Homelessness, Housing, Mental Health Task Force

January 25, 2023
Mission: The City of Tulsa works collaboratively to create quality housing opportunities for all Tulsans that respect and honor the unique needs and characteristics of each neighborhood and its residents.

Access online at: https://www.cityoftulsa.org/housing
Affordable Housing Strategy - Sections

- Strengthening Neighborhoods
- Affordable Housing Preservation
- Affordable Housing Development
- Vacant and Abandoned Properties
- Evictions
- Homelessness
Affordable Housing Strategy - Progress

36 total actions identified

22% or 8 actions
Under Review

78% or 28 actions
Complete or Ongoing
Strengthening Neighborhoods

What is going well...

- Community Housing Development Organization academy to increase development capacity in neighborhoods throughout Tulsa.

- Creation of and investment in Community Development Financial Institution.

Visit: https://tedcnet.com
Strengthening Neighborhoods

Potential actions to implement...

- Collaborate with local service providers to establish agencies in targeted neighborhoods.

- Formal alignment with local school districts, Tulsa Housing Authority, Growing Together, and other community stakeholders for targeted neighborhood investment.
Affordable Housing Preservation

What is going well...

☐ Expand the Tulsa Health Department's Safe and Healthy Homes Program Initiative

Visit: https://www.tulsa-health.org/housing
Affordable Housing Preservation

Potential actions to implement...

- Collaborate with Tulsa County to intervene prior to Tulsa County Tax Delinquency auctions to connect properties to quality landlords or emergency repairs.

Example: First Right of Refusal
Cheboygan, Michigan
Affordable Housing Development

What is going well...

- Establishment and financing of Affordable Housing Trust Fund.

Visit: https://partnertulsa.org
Affordable Housing Development

Potential actions to implement...

- Collaborate with permitting, developers, and planning to implement pre-approved plans available to developers.

Example: Pattern Zoning
Claremore, Oklahoma
Vacant and Abandoned Properties

What is going well...

- Housing Opportunity Partnership program policies prioritizing rehab over demolition and preservation over new construction whenever feasible.

Visit: https://www.cityoftulsa.org/winhousing
Vacant and Abandoned Properties

Potential actions to implement...

- Creation of preferred developer property portal.

Example: Land Bank Rehab Program
Wyandotte County/Kansas City, Kansas
Evictions

What is going well...

- Implement the Abode Initiative
- Proactive outreach to vulnerable tenants.

Visit: https://tulsaltrc.org
Evictions

Potential actions to implement...

- Implementation of preferred rentals database that tracks landlords with unpaid property taxes, foreclosure vulnerability, repeated code enforcement actions and excessive eviction filing.
Homelessness

The City will work with A Way Home for Tulsa to implement its strategic plan to ensure homelessness in Tulsa is rare, brief, and nonrecurring.

Visit: https://www.housingsolutionstulsa.org
What has changed...

- Increase in interest rates
- Reduction in available units
- Increases in for-sale and rental prices
- Inflation
- Supply chain delays
- Labor shortages
Discussion
A Way Home for Tulsa
Strategic Plan 2020-2024

Making Homelessness Rare, Brief, and Non-Recurring
April 2018
AWH4T recognized need for robust strategic Plan

October 2018
HomeBase selected as consultant

December 2018
Homebase begins needs assessment

January 2019
Cross-sector Advisory Council convened

February 2019
300+ people attend kick-off event
Committee work begins

HomeBase completes cost analysis

Stakeholders recognize need for new governance structure

Strategic Plan & governance structure approved by AWH4T

Launch of new lead agency and new leadership structure
Strategic Plan

Stop
Stop Homelessness Before It Begins

Transform
Transform the Homeless System of Care to be More Effective, Equitable, and Person-Centered

Increase Access
Increase Access to Housing

Partner
Partner Across Tulsa to Build Solutions and Access Resources
Goal One:
Stop Homelessness Before It Begins

- Reduce unnecessary evictions and support those who are, or might be, evicted.
- Improve discharge policies and supports to reduce the number of individuals that exit institutions and systems of care and end up in homelessness.
Goal Two:
Transform the homeless system of care to be more effective, equitable, and person-centered

- Understand the need, allocate resources and support implementation at the system level
- Provide services to reduce barriers to housing
Goal Three: Increase Access to Housing

• Revise policies to prioritize affordable housing.
• Connect tenants to units.
Goal Four:
Partner Across Tulsa to Build Solutions and Access Resources

• Increase community support
• Increase state and federal support
Tracking Success

• Rare
  • The total annual Point-in-Time count of people experiencing homelessness will decrease at least 40%.
  • The annual Point-in-Time count of people experiencing unsheltered homelessness will decrease from 25% of the count to less than 5% of the total count.

• Brief
  • The average length of time of homelessness across the system of care will decrease to 30 days.

• Non-recurring
  • The percentage rate of returns to homelessness within 2 years across the system of care will decrease from 23% to 15%.
  • The percentage of formerly homeless persons in permanent housing who retain or exit to other permanent housing will maintain at 95% or above.
Comparable Communities

- **BIRMINGHAM**: $9,109,238
- **BUFFALO**: $11,655,799
- **ROCHESTER**: $12,080,024
- **GRAND RAPIDS**: $5,517,588
- **TUSCON**: $8,395,741
- **TULSA**: $2,589,093
- **FRESNO**: $9,124,064
- **HONOLULU**: $9,080,553
- **BRIDGEPORT**: $10,265,112
- **WORCESTER**: $6,195,279
- **OMAHA**: $4,543,501
- **ROCHESTER**: $8,050,545
Comparable Communities

Percent Increase of HUD CoC Award from 2017 to 2021

- Birmingham: 11%
- Buffalo: 42%
- Rochester: 12%
- Grand Rapids: 38%
- Tucson: 33%
- Tulsa: 50%
- Fresno: 26%
- Honolulu: 54%
- Bridgeport: 56%
- Worcester: 33%
- Omaha: 16%
- Average: 42%
Discussion
Presentation:
Mental Health Improvement Plan

Zack Stoycoff – Healthy Minds, Executive Director
Healthy Minds: Who we are

Our mission
We work to end untreated mental illness and addiction in Oklahoma through policy and practice transformation.

Our vision
We believe all Oklahomans should have access to the behavioral health treatment and prevention services they need, when and where they need them.

50+ pieces of original research
Leading Oklahoma’s understanding of COVID-19 impact and recovery

Collaborative partnerships
Coalitions of public- and private-sector leaders to elevate mental health policy and practices

Federal funding for Tulsa
Millions of dollars in competitive grants for Tulsa’s behavioral health system
Coordination between mental health and substance use care

**Ideal Continuum of Care**

Seamless system of prevention, early intervention, and treatment that integrates physical & mental health and trauma-informed care

**System Intersections:** Child Welfare, Juvenile Justice, Housing, Law Enforcement

**Recovery Supports:** Outreach and engagement, transportation, education support, peer-to-peer services, mentoring, faith-based support, parenting education, self-help groups
Tulsa 10-year mental health plan: Where we started
Tulsa 10-year mental health plan: Where we started

Goals and action strategies

- Reduce life expectancy gap between Tulsans with mental illness and all Tulsans
- Reduce overall rate of suicide and overdose deaths in Tulsa
- Reduce share of Tulsans who experience high levels of poor mental health
- Reduce costs associated with untreated or poorly treated mental illness

By working in these areas:

- Children first
- Scale up programs
- Integrate mental health into general health care
- Diversion from criminal justice systems
- Bolster community initiatives
## Tulsa 10-year mental health plan: Where we started

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Resources &amp; Infrastructure</th>
<th>Strategies by Action Area</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundational Champions</strong></td>
<td><strong>Human Capital</strong></td>
<td><strong>Prioritize children &amp; youth</strong></td>
<td><strong>Integrate mental health into the health care system</strong></td>
</tr>
<tr>
<td></td>
<td>Workforce</td>
<td>• Enhance community-based mental health supports for children and families</td>
<td>• Expand the CPC+ model</td>
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<tr>
<td></td>
<td>education &amp; training</td>
<td>• Increase capacity at Tulsa-area substance use treatment facilities that serve youth</td>
<td>• Implement evidence-based initiatives to address critical needs</td>
</tr>
<tr>
<td></td>
<td><strong>Physical Capital</strong></td>
<td>• Respond therapeutically to children who engage in juvenile crime</td>
<td>• Expand telehealth initiatives</td>
</tr>
<tr>
<td></td>
<td>Facilities, transportation, &amp; IT</td>
<td>• Have at least one mental health specialist in each school district</td>
<td><strong>Work with criminal justice</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Intellectual Capital</strong></td>
<td>• Adopt evidence-based/trauma-informed mental health programs for all students in Tulsa</td>
<td>• Scale and expand district specialty courts and the Tulsa city Municipal special services docket</td>
</tr>
<tr>
<td></td>
<td>Data, research, policy, &amp; practice</td>
<td>• Establish regular case consultation between school staff and multidisciplinary treatment teams through telehealth technology</td>
<td>• Screen more people for specialty court</td>
</tr>
<tr>
<td></td>
<td><strong>Financial Capital</strong></td>
<td>• Scale up existing high-quality community supports</td>
<td>• Increase case managers to help people transition from jail back to the community</td>
</tr>
<tr>
<td></td>
<td>Funding sources &amp; models</td>
<td>• Scale up and add supported education and employment services</td>
<td><strong>Collaborate with existing community-wide initiatives</strong></td>
</tr>
</tbody>
</table>

| **Healthy Minds Policy Initiative** |
| **Advocacy & Grassroots Support** |
| **Private funders** |
| **Advocacy organizations** |

| **Core Assumptions** |
| **Focus on prevention and early identification** |
| **Social determinants are key** |

**ODMHSAS Vision and Buy-In**

**A Better, Increasingly Efficient Tulsa Behavioral Health System**

Reduced criminal justice system, first responder, & hospital/ER costs caused by untreated or poorly treated mental illness

**Improved Lives for Tulsans**

Reduced
- Suicides
- Overdoses
- Suspensions
- Use of seclusion & restraints in schools
- Incarceration
- Recidivism

Improved
- Mental health
- Life expectancy
- Behavioral health screening
- Functioning
Key priorities for Tulsa

1.) Life-saving pathways for children
2.) Enhancing mental health crisis response
3.) Addressing meth
Key priorities for Tulsa: Life-saving pathways for children

1. Promotion, prevention, and early intervention
2. Outpatient and integrated care
3. Intensive home- and community-based services
4. Comprehensive crisis care
5. Inpatient care
6. Residential treatment

Tulsa County has few intensive services for children at high risk of hospitalization, leading to inappropriate ER utilization.

Providers deliver outpatient services to a large percentage of children and youth with SED, but the type and intensity of these services do not appear to meet the level of needs for this population.

28,500 Tulsa County children and youth aged 6 to 17 are estimated to have a mental health disorder

Approximately 8,600 (30%) have serious emotional disturbance (SED)

Only 12% of the state's licensed pediatric residential beds are located in Tulsa despite the metro area accounting for 26% of Oklahoma's population aged 6 to 17.
Key priorities for Tulsa: Life-saving pathways for children

To curb rising youth suicide rates, Counseling and Recovery Services of Oklahoma (CRSOK) requested ARPA funding for a 24/7 urgent recovery center for children’s mental health crises.

- **Serving all kids**: Center will accept any child above age 5 in psychiatric distress (regardless of insurance or payer source) and seeks to serve the 1,300 children who otherwise end up in area ERs.

- **Family-centered triage model**: Focus on de-escalating immediate crises, diverting from juvenile justice and local emergency rooms, and connecting families to services.

- **Well-vetted**: Result of a year-long planning process with Healthy Minds Policy Initiative, ODMHSAS, Saint Francis Health System, and law enforcement.
Key priorities for Tulsa: Enhancing mental health crisis response

Person in crisis → 988 crisis line → Mobile crisis response → Crisis facility → Appropriate level of care

- 80% resolved on the phone
- 50-70% resolved in the field
- 60-70% discharged to the community
- 80% remain stable in community-based care

Early intervention better for patient, total costs

Early access for law enforcement = Pre-arrest diversion

Decreased use of jail, ERs, inpatient treatment
Key priorities for Tulsa: Enhancing mental health crisis response

What we have

- 24/7 crisis receiving center
- Co-responder model (CRT), Tulsa Fire Department CARES program, mobile response (COPES)
- Transportation alternative to law enforcement
- Additional beds forthcoming at new Tulsa Center for Behavioral Health
Key priorities for Tulsa: Enhancing mental health crisis response

What’s still needed

- Better first responder coordination
- Role of 988 in Tulsa’s system
- Increased diversion from the criminal justice system
- Better ability to respond before a crisis

Sobering Center use has declined 15% in 2022 compared to the same month in 2021.
123% increase in public intoxication bookings since Q3 2021.
Key priorities for Tulsa: Addressing meth

Unintentional poisoning deaths in Oklahoma per 100,000 people

- All drug overdose
- Any opioid
- Prescription opioids
- Methamphetamines
- Illicit opioids
Key priorities for Tulsa: Addressing meth
## Continuum objectives

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Implement a comprehensive, gender-appropriate treatment continuum for methamphetamine use disorder at GRAND Addiction Recovery Center</th>
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<tbody>
<tr>
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<td>Intensive detox beds (4)</td>
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<td></td>
<td>Inpatient residential (16 men, 16 women)</td>
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<td></td>
<td>Intensive outpatient program using Matrix model</td>
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<td>Transitional living, sober living, permanent supported housing</td>
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<td>Individualized case management with transportation</td>
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<td>Routine outpatient</td>
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<tr>
<th>Phase 2</th>
<th>Integrate overdose prevention practices in strategic Tulsa settings</th>
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<td>Emergency department peer education, medications for opioid use initiation, naloxone distribution, treatment referral, follow-up</td>
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<td>Universal harm reduction education and services among treatment providers</td>
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<td>Community-based harm reduction services</td>
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<th>Phase 2</th>
<th>Scale up nationally recognized best practices for reducing meth use in Tulsa</th>
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<td>Assess continuum of stimulant prevention, early intervention, and treatment services in Tulsa</td>
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<td>Increase utilization of evidence-based modalities, i.e., contingency management, peer-delivered interventions, Life Skills training</td>
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Where do overdoses occur in Tulsa County?

Methamphetamine-related unintentional overdose deaths by zip code (2016-2020)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Count</th>
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<tbody>
<tr>
<td>74115</td>
<td>25</td>
</tr>
<tr>
<td>74112</td>
<td>20</td>
</tr>
<tr>
<td>74127</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning System
Zero Overdose framework

Foundational belief
Overdose deaths for individuals under the care of health and behavioral health systems are preventable.

Lead, Train, Identify, Engage, Treat, Transition, and Improve
- Lead system-wide change committed to reducing overdoses
- Train a competent, confident, and caring workforce
- Identify individuals at risk for overdose
- Engage all individuals at risk of overdose using a harm reduction safety plan
- Treat overdose risk using evidence-based practices
- Transition individuals through care with warm hand-offs and supportive contacts
- Improve policies and procedures through continuous quality improvement

Adapting safety plans
Discussion
Key takeaways?