The Economics of Super-Utilizers

Illinois Data-Driven Justice and Health Conference

Champaign, IL
December 9, 2016

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Housing Solutions

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Advancing housing solutions that:

Improve lives of vulnerable people

Maximize public resources

Build strong, healthy communities

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THE FUSE MODEL OF SUPPORTIVE HOUSING

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Definition of Supportive Housing

- **Illinois Housing Development Authority**
  - A project with a preference or restriction for supportive housing populations that includes supportive services that helps people live stable, successful lives. Supportive services must be appropriate to the needs and preferences of residents, available either on-site or closely integrated with the housing, the acceptance of which is not a condition of tenancy
- **CSH**
  - Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery and personal growth.
  - See http://www.csh.org/qualitytoolkit for more details

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FUSE

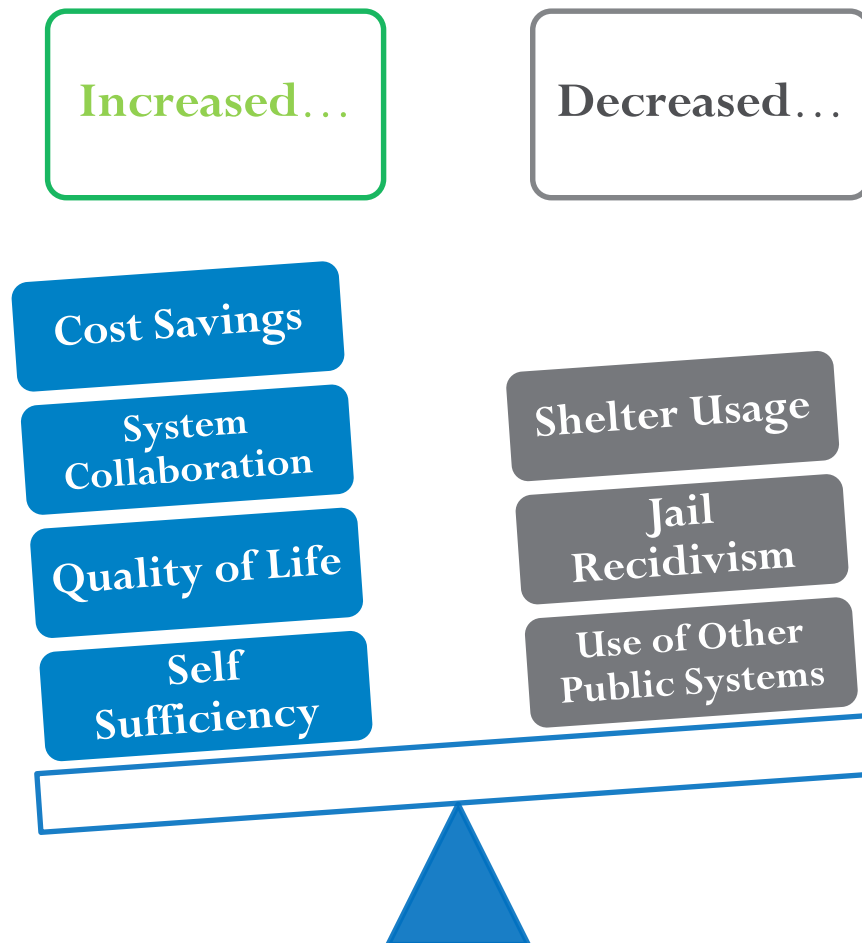## Frequent Users Systems Engagement: FUSE

Thousands of people with chronic health conditions cycle in and out of jails, diversion courts, hospital emergency rooms and homelessness - at great public expense and with limited positive human outcomes.

Targeted supportive housing for this most vulnerable and costly of this group can reduce costs while getting better outcomes

By finding a solution to the frequent user issue, the FUSE program serves as a catalyst for **system change**

FUSE Benefits

- Providing frequent users of systems with safe, stable **supportive housing** leads to:

| Increased… | Decreased… |

Increased…
- Cost Savings
- System Collaboration
- Quality of Life
- Self Sufficiency

Decreased…
- Shelter Usage
- Jail Recidivism
- Use of Other Public Systems

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Planning Framework: The FUSE Blueprint

Data-Driven Problem-Solving

- Cross-system data match to identify frequent users
- Track implementation progress
- Measure outcomes/impact and cost-effectiveness

Policy and Systems Reform

- Convene interagency and multi-sector working group
- Troubleshoot barriers to housing placement and retention
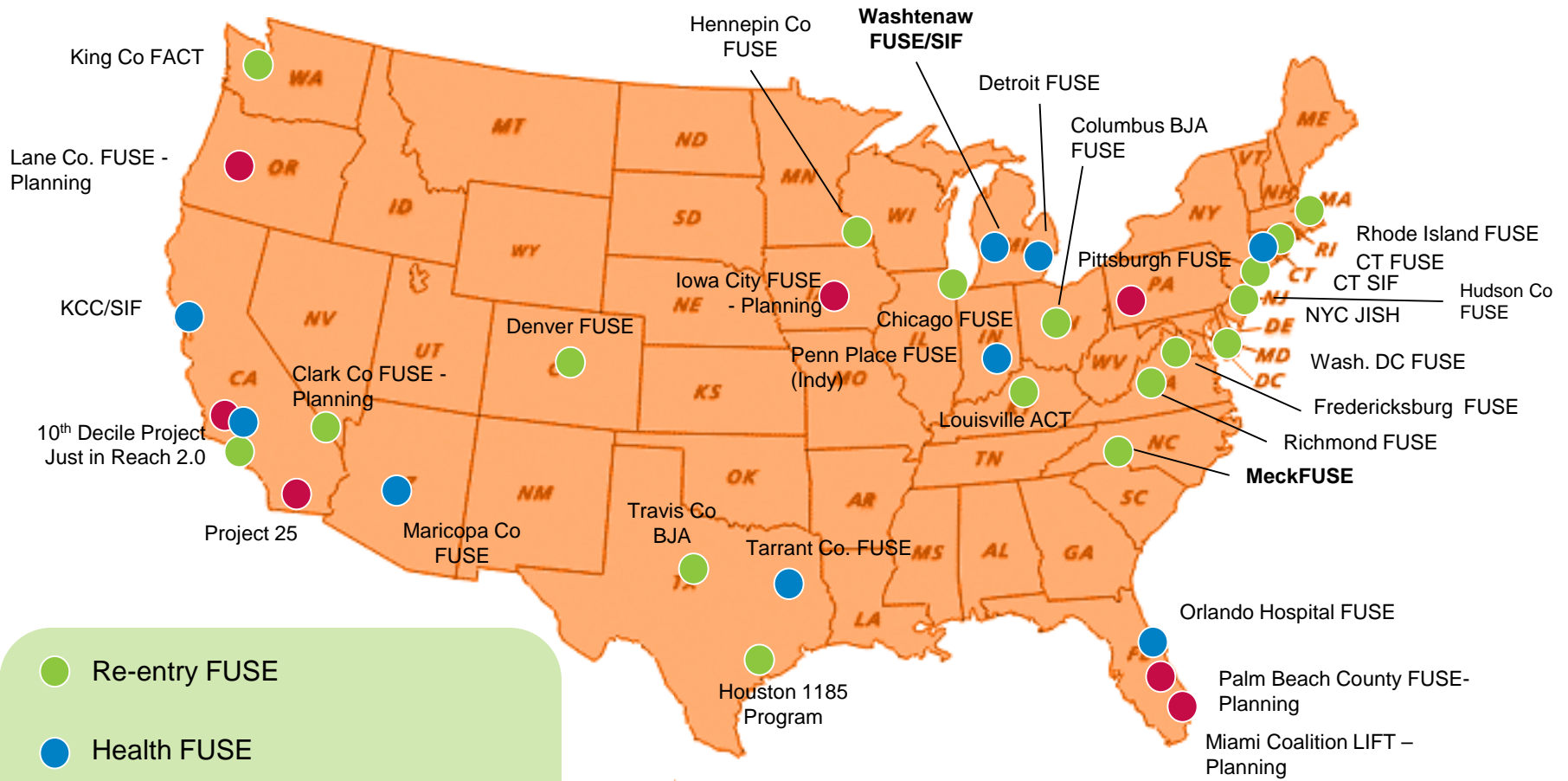- Enlist policymakers to bring FUSE to scale

Targeted Housing and Services

- Create supportive housing and develop assertive recruitment process
- Recruit and place clients into housing, and stabilize with services
- Expand model and house additional clients

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30 Communities Strong (...more like 34)

King Co FACT

Lane Co. FUSE - Planning

KCC/SIF

Clark Co FUSE - Planning

10th Decile Project Just in Reach 2.0

Project 25

Maricopa Co FUSE

Denver FUSE

Travis Co BJA

Tarrant Co. FUSE

Houston 1185 Program

Hennepin Co FUSE

Iowa City FUSE - Planning

Chicago FUSE

Penn Place FUSE (Indy)

Louisville ACT

Washtenaw FUSE/SIF

Detroit FUSE

Columbus BJA FUSE

Pittsburgh FUSE

Rhode Island FUSE

CT FUSE

CT SIF

Hudson Co FUSE

NYC JISH

Wash. DC FUSE

Fredericksburg FUSE

Richmond FUSE

MeckFUSE

Orlando Hospital FUSE

Palm Beach County FUSE- Planning

Miami Coalition LIFT – Planning

Legend:
- ● Re-entry FUSE
- ● Health FUSE
- ● Health + Reentry focused FUSE

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DIGGING INTO THE MODEL:
DATA, SYSTEMS INTEGRATION, AND TARGETING
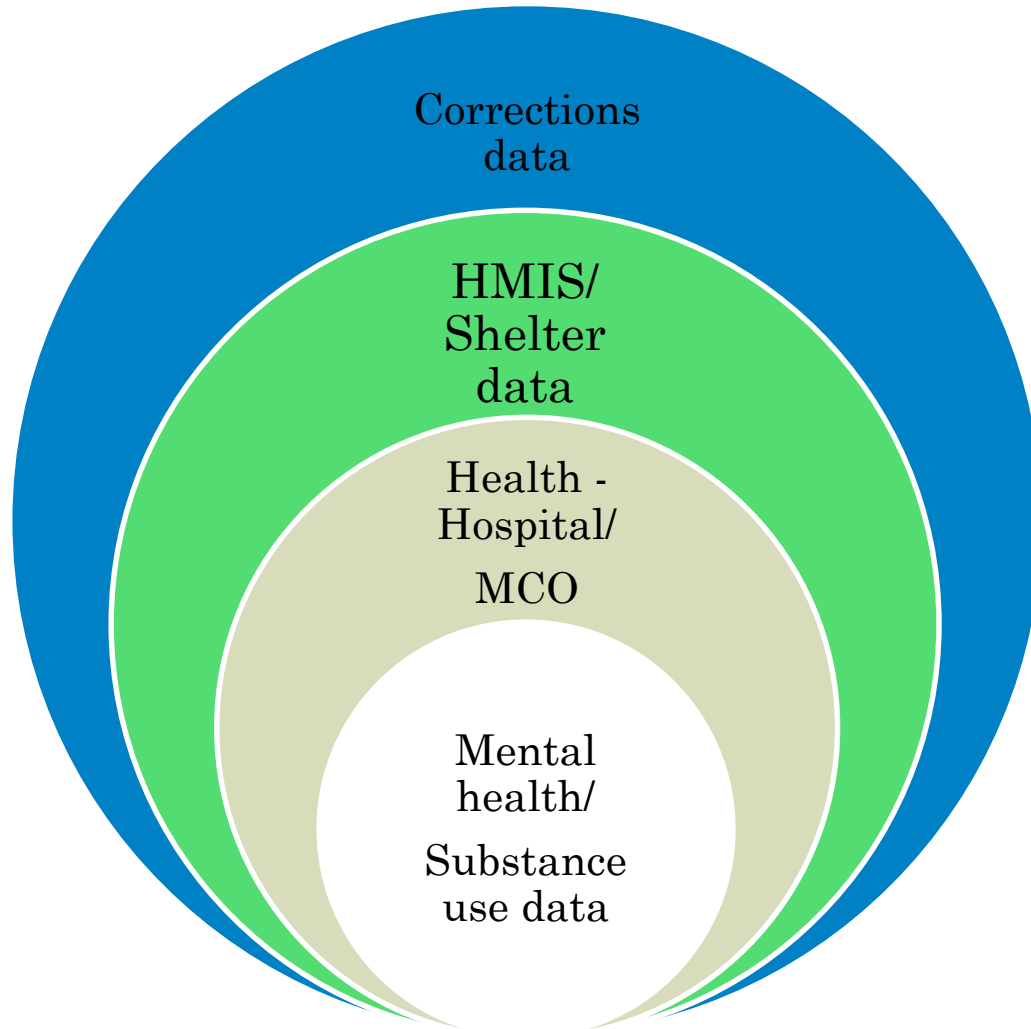
Data-driven problem solving and demonstrating evidence

- **Data matching to identify the most frequent users of more than one systems' costly services**
- **Utilize a list-based outreach or "in-reach" approach to ensure that targeting most vulnerable and costly**
- **Measure and track program implementation and outcomes**
  - How long does it take to place people in housing
  - Housing retention
  - System use – incarcerations, ER visits, hospitalizations
- **Evaluate programs using control or comparison group to demonstrate results and scale the model**

Use data from multiple systems for targeting, outcome tracking, and evaluation to arrive a new shared definition of responsibility and success

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Data sharing flow

Least restrictive

Most restrictive

Corrections data

HMIS/ Shelter data

Health - Hospital/ MCO

Mental health/ Substance use data

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Systems working together can reform

- **Ongoing meetings of stakeholders ensures barrier busting for tenants with multiple issues**

- **One time data matches don't live beyond a pilot project, more work needed to be done to integrate data-driven targeting**

- **Engaging with coordinated entry processes early on is key to ensuring prioritization of housing resources**

Partnerships between systems emerge as most effective means of serving frequent users

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- **Stakeholders must coordinate on outreach and referral to find and engage tenants (not a service seeking population)**

- **A Housing First approach is essential to serving this high need population**

- **Pay close attention to case ratios because the model requires an enhanced approach**

Stabilization in housing results in decreased reliance on crisis care systems

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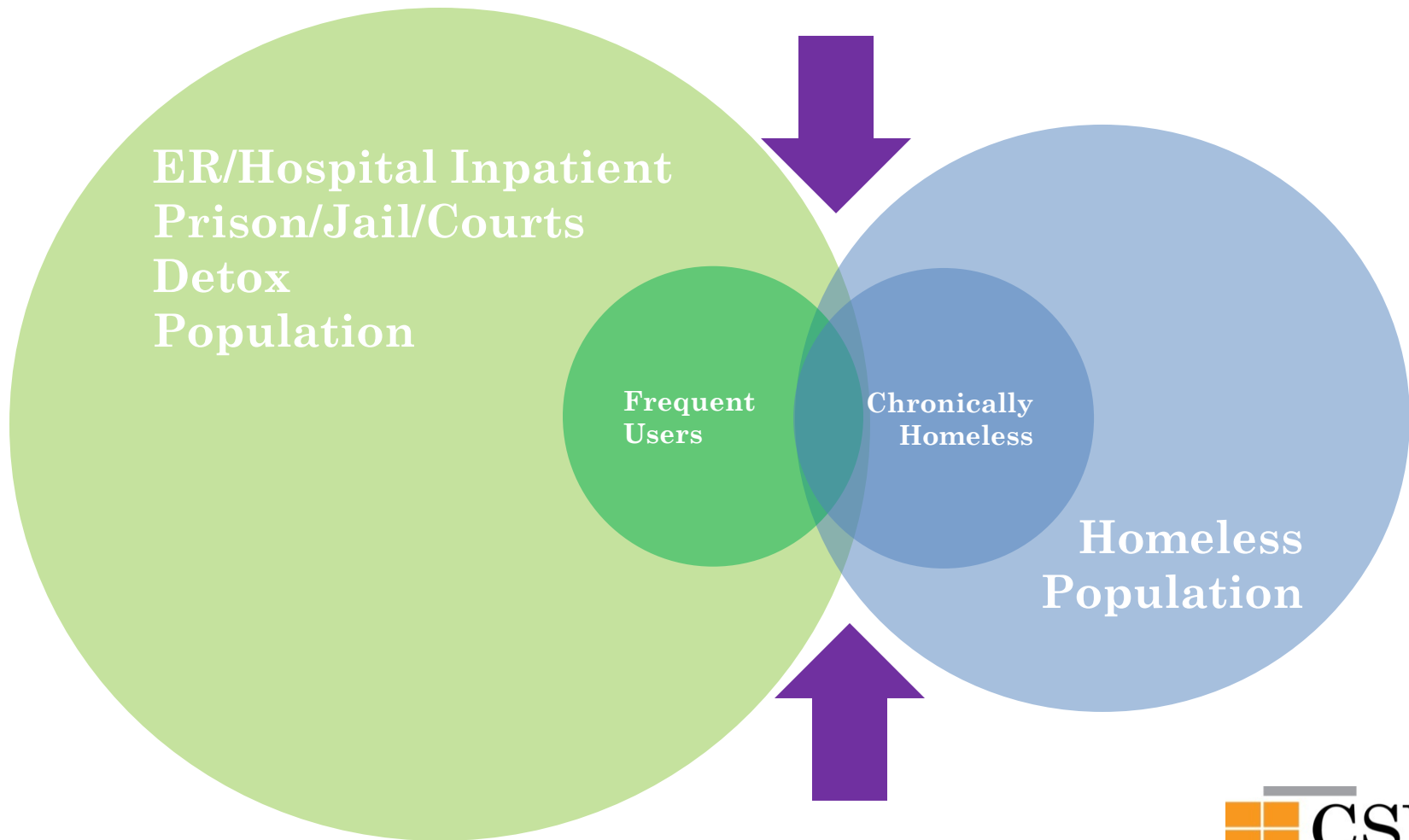
CSH Social Innovation Fund

5-year national effort to pilot supportive housing linked to coordinated health care for high utilizers of crisis health services

SUPPORTIVE HOUSING

- Data Driven Targeting
- Assertive Outreach and Housing First
- Patient Navigation/Health Care Coordination
- Clinical Partnerships with Health Care Providers

CSH SIF is adapting **housing** as a **health care intervention**

ASSUMPTIONS AND OUTCOMES – COST SAVINGS, COST SHIFTING, INSTITUTIONAL PATTERNS, SERVICE DELIVERY PARTNERS

Consistent Results Across Communities

Maricopa Co. FUSE
- 47% reduction in inpatient days and 73% reduction in ER visits
- 100% reduction in jail days for 15-person pilot

Hennepin Co. FUSE
- 60% FUSE participants had fewer arrests and 45% had 1 or no arrests after 22 months in housing
- 1704 fewer shelter nights and 700 fewer nights in jail

Connecticut FUSE/CCR
- First 120 people housed experienced a near total decrease in shelter days (99%) and 73% reduction in jail days after 1 year
- State allocated 110 additional vouchers based on these results

Just In Reach 2.0 – Los Angeles
- Early results show 20% reduction in jail stays
- Recently awarded HUD-DOJ funds to expand program using a Pay For Success funding model

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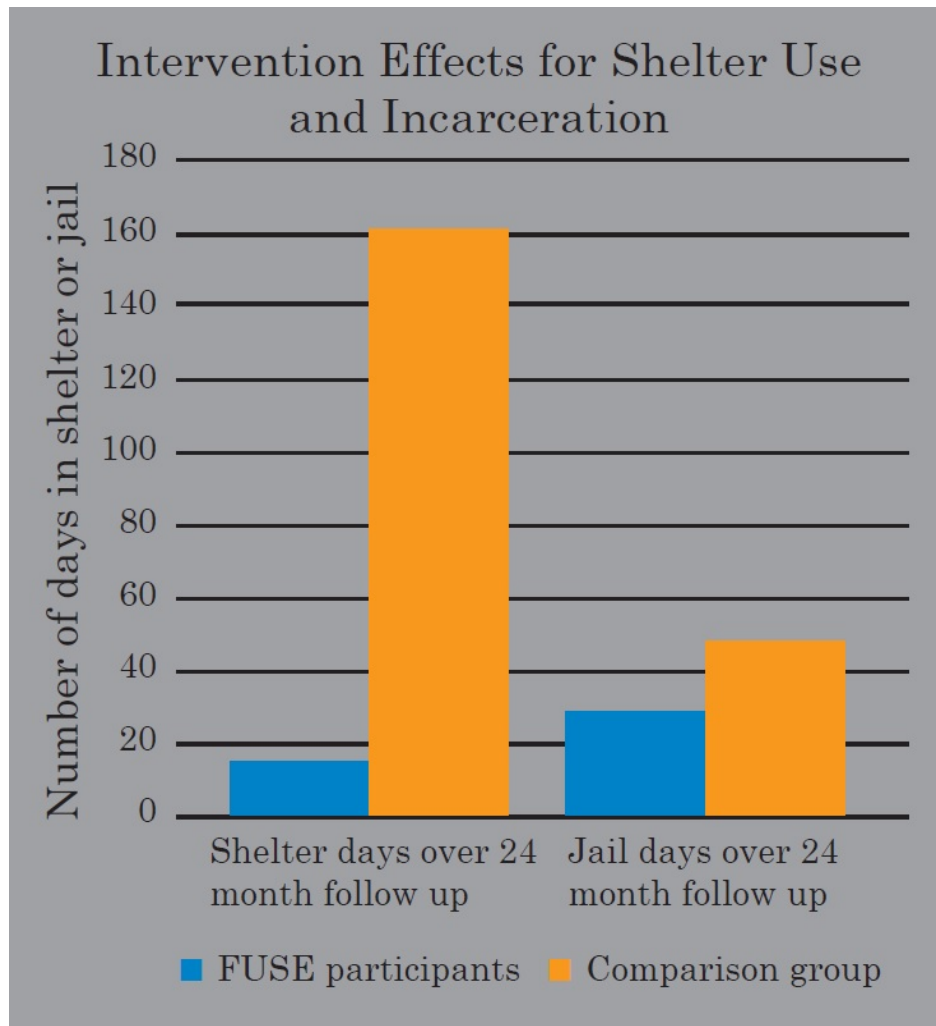# Supportive Housing Increases Impact Of Multidisciplinary Care

Homeless frequent users receiving services and connected to permanent housing

- Reduced average ED visits 34%
- Reduced average inpatient days 27%
- Reduced average inpatient charges 27%

Homeless frequent users receiving services but NOT connected to permanent housing

- Reduced average ED visits 12%
- ***Increased*** average inpatient days 26%
- ***Increased*** average inpatient charges 49%

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Evaluation Results:
FUSE Reduces Recidivism in NYC

Intervention Effects for Shelter Use and Incarceration

(Chart showing Number of days in shelter or jail, comparing FUSE participants and Comparison group for "Shelter days over 24 month follow up" and "Jail days over 24 month follow up")
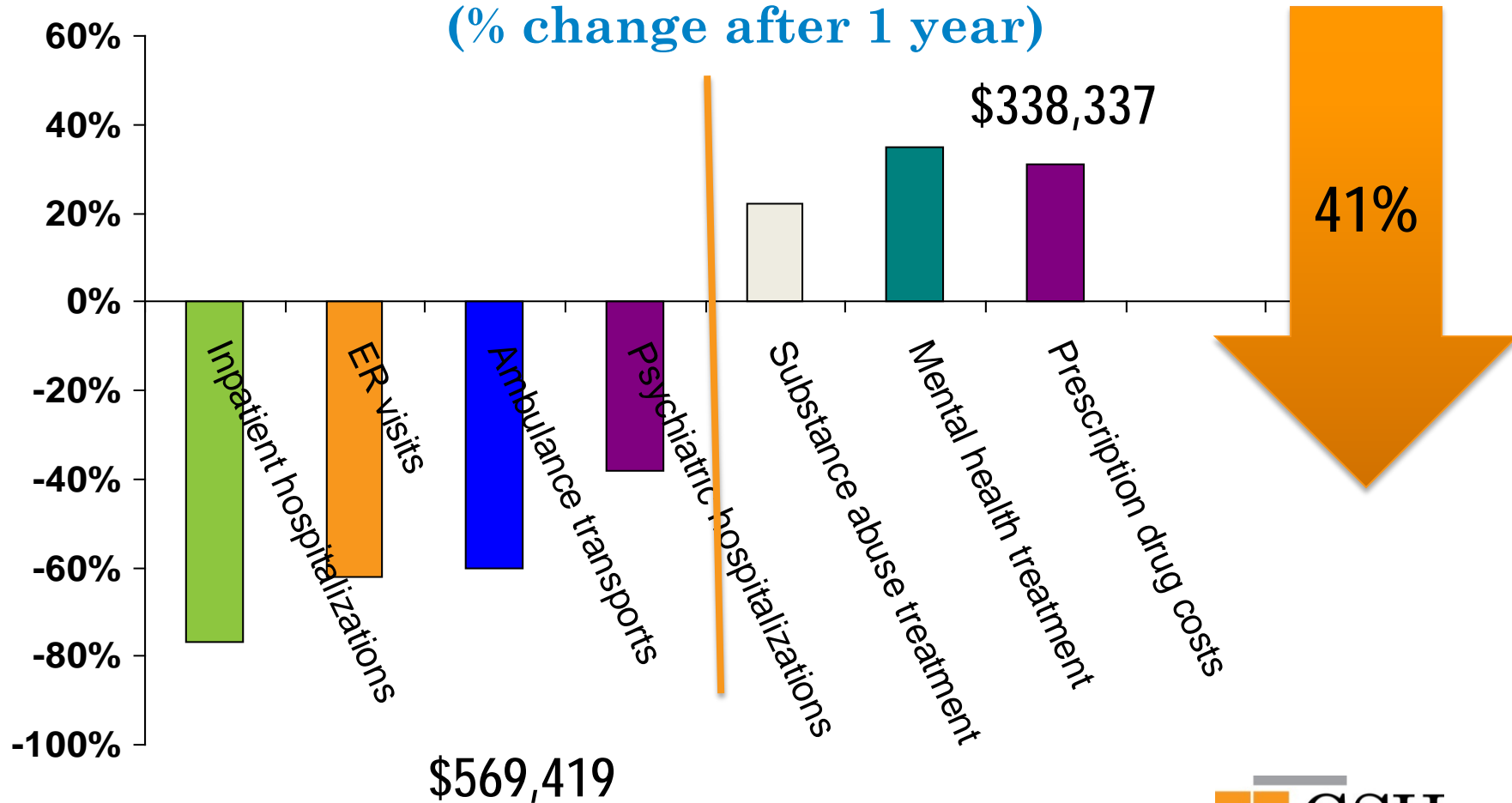
Results from Columbia University's evaluation of the New York City FUSE program, released in November 2013

- **40% fewer jail days**
- **91% fewer shelter days**
- **50% fewer psychiatric inpatient hospitalizations (not shown)**
- *Cost benefit analysis showed $15,000 in savings per client*
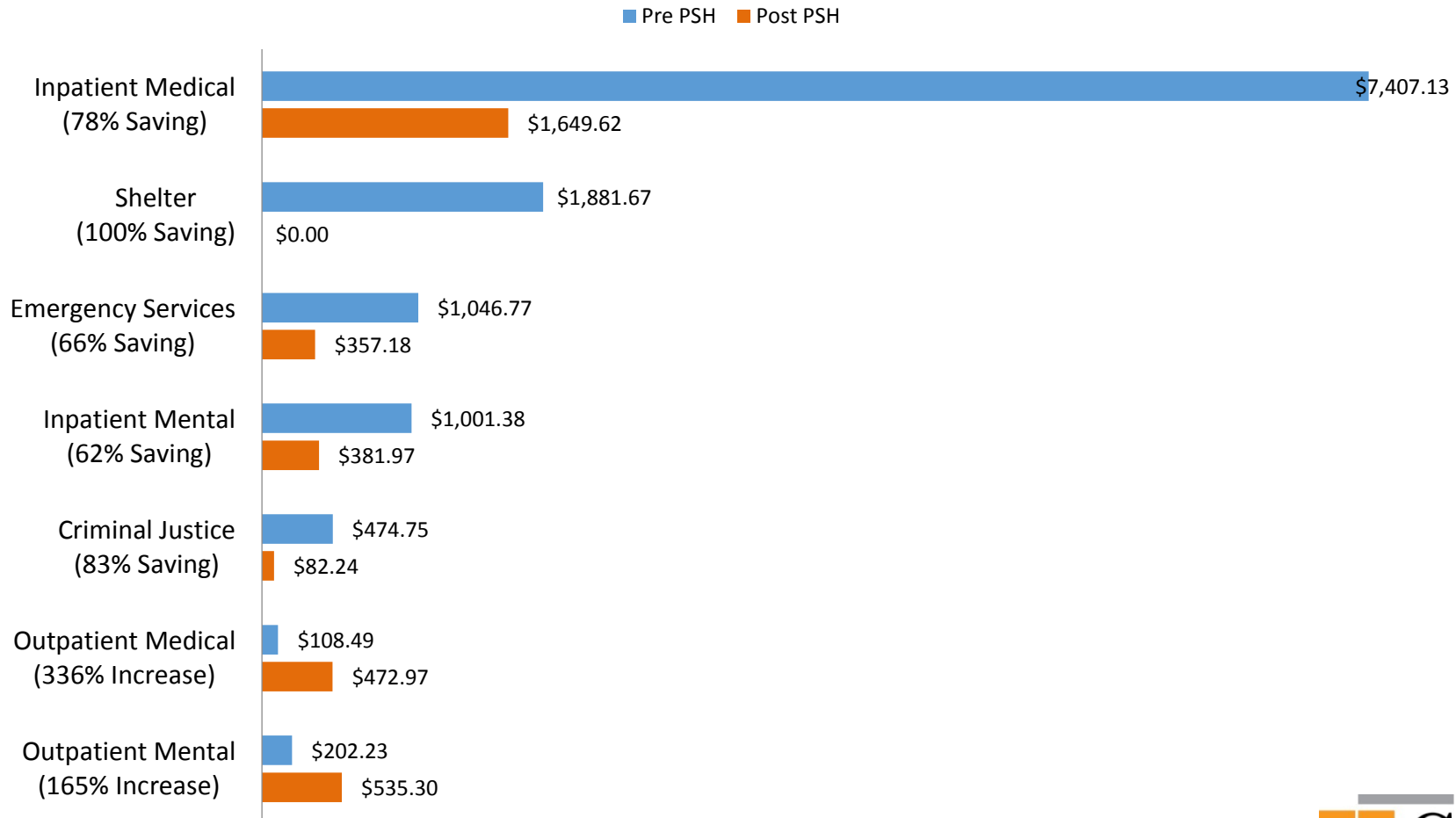
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Supportive Housing Increases the Use of Routine and Preventative Care

Impact on Health Services Utilization in Portland, ME (% change after 1 year)

$338,337

41%

$569,419

Inpatient hospitalizations

ER visits

Ambulance transports

Psychiatric hospitalizations

Substance abuse treatment

Mental health treatment

Prescription drug costs

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Change in Service Use Cost – Evansville, Indiana

■ Pre PSH ■ Post PSH

Category	Pre PSH	Post PSH
Inpatient Medical (78% Saving)	$7,407.13	$1,649.62
Shelter (100% Saving)	$1,881.67	$0.00
Emergency Services (66% Saving)	$1,046.77	$357.18
Inpatient Mental (62% Saving)	$1,001.38	$381.97
Criminal Justice (83% Saving)	$474.75	$82.24
Outpatient Medical (336% Increase)	$108.49	$472.97
Outpatient Mental (165% Increase)	$202.23	$535.30

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Attracting Housing Resources

FUSE Site	Leveraged Resources
NYC Justice Involved Supportive Housing	Secured City-funded rental and support funding for ~150 new slots
CT Collaborative on Reentry	State funded an additional 110 slots
Hudson County NJ FUSE	First 27 vouchers through CoC, next 100 through Gov. Christie's state funded Housing First vouchers
Just In Reach 2.0 (Los Angeles)	County Criminal Justice funding mandated to use for housing assistance – 40% for supportive housing

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Washtenaw FUSE Initiative
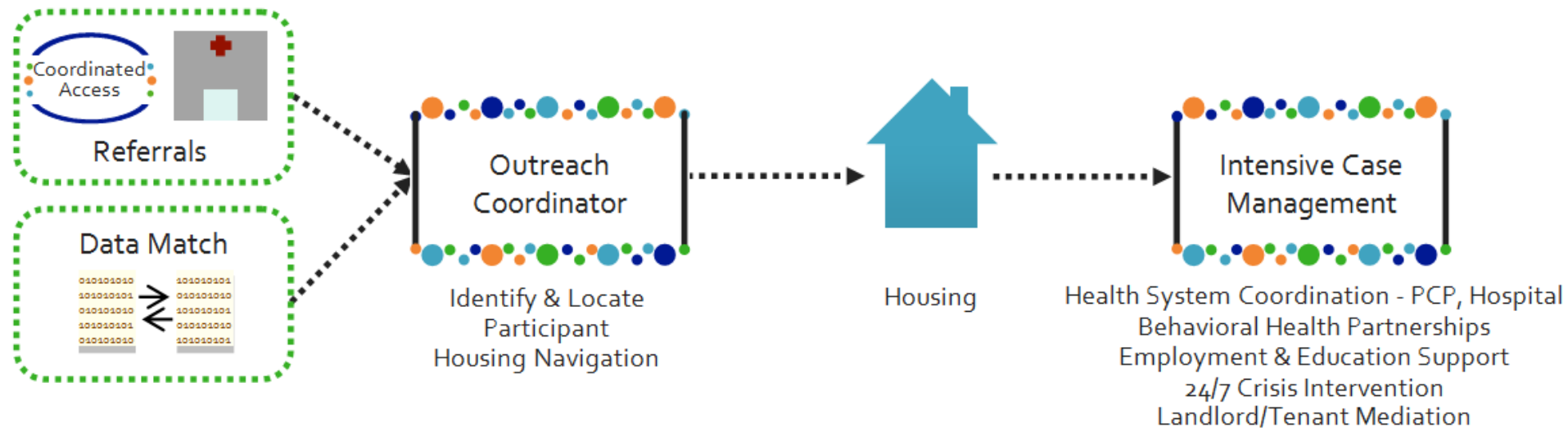
http://www.csh.org/wp-content/uploads/2016/07/CSH-Frequent-User-Initiative-Profile-Washtenaw_final.pdf

Types of partnerships

| Referrals	Care Coordination	Co-Location	Full Service Integration
• Client referrals to preferred services • Client initiated • Partners retain autonomy and operations are independent; resources generally not shared • **Low collaboration**	• Client Centered joint care plans • May include centralized intake • Client initiated with strong transition supports • Organizations operate independently but may share resources and funding • **Moderate to high collaboration,** with cross-training and frequent communication	• Health center operates satellite or full center on-site at supportive housing or shelter • Wrap-around care housed in a site that tenants access for various services • Partners operate jointly, but may retain autonomy • Can be incorporated into existing site, mobile services or new joint site • **High collaboration**	• Single point of entry, integrated assessment • Joint case planning/managem ent • Wrap-around care that may be brought to where it is most accessible to the client • Partners may have independent or joint operations • **Very high collaboration,** with integrated resources, service delivery and sometimes funding

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Developing partnerships
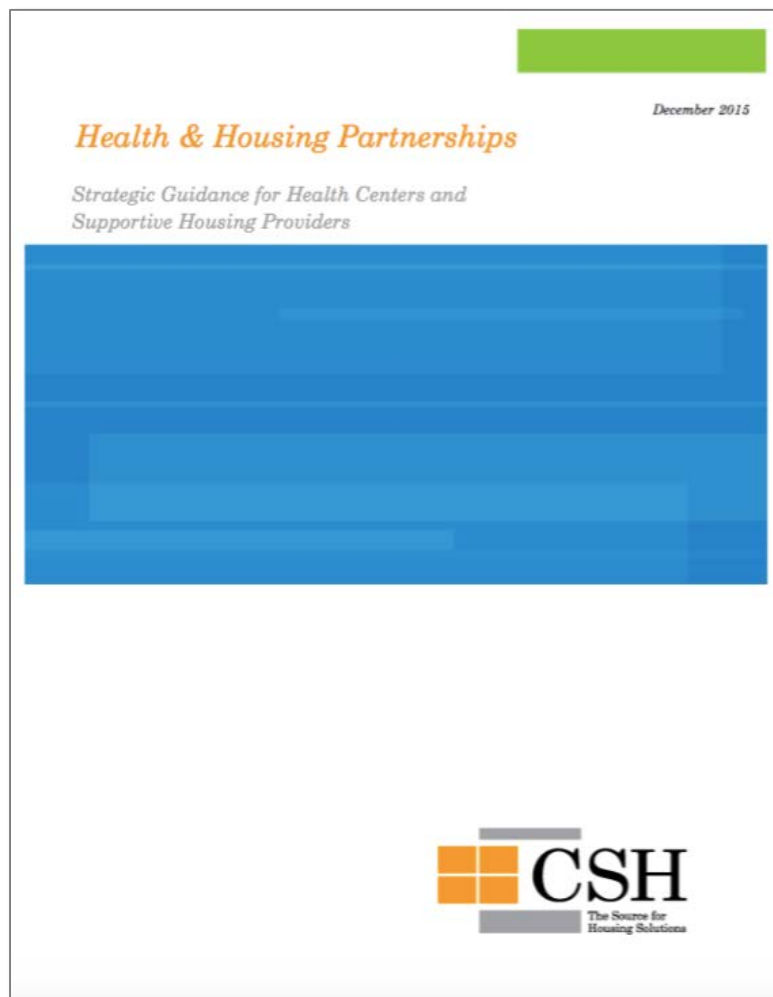
Stage I: Make the Case

Stage II: Make it Happen

Stage III: Make it Work

Stage IV: Make it Last

Contact Information & Resources

- **Illinois Program**
  - Betsy Benito, betsy.benito@csh.org
  - John Fallon, john.fallon@csh.org
- **Government Affairs and Innovations**
  - Kim Keaton: kim.keaton@csh.org
  - Andy McMahon: andy.mcmahon@csh.org
- **FUSE Resource Center: www.csh.org/fuse**
- **More about SIF: www.csh.org/sif**
- **Pay for Success Learning Hub: www.csh.org/pfs**

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