least one Month :
Episodic-71% Continuous-55%
Transitional-56%

Use +4 months , by Episodic
group

**New definition with 30 days
episode gap 2012 to 2014**



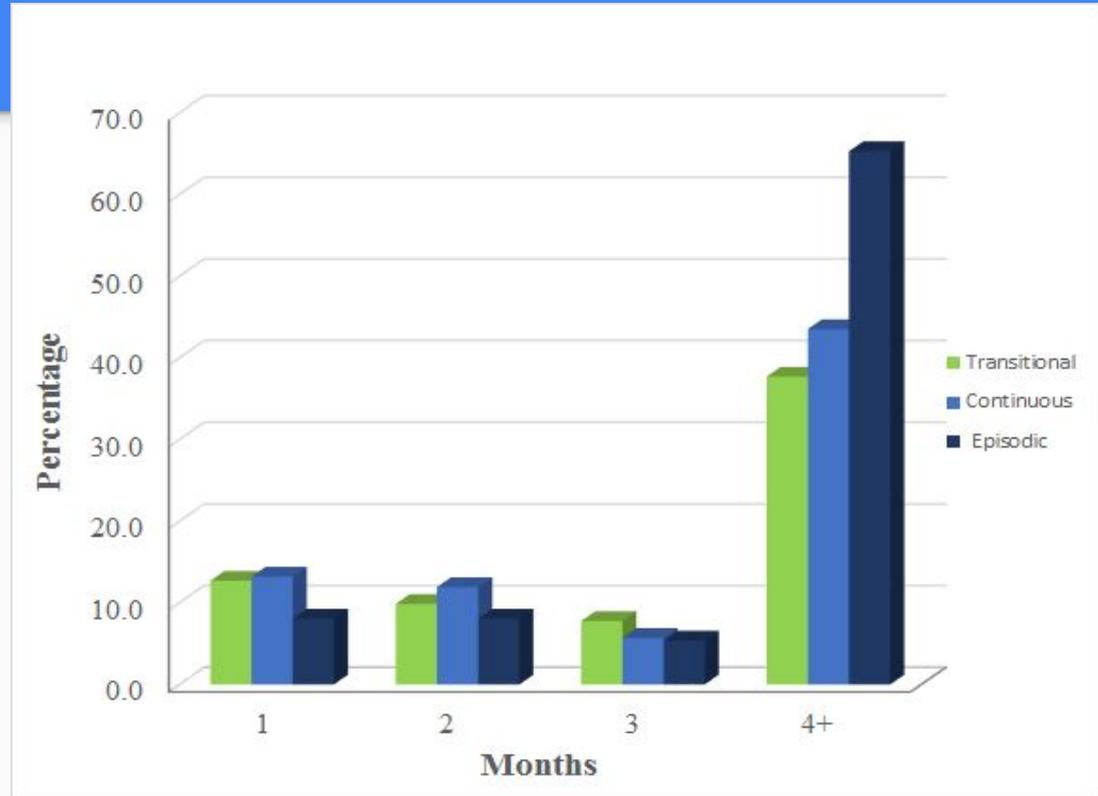
Emergency Room

Heavy use by the Episodic group

Episodic-87% Continuous- 74%
Transitional -68%

Use 4+ months, led by the
Episodic group

**New definition with 30 days
episode gap 2012 to 2014**



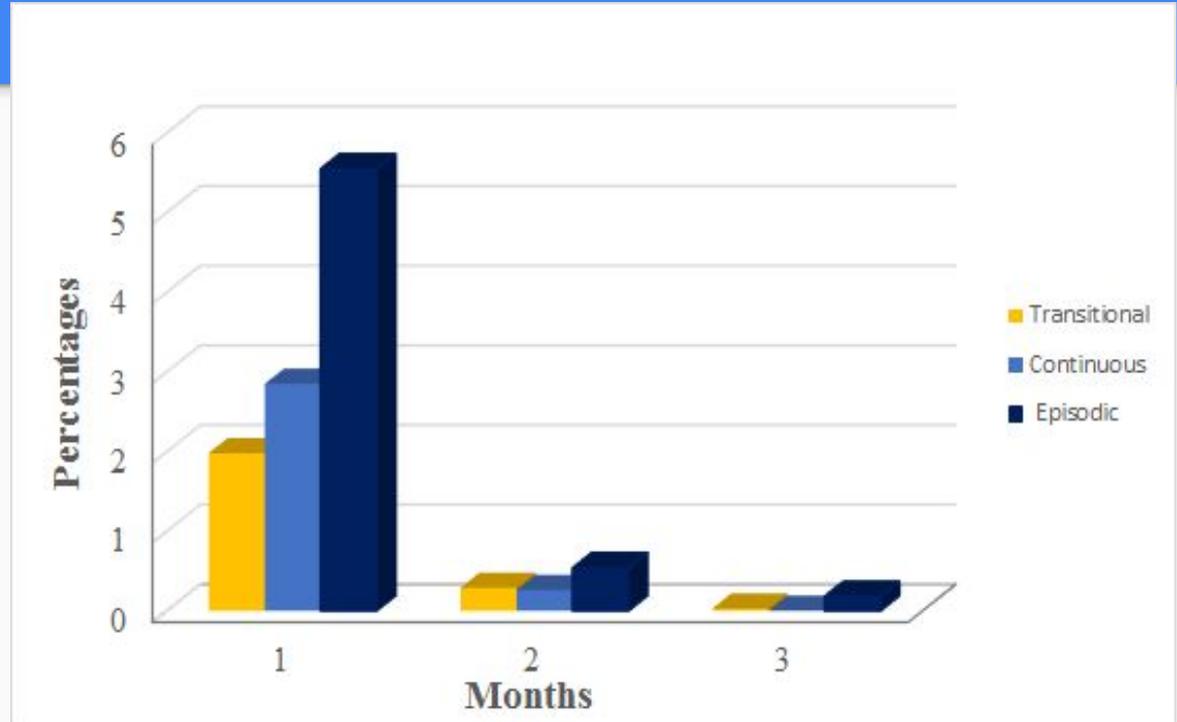
Chemical Dependency Inpatient

Low Usage: 6% Episodic, 3%

Continuous and 2% Transitional

(Represents only 2.5 % of all homeless individuals had a CD inpatient claim)

New definition with 30 days episode gap 2012 to 2014

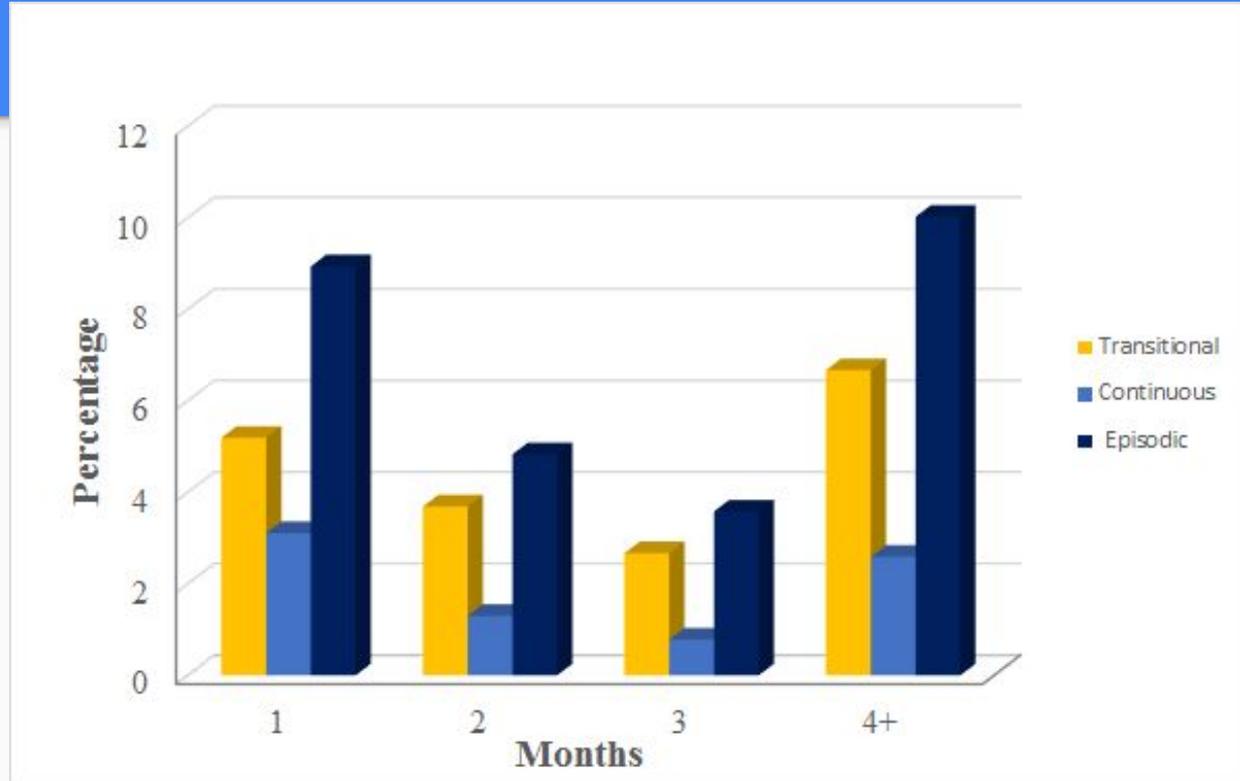


Chemical Dependency Outpatient

Use: Episodic 27% Continuous 8%

Transitional 18%

**New definition with
30 days episode
gap 2012 to 2014**



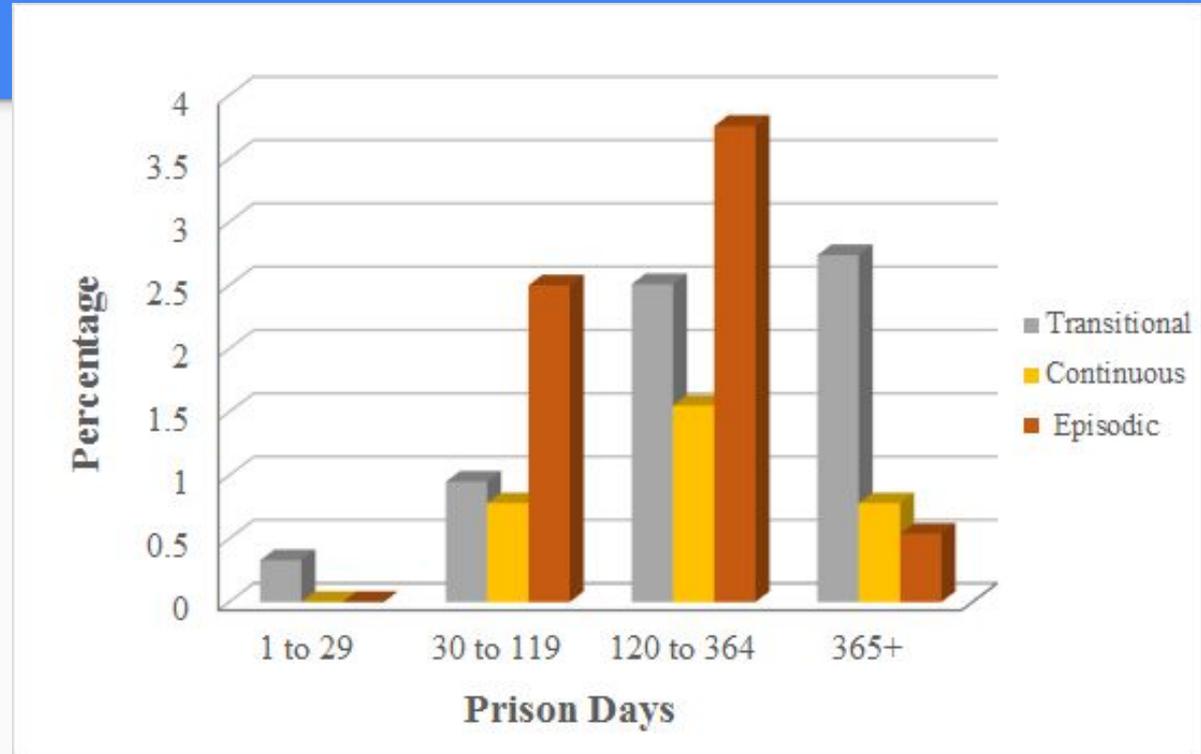
Prison & Detentions

Prison Incidence

Incidence: Averaged 6% per group

Note the Transitional group has more 1 year+ incidences

New definition with 30 days episode gap 2012 to 2014



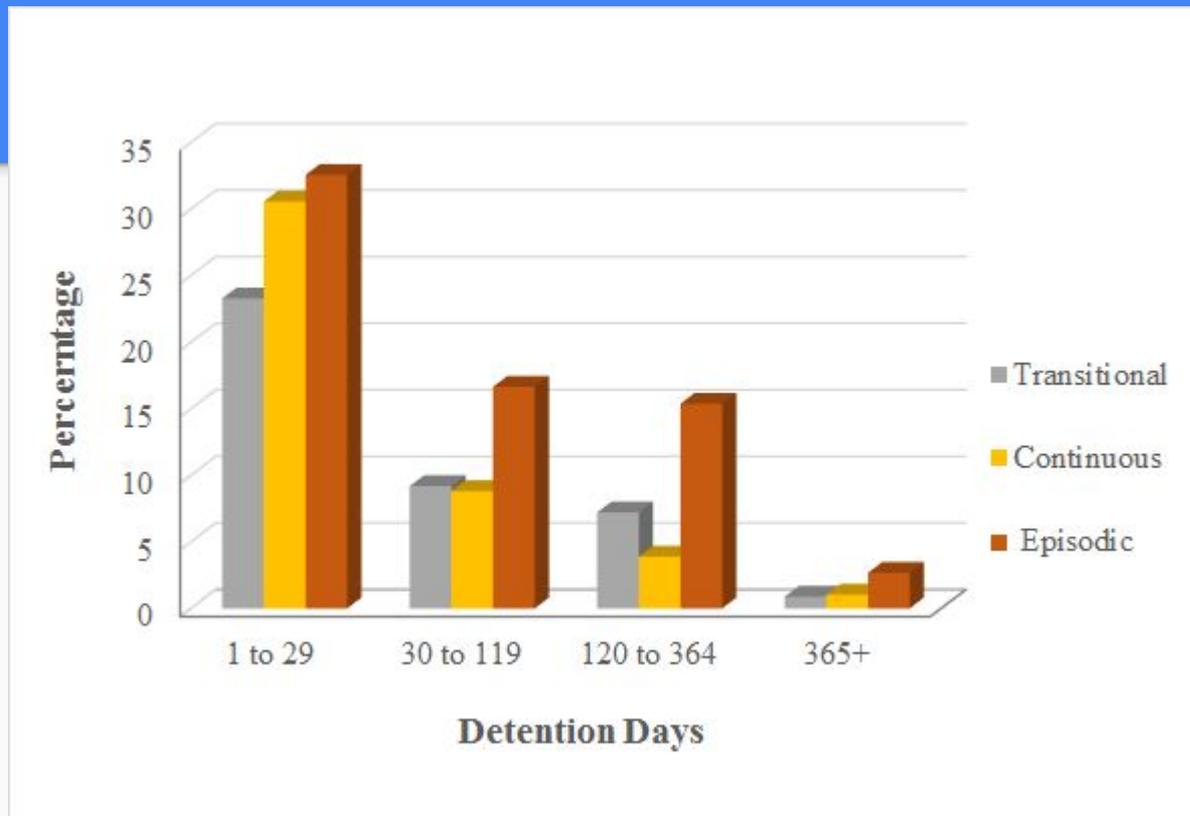
Detention Incidence

High Usage, with the episodic leading

Episodic-67% Continuous-44%
Transitional-41%

Note the Episodic group has more 1 year and 1 year+ incidences

**New definition with 30 days
episode gap 2012 to 2014**



Limitations

- Data is restricted to public shelters and doesn't include private shelters.
- Analysis doesn't indicate what clients do with time not in shelter.
- We didn't adjust for institutional stays of less than 90 days. We could have included that in the definition of a homeless spell, which would have meant more qualify as chronic homelessness.
- No information on the use of public assistance, medical services or incarceration for time spent out of state. This may have provided a bias in the Transitional Homeless group.
- We did not include disability as a variable and thus, we might be overestimating our count of Chronic Homelessness since HUD only includes if a person is considered disabled.

Policy Recommendations

- Target the needs of episodic and continuous homelessness sub-populations.
- Target shelter users who consume highest percentage of services:
 - Those who use detention.
 - Those who use mental health services in the episodic sub-population.
- Emphasize broad stakeholder collaboration between Hennepin County and incarceration and mental health systems.
- Follow up research on pattern of service use based on different definitions.
- Continued exploration of data using sensitivity analysis.

Thanks