

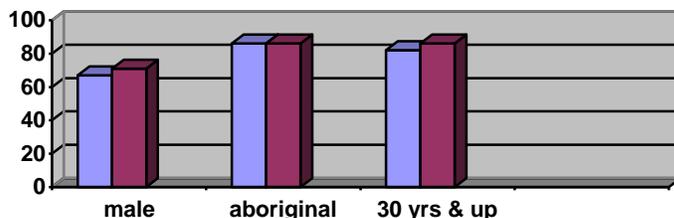
Homelessness Costing Study 2008

Making Kenora Home undertook a limited study on the cost of homelessness to community services in partnership with the Kenora Community Legal Clinic. The services participating in this study were the Kenora Police Service, Lake of the Woods District Hospital, land ambulance services, Morningstar Centre and the Kenora Community Legal Clinic. To minimize variability, a vertical construction was chosen for the purpose of the study. For each subject, data was collected from a three month period while they were housed and a three month period during which the same individuals were homeless. The sole variable was housing. Incomes, addictions, health and support services remained constant across the categories for each individual.

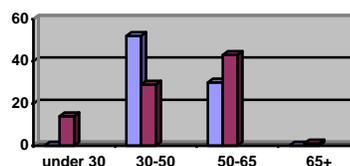
Sample Group Profile

Seven volunteers agreed to take part in the costing study. All signed consents for the specific agencies whose records would be searched to build the required data base. There were 5 males and 2 females. All subjects lived in Kenora for the periods researched. Five subjects were between the ages of 25 and 65. One subject was under 25 years and the final subject was over 65 years old. All had self identified addictions issues. To increase the reliability of the sample group, the subjects were selected to mirror the demographic profile determined by the 2007 study completed for the Kenora Fellowship Centre.

Demographic Profile



Age Analysis



Legend: Fellowship Centre Report 2007 (Blue), Local Costing Report 2008 (Red)

Lake of the Woods District
Hospital Admissions

Overall, hospital admissions increased by 422% when an individual becomes homeless. Most admissions were to the emergency department. A review of the admissions indicates that most of the admissions were the result of traumatic injuries. The subjects with the highest admissions were the two eldest males and both female subjects. Two middle aged males were not admitted during the periods researched. Medical care needs increase with age so the impact of homelessness on health would escalate exponentially with age. Within a three month period, the eldest subject attended emergency 8 times, had 8 diagnostic imaging services and was an inpatient for 18 days. Females are also more likely to seek medical attention than males.

Subject	Housed Admissions	Housed Inpatient	Homeless Admissions	Homeless Inpatient
A	2	0	16	18
B	0	0	6	0
C	0	0	1	0
D	0	0	0	0
E	0	0	2	0
F	0	0	0	0
G	4	3	4	0
Total	6	3	29	18

The average cost for an emergency room visit is \$165.00 and the inpatient per diem cost is \$909.00. The increased cost per homeless person annually is \$2,168.58 for emergency room service and \$7,791.42 for inpatient services. The local hospital provides an extra \$9,960.00 in services each year to the homeless population. This cost does not include the cost of medical attention at other facilities and clinics.

Ambulance Calls

Ambulance calls increased by 600% when subjects were homeless. Only one individual required an ambulance while housed and again, he was the most elderly of the subjects. The average cost of an ambulance call is \$240.00. Homelessness increases the cost of ambulance services annually by \$411.43 per person.
 Making Kenora Home

Subject	Calls Housed	Calls Homeless
A	1	4
B	0	1
C	0	0
D	0	0
E	0	0
F	0	1
G	0	1
Total	1	6

Police Contact (Kenora Police Service)

KPS Contact Frequency (3 month periods)

Contact with a police officer increased by an average of 177% when an individual became unhoused. Forty-three (43%) percent of the subjects, had no contact with the police during periods when they had secured accommodations. All had contact with police during periods of homelessness.

Two subjects increased from no police contact to more than 500%. Two other subjects tripled their police contacts during homelessness. Another two doubled their incident rates once they lost their housing. The remaining subject had a 22% increase in involvement with the police when homeless. It is notable that only four calls resulted in a temporary custody and only one call resulted in a charge being laid.

Subject	Contacts Housed	Contacts Homeless
A	0	5
B	1	2
C	0	8
D	0	1
E	1	3
F	2	6
G	9	11
Total	13	36

KPS Contact Type (3 month periods)

The type of police service received indicates that liquor offences and general assistance (ie. ambulance calls) increase dramatically when an individual becomes homeless. Because of their time on the streets, homeless people are more likely witness crime and to be questioned by police. Contrary to public perceptions, assaultive behaviour is also more likely to occur by individuals who are housed. Surprisingly, trespassing behaviour does not seem to be linked to homelessness.

Subject	Housed	Homeless
Assist	2	7
Assault	3	1
Liquor	3	17
Break In	0	1
Trespass	2	2
Inform	0	3
Theft	0	1
Other	3	4
Total	13	36

For the police service, each general call made averages 0.5 hours of officer attendance and usually two officers attend per call. A holding cell action averages 6 hours of custodial wages. The follow through on a charge requires approximately 7 hours of officer involvement and 13 hours of custodian care costs. The operational cost of the KPS is \$243.00 per hour. The annual increase to police service costs is \$6,387.43 for each homeless individual.

KPS Cost (3 month periods)

Subject	Police Cost Housed	Police Cost Homeless
A	0	\$ 1215.00
B	\$ 243.00	\$ 486.00
C	0	\$ 6318.00
D	0	\$ 243.00
E	\$ 243.00	\$ 729.00
F	\$ 486.00	\$ 1458.00
G	\$ 2187.00	\$ 3888.00
Total	\$ 3159.00	\$14337.00

Morningstar Admissions

As the detoxification centre, Morningstar dealt with 86% of our subjects during the researched periods. All of the study participants self-identified that they had alcohol abuse issues. There is an obvious link between admissions to the centre and being homeless (1,429% increase). Again, subject age was a significant factor. Those who were older tended to check themselves into the centre more often.

One of the subjects used the centre slightly more while housed than unhoused. This particular subject does not have significant variance in behaviour across all categories between periods of housing and homelessness. All subjects checked themselves out of the program before treatment began during the periods reviewed. Two subjects had previously undergone treatment and maintained sobriety for a year but relapsed soon after.

The Morningstar Centre's per diem rate is \$46.64. The annual increased cost of service provision to the homeless averaged \$2,665.14 per person. It is notable that for the three eldest study participants, increased cost was \$4,726.19 per subject.

Morningstar Admissions

Subject	Housed	Homeless
A	0	30
B	0	29
C	4	22
D	0	7
E	0	17
F	0	0
G	3	2
Total	7	107

Kenora Community Legal Clinic

Subjects were 67% more likely to come to the legal clinic for services when they were homeless. Most of the summary advice provided during housed periods involved tenancy issues (83%) while most advice provided to the homeless was with regards to securing basic needs (67%). The clinic was also retained in four matters (disability application, criminal injuries application, income maintenance and administrative). The files spanned the

client's periods of housing/homelessness. None of the subjects had consumer issues as was expected given their extreme poverty.

The legal clinic's hourly operating rate is \$85.85 per legal staff. While housed, subjects received \$188.87 in services during a three month period.

Clinic Legal Services

Subject	Housed Advice	File	Homeless Advice
A	2	2	4
B	0		0
C	0	2	0
D	0		1
E	0		2
F	3		2
G	1		0
Total	6	4	9
Time	2.2	1	8.0

Making Kenora Home-Homelessness Costing Study 2008

During periods of homelessness, the service cost increased to \$686.80. Because the files covered both time periods, there is no attribution of cost. Annually, the increased service cost attributable to homelessness is \$284.53 per person.

The cost of legal services provided through duty counsel and legal aid certificates are not included in the community legal clinic's costs.

Conclusion

The increased cost due to homelessness to the participating community services is \$19,297.10 per person annually. This cost escalates with the age of the individual. The annual cost for the eldest senior subject was \$35,5641.18.

Only 5 agencies participated in this limited study. Other stakeholder agencies bearing the cost of homelessness include correctional services, legal aid, emergency food providers, emergency shelter costs, family physicians, walk-in clinics and social services. Similar studies undertaken in other communities that have included services beyond those researched in Kenora estimated taxpayer costs at \$35,000--\$45,000 per person. Given the limited agency participation in the Kenora study, it is reasonable to expect that the local cost would be comparable.

At the time of the study there were 25 chronically homeless individuals identified within the community therefore the cost of providing emergency services to this population by the 5 participating agencies is \$482,427.50 annually. The national average of \$40,000 is a more inclusive accounting. Applied to the local population, the community cost is \$1,000,000.00. The estimated construction cost for a complex housing 8 individuals in bachelor apartments would be \$960,000. The construction of housing for the chronically homeless would be paid for within one year of community savings through prevention and as they stay housed. The barrier to this cost effective solution to a social issue is the current silo project funding model which makes strategic collaborations towards permanent solutions impossible to adequately fund.