

COST OF HOMELESSNESS

Cost Analysis of Permanent Supportive Housing

State of Maine - Greater Portland

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Prepared by

Melany Mondello, Shalom House, Inc.

Anne B. Gass, ABG Consulting

Thomas McLaughlin PhD, University of New England

Nancy Shore PhD, University of New England

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Staff at Shalom House and Logan Place played a vital role in serving as interviewers for this study. Their involvement was critical to our ability to collect the data, and we thank them for their enthusiastic and invaluable assistance on this project.

The wide scope of the study required us to obtain data from many different agencies and organizations. For some providers this turned out to be a complicated and expensive process, and we are indebted to their willingness to surmount considerable technical obstacles. Special thanks to:

- ◆ Cumberland County Jail
- ◆ Logan Place
- ◆ Maine Department of Health and Human Services
- ◆ Maine Medical Center
- ◆ MaineCare (Medicaid)
- ◆ Mercy Hospital
- ◆ Milestone Foundation
- ◆ Portland Fire Department
- ◆ Portland Homeless Health Clinic
- ◆ Portland Oxford Street Shelter
- ◆ Portland Police Department
- ◆ Preble Street
- ◆ Riverview State Psychiatric Center
- ◆ Shalom House
- ◆ Spring Harbor Hospital

MaineHousing provided the impetus for this study, applied for the funding to pay for it, and convened an advisory committee to oversee the process. The Statewide Homeless Council also encouraged and supported this project.

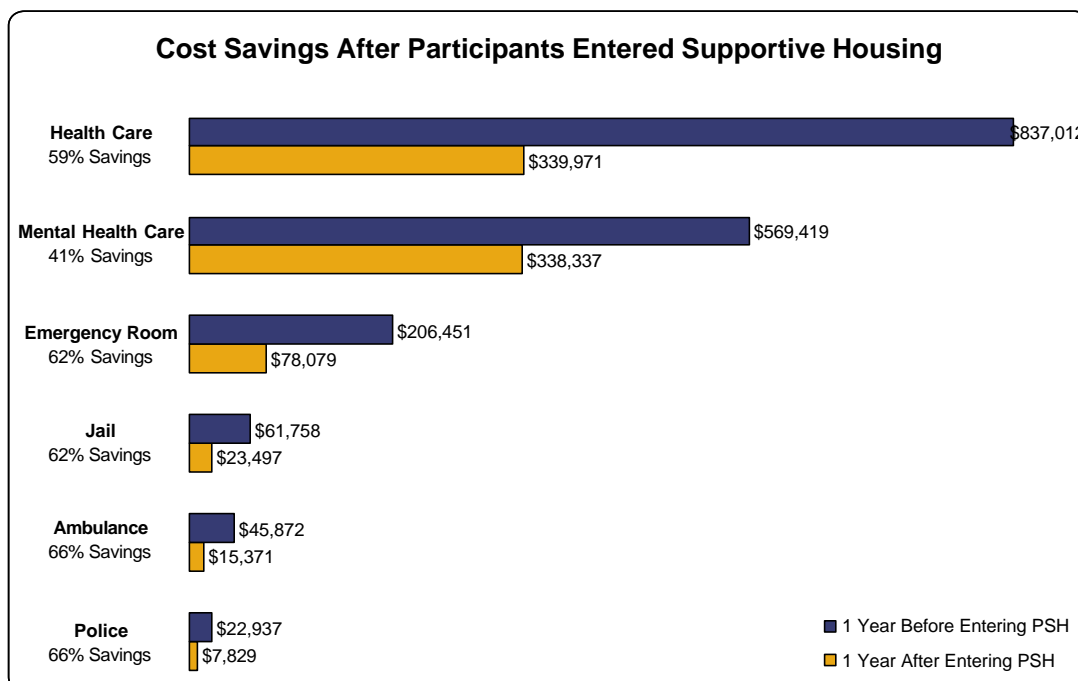
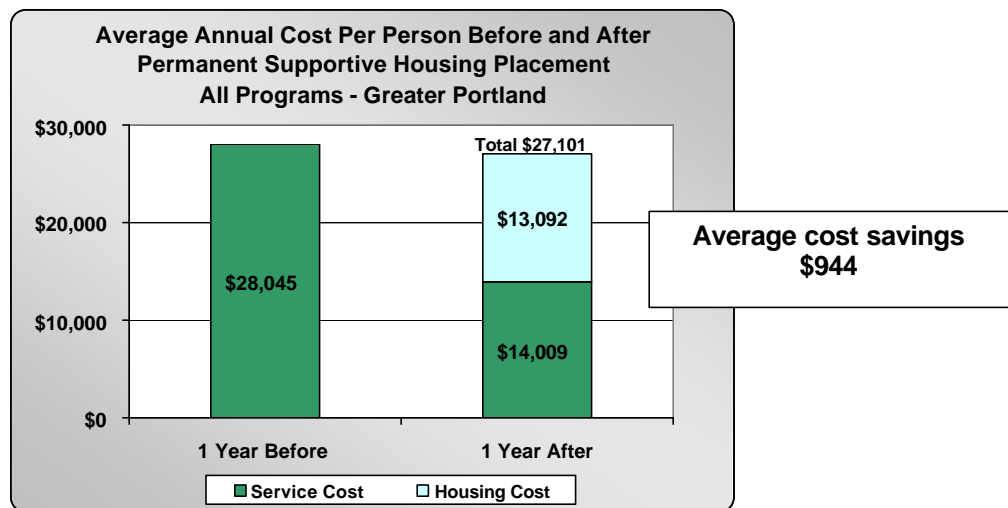
Finally, we wish to express our appreciation to the Corporation for Supportive Housing and the Maine Department of Health and Human Services, which provided crucial funding to support this study.

Maine Cost of Homelessness – Greater Portland

Executive Summary

- ◆ Housing people who are homeless cuts the average costs of services they consume in half.
- ◆ After being housed, the 99 formerly homeless people in this study received 35% more mental health services at 41% LESS cost illustrating a shift away from expensive emergency and psychiatric inpatient care to less expensive outpatient community-based mental health services.
- ◆ Permanent supportive housing cut by more than half emergency room costs (62% reduction), health care costs (59% reduction), ambulance transportation costs (66% reduction), police contact costs (66% reduction), incarceration (62% reduction), and shelter visits (98% reduction).
- ◆ The average annual cost of care savings produced by the first year of living in permanent supportive housing was \$944 per person. The total annual cost savings was \$93,436 for all 99 tenants.

Permanent supportive housing appears to allow individuals significantly more efficient and appropriate service delivery with tangible cost savings. Perhaps not surprisingly, permanent supportive housing appears to improve quality of life for all involved.



Introduction- Why Study the Cost of Homelessness?

The crisis of homelessness in Maine is now entering its fourth decade. In the last 30 years the needs of people who find themselves homeless have become more complex. Financial benefits for people with disabilities are no longer enough to cover even the least expensive of rental units in many communities. An estimated 25%¹ of people who are homeless also struggle with mental illness, substance abuse, or co-occurring disorders that make finding stable housing an elusive goal. The number of homeless families is on the increase as well. Rapidly rising housing costs, coupled with the replacement of higher paying manufacturing jobs by low paying service industry jobs, make low income families and individuals more vulnerable to homelessness and complicate their exit from it.

In the face of these grim realities some good news has emerged over the last several years. We have become more skilled at helping people who are homeless link to services that can help them move out of the shelters and achieve stable housing. New transitional and permanent housing has been built for people who are homeless and have special needs. Studies around the country have found that **permanent supportive housing (PSH) is effective at helping people with disabilities remain stably housed once they move out of shelters**. These studies have taken place in urban centers around the country; Maine's study is the first to be completed in a rural state using actual dollars spent on services.

We undertook this study to determine the cost-effectiveness in Maine of providing PSH to people who had long histories of homelessness coupled with disabilities. We were guided by questions such as:

- ◆ How did moving into PSH affect the use of the emergency care system (shelters, ambulance, and police)?
- ◆ Did increased housing stability affect the frequency or length of jail terms served by study participants?
- ◆ How did moving into PSH affect the rate and nature of service utilization?
- ◆ What happened to service costs as a result of moving into PSH?
- ◆ How did living in PSH affect the quality of life of people who had long histories of homelessness and disability?

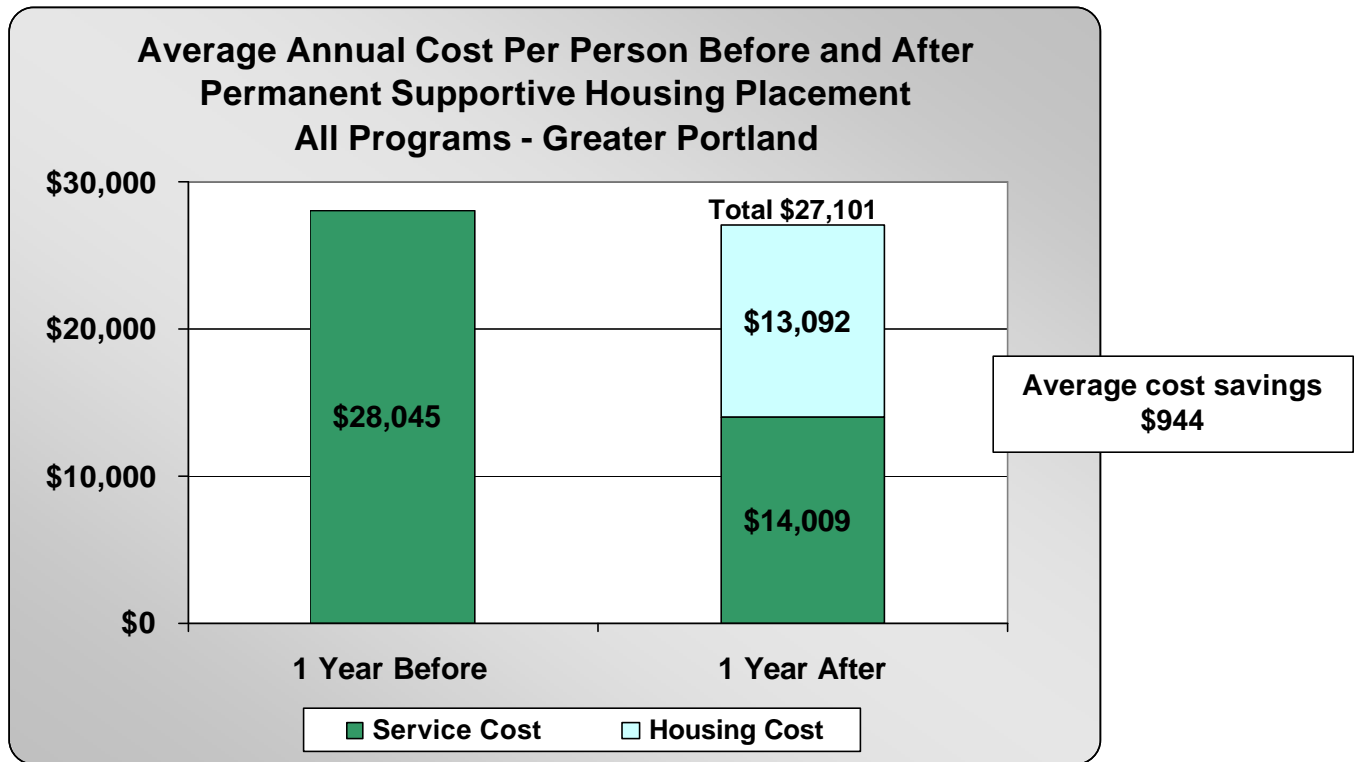
During the study we examined participants' cost of care prior to and following their move into PSH. Phase One collected data from formerly homeless people living in the greater Portland area, Phase Two will obtain data from formerly homeless people living in York County and Phase Three will review the other parts of the State of Maine. The following sections describe the research results and design in greater detail.

¹ Maine Point in Time Survey, January 30, 2007

A. ALL SERVICES - COST REDUCTION

Across all housing types, study participants, and service components, the average annual cost of care savings produced by the first year of living in permanent supportive housing (PSH) was **\$944 per person**. The total annual cost savings to the system of care was \$93,436.

Exhibit 1



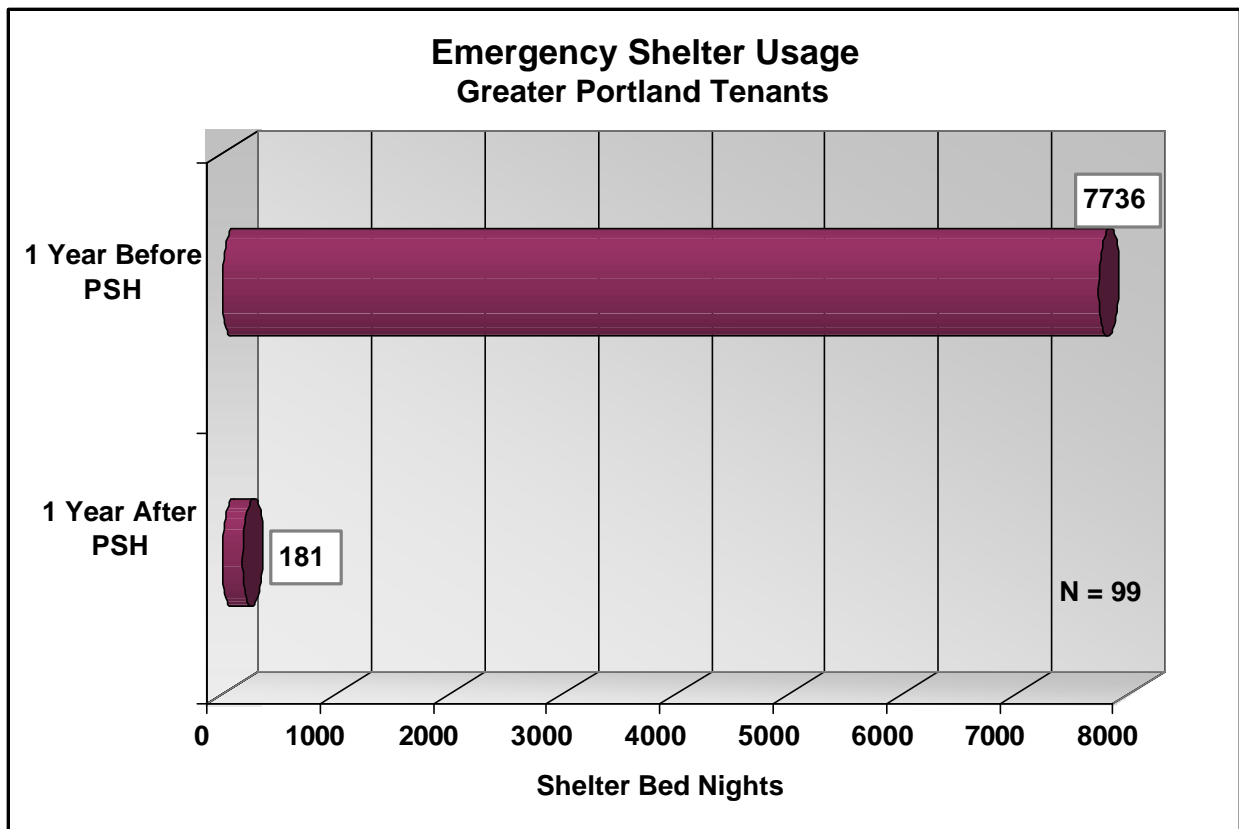
B. EMERGENCY SHELTER USAGE

One of the most dramatic decreases was in use of emergency shelters. Across all housing types, PSH was highly successful in helping individuals and families stay out of shelters and remain stably housed.

In the year after the move into PSH, **study participants' shelter usage plummeted 98%**, to just 181 bed nights. Correspondingly, the cost of emergency shelter provision decreased from \$241,469 in the year prior to housing entry to \$9,108 in the year following, for a savings of \$232,361.

Three quarters (137) of the shelter bed nights used were at Milestone Shelter², which remains an active partner for individuals struggling with substance abuse during their transition to independent living.

Exhibit 2



² Milestone Foundation is a 41-bed emergency shelter for single men and women who are active substance abusers.

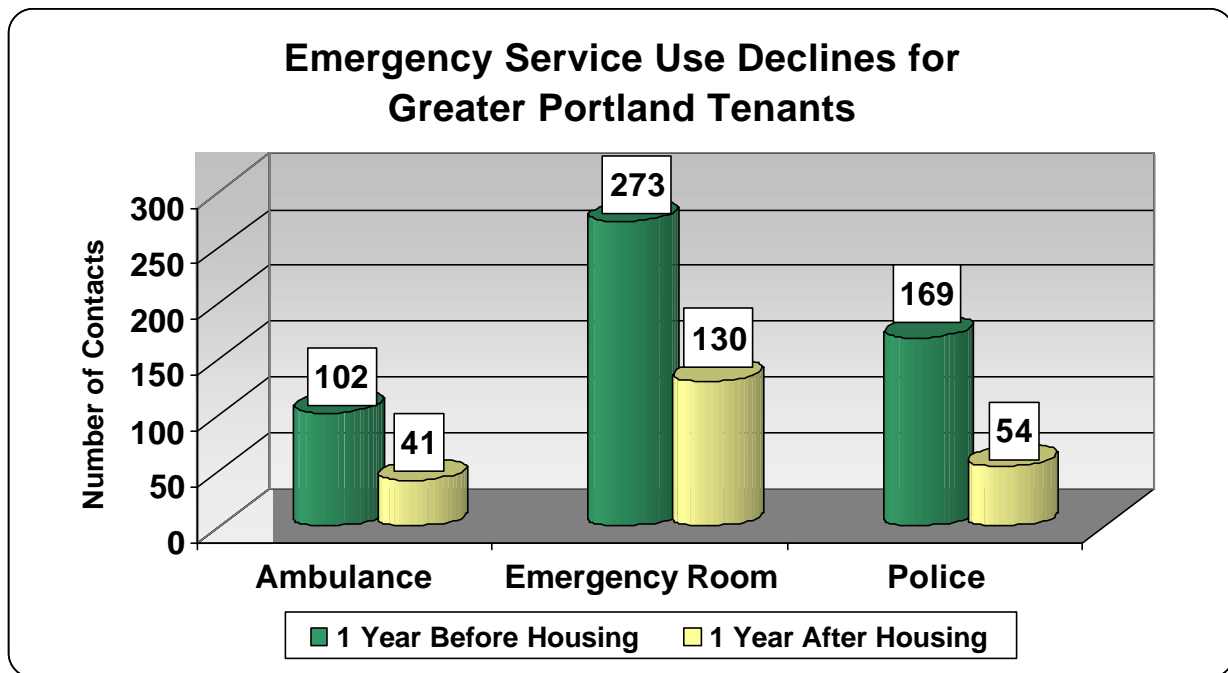
C. EMERGENCY and PUBLIC SERVICES

People living in shelters, on the streets or in other homeless situations experience great difficulty in managing their physical health, mental health, and substance abuse. Long term instability can lead to crises that require frequent use of police, ambulance, and 911 emergency services. Once people are stably housed it is far easier for them to engage in, and benefit from, the needed treatments.

Study participants used substantially fewer emergency services in the year following their entry into PSH. In particular:

- ◆ Ambulance transports decreased by 60% (61 fewer transports)
- ◆ Emergency room visits decreased by 52% (143 fewer ER visits)
- ◆ Police contacts decreased by 68% (115 fewer interactions)

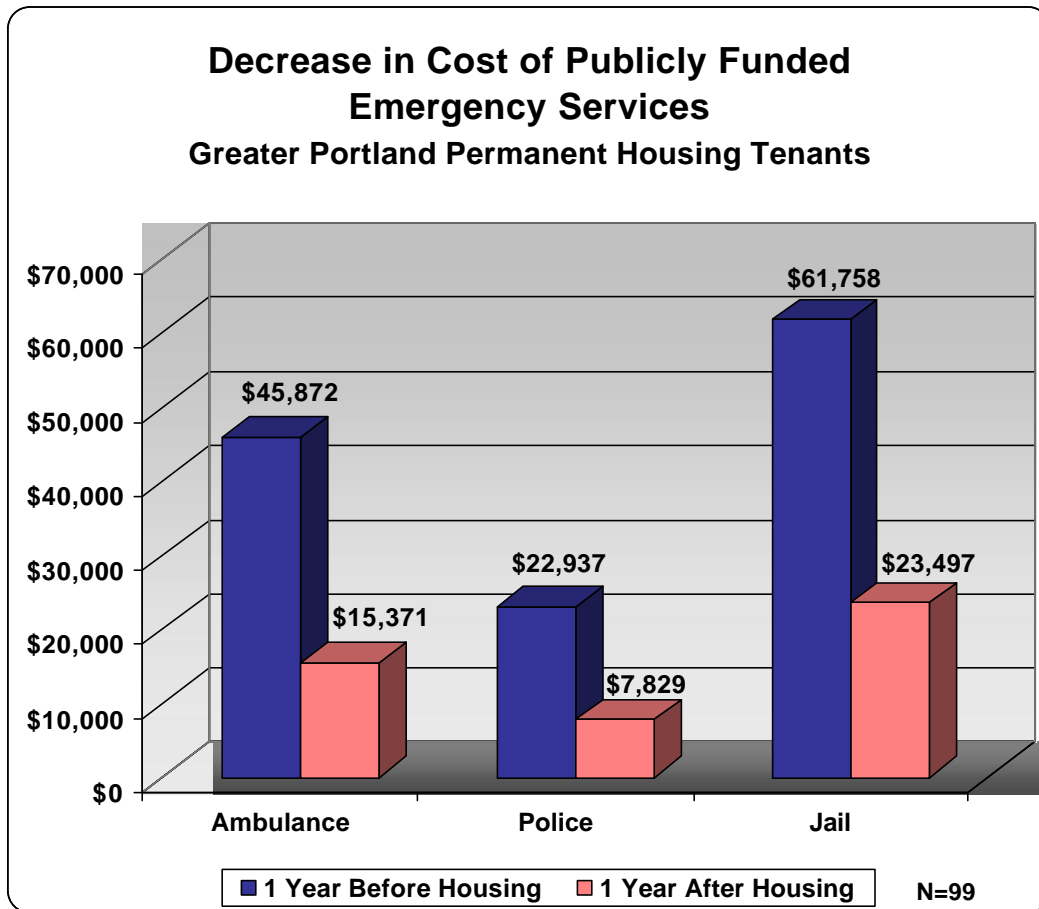
Exhibit 3



As seen in **Exhibit 4**, the decrease in emergency services contacts also resulted in significant cost reductions, by almost two-thirds in each of the three services examined. Highlights include:

- ◆ Ambulance costs decreased 66% for a savings of \$30,501
- ◆ Police costs decreased 66 % for a savings of \$15,109
- ◆ Jail nights decreased 62% representing a reduction in costs of \$38,261

Exhibit 4

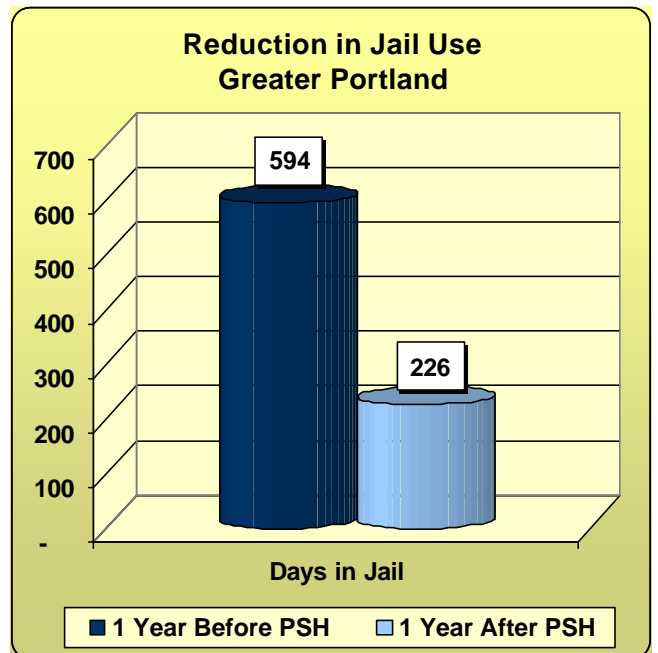


Jail

Study participants spent significantly fewer days in jail following their entry into PSH, from 594 in the year prior to 226 in the year following, a reduction of 62%. This was accompanied by a 62% drop in the cost of incarceration, from \$61,758 to \$23,497.

Further analysis showed that one tenant was in jail for 126 days during the first year of housing. If we exclude the data for this one individual there was an 83% decrease in jail nights and costs during the first year of PSH.

Exhibit 5

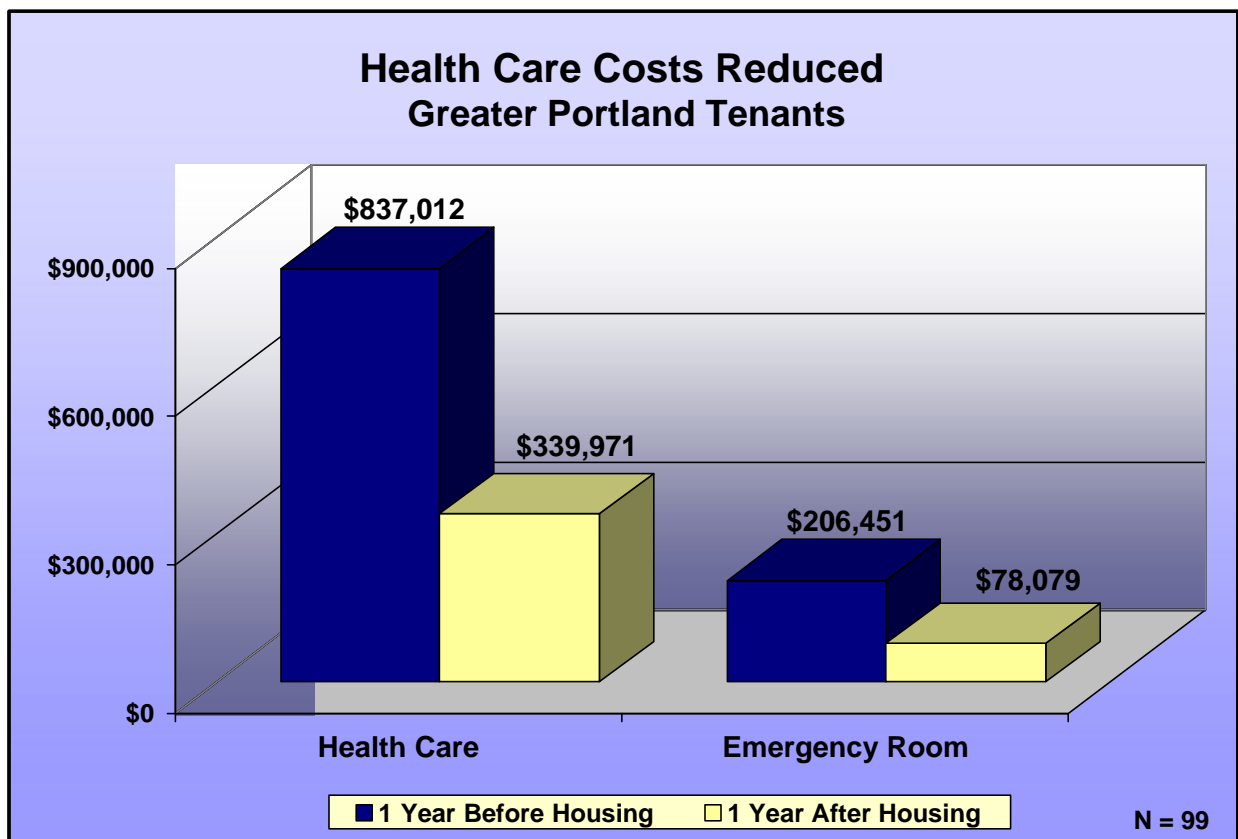


D. HEALTH CARE

This section examines the cost of providing physical health care to people experiencing homelessness. We have already noted the difficulty of managing health and mental health while living in emergency shelters. Stressful living conditions exacerbate symptoms, and make it difficult for people who are experiencing homelessness to follow through with treatment and receive preventive care. Following their move into their own apartments, participants experienced fewer physical health and mental health crises that required emergency room visits and inpatient hospitalizations. Results show:

- ◆ Health care costs were reduced by 59% for a savings of \$497,042
- ◆ Emergency room costs decreased by 62% for a savings of \$128,373
- ◆ General inpatient hospitalizations decreased by 77% for a savings of 255,421
- ◆ Prescription drug costs increased by 31% for a cost of \$46,049, suggesting that study participants were taking advantage of less expensive outpatient treatment.

Exhibit 6



E. MENTAL HEALTH CARE and SUPPORTIVE SERVICES

Similar studies in other cities have demonstrated that providing people who are homeless with affordable housing, and a flexible menu of supportive services, is highly effective at helping them remain stably housed. In fact, stable housing is fundamental to people engaging in treatment that improves their physical health and mental health.

This held true in greater Portland as well. PSH tenants utilized more mental health and supportive services in the year after they moved into their own units than the year prior. Highlights include:

- ◆ Mental health service costs declined by 41% (\$231,082 less)
- ◆ Psychiatric hospitalizations decreased by 38% (\$182,483 less)
- ◆ Substance Abuse Treatment increased by 22% (78 more contacts)
- ◆ Transportation assistance increased by 270% (741 additional rides)

As seen in Exhibit 7, substance abuse treatment services increased by 22% and transportation services increased by 270%. Case management services appeared to drop 11% during the first year of housing. Further analysis showed the Logan Place tenants received on-site case management services which were included in the overall program cost, and therefore were not captured in the data collection for this study. Shelter Plus Care and Shalom Apartments programs both showed an increase in case management services.

Exhibit 7

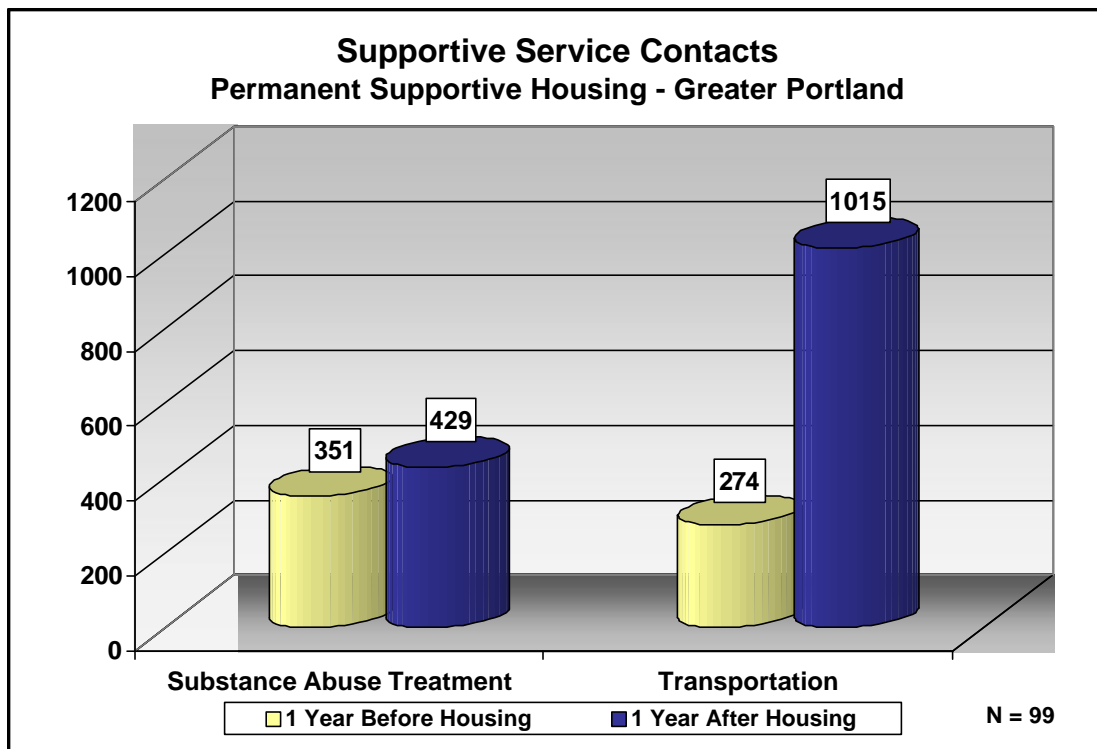


Exhibit 8 shows mental health care services usage increased 35%, from 590 to 796 units of service. This suggests that, once housed, tenants sought treatment for mental health issues they were not able to address while they were homeless.

Interestingly, however, despite the increase in mental health services utilization, **the cost of this care fell 41%** (see Exhibit 9). Consumers received more care, for a fraction of the cost, because they were relying on regular outpatient treatment which is far less expensive than crisis emergency room or inpatient care.

Exhibit 8

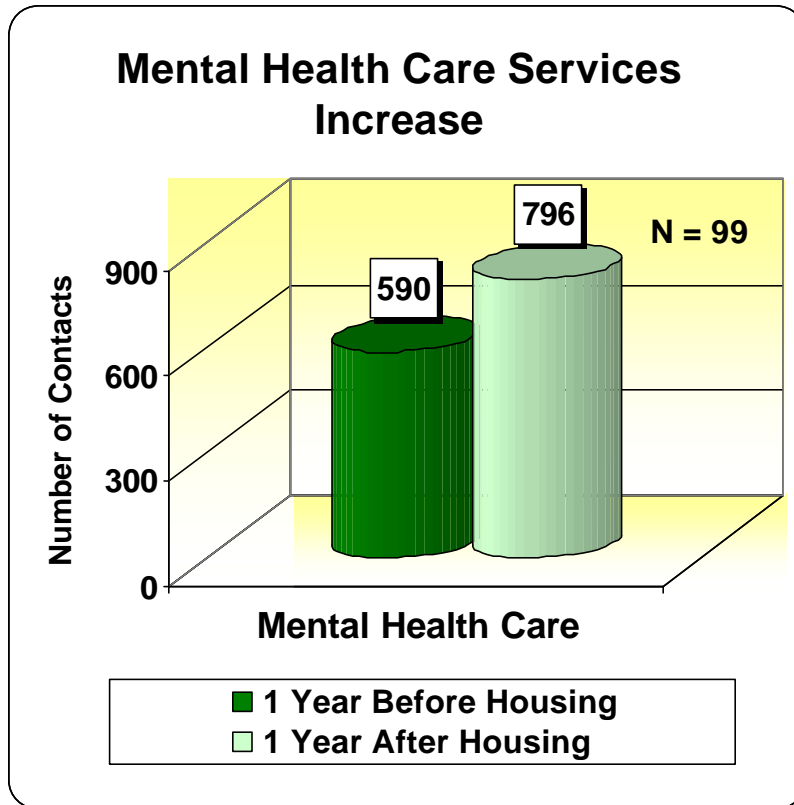


Exhibit 9

| | Service Cost | | % Reduction |
|--------------------|-------------------|------------------|-------------|
| | 1 Year Before PSH | 1 Year After PSH | |
| Mental Health Care | \$569,419 | \$338,337 | 41% |

E. Income

"I am definitely a lot better off now. Not quite where I want to be yet (but eventually will be after I go to school.) I am on disability now. I am clean/sober now. I have a safe/stable home and don't have to depend on anyone else. Financially I am able to pay rent/bills now." (Tenant quote from Quality of Life Survey)

Of the 99 study participants, only 14 had no income after entry into housing, compared to 38 at the time they moved in (see Exhibit 10). Public assistance programs have complex eligibility rules that require provision of social security numbers and other identity documentation. Some people with a long history of homelessness, especially when it is complicated by mental illness, have difficulty complying with these requirements. Nevertheless, the vast majority of responses from the narrative portion of the questionnaire indicated an improvement in finances, which is a critical factor in improved stability.

Exhibit 10

| All Study Participants | | |
|---|----|-----|
| | # | % |
| #/% With No Income at Housing Entry | 38 | 38% |
| #/% With Some Income at Housing Entry | 61 | 62% |
| #/% With No Income at Interview After Housing Entry | 14 | 14% |
| #/% With Some Income at Interview After Housing Entry | 85 | 86% |

Exhibit 11

| | Mean Admission Income | Mean Income at Interview | % Increase |
|-------------------------------|------------------------------|---------------------------------|-------------------|
| All Study Participants | \$399 | \$676 | 69% |

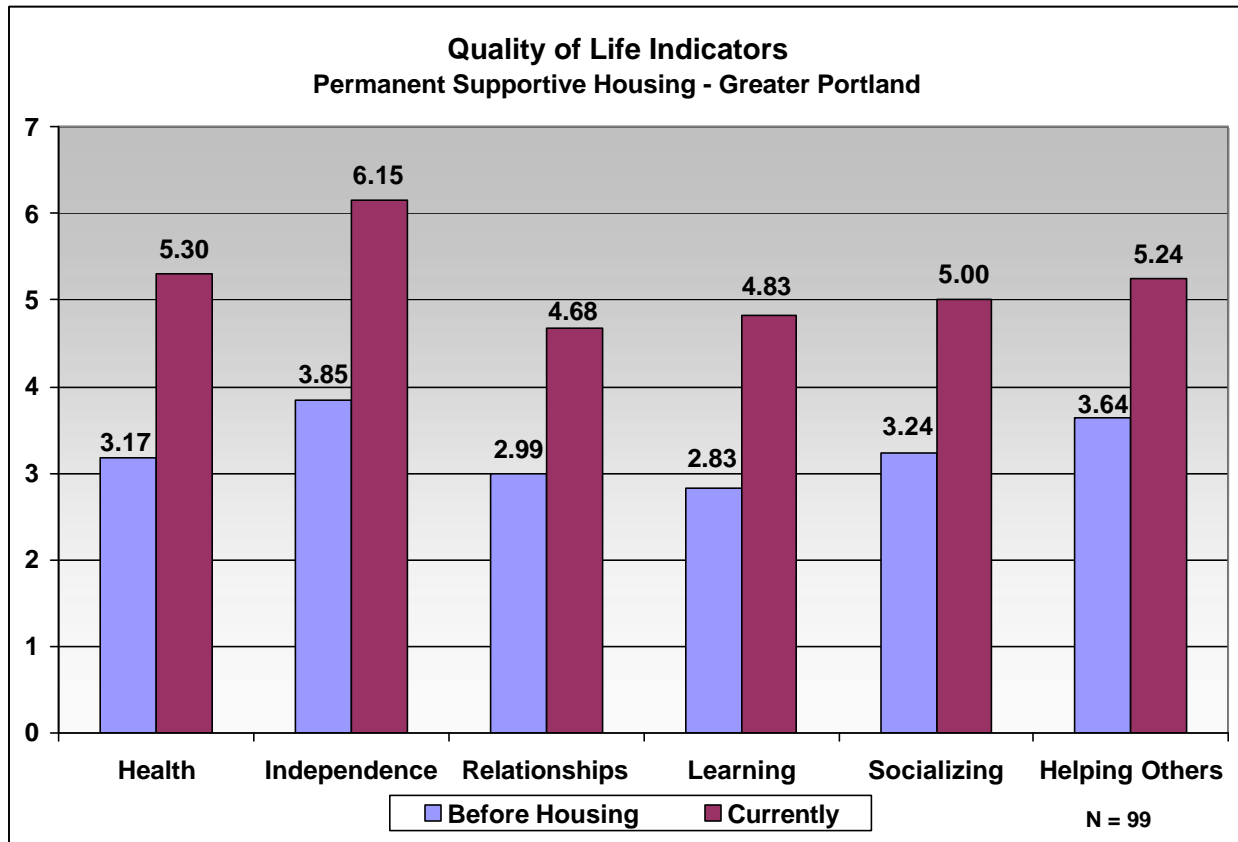
Increased financial responsibility was an important theme in the narrative responses: some tenants wished to continue improving their ability to manage their finances, for example. For some this responsibility was framed as a positive, while others acknowledged that taking care of essential bills first (such as rent) meant having less discretionary income for recreation.

QUALITY OF LIFE

The tenant interview included a one-page, 16 question survey about each tenant's quality of life before and after moving into PSH. Exhibit 12, below, shows the responses to questions regarding Helping Others, Health, Relationships, Learning, Socializing and Independence. The scale for all 16 questions ranged from Terrible (1) to Delighted (7).

Study participants reported strong improvements in all six of the indicators listed below, with the strongest areas including Health, Learning, and Independence.

Exhibit 12



Six open-ended narrative questions were also presented during the tenant interviews. The themes that emerged across the responses are detailed in the following section.

HEALTH AND ACCESS TO HEALTH CARE

Before I did not care about my health. Now I see doctors on a regular basis and take care of myself. (Tenant quote from Quality of Life Survey)

Participants were asked to reflect upon the differences between their health care when they were homeless compared to their health care today. Three primary themes emerged: greater access, improved consistency of care, and the positive impact of having a place to live.

- ◆ **Greater access to care**

Twelve individuals reported increased access to health care as a primary change. The majority of these comments specifically named insurance coverage. Overall, individuals who spoke about greater access talked about having coverage that allows them to see primary care providers and pay for medication.

- ◆ **Better consistency of care**

Twenty-four individuals cited their ability to establish a relationship with a primary care provider, rather than having to rely on emergency rooms or the homeless health clinic, as a positive change in their health care.

- ◆ **Positive impact of having a place to live**

The positive impact of having a place to live was the third most frequent category, with 22 responses. Several individuals noted that feeling settled allowed them to focus more on their physical and emotional well-being. They no longer had to worry about where they would spend the night, or finding a place during the day where they felt welcomed and could simply rest. For some this created an opportunity to engage in substance abuse treatment or mental health services. Having a place to live also provided a refuge from abusive relationships. Lastly, some perceived that their providers seemed to treat them better now that they were no longer homeless.

INDEPENDENCE

I am better able to get things done in pursuit of a regular housing situation which includes an extended and more elaborate life plan. (Tenant quote from Quality of Life Survey)

The majority of respondents experienced improvements in their capacity for self care following their entry into PSH. Respondents most often cited an increased ability to complete tasks (n=28); a greater sense of freedom (n=14); and an improved sense of self (n=9). A number of respondents described positive changes that touched upon more than one of these themes.

RELATIONSHIPS

*Yes, my life being more stable for myself & my kids leaves me with a more positive outlook and able to use my everyday energy on other things besides if we are going to eat or looking for a place to stay.
(Tenant quote from Quality of Life Survey)*

There were 28 responses indicating a positive change in relationships, including increased contact with family members. Having a place to welcome guests, or even just a phone where they could be reached, greatly facilitated these individuals' ability to connect with their families again.

Eight respondents noted that having a permanent place to live made them feel better about themselves, which also improved their relationships with their family members. Two comments underscored how living in stable housing eased families' concerns about participants' health and safety, which also improved their relationship.

EATING

*Before I was housed I ate at shelters, pantries or from (stores) to woods, or at park bench when not at a hotel. The shelters etc are very crowded, noisy and unpredictable so the environment was tense and unpleasant. Here I can take my time when dining and also rest. Rest is a challenge and one of the most difficult things to find when homeless. It destroys nerves in a big way!
(Tenant quote from Quality of Life Survey)*

Living in PSH helped most participants improve their eating habits. As one individual commented, "My eating habits are much better in every aspect." Respondents clearly valued independence and choice (n=47), especially having greater choice in determining when to eat, how much to eat, and a better choice of food. Having a home where food could be stored and cooked improved eating habits. Respondents also mentioned the benefit of having more money with which to purchase food, which meant they were less reliant on soup kitchens.

Some respondents reported that preparing food in their own home, rather than eating in a public space, decreased stress and made eating more enjoyable. Another positive change touched upon the ability to cook communal meals with family and friends (n=3).

RESEARCH DESIGN

PARTICIPANTS

Tenants were asked to participate in this study if they met all of the following criteria:

1. They had been living in PSH for a minimum of one year; and
2. Prior to entry into PSH they lived in a homeless situation as defined by the Department of Housing and Urban Development (HUD); and
3. They had a current diagnosis of a long-term disability, such as a mental illness, substance abuse, physical disability, or co-occurring disorders.

A total of 159 formerly homeless tenants in Greater Portland met these criteria; they were interviewed and asked to participate in the Maine Cost of Homelessness study. One hundred (100) tenants agreed to fully participate, an additional ten (10) tenants agreed to do so on a limited basis, forty-five (45) did not respond and four (4) tenants declined. Those who agreed to fully participate in the project signed releases of information authorizing sharing of their data from the list of service providers. One tenant who agreed to fully participate was not included in the final data set as she relocated from another state shortly before receiving housing and her pre-housing service data were not available.

Of the 99 participants included in Phase One, 87% lived inside the City of Portland and 13% outside the City of Portland in Cumberland County. Previously homeless families with a disabled head of household accounted for 17% of the sample and the remaining 83% were individuals.

Aggregate demographic data for the 99 tenants who agreed to fully participate in Phase One of the study can be found in Appendix A, attached at the end of this report. A summary graph of the living situations prior to PSH is available in Appendix B.

HOUSING PROGRAMS

Permanent supportive housing (PSH) provides affordable housing and supportive services for people in a homeless situation who have a disability. There is no limit on the length of stay. The intent of this type of supportive housing is to offer independent living options in a community setting with the tenants' needs determining the type and intensity of services provided.

Two PSH providers, Preble Street and Shalom House, Inc., were included in the Greater Portland phase of the study.

Preble Street's Logan Place project is a 30-unit apartment building with 24 hour on-site staffing. It serves individuals who have a disability and a long history of homelessness (meeting the HUD definition of "chronic homelessness"). Logan Place was designed as a "Housing First" model, which studies have shown to be highly effective at helping people maintain housing stability when they have a history of homelessness and disabilities. The Housing First approach does not require tenants to be sober or engaged in services at the time of entry; rather, they are moved directly from the streets or emergency shelters and the services required to help them remain stably housed are provided to them.

Logan Place was created with funding from HUD, the Low Income Housing Tax Credit, the City of Portland, MaineHousing and others. Tenants receive a wide range of services from local providers. Twenty-four tenants from Logan Place who met the eligibility criteria chose to participate in the study.

The Shalom House permanent supportive housing programs represented in this sample include Department of Health and Human Services (DHHS) Shelter Plus Care (S+C), Croquet Lane Apartments, Stevens Avenue Apartments, and Spring Street Supported Housing.

- ◆ The DHHS S+C program provides rental housing vouchers to individuals and families with a history of homelessness and disabilities. The vouchers can be used to rent apartments from private landlords in the community. S+C is funded through the HUD McKinney-Vento Act; local providers match HUD's funding with services.
- ◆ Croquet Lane and Stevens Avenue are apartment buildings owned and operated by Shalom House with varied levels of staff on-site. Croquet Lane serves individuals who are homeless with a psychiatric disability. Stevens Avenue³ serves individuals with disabilities who may or may not be coming directly from a homeless living situation.
- ◆ Spring Street is a single room occupancy apartment building serving homeless individuals with a psychiatric disability.

A total of 70 Shalom House participants were drawn from the DHHS Shelter Plus Care program, and five participants were living in one of Shalom House Inc.'s apartments.

TIME FRAME

Service utilization data were gathered from providers for a three-year period; two years prior to and one-year after the tenants' move-in dates. Service utilization rates from the second year will be examined on Phase Two, when all tenants have lived in PSH for two years. This report covers the data for one year before housing entry and one year after.

DATA SOURCE

Data were collected from the following sources:

- MaineCare
- Maine Medical Center
- Mercy Hospital
- Oxford Street Shelter
- Milestone Foundation
- Health Care for the Homeless Clinic
- Riverview
- Spring Harbor Hospital
- Portland Fire Department
- Cumberland County Jail
- Portland Police Department

For a more complete description of these providers and the data collected from them see Appendix C.

³ Stevens Avenue - For this study, only tenants who came from a homeless situation were asked to participate.

For reporting purposes data from all sources were assigned to high-level groupings based on service categories. See Appendix D for a detailed list of these groups.

LIMITATIONS

This study is modeled after similar studies completed in Denver, New York, and other major cities. The study design tracks service utilization by a set of individuals for defined periods before and after their entry into PSH. It does not compare the cost-effectiveness of PSH with other forms of housing.

Due to confidentiality requirements this study relied on the voluntary participation of tenants. It is therefore possible that there was some skewing of results due to self-selection; those who agreed to participate might have differed in service utilization from those who refused to allow their data to be used.

It was only possible to obtain supportive service data for those participants who were receiving MaineCare benefits; therefore, results may undercount utilization of services by those who were not enrolled in MaineCare for the full duration of the study period. Additionally, for those tenants who were part of a family only the head of household service information was available.

Finally, there may be some undercounting of services delivered outside of Portland, as these providers were not asked to provide information.

NEXT STEPS

Interviews are almost finished with tenants in York County permanent supportive housing programs. Over the course of the next eleven months PSH tenants will be interviewed in all counties throughout the State of Maine.

APPENDIX A Demographics

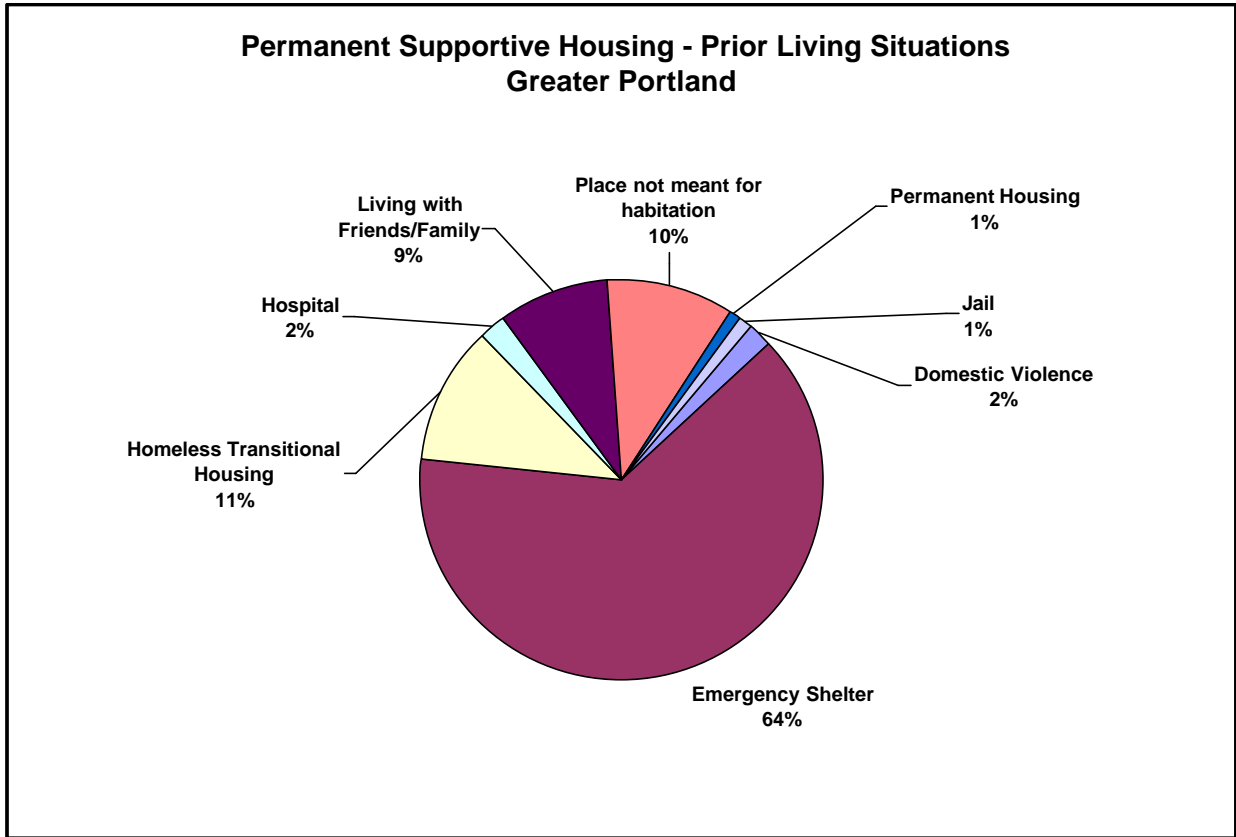
Permanent Supportive Housing Tenants Demographic Summary Greater Portland

| GENDER | | | DISABILITIES | | | | | | |
|--------|--------|---------|-----------------------|------|-----------------------|--------------------|--------------------------|---------------------|------------------|
| Male | Female | Veteran | Severe Mental Illness | HIV | Chronic Alcohol Abuse | Chronic Drug Abuse | Developmental Disability | Physical Disability | Other Disability |
| 59 | 40 | 20 | 93 | 4 | 32 | 10 | 1 | 4 | 8 |
| 59.6% | 40.4% | 20.2% | 93.9% | 4.0% | 32.3% | 10.1% | 1.0% | 4.0% | 8.1% |

| | | | HOUSEHOLD TYPE | | RACE | | | | | |
|------------|-------------------|-----------------|----------------|--------|-----------|-------------------------|-------------------------------|-------|------------|---------|
| Median Age | Median Age Female | Median Age Male | Single | Family | Caucasian | Black/ African American | American Indian Alaska Native | Asian | Other Race | Unknown |
| 46 | 44 | 47 | 82 | 17 | 82 | 8 | 3 | 3 | 2 | 1 |
| | | | 82.8% | 17.2% | 82.8% | 8.1% | 3.0% | 3.0% | 2.0% | 1.0% |

APPENDIX B

Prior Living Situations



APPENDIX C Data Sources

| Data Provider | Description | Type of Data |
|--|--|--|
| MaineCare | Maine's Medicaid funded health program targeting people with disabilities as well as those below 100% of poverty. | Insurance records for health, mental health and supportive services |
| Maine Medical Center | Private hospital located in Portland | Health care services |
| Mercy Hospital | Private hospital located in Portland | Health care services |
| Oxford Street Shelter | A 156 bed emergency shelter operated by the City of Portland, Department of Health and Human Services, Social Services Division. Offers services on-site at the shelter to help shelter guests find housing, employment, or access other services. | Bed nights |
| Milestone Foundation | A 41-bed emergency shelter for single men and women who are active substance abusers. Detoxification services are also available on-site. | Bed nights |
| Health Care for the Homeless Clinic | Clinic providing physical, mental health care and substance abuse treatment to homeless people. Operated by the City of Portland, Department of Health and Human Services, Public Health Division | Treatment for services delivered at the clinic |
| Riverview | One of two state-funded psychiatric hospitals, primarily serving southern Maine. | Psychiatric inpatient hospitalization days |
| Spring Harbor Hospital | Private psychiatric hospital located in South Portland | Psychiatric inpatient hospitalization days |
| Portland Fire Department | The City of Portland's fire department | Ambulance calls |
| Cumberland County Jail | Jail for inmates sentenced in the Cumberland County District Court | Days of incarceration |
| Portland Police Department | Protects public safety in the City of Portland | Contacts with Police Department |
| Maine Department of Health and Human Services – Region 1 | Regional office for the Maine Department of Health and Human Services office of Mental Health Services | Intensive case management contacts |
| Preble Street | Non-profit community agency providing various homeless services | Day shelter cost, Soup kitchen costs, program costs Logan Place |
| Shalom House | Non-profit community mental health agency | Program costs for Shelter Plus Care, Stevens Avenue, Croquet Lane, and Spring Street |

APPENDIX D

Service Categories

| <u>GROUPINGS</u> | <u>Sub-categories</u> |
|-------------------------|---|
| Ambulance | Ambulance |
| Case Management | Case Management Community Support Day Shelter |
| Dental | Dental |
| Emergency room | Emergency |
| Health care | Ambulatory Surgical Center Chiropractic Services Family Planning Clinic Federally Qualified Health Center General Inpatient General Outpatient Health Clinic Home Health Services Independent Lab Medical Supplies/DMI Supplies Medicare Part A - X-over Nursing Facility Occupational Therapy Optometric Services Physical Therapy Physician Podiatrist Prosthetic Devices Rehabilitation Services (Head Injury) |
| Housing | Croquet Lane Housing Preble Street Day Shelter Preble Street Breakfast Service Logan Place Housing Personal Care Services at PNMI Private Non-Medical Institution (PNMI) Shelter Plus Care Vouchers Stevens Avenue Apartments |
| Jail night | Jail Night |
| Police contact | Police Contact |

SERVICE CATEGORIES (cont)

| | |
|----------------------------------|---|
| Mental Health Care | Mental Health Services - counseling, psychiatry Mental Inpatient - State Hospital and Private psychiatric beds Outpatient Mental Health Psychological Services |
| Prescribed drugs | Prescribed drugs |
| Transportation | Transportation |
| Shelter night | Shelter Night |
| Substance Abuse Treatment | Detoxification Bed Health Clinic Substance Abuse Services Substance Abuse Case Management Substance Abuse Treatment - Inpatient and Outpatient |