

# LOGAN PLACE

7 YEARS LATER:

COST EFFECTIVENESS OF HOUSING FIRST



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# RESULTS

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Housing projects for people who are chronically homeless:

- Reduce the burden on public and emergency delivery systems
- Help people use community supportive services more effectively
- Increase a person's quality of life

# WHAT IS LOGAN PLACE?

Opened in 2005, Logan Place provides efficiency apartments and 24/365 on-site support for 30 adults who had been persistently homeless. Logan Place is a model for a real solution to the problem of homelessness in Portland.



# STUDY PARTICIPANTS

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24 chronically homeless individuals who also have one or more disabilities.

Median Age	Females	Males	Veterans	Disabled
46	4	20	2	24

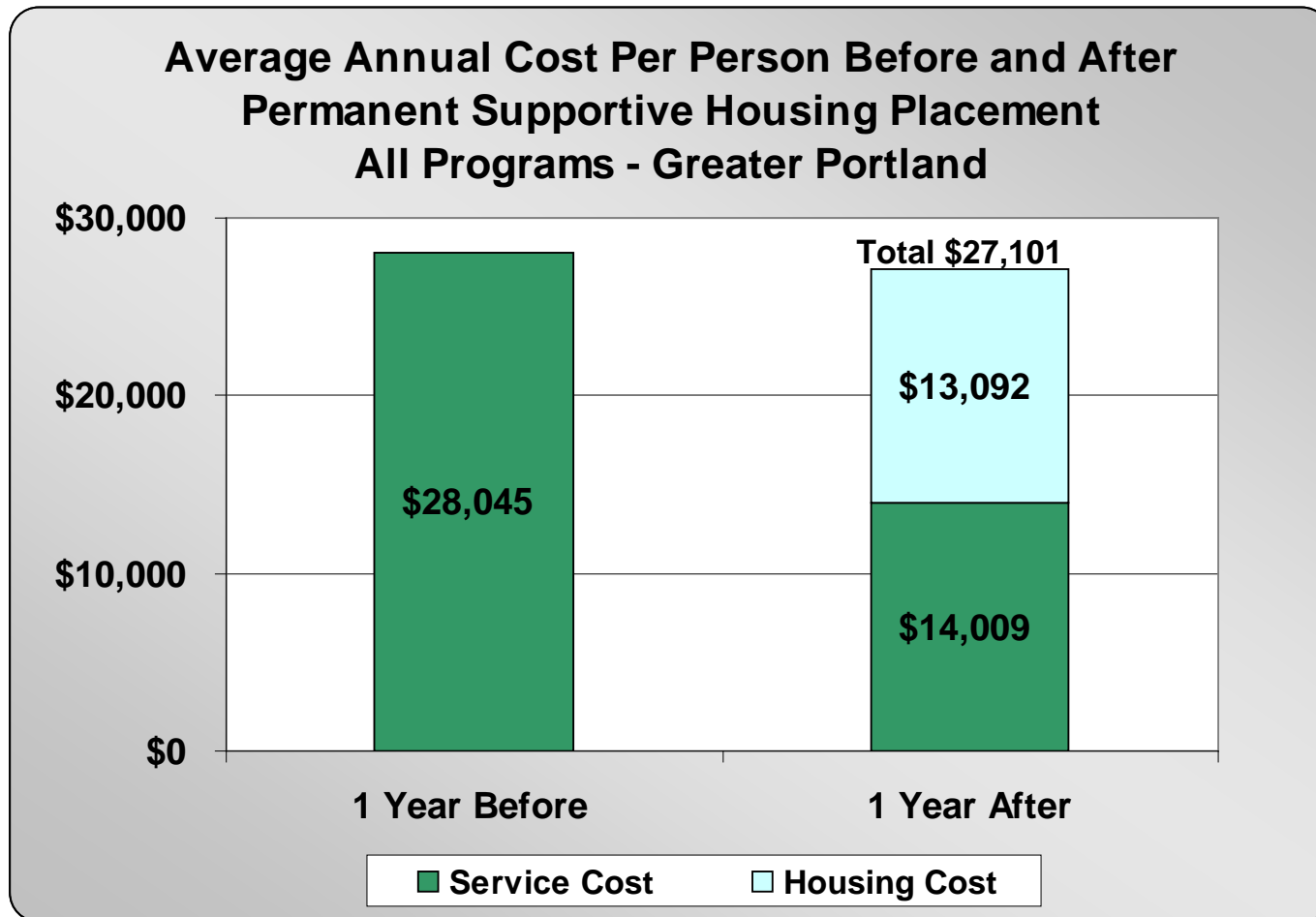
# 2007 COST OF HOMELESSNESS STUDY

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## Highlights

- Housing people who are homeless cuts the average costs of services they consume in half.
- After being housed, the 23 formerly homeless people in this study received 35% more mental health services at 46% 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 23 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.

# AVERAGE ANNUAL COST OF CARE SAVINGS



# 7 YEARS LATER, WHAT WE KNOW NOW

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Of the 24 original study participants:

- 41.6% (10) are still at Logan Place with an average length of stay of 8.75 years
- 16.6% (4) live independently in the community.
- 16.6% (4) are deceased (average age at death, 57)
- 8% (2) returned to the shelter after 2 years at Logan Place
- 4% (1) lives in supportive housing
- 4% (1) is in a nursing home
- 4% (1) returned to his home country (China)
- 4% (1) unknown

# CURRENT COST SAVINGS

Notes:

Costs are reflected in 2007 dollars

7 year savings in all 6 categories (health care, mental health care, emergency room visits, ambulance, police contacts, shelter nights) is \$3,273,104 for 10 residents.

The average savings after calculating housing costs is \$792,960.\*

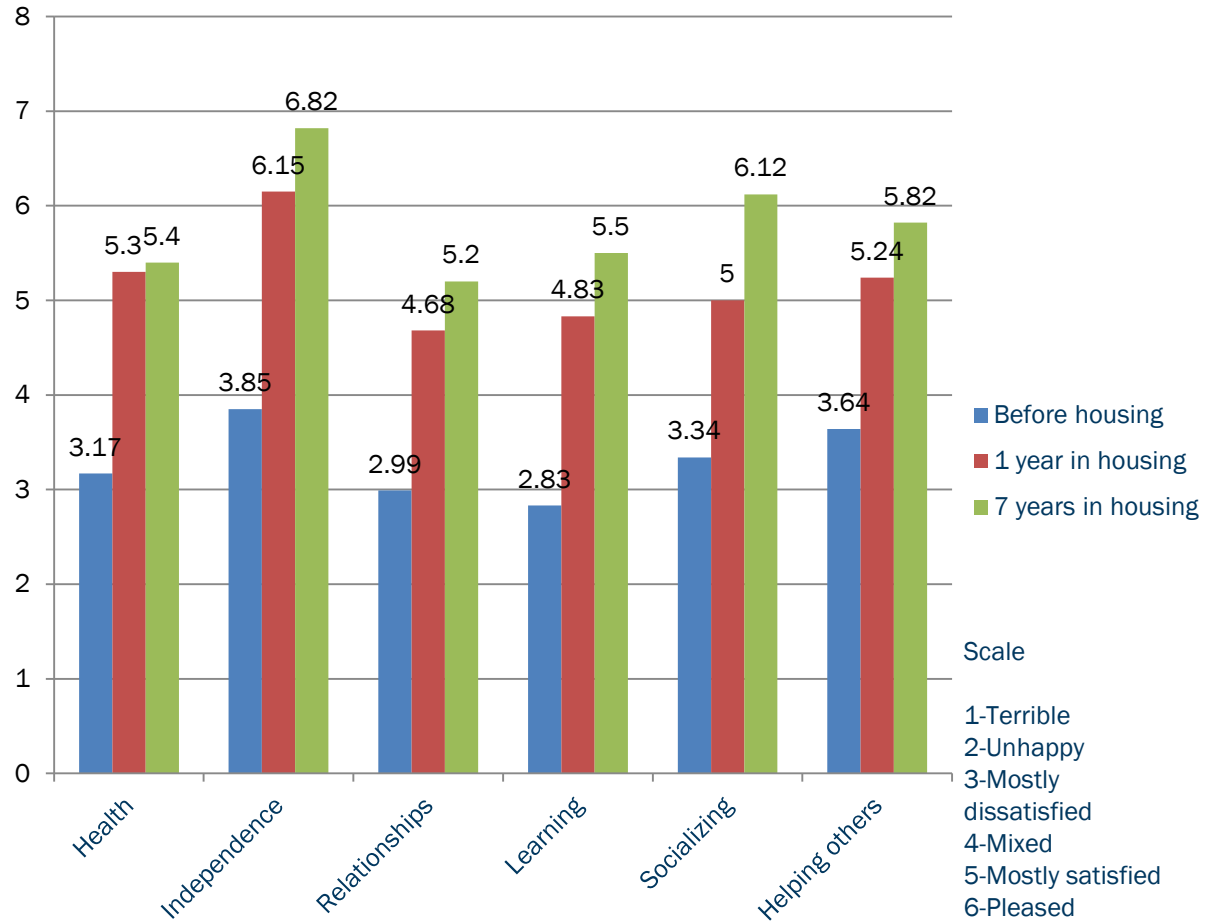
Category	Costs when homeless	Costs in 2007	Average cost savings over 7 years
Health care*	\$348,699	\$141,427	<b>\$1,450,899</b>
Mental Health care	\$237,219	\$129,916	\$681,126
Emergency Room	\$85,883	\$32,480	\$373,819
Ambulance	\$19,082	\$6,394	\$88,819
Police contacts	\$9,542	\$3,257	\$43,994
Shelter nights	\$102,738	\$3,789	\$634,447



# QUALITY OF LIFE INDICATORS

Not surprisingly, on all indicators, residents reported increases in their quality of life in the first year in housing.

These levels of satisfaction with their quality of life have continued 7 years later.



# SELF SUFFICIENCY MATRIX

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Domain	Average score
Employment	1-(In crisis)-No job
Shelter	4-(Building capacity)-Housing is in safe, adequate subsidized housing
Food	2-(Vulnerable)-Household is on SNAP
Health Care	4-(Building Capacity)-All members can get health care when needed but may strain the budget
Mobility	4-(Building Capacity)-Transportation is generally accessible to meet basic travel needs.
Income	3-(Safe)-Can meet basic needs with subsidy; appropriate spending.

Arizona Self Sufficiency Matrix score for 12 household's from the original study

# CURRENT LOGAN PLACE DEMOGRAPHICS

- Average age of residents is 56 (range 31-77)
- 3 females and 27 males
- 4 veterans
- 30 disabled
- Average length of stay of current residents is 7.2 years.

# CURRENT ISSUES

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- Compromised health at shelters
- Aging and illness at housing first programs
- Lack of community health resources for Logan Place tenants
- Lack of substance abuse treatment/support
- MaineCare coverage for substance abusers and others.

# NEXT STEPS

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- Advocacy regarding needs
- Research and data on medically compromised homeless individuals
- Explore health resources, funding, and partners

# SUCCESS STORIES

Peggy at Preble Street got me off the street.

I don't know what I'd do if that hadn't happened....

I'm not going to die on the street. I'm going to die right there, right on that bed. I've got too many years left, I can feel it.... The best thing is that I've got a place to go when there's no shelter available.

The shelters are too crowded. You get there at five at night and hope they have a bed. If not, I'd find a hallway someplace to sleep....

I got my cat four years ago, maybe three. He's my buddy. His name is Casper, but we call him Porker....

The best part of having a roof over my head is my bed. I have a place to sleep.

Tell the homeless people that if they can get a place, to do everything they can to keep it. Don't let your buddies screw it up. Make it last till the last picture show.



Geno, 58

18 years homeless, 9 years in housing

# SUCCESS STORIES

Having a roof over my head means I don't have to be in the street anymore. That gives me peace of mind. God knows what I'd do if I was homeless again.

I became homeless when my mother was put in a nursing home. I believe she's still alive. She's 101 years old. I was working for a car dealership when I had my stroke in 2007 and couldn't work, and she was in the home. That's how it happened, homelessness....

Homelessness sucks. Nobody should be living on the street. I fell and broke my shoulder and was taken to the hospital. There, somebody filled out paperwork, and then I came here.

The best thing about living here is having a bed and a shower.



Mike, 56

8 years homeless, 2 years in housing