

Public Shelter Admissions among Institutional Discharges: Foster Care, Corrections and Hospitals

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Background and Gaps

- “Institutional circuit” (Hopper et al. 1997)
- Limits of literature:
 - cross-sectional homeless samples
 - lacking institutional exit cohort studies
 - self report
 - single systems
- Net impact on shelter system not known

Objectives

- Integration of longitudinal administrative records (1996-1998)
- Examine rates of shelter admission among discharges and differentiating risk factors
- Examine rates of recent institutional history among shelter admissions and differentiating shelter stay patterns
- Data: ACS, NYC DOC, NYS DOCS, NYS OMH, Medicaid, HHC, VA, NYC DHS

Considerations

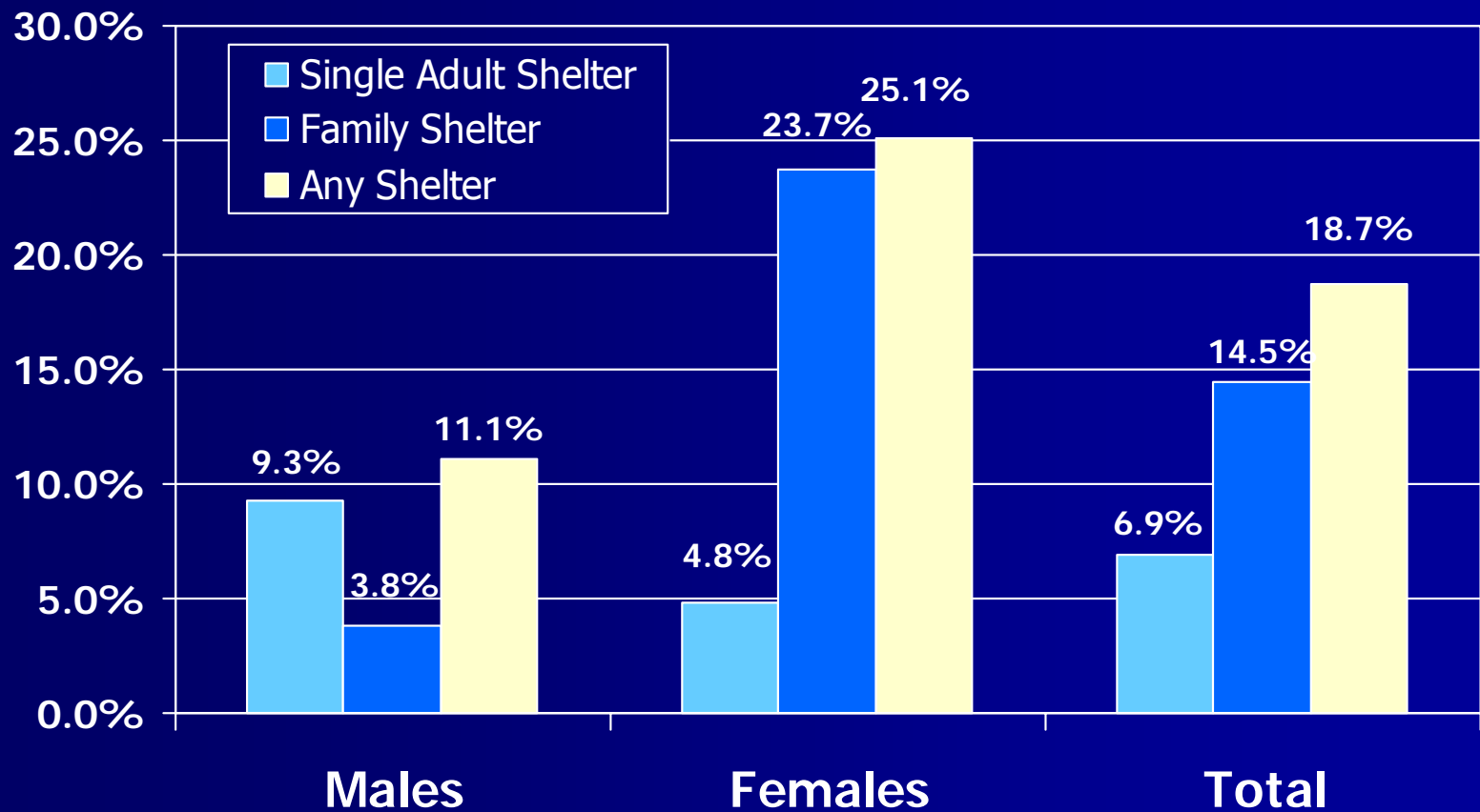
- Data obtained in 1999 and analyzed by 2002, as part of a larger study
- Most results published previously in articles specific to single service systems
- Today: Re-present together, compare systems to each other, and, for first time, enumerate net impact on shelter system; consider policy implications

Public Shelter Admission Among a Child Welfare Cohort

- Data on 11,958 persons with records of out-of-home placement or nonplacement preventative services in NYC child welfare system (NYCACS);
- Study group were aged 16 or older at point of exit from child welfare system;
- Exit occurred between 1988 and 1992;
- Child welfare records matched with NYC Dept. of Homeless Services shelter data (single & families) so that each record is followed in shelter system for 9-10 years.

Park JM, Metraux S, Brodbar G & Culhane DP (2004). "Public Shelter Admissions among Young Adults with Child Welfare Histories by Type of Service and Type of Exit." *Social Service Review* 78(2): 284-303.

Public Shelter Admission Among a Child Welfare Cohort – Rates



n=11,958

Public Shelter Admission Among a Child Welfare Cohort – Risk Factors

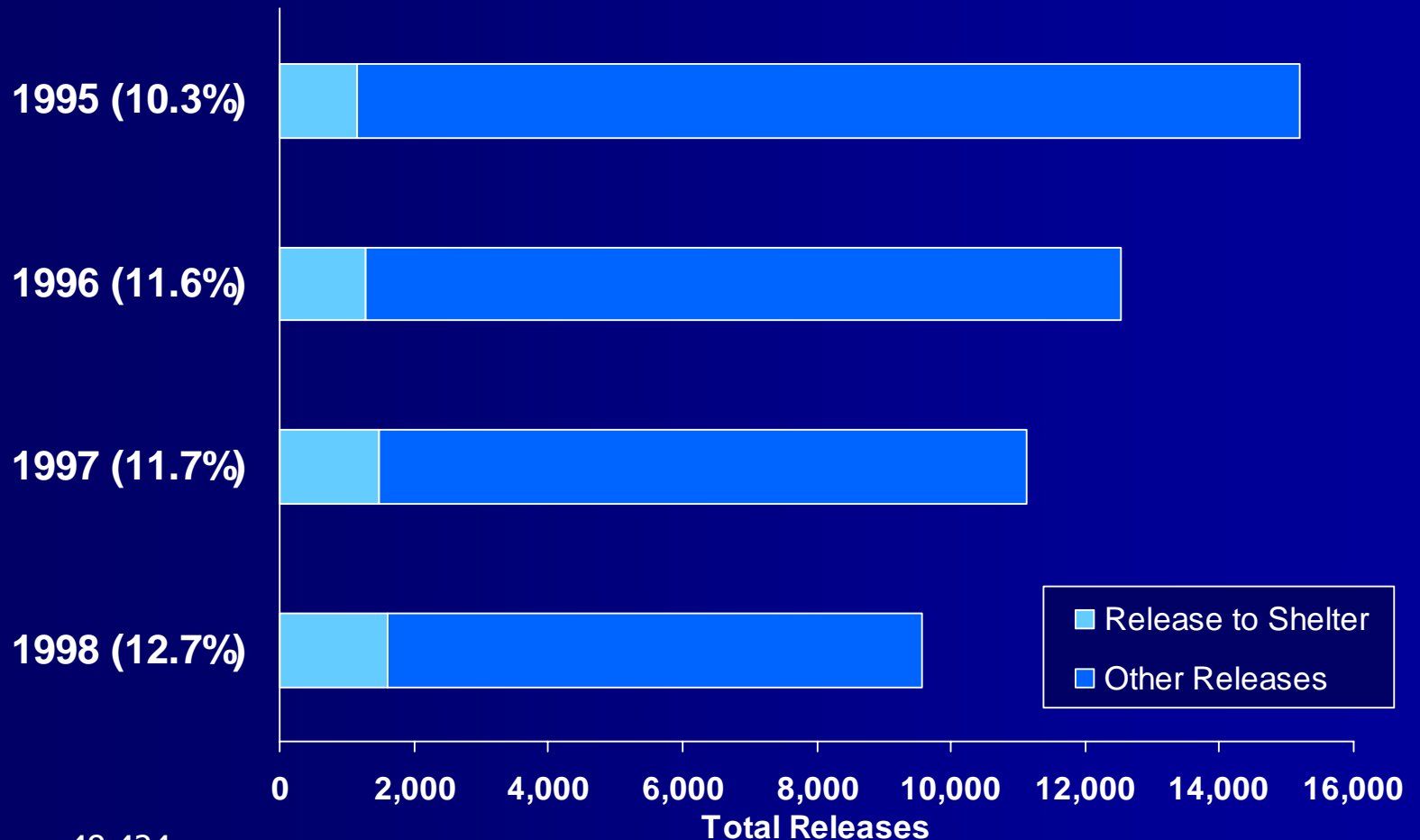
- Childhood out of home placement
- Absconding from placement
- Exit from child welfare system at older age
- African-American or Hispanic
- Gender – Women in Family System
- Proximity to exit from child welfare system

Public Shelter Admission Among a Cohort Released from State Prison

- Data on all persons released from NYS prisons to NYC locations from 1995 through 1998 (n=48,424).
- Records matched with DHS shelter (single adult only) records to track stays for two years post prison release.

Metraux S & Culhane DP (2004). "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk." *Criminology & Public Policy* 3(2): 139-160.

Public Shelter Admission Among a Cohort Released from State Prison - Rates



n=48,424

Public Shelter Admission Among a Cohort Released from State Prison – Risk Factors

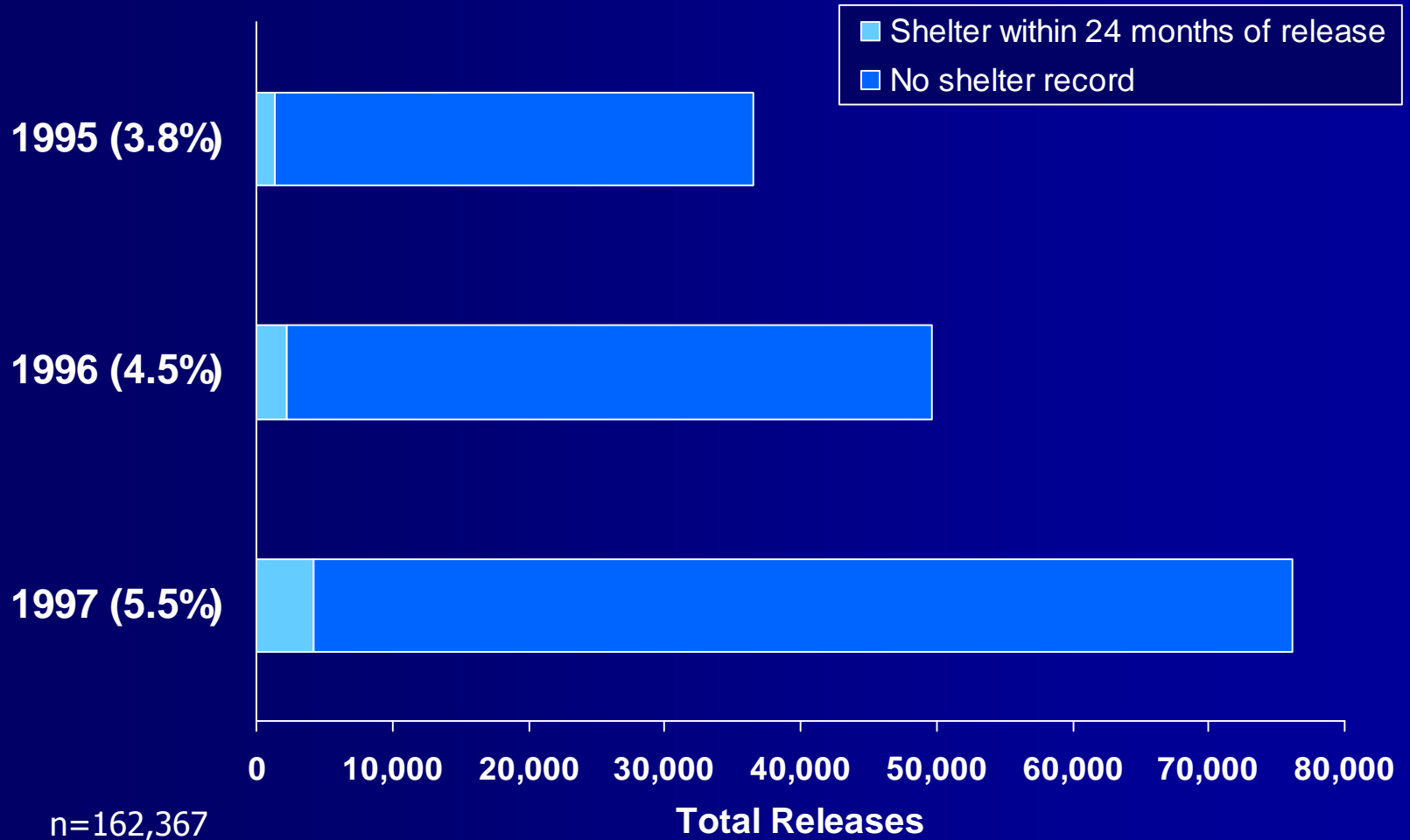
- History of shelter use prior to incarceration
- Older age
- Incarcerated for lower level felony convictions
- Prior record of misdemeanor convictions
- Repeat incarceration in risk period
- Proximity to prison release

Public Shelter Admission Among a Cohort Released from NYC Jail System

- Data on all persons released from NYC Department of Corrections jails (excluding institutional transfers) from 1995 through 1997 (n=162,367).
- Records matched with DHS shelter (single adult only) records to track stays for two years post NYCDOC release.

Metraux S & Culhane DP (2003). "The Intersection of Corrections Services and Shelter Use: Findings from New York City." Presented at National Forum on Housing, Homelessness and Prisoner Reentry. The Urban Institute, Washington DC: October 30.

Public Shelter Admission Among a Cohort Released from NYC Jail System - Rates

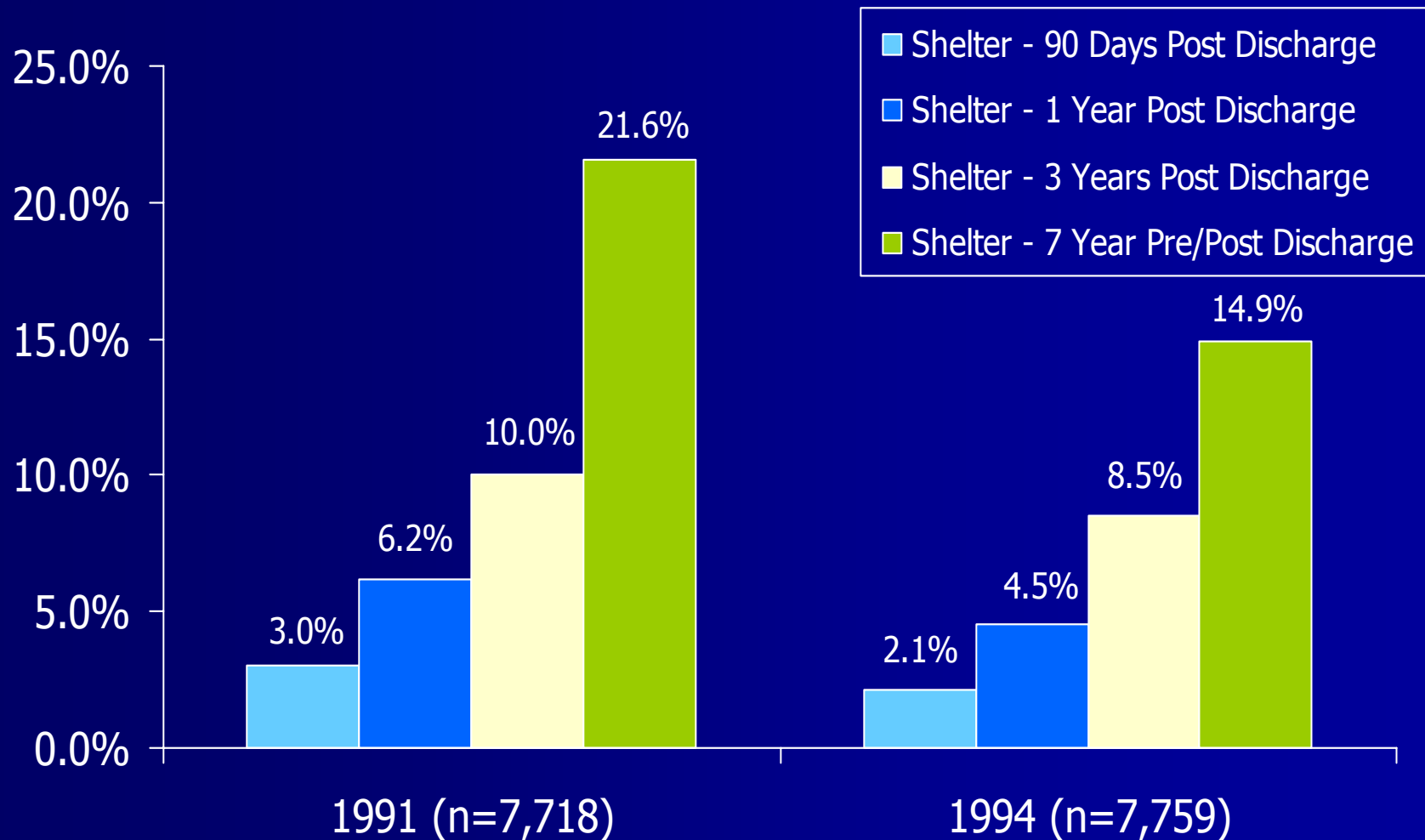


Public Shelter Admission Among 2 Cohorts Discharged from NYSOMH Hospitals

- Data on all persons, aged 18-62, released from inpatient stays in the NYS Office of Mental Health (OMH) hospitals and discharged to NYC locations in 1991 (n=7,718) and 1994 (n=7,759).
- Records matched with DHS shelter (single adult only) records to track stays for four years pre and four years post hospital discharge.

Metraux S (1998). "Rates of homelessness among persons released from New York State Psychiatric hospitals." Unpublished paper. University of Pennsylvania, Center for Mental Health Policy and Services Research.

Public Shelter Admission Among 2 Cohorts Discharged from NYSOMH Hospitals - Rates



Public Shelter Admission Among 2 Cohorts Discharged from NYSOMH Hospitals – Risk Factors

- Diagnosis of Drug/Alcohol Dependency
- History of Shelter Use Prior to Hospitalization
- Hospital Discharge AMA
- Discharged from Hospital to Family (protective factor)
- Male sex
- Black race

Public Shelter Admission Among Persons Discharged from Medicaid Reimbursed Hospital Stays

- Claims data for Medicaid-reimbursed hospitalizations in 1997 by (single adult) shelter users, grouped by primary diagnosis. This data is aggregated to serve as numerator.
- Aggregated counts of all NYC Medicaid-reimbursed hospitalizations in 1997, grouped by primary diagnosis. (denominator)
- Numerator is not a discharge cohort

Public Shelter Admission Among Persons Discharged from Medicaid Reimbursed Hospital Stays - Rates

	Total Number Of Claims	All Mental Disorders (DSM 290-319)	Severe Mental Illness (295 or 296)	Alcohol/Drug Dependency (303 or 304)
All MA Inpatient Claims in NYC – 1997	685,471	143,121	48,898	81,988
Single-adult Shelter related MA Claims - 1997	37,402	9,966	2,967	6,859
Proportion of all 1997 NYC MA claims related to a shelter admission	5.5%	7.0%	6.1%	8.4%

Summary of Admissions Rates Following Institutional Discharges

- Child Welfare (9 year; both shelter types) 18.7%
- State Prison (1997; 2 year) 11.7%
- City Jail (1997; 2 year) 5.5%
- State Hospital (1994, 1 year) 4.5%
- Medicaid (1997) 5.5%

- One Year NYC Poverty Pop. Rates
 - Overall Poverty Pop (1998) 4.1%
 - Family Poverty Pop (1998) 4.6%
 - Black Poverty Pop Ages 0-5 (1995) 16.2%
 - Black Male Poverty Pop Ages 30-49 (1995) 19.6%

Culhane D & Metraux S (1999). "One-year rates of public shelter utilization by race/ethnicity, age, sex and poverty status for New York City (1990 and 1995) and Philadelphia (1995)." *Population Research and Policy Review* 18: 219-236.

Cumulative Institutional Discharges among First Time Shelter Admissions - Data

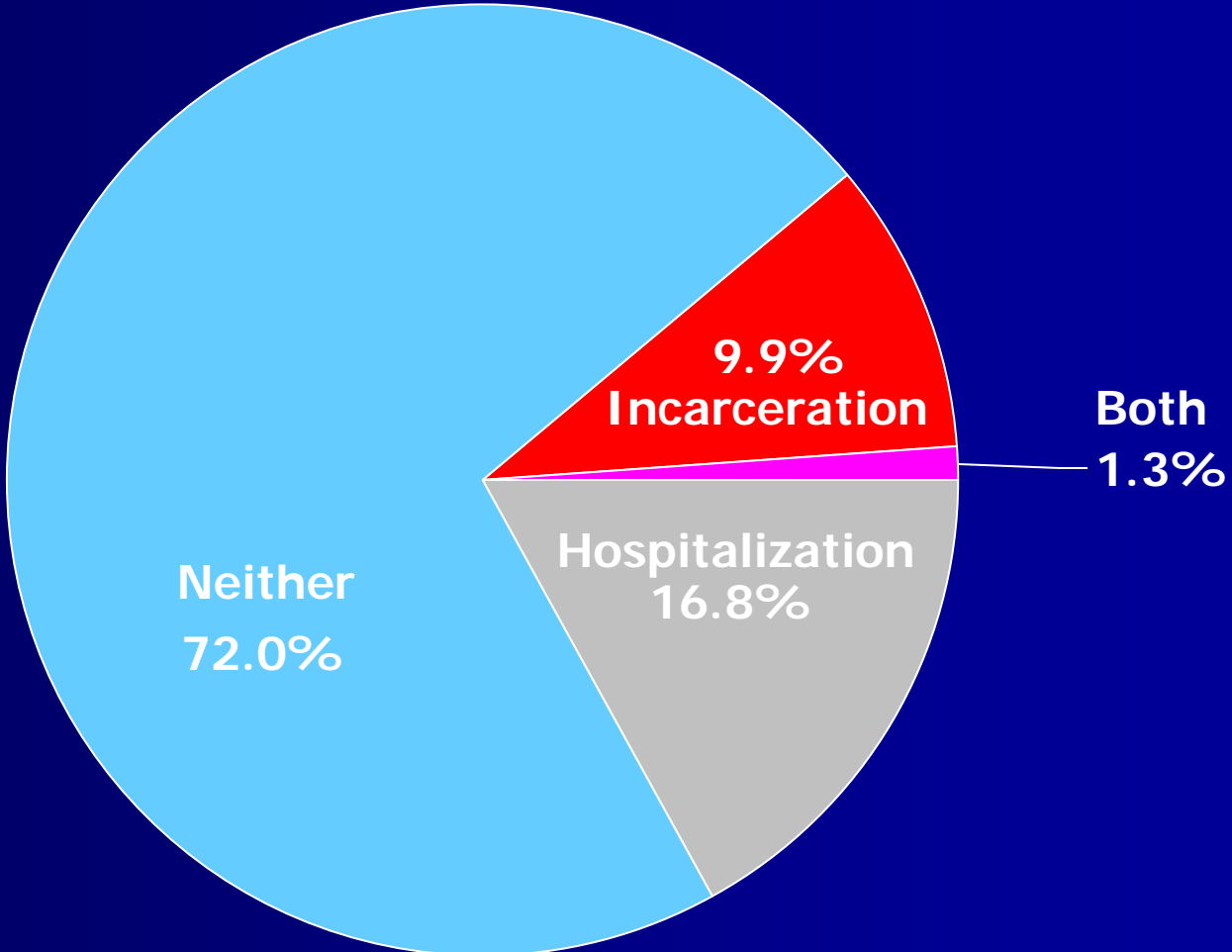
- 9,303 persons entering NYC public shelters for the first time in 1997;
- Matched with data from public systems used in NY/NY study (Culhane, Metraux & Hadley 2001):
 - NYC Dept of Corrections
 - NYC Health & Hospitals Corporation
 - NYS Dept of Correctional Services
 - NYS Dept of Health (Medicaid inpatient)
 - NYS Office of Mental Health
 - US Veterans Administration
- Identify persons with an institutional stay record <90 days prior to initial shelter admission.

Cumulative Institutional Discharges among First Time Shelter Admissions - Proportions

	N	%
NYC Dept of Corrections	423	4.6
NYS Dept of Correctional Services	617	6.6
NYS Dept of Health (Medicaid inpatient)	1,223	13.2
NYC Health & Hospitals Corporation (non-MA)	260	2.8
NYS Office of Mental Health	50	0.5
US Veterans Administration	205	2.2

N=9,303

Cumulative Institutional Discharges among First Time Shelter Admissions - Proportions

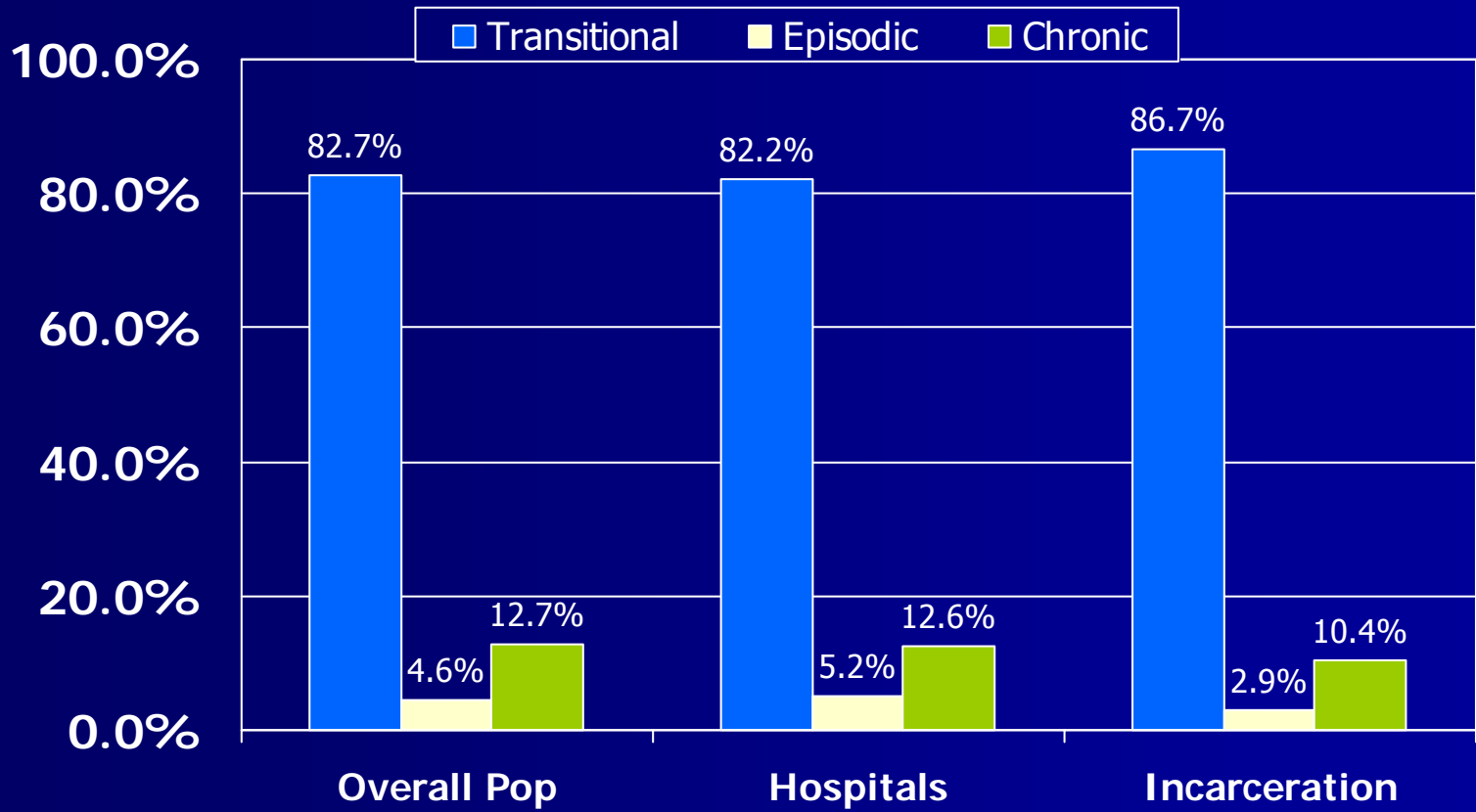


Clusters of Shelter Users Based on Utilization Patterns

- Transitional – generally enter the shelter system for only one stay and for a short period.
- Episodic – multiple, relatively short shelter stays.
- Chronic – one or two long-term shelter stays.

Kuhn R & Culhane DP (1998). Applying cluster analysis to test of a typology of homelessness: Results from the analysis of administrative data. *American Journal of Community Psychology*, 17 (1), 23-43.

Institutional Crossover by Cluster for 1997 Incidence Cohort



$\chi^2=18.7$ (6 df; $p<.01$)

ACS Exiters (out of home placement) as proportion of new shelter admissions under 25 years of age

- Adult Shelter System: 20%
- Family Shelter System: 22%
- Overall 21%

Park, J. M., Metraux, S., & Culhane, D. P. (2005). "Childhood out-of-home placement and dynamics of public shelter utilization among young homeless adults." *Children and Youth Services Review*, 27, 533-546.

Implications: Interrupting the institutional circuit

- Targeting discharge planning by risk groups
- Need for transitional supports – for non-chronic homelessness (vast majority)
- Shelter conversion (30-40% of adult shelter beds)
 - vertical integration w/ mainstream
 - licensed and managed
 - relevant program design

