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Take-Away Messages from May 5-6 Presentations

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There is no Us and Them, there is only Us.

About MHAOK

Motto: ***Building Lives. Preventing Mental Disorders. Promoting Wellness***

They use a “mixed income model”: in that they use city, county, state, foundation and private monies to purchase housing AND then, they house people with “broad income stratification” (mixing of classes)

They employ about 170 people, “We Are Who We Serve”

Voluntary self-reports by employees in 2015:

62% report having mental illness; 45% had been homeless; 23% had felonies; 32% have serious medical conditions; at least 28% have co-morbidity.

Speakers encouraged us to create a process that’s open, with everyone around the table. Overt, not covert. An attitude of “We can figure this out.”

Ending homelessness is both a moral imperative and a financial imperative.

This is a long-term process—it took MHAOK 25 years to accomplish the 1500 housing units/functional zero homelessness. The point is to start somewhere/anywhere—and continue one step at a time.

Springfield is well down the road with many studies completed, programs in place, efforts to increase communication among agencies, and hundreds of people working in groups on **parts** of these problems.

If people have a say and a choice, you have better outcomes.

Discussions **MUST** include the voices and demands of the people being served.

Elevating one person’s life elevates everyone’s lives.

Approximately 75% of homeless people will get themselves out of homelessness within 30 days and never return. Yet we will always have homeless people. What you want to end is the chronic homeless. These are the most cost-intensive 25%, defined as people who have been continuously homeless for one year or having four periods of homelessness within the previous three years.

MHAOK uses a “housing first” model, which means that stability and sustainability for people with mental illness comes through affordable housing with wrap-around services. Housing First is a program used around the nation. The Kitchen is Springfield’s HUD-designated Continuum of Care agent (Community Partnership coordinates and staff’s Springfield’s Continuum of Care) and currently administers Housing First and Rapid ReHousing grant monies.

Identity is shaped by where you live. This model helps them create a new identity. There are no pre-conditions to obtaining housing including sobriety. They said that it’s impossible for homeless people to meet pre-conditions as they are in survival mode. This is direct placement from street to shelter.

Tulsa’s Low-Density Scattered Site Model

Tulsa uses a Low-Density Scattered Site model for housing in which only 20%-30% of units are rented to people with mental illnesses, chronic homelessness or co-occurring disorders (MI/CH/COD). This model becomes stigma free as people do not even know who is living there. Properties are very attractive and they like to have a courtyard where residents can socialize. Concentrated housing is a failed antiquated model, they said.

When MHAOK buys a property as a cash buyer using private money, no one even notices. Mostly everyone is happy blighted buildings are being rehabbed. Sometimes there is a need to work on zoning issues. When they partner with the Housing Authority to buy, people do notice and raise concerns which trigger community meetings to explain their model. The ultimate outcome in Tulsa has been happy communities as it provides economic benefit for business and eliminates a blighted, unsafe area.

Combination funding results in different mix for each building. E.G.: HUD Continuum of Care funding = 15% chronic homeless, 13% Vets, 27% Section 8 (various levels).

Some private money – unencumbered – rent to working families.

Economic Opportunity Instills Hope

Rehab contracts require hiring at least one homeless person and tracking the jobs created.

Intentionally plan out ways to re-integrate MI/CH into community. Identify neighborhoods with transportation, services, jobs, pharmacies, and other amenities.

Find developers, get mayor and county on board. Let the chronic homeless with low-level criminal histories have a chance to move in. Will always have some who need to be evicted, but then we give them another chance to come back. Different from commercial landlord.

Naturally tend to house more of the “easier” MI/CH. Some of the toughest are REALLY hard to get along with. HUD is moving now to help the toughest ones.

Tulsa to Reach Functional Zero Chronic Homeless in 2016

Housing program began in 1991. Now: CH below 100 for most of past 6 years.
Functional zero = CH and vets will have less than 30 days before they move into a home.

Tulsa Housing and Recovery Program (T-HARP) – SAMSHA funded

5 years \$2 million to house CH who have MI & COD. Their trauma scores are off the charts. Open enrollment lets them enter at any time. No barriers.

Includes peer support, case management, counseling, primary health care, HIV/HepC testing, employment training, outcome evaluation

DTR Program – Double Trouble in Recovery. 12-step program esp for MI w/COD. For people who need continuing medications for their mental illnesses (often excluded from regular 12-steps which want drug-free.)

Success rate: 94% continuously housed for 12 months or more four years in a row.

70% reduced dependency on alcohol and drugs

80%+ reduced trauma scores

100% connected to healthcare thru peer or other transportation

Lesson: Not necessary to have 100% reduction in substances and trauma for continuous housing.

Economic Impact

Speakers' repeated emphasis on "Return on Investment" – states very clearly that their model not only aids in recovery (from homelessness, mental illness, addiction) and stops exorbitant costs related to those problems, but ADDS jobs for entire community.

Financial benefit mentioned from the 2007 Tulsa numbers where the cost of chronically homeless person on the street was \$24,000 to \$34,000 annually vs. cost of a formerly CH person in permanent supportive housing was \$19,315. This resulted in annual savings of \$4,685 to \$14,685 per person. (If Springfield moved 100 people from chronic to formerly homeless status in this model, the annual financial savings might be between \$468,000 to \$1.4 million per year.

This gets the business community involved. Chamber will calculate numbers for you. Bricks and mortar investment pull in other \$\$\$ for clinical treatments & case management

Nearly \$150 million total econ impact over 10-15 years.

In Tulsa – offered lots of tours for government officials and politicians. Raised private and foundation money. Now price of oil down, economy down – it's harder.

Bought ghetto properties (foreclosed, burned out). When rehabbing old buildings you can't achieve 100% accessibility. System has barriers – not user friendly. People with learning disabilities may stay away, embarrassed. Transportation definitely a barrier -- City looks different from bus window. Slow.

How They Started

Mike and Greg were unpopular because (as advocates for the MI/CH) they were criticizing the programs then in place. But when they asked a funding agency to convene the meetings – 70 organizations showed up. Got dicey when looking at challenges and failures. United Way hired a conflict resolution specialist to help. Later a Denver consulting firm.

Some opposition to bringing Continuum of Care people to the table – “we don't get any of that money”.

Now United Way holds up the MHAOK structure as an example for others to follow.

Found that if they brought a funder into the room (even if did not say anything) everyone played nicer together.

Ride-Alongs with Law enforcement. Get to know each other. Build relationships.

Tours of Drop-In facility.

At meetings Mike does games to break up tribes and get people to sit with others and build relationships.

To break down silos when everyone is so busy, you have to spend time together and get to know each other. Jail operators now do not “release” prisoners – they make a “discharge plan.” Everyone is too busy, but it's a matter of setting your priorities.

Springfield Homeless Court – (operating for 1 ½ years? Up to 13 graduates?)

Notes from May 6 Next Steps Breakfast

- The solution for homeless and mentally ill always starts with housing.
- Plug into the City's Impacting Poverty Commission and initiatives. One report said the voice of people with mental illness is missing.
- The national *Stepping Up* initiative to safely reduce numbers of mentally ill in jail applies less to Greene County jail than to emergency departments and other emergency services. Low-level offenders have been moved out of jail and many fill homeless camps or are boarded for periods in hospital emergency departments.
- Law enforcement meets monthly around their list of around 50 people who are heavy users of services. Their list is private, but could they match it with Homelessness Management Information System (The Kitchen & Burrell?)
- Tulsa speakers recommended OzMHNet convene a master group to address these issues, bringing together City, Council of Churches, housing developers,

Veteran's Administration, Transportation (City Utilities), OACAC, grant writers, private philanthropy, etc.

- However, one participant said she attends 10 meetings a month of people addressing these issues. Collect a list of groups working on various aspects and find out when they meet.
- We will investigate ways OzMHNet can interact with existing groups addressing parts of these issues in order to keep issues of mental illness in the forefront:
 - CPO Housing Collaborative
 - Continuum of Care – The Kitchen. This meeting is on hold until July but it formerly met at Mid-town library on the third Thursday of the month. Meanwhile One Door is rearranging their program to become the “HUB” or information center for our community, as designated by the Department of Mental Health. All clients (homeless individuals) must first complete testing (SPADAT) prior to admittance into local programs, shelters, or housing. One Door will utilize this information to build a system for other agencies within the community to obtain and make referrals based on testing results.
 - Homeless Court
 - ISOS group (Annie Busch) – Integrated System of Services
 - Zone 1 Priority Area
 - Gathering Friends (Tiny Houses)
 - Hearts for the Homeless
- Find out who is applying for Home Investment Partnership funds (perhaps full funding is forthcoming?).
- Read *Million-Dollar Murray* by Malcolm Gladwell.
<http://gladwell.com/million-dollar-murray/>
- Could NAMI help gather Participant Advisory Group to give voice to people with mental illness?
- MHAOK stages an annual Talent Show and Fashion Show that people love. Stylists and fashion people do makeovers. Staff comment: “If potential funders come to our fashion show, they are putty in our hands.”
- Update on CPO/Burrell Youth Mental Health First Aid training: Any adult who encounters youth is encouraged to attend the YMHFA training! Our next training is on May 24 from 8am-5pm at St. Elizabeth Ann Seton. Interested people should contact awilliams@cpozarks.org.