

Shelter Guests' Characteristics & Service Use, FY2014 -15

Report to Father Bill's & MainSpring

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I. Executive Summary

Demographics

Between Fiscal Year 2014 and 2015, very few demographic characteristics have shifted. The main change is that the proportion of veterans among FBMS shelters' guests increased from 11% to 13% overall.

While composition in terms of age and gender has not grown significantly from FY14 to FY15, this does not preclude possible growth over a longer period of time. In fact, as opposed to a stereotypical picture of shelter guests as middle-aged men, the current population is much more diverse, with **26% female guests** and sizable young and elderly populations. **Young adults (under 24) represent now 7% of guests**, and an **additional 22% are between 25 and 34 years old**. On the other side, **we detect a 12% share of guests 60 years old or more, a third of whom are 65 or more**. Thus, clearly a longer-term trend has produced a much more spread out population.

Guests with more needs

The demographic diversity among shelter guests translates to a changing landscape of service needs. First of all, the **incidence of alcohol abuse has increased** overall from **16% to 19%**. This is a generalized increase among both veteran and non-veteran guests.

While the **middle to older aged guests are more likely to suffer alcohol abuse** problems, for the younger guests (under 34), **drug abuse** is an important phenomenon. **Forty-two percent of guests between 25 and 34 years old** report drug abuse (combined or not with alcohol).

Among **veterans** and for the **elderly guests in general, physical disabilities** are a major issue, with **close to half (45%)** reporting such issues, and with the proportion of **guests with physical disabilities** on the rise overall (29% in FY15 v 25% previous FY).

The diversity of guests is also reflected in their prior residence. **Forty-eight percent arrive from independent housing**, mainly from **doubling up with family** (especially African American and Hispanic guests) or **friends** (younger guests).

For the **elderly shelter guests (60+) population**, there appear to be **various breaks in the system**. First, those **between age 60 and 64** are more likely to come from rental housing (15%). What the income data suggest is that at this age, **earned income is already very infrequent (17%), and retirement income has not yet kicked in (8%)**. For guests that do not access SSI or SSDI benefits or if those are insufficient, rising rents might be pushing them out before they can link to retirement supports. Another situation appears **salient for those 65 or older**: the intake from **hospitals**, which **represents 17% of the cases** in this age group. The incidence of this intake origin has grown overall from 4% to 8% of all guests between the two fiscal years studied.

Increasing length of stay

Finally, there is an indication in the data that the **median length of stay** (median number of nights spent by guests over the course of a year, in one episode or more) has grown somewhat, **from 8 to 11 nights** between FY14 and FY15. **Length of stay is most strongly correlated to age** (with the longest stays for **50 to 64** year olds, **around 27 days**) and **guests with alcohol-only abuse (21 days)** (as opposed to drug-abusing, lowest length of stay). The growth of the alcohol-abusing population and (non-significant) growth of the elderly population can explain most of the overall growth in the length of stay, although there is growth that these and other available demographics do not explain. It is thus possible that other (unobserved) characteristics explain part of the growth, or a general decrease of outside options is pushing the shelter guests to use it more intensively (the **increase in median stay is quite generalized across targets**). An alternative explanation is that the slowly improving economic situation is pulling out better-off clients (able-bodied, prime working age) and **leaving guests with lower employability and connections to other social systems**.

Conclusion: data perspective on a day center option

Father Bill's and MainSpring is facing an **increasingly complex shelter population**, with a diversity of problems at intake that can be summarized as **failures in the informal and formal safety nets**. The failure of informal supports is evidenced by intakes from doubling up with family and friends, often complicated by substance abuse. Especially harrowing is the evidence of the **failure of formal systems of support for the elderly, due to gaps in assistance** – in **disability or retirement income** to support rent, and in systems that would allow **transitioning from medical care to supported housing**. The picture is further **complicated by a fairly generalized increase in length of stay**, especially for the elderly population and guests with alcohol abuse problems.

There is **good potential for a day center to complement the FBMS shelter services**, and even **decrease some pressure** on its services. The **elderly** guests, and those with physical disabilities, would **benefit greatly from a safe place to spend their days**, as evidenced in the qualitative research, and these guests now represent important shares of shelter users. Similarly, a day center could help **guests with substance abuse issues to stay in an environment that offers alternatives and support**, potentially speeding up their transitions to treatment or supportive housing. When looking at the different problems (and thinking of other ones that are not reflected in the data, like education, domestic violence issues, or immigration barriers), it will be important to carefully **tailor the supportive services at the center to clients and to connect effectively with other systems**. Furthermore, the prevalence of different disabilities and health issues connected with the loss of informal safety nets predicts the need for not only offering services but **actively advocating for individual clients** on different levels (getting public assistance, participating in adequate activities).

II. Data Sources & Methodological Notes

The analyses in this document were drawn from the guest demographic data collected at shelter intake, the bed register database that has been matched with demographic data through the HMIS IDs, and from monthly service assessment reports. Data covering fiscal years 2014 and 2015 provided by both shelters, Father Bill's Place and MainSpring House, were used in these analyses.

While the main analysis focuses on fiscal year 2015 (population demographics, entry conditions, typical shelter use), fiscal year 2014 data are shown where significantly different from FY 2015. Significant differences between demographic or other groups are marked in the graphs with black outlined boxes, indicating groups that have statistically significant different values at the 95% confidence interval. The bolded text highlights some of the findings shown in the graphs.

III. Population characteristics in FY 2015

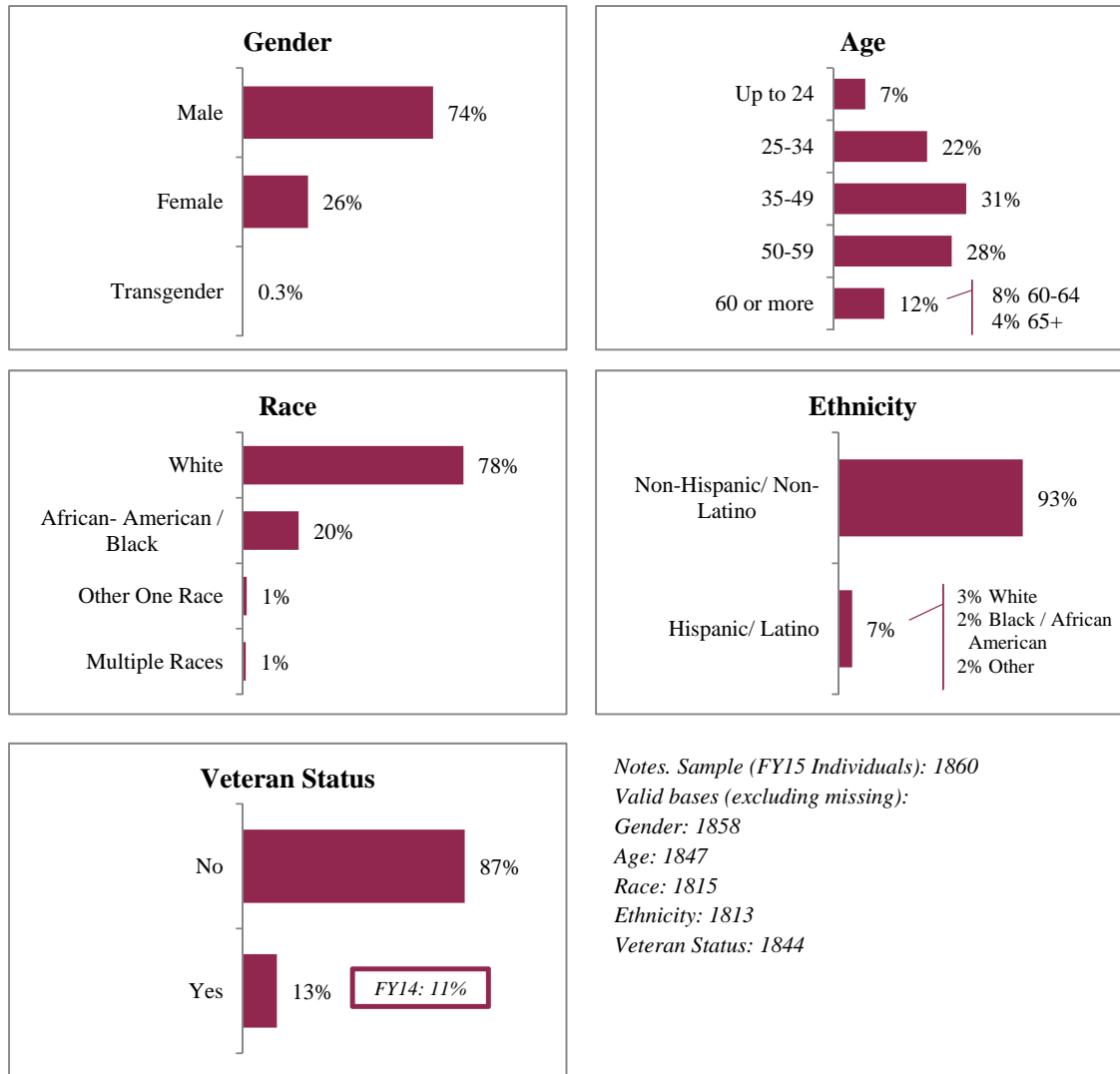
1. Demographic composition of year-round population

In fiscal year 2015, the two shelters served a total of **1,860 homeless individuals with 74%** of them **men, 26% women**, and the remaining identified as 0.3% transgender or other. These proportions were similar in both shelters. **The mean age of all shelter guests was 44**, with a median 46 years. **Seven percent of the shelter population was under 25**, and **12% was 60 or more years old**.

MainSpring House served a **somewhat younger population** on average (43 years versus 45 years at Father Bill's Place), with **10% under 25** and 24% between 25 and 34 years old, as compared to 5% and 19%, respectively, at Father Bill's Place. **MainSpring also served more Latino guests** (10% versus 4% at FBP) and **Black / African American guests** (27% versus 12% at FBP).

Overall **13% of guests** were **veterans**, without significant variation by shelter, but up from 11% in FY 2014. There were no other significant statistical differences in any of the demographics when comparing FY 2014 and 2015.

Figure 1. Shelter Guests Demographics, Father Bill’s House & MainSpring, FY 2015.

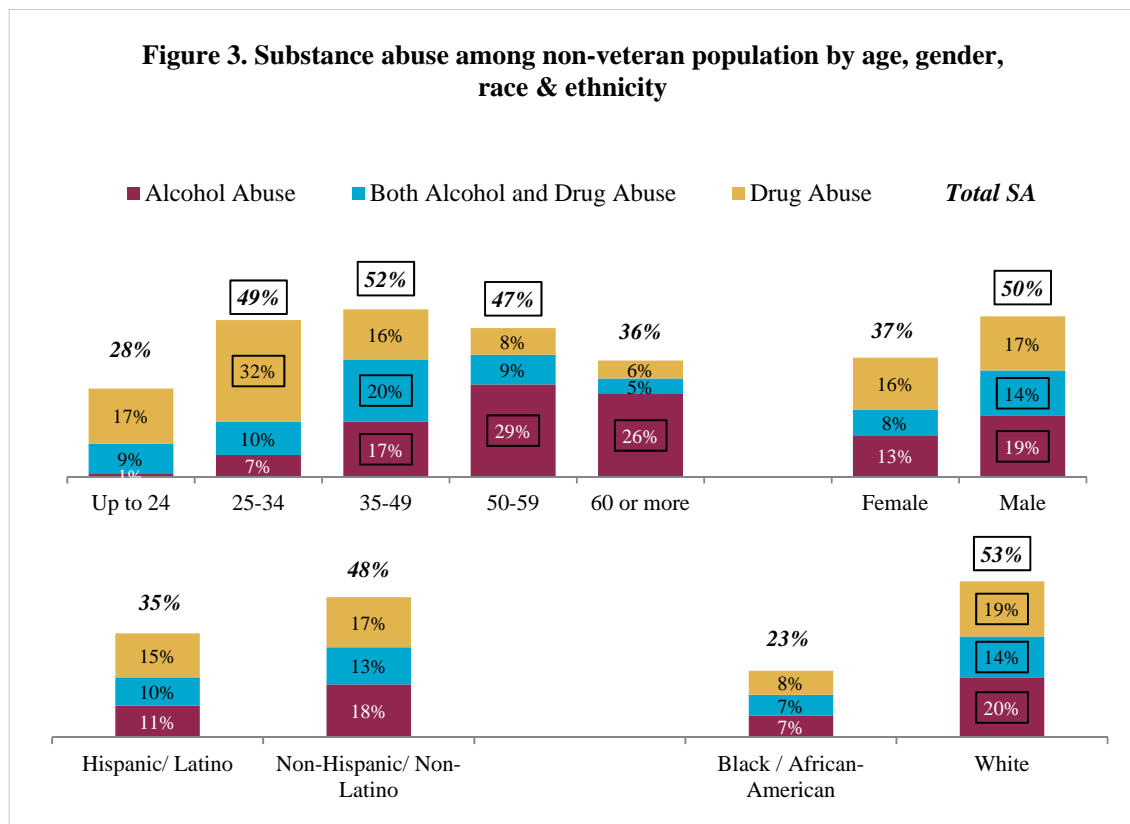
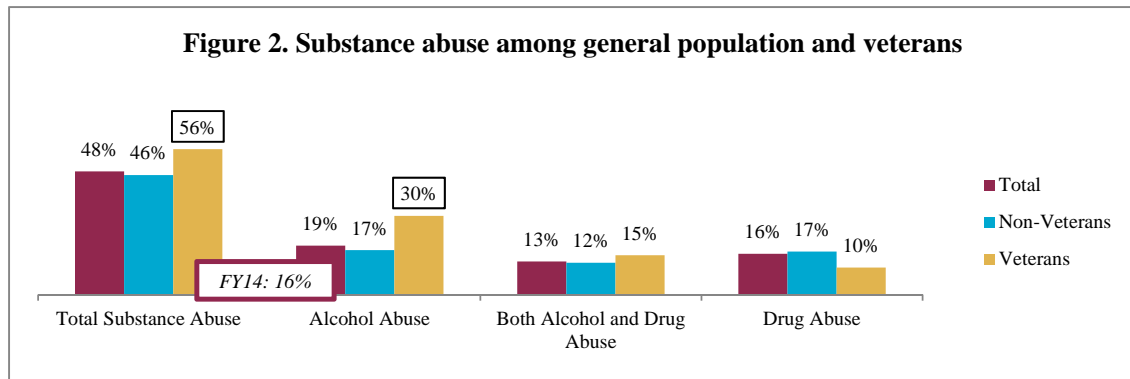


2. Incidence of Substance Abuse

Forty-eight percent of shelter users reported a substance abuse problem (same as in FY14), with similar incidence by type of substance: **alcohol (19%), drugs (13%) and both substances (16%)**. Incidence of **alcohol abuse was up** from 16% in FY14 to 19% in FY15. Veterans reported alcohol abuse most often (30%).

Among non-veterans, alcohol abuse increased with age, for example among the 50-59 old group 29% reported abusing alcohol versus just 1% among the younger shelter users. Drug abuse peaked for the 25-34 year olds (32% drugs only, 42% when combined with alcohol). Men were more likely to have

alcohol abuse problems, and combined drug/alcohol problems, and white shelter users stood out in all substance abuse categories in comparison to black shelter users.

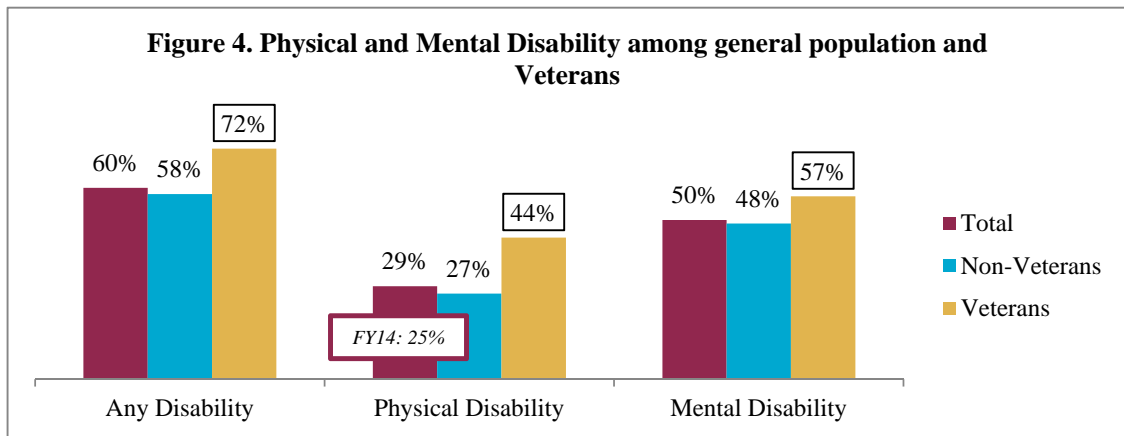


Notes: Sample (FY15 Individuals, Non-veterans):1597. % calculated over valid bases in each target (excluding missing)

3. Health: Physical and Psychiatric Disabilities.

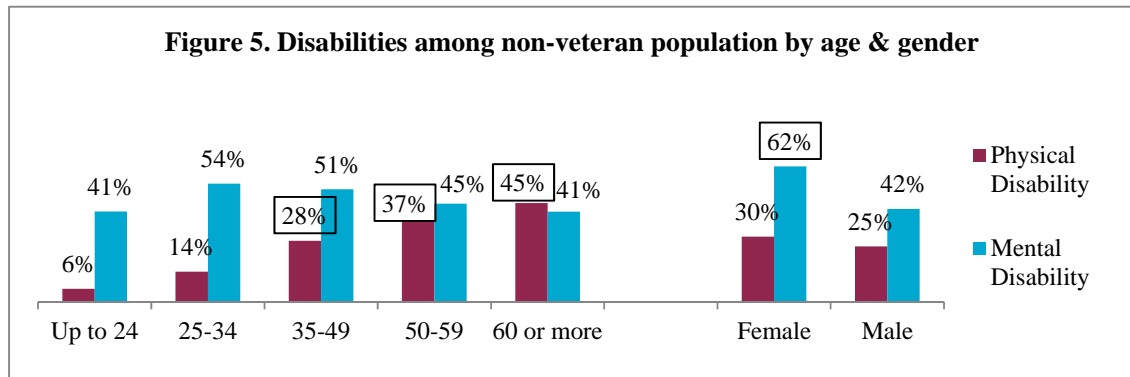
Overall, **29%** of shelter guests in **FY 2015** reported a **physical disability**, up from 25% in FY2014, and **50%** a **mental disability** (46% in FY14). **Fifty-one percent** of guests reported any of the two conditions.

Almost half (44%) of served veterans had a **physical disability**, significantly more than the general shelter population, and **57%** reported a **psychiatric disability**, also significantly higher than the general shelter population, although by a much smaller difference. **Physical disability** was more common among **older veterans: 60% of the eldest group (60+) reported it**, as opposed to 34% of veterans 18 to 49 years old.



Disabilities and Age & Gender

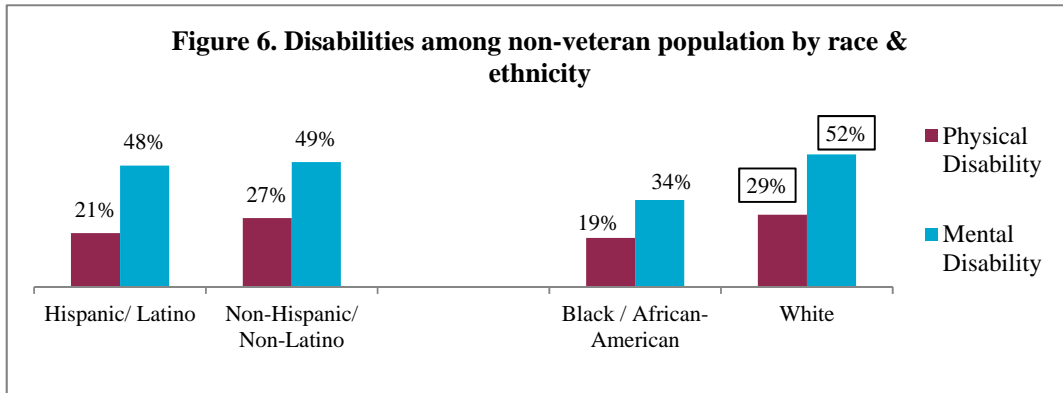
Among **non-veterans**, **physical disability** was **correlated with age**, with only 6% of the youngest folks (under 25) reporting any physical disability, as compared to 28% among 35 to 49 year olds and 45% among seniors 60 years or older. **Women** reported a higher degree of psychiatric disabilities (62% v 42% among men).



Disabilities and Race

White shelter guests reported a **higher incidence of disability** than non-white shelter guests. With regard to **physical** disability, this difference may be explained by the fact that white guests at the shelters were older on average (mean age 44 versus 40 among black guests; 30% of white guests were between 50 and 59, whereas only 19% of black guests were in that age group). Further, we confirmed this finding through a multivariate regression analysis, accounting for veteran status, race, ethnicity, gender, age and substance abuse status as potential determinants of physical disability determinants. Through this analysis, **only age and veteran status significantly increased the chance of the presence of a physical disability.**

On the other hand, the **higher incidence of psychiatric disability among white guests was more complex.** In a similar model to that for physical disability, **gender (female), veteran status and substance abuse** (especially drugs, but also alcohol) impacted the likelihood of psychiatric disability. However **even controlling for these determinants, race (white) remains a significant factor,** pointing to other (not collected) determinants of psychiatric disability that are different among white and black guests.



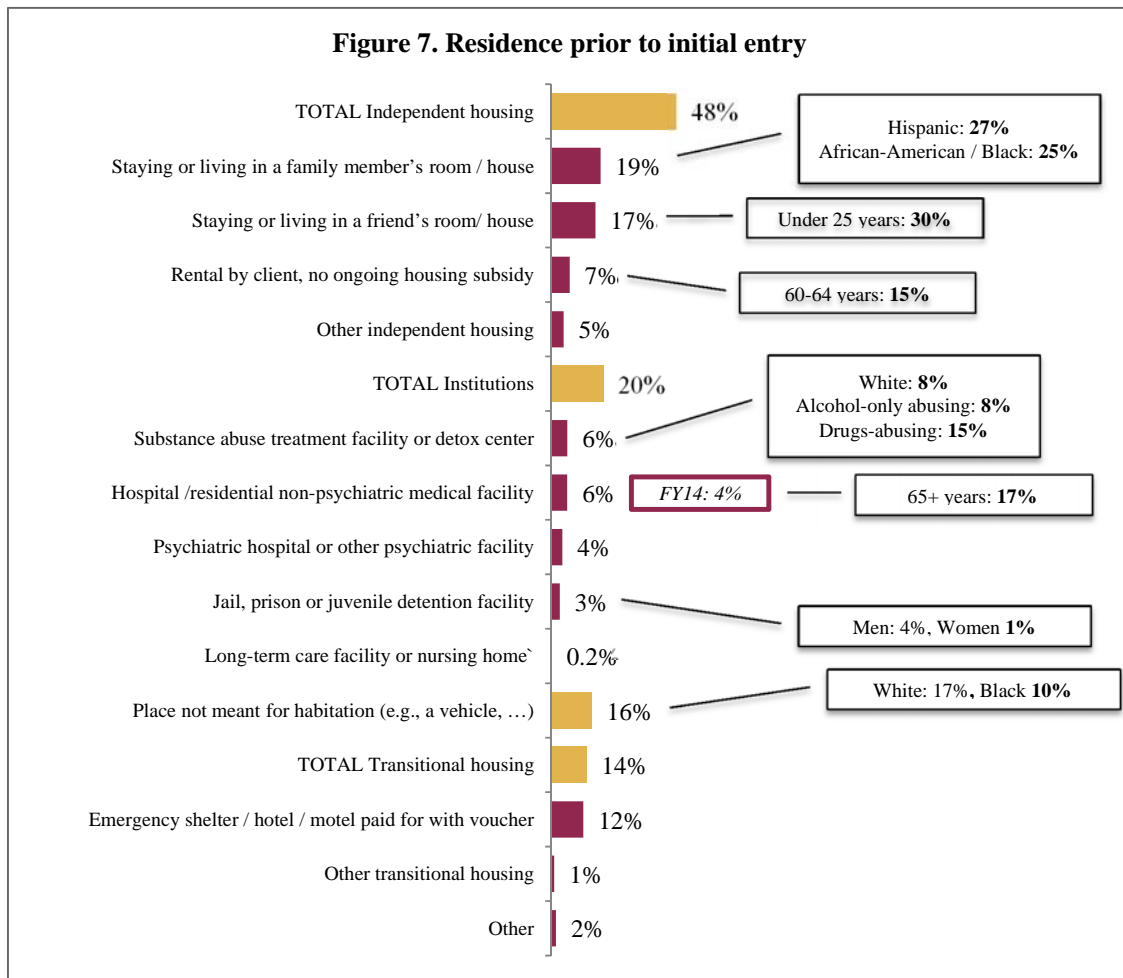
Notes: Sample (FY15 Individuals, Non-veterans):1597. % calculated over valid bases in each target (excluding missing)

4. Residence Prior to Initial Shelter Entry

Roughly half of guests entered the shelters from independent housing arrangements, most notably from doubled up with **family or friends (28%), or their own rental unit (7%).** Especially the **youngest** (under 25) guests come from **doubling up with friends (30%),** while it was more likely among **near-retirees (60-64) to have come from their own unsubsidized rental (15%),** and for black and Hispanic guests from having doubled up with family (25% and 27% respectively).

Twenty percent of shelter guests were previously in an institutional placement, most notably in a substance abuse treatment facility (6%), hospital or residential medical facility (6%), psychiatric facility (4%) or prison system (3%). Intakes from hospitals have risen somewhat from FY14 (4% to 6%). **Hospital** intakes were most common among the **elderly** (65+ years, 17% incidence), **substance abuse intakes** more among the white population (8%). **Fifteen percent of those with drug abuse problem** entered the shelter from substance abuse treatment facilities.

The third largest group was represented by people coming from **places not meant for habitation (16%)**. Finally, 14% come from other transitional housing services, such as other shelters/motels.



Notes: FY 2015 individual sample (n=1860). Base for the % is always the valid sample (excluding missing, not recorded, not answer / don't know). Valid sample (n= 1559). Showing demographic variations for items with at least 1% of valid sample.

5. Sources of income and non-cash benefits at initial entry

Income data were not reported as comprehensively as data on demographics; data on income sources and amounts were only available for 33% of shelter guests in FY 2015. Data on non-cash benefits were more comprehensive: 71% reported on receipt of non-cash benefits.

From the collected data, we found that the most common source of income was **earned income**; **32% of guests** declared this source, with a **median amount of earnings at \$923 per month**. Other typical income sources were **SSDI for 28% of guests, with \$820 of median monthly income**, and **SSI, for 20% of guests, at \$720 median monthly income**. These and other less frequently reported sources of income amounted to a **median monthly income of \$800**.

Guests of prime working age were more likely to report earned incomes: **41% of the 25 to 49 year olds** reported some earned income at entry, with smaller proportions among older guests. In contrast, **SSDI was most prevalent among the mature working and early-retirement age cohort (50-64)** at 35%, a group that also had a higher rate of **disability (38%)**. **SSI receipt was most often reported by the oldest guests**, with 29% incidence for guests 60 to 64 and 34% among those 65 or older. **Twenty-two percent of veterans received service-connected VA benefits, and 14% non-service connected benefits**.

Table 1. Summary of Income Sources FY 2015

	%	% by Target Group	Median Amount	Mean Amount	Range of Amounts
Earned Income	32%	(By age) 25-49: 41% 50-59: 27% 60-64: 17% 65+: 5%	\$923	\$1,060	\$32 - \$4800
Social Security Disability Income (SSDI)	28%	(Disabled*) 38% (Top age groups) 50-64: 35%	\$820	\$925	\$1 - \$2147
Supplemental Security Income (SSI)	20%	(Disabled) 25% (Top age groups) 60-64: 29% 65+: 34%	\$720	\$678	\$8 - \$1432
General Assistance	5%	-	-	-	-
VA Service Disability Compensation	5%	(Veterans) 22%	-	-	-
Unemployment Insurance	3%	-	-	-	-
VA Non-Service Disability Pension	3%	(Veterans) 14%	-	-	-
Retirement - Social Security	3%	(Top age groups) 60-64: 8% 65+: 25%	-	-	-
Total Income from all sources			\$ 800	\$ 919	\$1 - \$4800

Notes: Sample (FY15 Individuals):1860. Valid sample: 607. Amounts data is not shown for sources with under 30 cases.

* counting physical and / or mental health issues.

Non-cash benefits at initial entry

Thirty-six percent of guests reported receiving non-cash benefits, primarily SNAP (34%). The reception of these benefits is more present among **disabled** guests (45%), guests with **substance abuse** issues (41%), guests **ages 50 to 64** (around 42%), and **women** (40%).

Table 2. Incidence of non-cash benefits

	% Received	% Received among targets
Non-cash benefits from any source	36%	(Disabled) 45% (Substance abuse) : 41%
Supplemental Nutrition Assistance Program (SNAP)	34%	(Top age groups) 50-59: 41% 60-64: 43% (Gender) Women: 40% Men: 35%

Notes: Sample (FY15 Individuals):1860. Valid sample: 1322.

6. Length of Shelter Stay

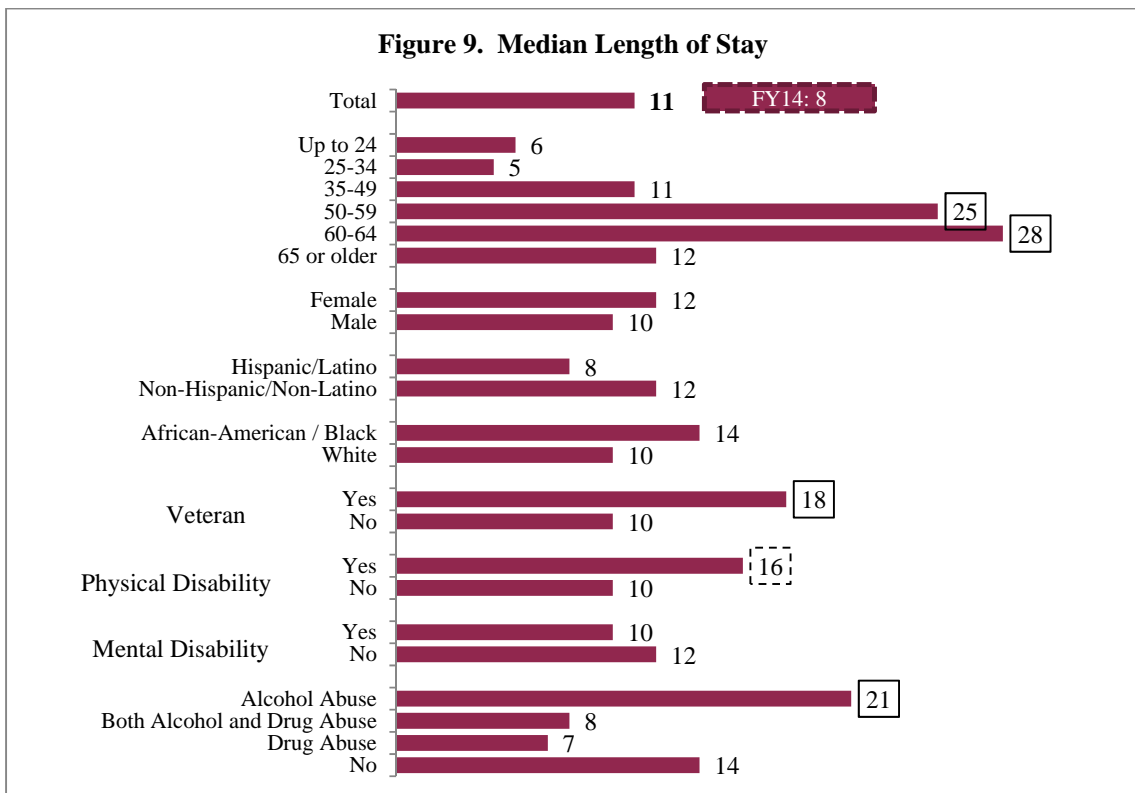
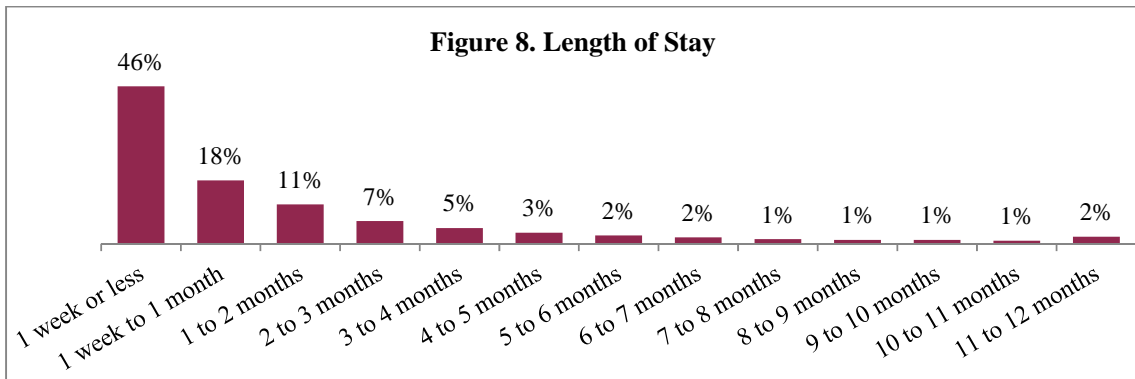
Guests had spent a median of 11 nights per year at Father Bill’s Place and MainSpring House, whether at one time or divided into separate occasions (different episodes). This was a general increase from **a median of 8 nights / year in FY14** (significant at 90% confidence interval). **Twenty-three percent have spent just a single night at the shelter, and 46% up to a week.**

While in FY14 the median stay was similar for both houses (8-9 nights), in FY15 MainSpring House recorded a somewhat higher median length of 13 nights, v 9 nights at Father Bills’ Place.

Guests 50 to 64, veterans, physically disabled and with **alcohol abuse** issues had **longer** median lengths of stay, **especially elderly guests with a median of 25-28 nights** and **guests with alcohol abuse with a median of 21 nights.**

When looking at all demographic determinants together, length of stay is most strongly correlated to age (with longest stays for **50 to 64** year olds, **around 27 days**) and **guests with alcohol-only abuse (21 days)**. The (significant) growth of the alcohol-abusing population and (non-significant) growth of the elderly population can thus explain most of the overall growth in the length of stay, although there is growth that these and other available demographics do not cause. It is thus possible

that other characteristics explain part of the growth, or a general decrease of outside options is pushing the shelter guests to use the shelter more intensively (increase in median stay is quite generalized across targets). An alternative explanation is that the slowly improving economic situation is pulling out better-off clients (able-bodied, working age) and leaving guests with lower employability and connections to social systems.



Notes: Sample (FY15 Individuals):1860. Valid sample, obtained upon merging bed register data into the individual demographics: 1853. Length of stay is a sum of all days (whether consecutive or not) that an individual stayed at the shelter in a given FY (consistent with AHAR definition).

IV. Services Offered

FBMS shelter staff offer multiple resources and supports for guests. Clinics were the most used service with over thousand visits a year (90-100 a month). Another more frequently used service is mental health (21 cases a month).

Help with access to public benefits was provided around 50 times a month, on average, with half of these instances related to Mass Health access.

Employment services (for example, help with résumé, job search referral to career center) were accessed 22 times a month in FY15, with 9 job placements per month on average.

Housing referrals increased, rising from 13 in FY14 to 25 in FY15.

Table 3. Summary of services / referrals delivered in both shelters.

N = total number in FY, mean / month = average per month

	FY14		FY15	
	N	Mean / Month	N	Mean / Month
Public Benefits:	600	50.0	573	47.8
Food Stamps	62	5.2	104	8.7
SSI	47	3.9	53	4.4
Veteran's Benefits	138	11.5	143	11.9
Mass Health	353	29.4	273	22.8
Health Services:	1842	153.5	1534	127.8
Medical Services	205	17.1	71	5.9
Mental Health Services	315	26.3	247	20.6
Detox	8	0.7	16	1.3
Substance Abuse	22	1.8	50	4.2
Counseling/Therapy	63	5.3	47	3.9
Other Health Services (clinic)	1229	102.4	1103	91.9
Social Services:	355	29.6	431	35.9
Employment Services	217	18.1	267	22.3
Transitional Housing	7	0.6	15	1.3
Permanent Housing	131	10.9	149	12.4
Day Programs	14	1.2	50	4.2
Other Services (Specify):	228	19.0	407	33.9
Housing referrals	153	12.8	304	25.3
# Employed	75	6.3	103	8.6

Note: Source – monthly service assessment reports