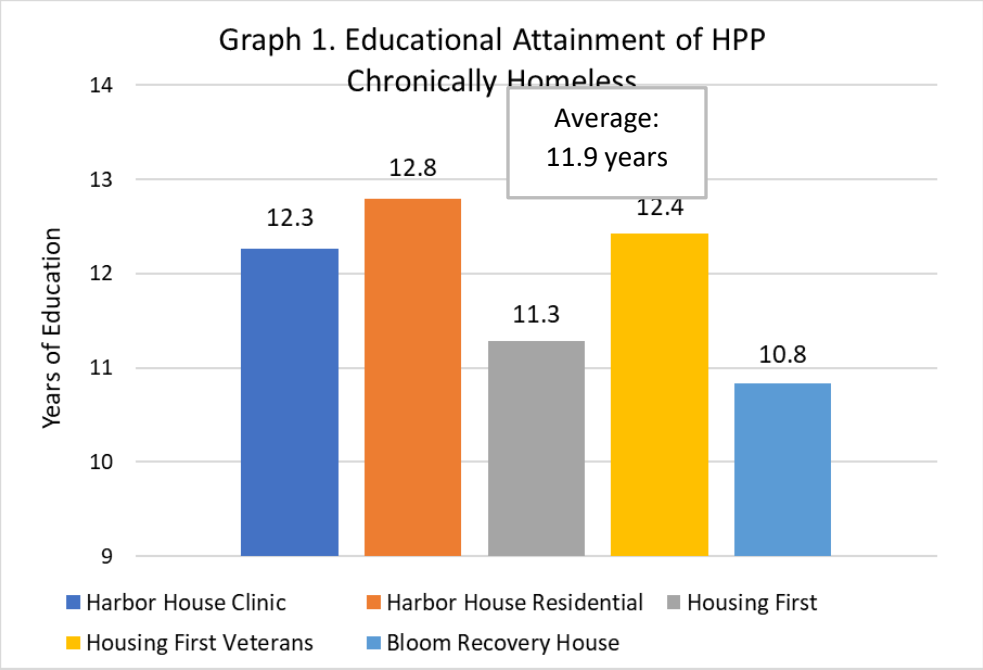
Who Are the Colorado Springs Homeless? Part Two

by Tatiana Bailey, Ph.D.
Director, *UCCS Economic Forum*

In June, the CSBJ published part one on the characteristics of our local, chronically homeless population with the research conducted by Homeward Pikes Peak (HPP) and the UCCS Economic Forum (http://www.uccseconomicforum.com/publications/Who-Are-the-Colorado-Springs-Homeless-Part-One.pdf). This article shared some underlying and rather stark themes related to the childhood years of our region's chronically homeless population. The data showed a high prevalence of alcohol, drug and/or mental and/or physical abuse by a parent or caregiver – a tragic but not necessarily surprising finding. What was most striking in that data is the high prevalence of all the childhood traumas: a parent or caregiver abusing alcohol, and drugs, and being mental and physically abused. The percentage of clients who experienced all of the above traumas ranged from 25% to 60%. Another pattern discussed in article one centered around the high occurrence of inflicted violence at any point in the client's history (ranging by program from 57% to 91%) as well as the infliction of violence on others (ranging from 0% to 45%). Not surprisingly, incarceration rates were also high (between 8% and 83%).

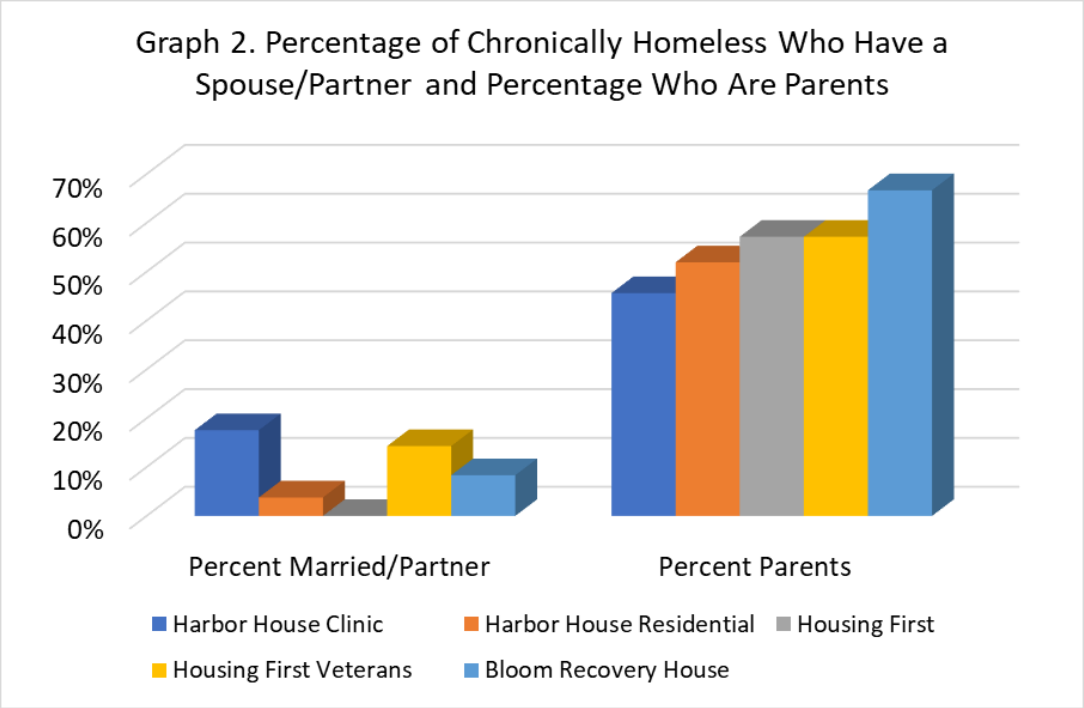
In this second and final article, a few other traits are examined such as educational attainment, the marital and parental status of clients, mental and physical health status, whether clients are accessing any kind of mental health service, the prevalence of substance abuse at (client) intake, and the incidence of hospitalizations and emergency room visits.

Graph one shows that HPP clients during 2018 had an average of 11.9 years of educational attainment. The mothers from Bloom House had the lowest attainment level at 10.8 years. This undoubtedly ties to the adverse home environment the majority of HPP clients experienced as children, as discussed in the first article. The presence of substance and other types of abuse creates a survival environment obviously not conducive to academic support within the home. These low education levels are another critical barrier in overcoming homelessness, above and beyond the aforementioned childhood traumas, and the lack of academic achievement nearly guarantees a future of financial instability.

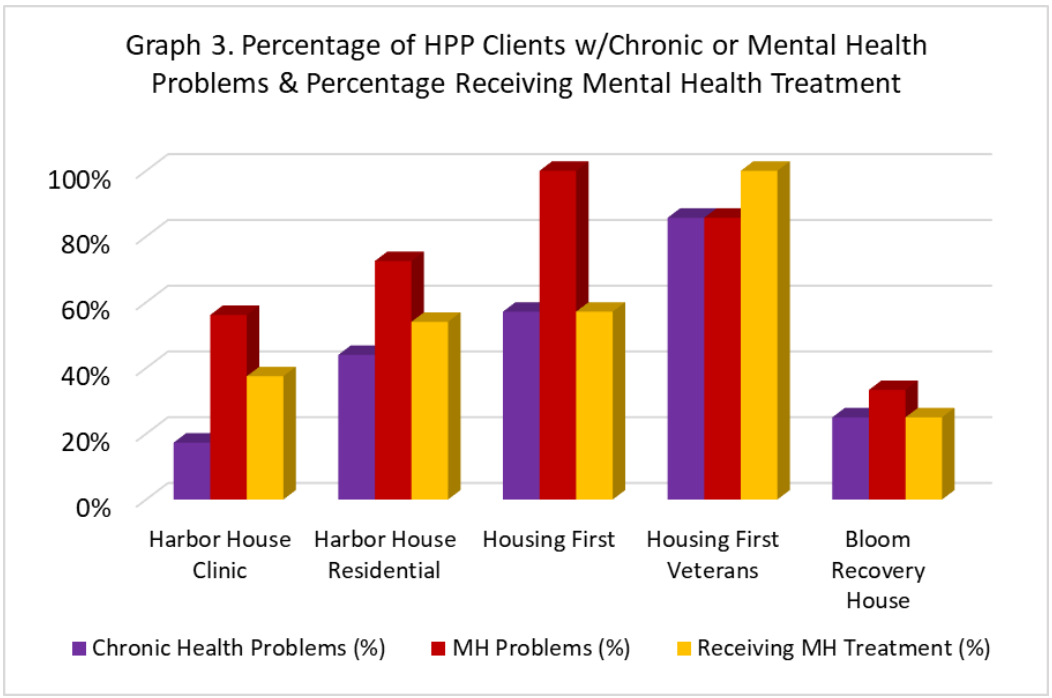


The HPP programs varied in terms of marital status and parental status. As graph 2 shows, a relatively low percentage of HPP's clients were married or had a partner at intake (ranging from 0% to 18%), but a relatively high percentage of the chronically homeless have children. In all five programs, the percentage of clients who had children ranged from 46% to

67%. This data adds yet another dimension to the ongoing challenge of homelessness. Surely the children of our region's chronically homeless have the odds stacked against them much as the homeless individual himself or herself did in the adverse environments in which they were raised.

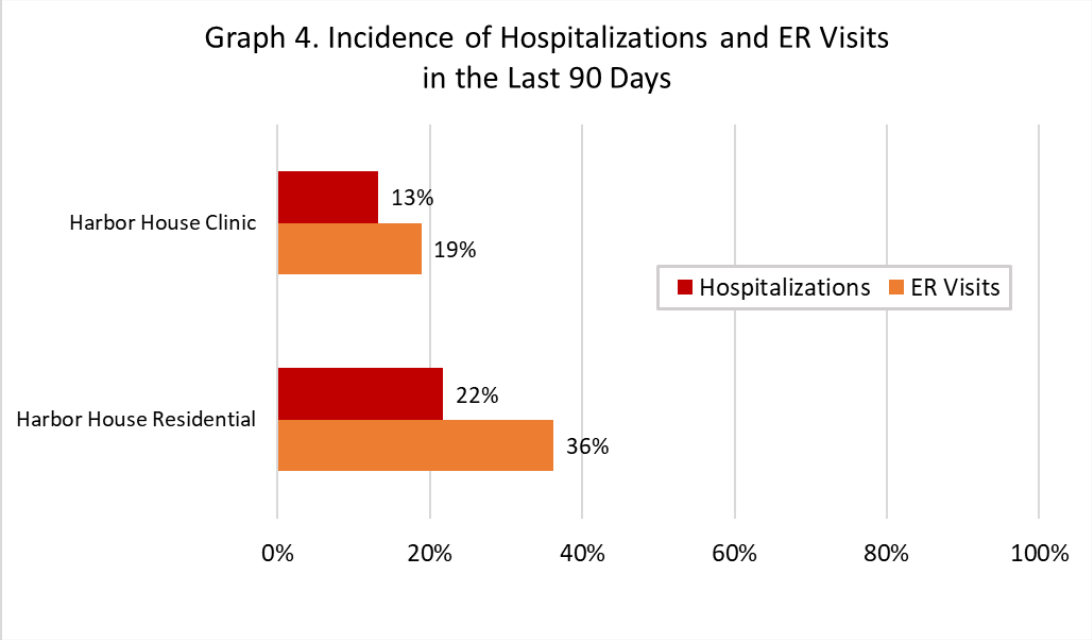


Across HPP programs, a high proportion of clients state at intake that they have chronic health problems and/or mental health problems (Graph 3). On average, 46% of clients state they have chronic health problems and the highest percentage is for the Housing First Veterans program (86%). Likewise, an average of 70% of clients state across programs that they have mental health problems with the highest proportion again belonging to the veteran program (86%). The proportion of clients who state at intake that they are receiving mental health treatment varied more widely (25% to 100%). The highest proportion for this metric also belonged to the veteran program suggesting that the military (health) safety net program is being accessed.



Many of our region's chronically homeless are self-treating their physical or mental health problems with drugs or alcohol. The percentage of HPP clients who report having a drug or alcohol problem ranges from 22% (alcohol problems for Harbor House Clinic) to 100% (Bloom Recovery House). It is important to note that Harbor House Clinic patients are at HPP because of a referral for substance abuse treatment, but clearly not all clients acknowledge their abuse. Likewise, a pre-requisite for admission to Bloom House is pregnancy and a substance abuse problem.

The prevalence of physical and mental health challenges most likely explains the relatively high incidence of emergency room visits and inpatient stays for HPP's two largest programs. Harbor House Clinic had 13% of its clients in 2018 with a hospitalization in the past 90 days alone and 19% of clients with an ER visit in the past 90 days. Similarly, 22% of Harbor House Residential clients had a hospitalization in the past 90 days and 36% has an ER visit in the past 90 days (Graph 4). The other, smaller programs did not collect this data. Different studies cite different amounts, but the average seems to hover around $2,000 per ER visit across the U.S. and about $3,000 per inpatient day in Colorado (Kaiser Family Foundation). Our chronically homeless are heavily utilizing acute care services and it is costly.



There are many take-aways from the descriptive data gathered by HPP and analyzed by the UCCS Economic Forum. The recurring themes of childhood trauma and persistent violence discussed in article one certainly increases the probability of mental illness and alcohol or drug abuse. These traumas are occurring during key formative years: according to the National Institutes of Health, 90% of the adult human brain is formed by age 6. These past and current challenges call for intensive mental health counseling, and highlight the inherent crisis presented by the shortage of mental health providers across the country.

Tragically, the adverse history of our chronically homeless and the low educational attainment may very well extend beyond the homeless HPP client himself or herself. All the HPP programs had some portion of clients who were parents in 2018. It is well documented that childhood traumas are often repeated. There is also a strong correlation between a parent's educational attainment level and a child's educational attainment level.

One bright spot in this analysis is the high percentage of clients who have health insurance coverage (from 94% to 100%). It is noteworthy that most clients in all HPP programs do have or quickly obtain insurance when they present at HPP with the help of their trained staff. This could potentially offer some pathways for improvement for this population particularly around mental health. Each sober living program at HPP requires the client to enter intensive outpatient treatment with a local provider.

The results of this evaluation portray a seemingly hopeless situation. Yet, while some implications in the data may not

solve ingrained problems, the information may provide some tactics specific to those who are chronically homeless within our city. First, it is important to note that HPP clients are typically chronically homeless individuals and are quite different than an individual who unexpectedly experiences unemployment or bankruptcy. The latter group usually can transition out of homelessness especially in communities where there is access to temporary support services. There is a "churn" inherent in this population meaning that any region will likely have some number of transitioning homeless. This analysis presents the challenges of those who typically have more deep-seated, chronic issues that are harder to overcome. Although difficult, helping even some portion of this population may help alleviate the enduring and perpetual problem of homelessness within a given region.

Second, the themes of childhood trauma suggest treatment therapies that center around post-traumatic stress disorder. This clearly needs more investigation by expert clinicians who are now equipped with the (local) data around the childhood experiences of this population. Third, the high proportion of chronically homeless who are parents suggests that active outreach to the children of our local homeless population may provide a mechanism to interrupt the cycle of traumas when there is parental consent. Fourth, our region may want to pursue simple public health awareness campaigns that highlight the critical importance of those first six, highly formative years. Fifth, preventing the high use of very costly hospital facilities implies that there may be cost savings in actively engaging and managing the health of our region's chronically homeless. Homelessness experts typically advocate for increasing access to medical detox centers, short-term residential crisis stabilization for severe mental illness, and more permanent supportive housing for those with mental illness and addictions.

It is unfortunately not possible to turn back the clock and erase childhood traumas and violence, but it is possible to understand the context of our local, chronically homeless. An understanding can drive a concerted effort to provide targeted and coordinated services that at least have a chance of affecting change for some portion of those who have most acutely lost their way.

Thank you to Beth Roalstad for her commitment to our region's chronically homeless and to rigorous evaluation. Thank you to Cari Davis and the Colorado Springs Health Foundation for their commitment to improving our region's well-being.

Published by the Colorado Springs Business Journal on August 2, 2019; www.csbj.com.

For information on receiving the monthly economic dashboard via sponsorship, please contact Tatiana Bailey, Director, UCCS Economic Forum (tbailey6@uccs.edu)