Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Housing for Health: Cross-Sector Impacts of Supportive Housing for Homeless High Users of Health Care

Research In Progress Webinar
Wednesday, February 27, 2019
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

UK College of Public Health
Center for Public Health Systems and Services Research

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Agenda

Welcome: **CB Mamaril, PhD, MS**
Research Faculty, RWJF Systems for Action National Coordinating Center
University of Kentucky College of Public Health

Presenters: **Ricardo Basurto-Davila, PhD, MS**
Chief Executive Officer, Policy Analysis Unit
Los Angeles County Department of Public Health

Commentary: **Whitney Lawrence, MPP**
Director, Policy and Planning
Housing for Health

Q & A: Moderated by Dr. CB Mamaril.

Ricardo Basurto-Davila, PhD, MS
Chief Executive Officer
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S4A
Systems for Action

Whitney Lawrence, MPP
Director
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Cross-Sector Impacts of Providing Permanent Supportive Housing for High-Utilizers of Health Care Services

Ricardo Basurto-Davila, PhD
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Systems for Action Research-in-Progress Webinar
February 27, 2019

Study Partners

LAC Research Team

- Corrin Buchanan
- Emily Caesar
- Lisa Greenwell
- William Nicholas
- Irene Vidyanti
- Faith Washburn

UCLA Research Team

- Kathryn Kietzman
- Adrian Bacong
- Brenda Gutierrez
- Elaine Miao
- Alina Palimaru
- Nadereh Pourat

Other Collaborators

- Housing for Health
- LAC CEO
- LAHSA
- DMH
- DHS
- 10 community partners
- 14 key informants
- 71 focus group participants

Outline

- Homelessness and its cross-sector impacts

- Permanent Supportive Housing

- Housing for Health Initiative

- Our study
  - Objectives
  - Methods
  - Results
  - Conclusions

Point-in-Time Homeless Estimates, 2010-2018
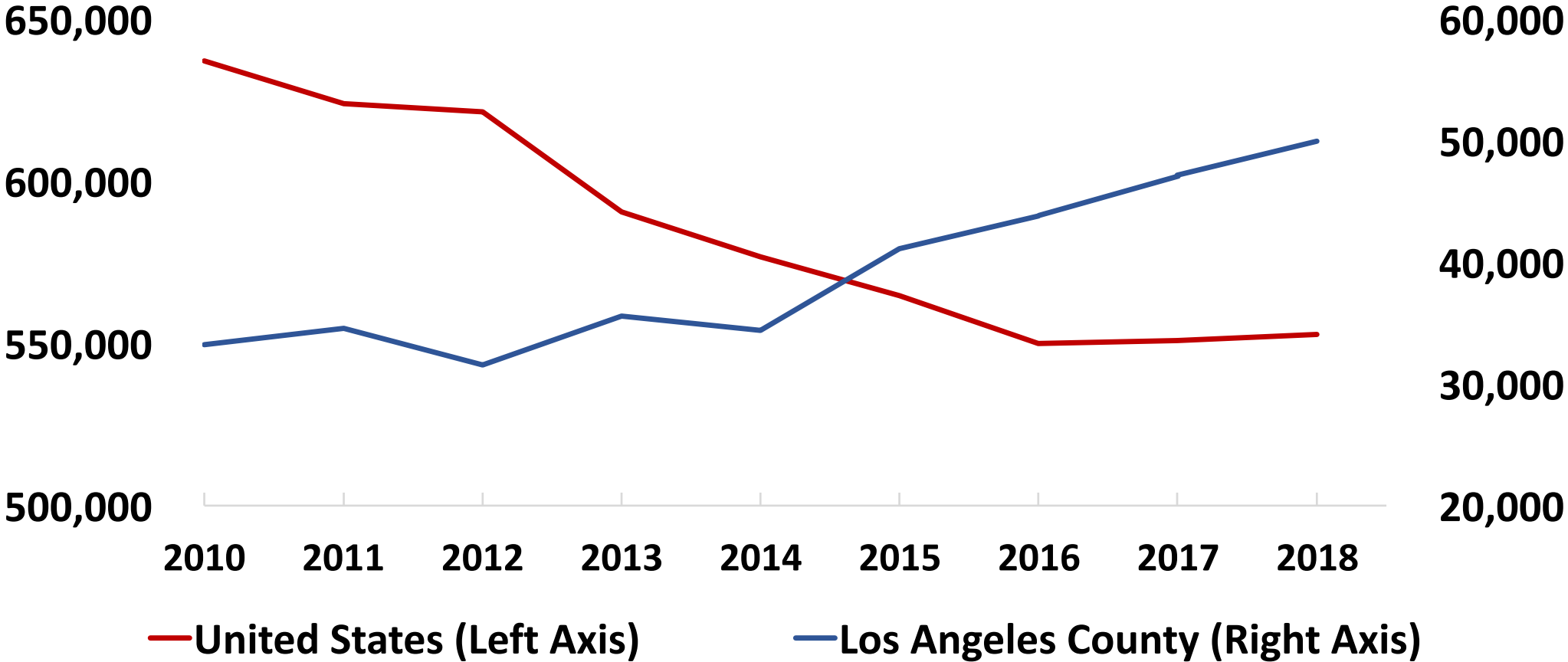
Sources: HUD, Annual Homeless Assessment Report, 2010-2018

Homelessness and Health

- Homeless populations are at higher risk of...
  - Acute illness
  - Chronic diseases
  - Mental health disorders
  - Premature mortality

Homeless Utilization of Health Care Services

- Homeless individuals experience significant gaps in access to health care services

- Inadequate access to services leads to:
  - Heavy reliance on emergency department visits
  - High rates of hospitalizations for preventable conditions

  ⇨ **High Health Care Costs**

Homeless Have Contact with Multiple Public Sectors

In addition to health services, they also have frequent encounters with:

- Mental health treatment

- Substance use treatment

- Public social programs
  - Income support
  - Food support

- Criminal justice system

High Utilizers' Disproportionate Share of Costs

LAC Department	Unique Homeless Individuals Served	Expenditures on Homeless, FY 2014	Avg. Cost per Person
Social Services	114,037	$ 293.7 million	$ 2,600
Mental Health	39,073	291.7 million	7,500
Health Services	47,431	255.3 million	5,400
Sheriff	14,754	79.6 million	5,400
Public Health	6,939	32.2 million	4,600
Probation	2,795	12.1 million	4,300
TOTAL	148,815	$ 964.5 million	$ 6,500
Most Costly 10%	14,882	$ 499.1 million	$ 33,500

Source: Wu and Stevens, LAC CEO Report, 2016

Permanent Supportive Housing (PSH)

- Combines three key elements
  - Permanent housing
  - Rental subsidies
  - Voluntary supportive services including:
    - Independent living skills
    - Tenancy skills
    - Connections to health, social, and other community-based services

Gaps in Literature on Permanent Supportive Housing

- Lack of studies analyzing impact of PSH programs across multiple public sectors

- National Academy of Sciences 2018:*
  - Inconsistent definitions and characteristics of PSH
  - Limited understanding of/standards for supportive services
  - Data systems do not integrate data on homelessness, health, and other outcomes
  - Need for better analytical methods than pre-post studies

*_For much more on this see: National Academy of Sciences, 2018, "Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Homelessness"._

Housing for Health Initiative (HFH)

- Created in 2012 by LA County Department of Health Services (DHS) to provide permanent supportive housing to **high-utilizers of publicly funded health care services**

- Program Objectives
  - To reduce homelessness
  - To improve health outcomes among homeless
  - To reduce inappropriate use of health care resources

How HFH is Different from Other PSH Programs

"Usual" PSH Implementation

- Uncoordinated administration of housing, supportive services, and rental subsidies
  - Little to no oversight of housing managers and service providers
  - Difficult to set standards for supportive services (e.g., client/case manager ratio, minimum skills, use of evidence-based approaches)
- Fragmentation in—and often lack of—funding for supportive services

Housing for Health Approach

- Centralized administration of housing provision, supportive services, and rental subsidies
  - Central oversight of housing and service providers; weekly reporting of activities
  - Standardized contracts for service providers; maximum 20:1 case ratio; minimum requirements for providers
- Pooling of multiple funding sources under single initiative
  - Flexible Housing Subsidy Pool

Permanent Supportive Housing
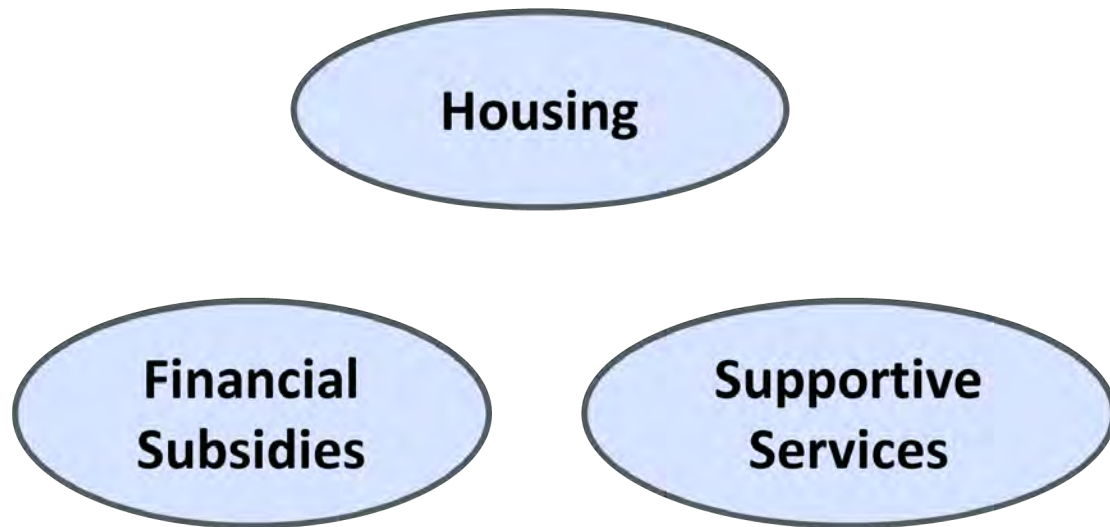
Housing for Health
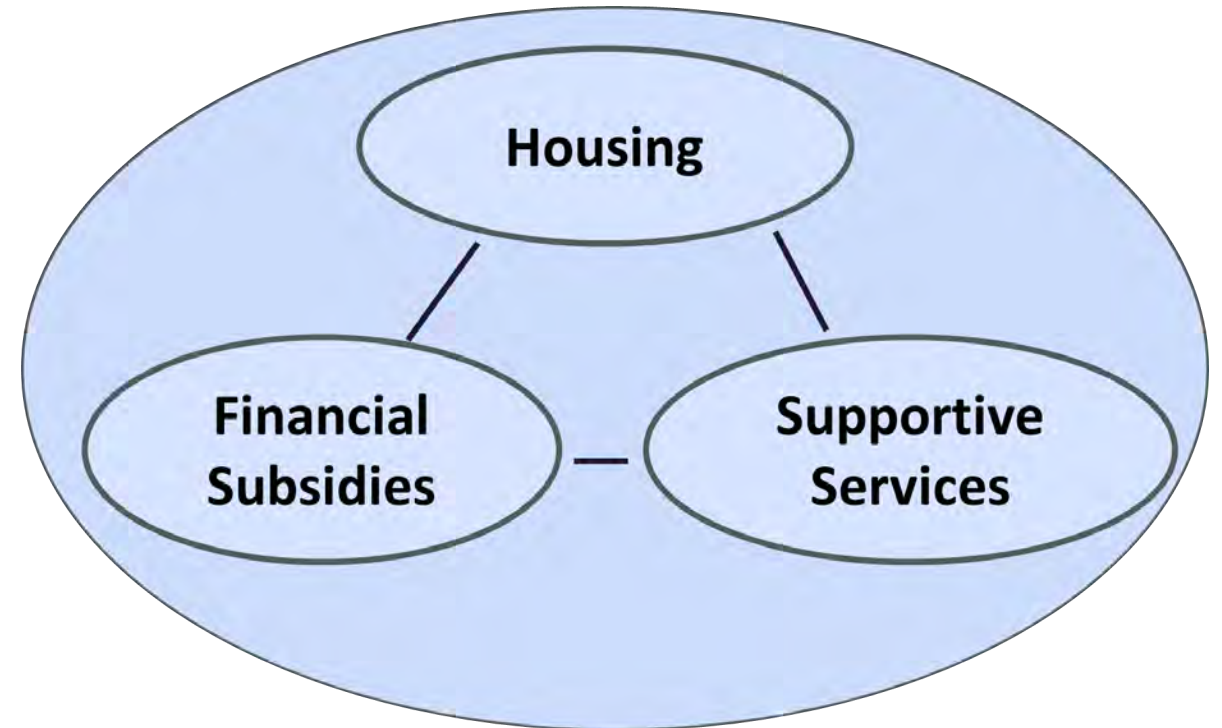
Objectives of Our Study

- Compare HFH to other PSH programs in Los Angeles County
- Determine whether HFH's implementation model
  - Improves housing outcomes
  - Improve health outcomes
  - Reduces inappropriate use of health care services
  - Affects utilization of services in other sectors
  - Improves outcomes in justice system
- Identify opportunities for program improvement

Mixed-Methods Approach

- Qualitative data collection and analysis
- Quantitative analysis of administrative data
- Simulation model development

Qualitative Analysis

- **Goal:** To better understand experiences, values, and perceptions of clients, service providers, and other stakeholders
- 9 focus groups
  - 42 clients of HFH and other PSH programs
  - 29 service providers for HFH and other PSH programs
- 14 key informant interviews
  - Senior staff of agencies that provide PSH programming
  - Senior staff of agencies in related public sectors

Key Informants Reported Significant Variation in Characteristics of PSH Programs

- Availability of resources

- Staff capacity and skills

- Funding sources and mechanisms

- Program elements and requirements

- Philosophical approaches (housing ready vs. housing first)
- Some programs may not meet SAMHSA fidelity requirements

What Distinguishes HFH from Other PSH Models

- **Vertical Integration**
  - HFH is heavily involved in all aspects and stages of the PSH process
  - Enables more streamlined processes
  - Enables more effective monitoring and reporting for program improvement
- **Program requirements**
  - 20:1 client/case manager ratio
  - Electronic reporting of all activities and services provided to each client
- **Funding**
  - Availability of funds exclusively dedicated to supportive services
  - Flexible subsidy pool reduces need for long and painful procurement process
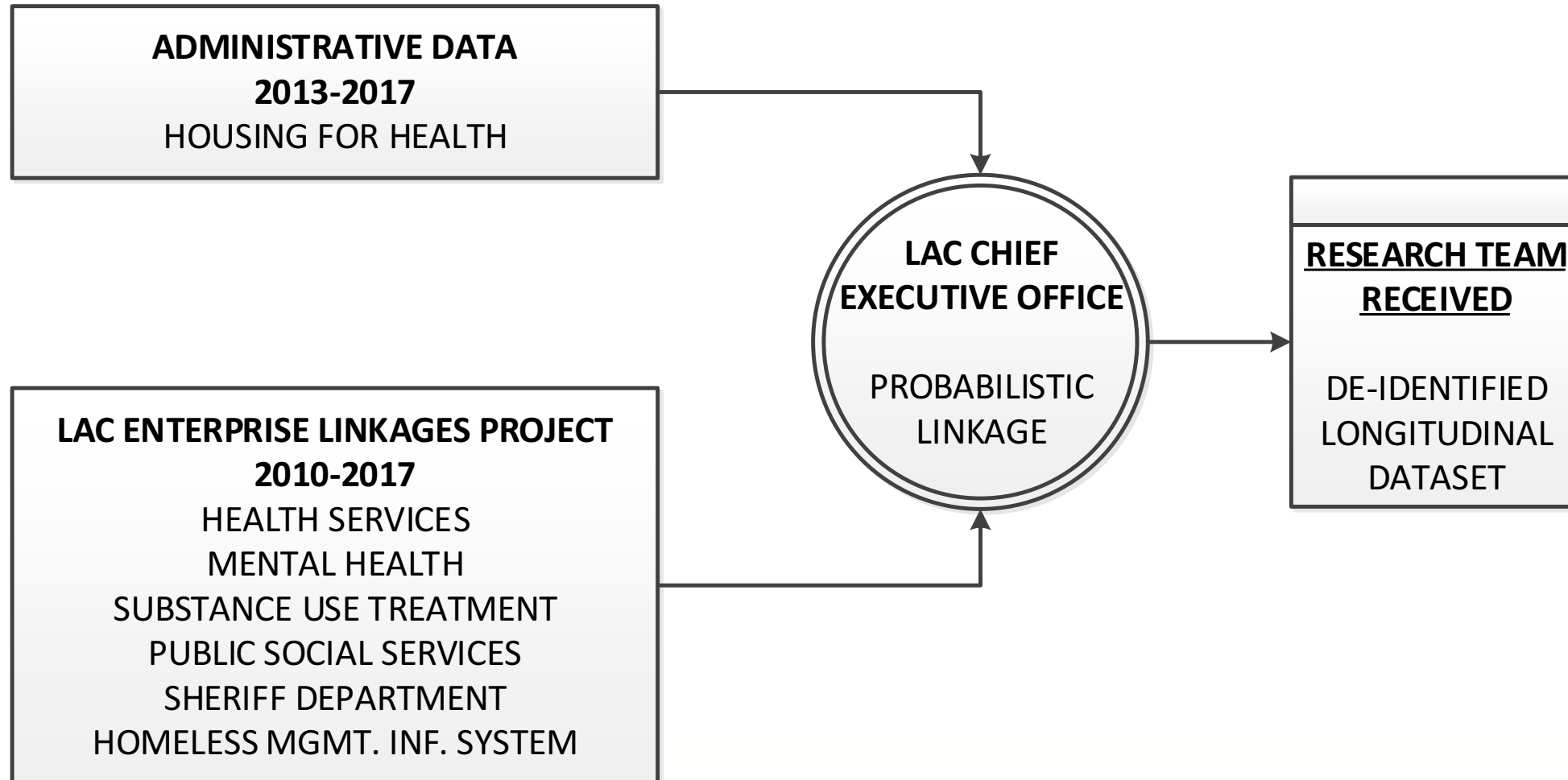
Potentially Negative Aspects of HFH

- Rapid growth may have created tensions and strains on the County's homeless services system
  - Service providers may have trouble meeting HFH's requirements under constant growth
  - Lack of workforce capacity to keep up with growth in number of clients
- Not all providers may implement HFH's model with fidelity

Impact of HFH on Client Outcomes

- Large-scale impact on homelessness in Los Angeles County in terms of number of individuals placed in housing

- Program facilitates access to medical care, mental health services, and income benefits

- Decreases in detrimental behaviors (e.g., substance use, criminal activity)

- Other intangible benefits
 - Family reunification
  - Dying with dignity

Quantitative Analysis: Linked Administrative Data

ADMINISTRATIVE DATA
2013-2017
HOUSING FOR HEALTH

LAC CHIEF EXECUTIVE OFFICE

PROBABILISTIC LINKAGE

RESEARCH TEAM RECEIVED

DE-IDENTIFIED LONGITUDINAL DATASET

LAC ENTERPRISE LINKAGES PROJECT
2010-2017
HEALTH SERVICES
MENTAL HEALTH
SUBSTANCE USE TREATMENT
PUBLIC SOCIAL SERVICES
SHERIFF DEPARTMENT
HOMELESS MGMT. INF. SYSTEM

Quantitative Analysis Approach

- **Goal:** To estimate impact of HFH on utilization of public services and on involvement with the justice system
- Difference-in-Differences (DiD) regression models comparing:
  - HFH clients to sample of clients of other PSH programs
  - One year before vs. one year after housing move-in dates
  - Better than pre-post comparison, reduces biases due to:
    - Pre-existing differences in outcomes between the two groups
    - Changes in outcomes that are due to factors independent of the intervention

Number of HFH Clients Has Grown Rapidly

Legend: Enrolled in HFH — Placed in Housing
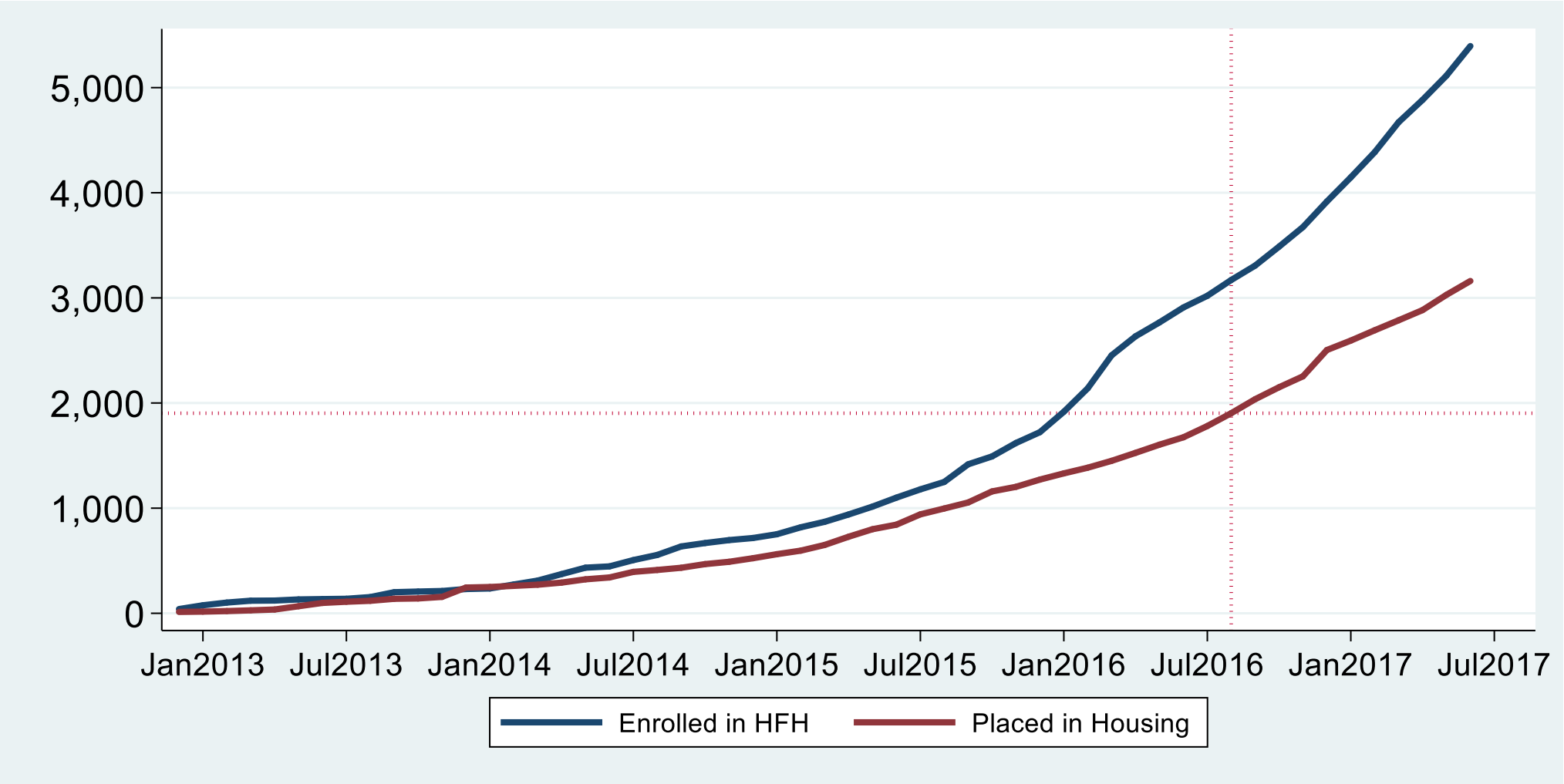
Retention in Housing was Higher for HFH Clients

Program	# Housed by July 31, 2016	Still Housed by July 31, 2017*	1-Year Housing Retention Rate
Housing for Health	1,948	1,871	**96%**
Other PSH	899	827	**92%**

* Excludes individuals who died or moved to other independent/permanent housing

HFH Clients Reduced Their Use of Health Care Services More than Clients of Other PSH Programs

Type of Visit	HFH Impact on % of Clients w/Visits, Compared to Other PSH Programs	HFH Impact on Number of Visits, Compared to Other PSH Programs
DHS Emergency Room	- 54% ***	- 52% ***
DHS Inpatient	- 46% ***	- 44% ***
DHS Outpatient	- 21% ***	- 8%
All DHS Visits	- 38% ***	- 29% ***

*** *Statistically significant at 0.001 confidence level*

HFH Clients Improve Their Use of Mental Health Services Compared to Clients of Other PSH Programs

Type of Service Episode	HFH Impact on % of Clients w/Visits, Compared to Other PSH Programs	HFH Impact on Number of Visits, Compared to Other PSH Programs
DMH Emergency	**- 47% ***	**- 46% ***
DMH Inpatient	**- 53% ***	**- 47% ***
DMH Outpatient	+ 5%	+ 20%
All DMH Service Episodes	**- 4%**	**+ 9%**

*** *Statistically significant at 0.001 confidence level*

HFH Had Mixed Impact on Other Public Sectors

Type of Event	HFH Impact on % of Clients, Compared to Other PSH Programs	HFH Impact on Number of Episodes/Days, Compared to Other PSH Programs
Substance Use Treatment	- 17%	- 27%
Received Income Support	- 12%	+ 6%
Days in Jail	**- 35% ***	**- 52% *****

*   Statistically significant at 0.05 confidence level
*** Statistically significant at 0.001 confidence level

Participatory Simulation Model Development

- **Goal:** To develop a **holistic** description of how the systems of care for the homeless affect service utilization and outcomes across public sectors

- **Problem:** This is a complex system
  - Crosses multiple public sectors
  - Multiple "moving pieces"
  - Actions in one sector may affect others
  - Potential feedback loops

- We used a **participatory approach** to rely on stakeholders with strong subject matter expertise

Fuzzy Cognitive Map Systems Model
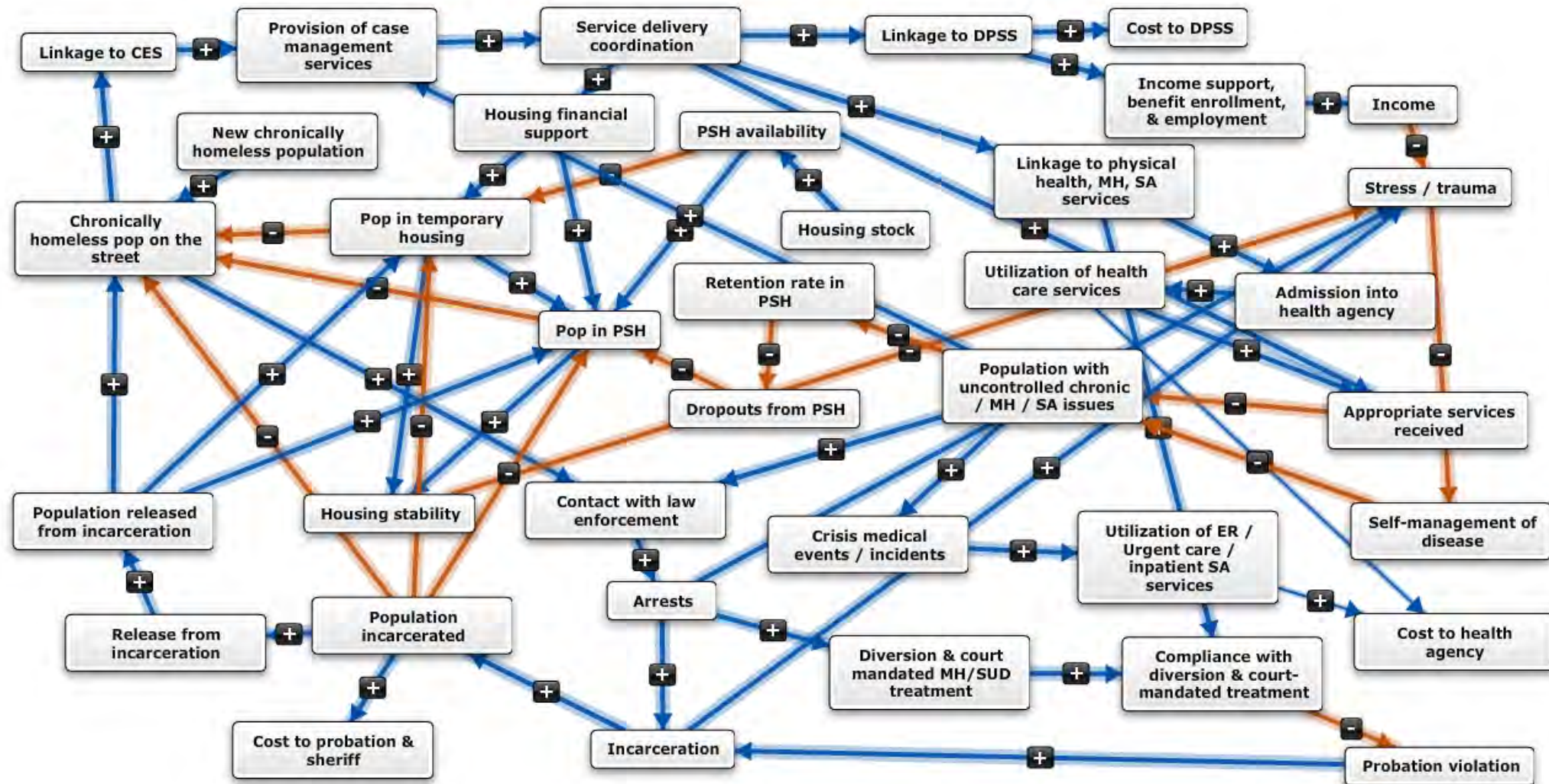
Provision of Supportive Services Can Help Break the "Revolving Door" in the Criminal Justice System
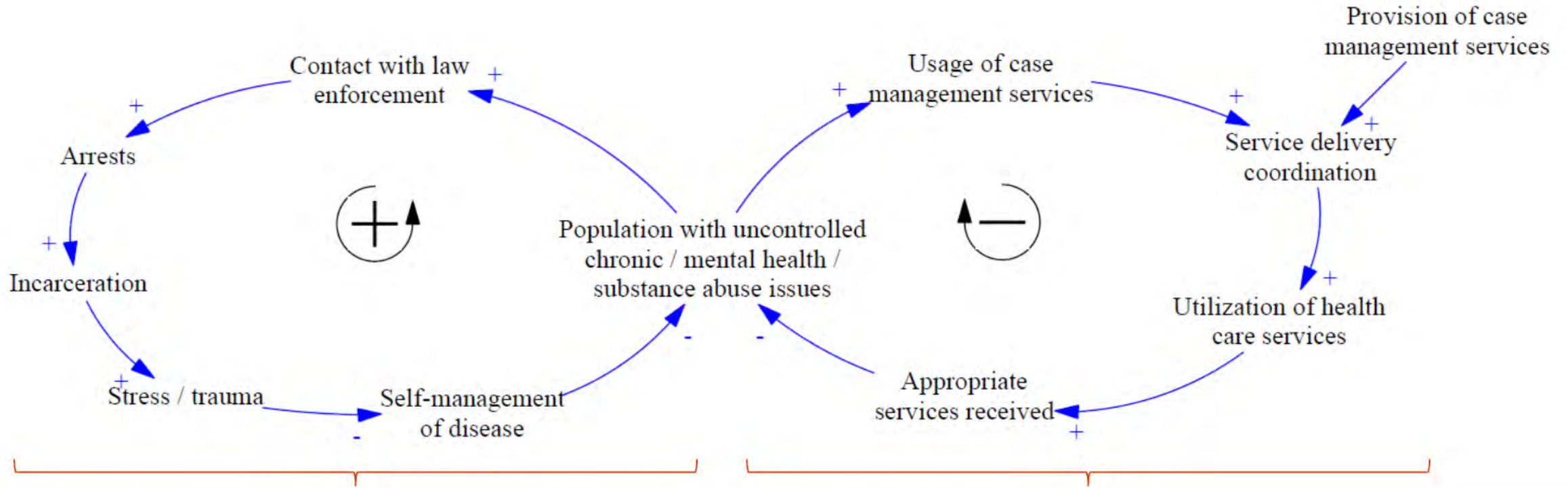
Vicious cycle ("Revolving door of criminal justice") – a reinforcing loop that keeps increasing the size of the population with uncontrolled health, mental health, and substance abuse issues

Case management and service delivery coordination provides a balancing loop that breaks the vicious cycle and keeps the size of the population with uncontrolled health, mental health, and substance abuse issues in check

Example of Simulation Results:
Impact of Increasing Permanent Housing and Rental Subsidies

Summary

- Homelessness is an important social determinant of health and a significant driver of utilization of public services

- Permanent supportive housing…
  - Is a promising approach to combat homelessness
  - Can be subject to implementation issues that limit its effectiveness

- Our findings suggest that Housing for Health's centralized implementation model…
  - Reduces the use of health and mental health services and involvement with the criminal justice system
  - Creates mechanisms that could help some individuals escape the vicious cycles that make it difficult for them to live stable lives

Thank You!

Ricardo Basurto-Davila

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http://systemsforaction.org/our-research

Questions?

www.systemsforaction.org

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Archives

http://systemsforaction.org/research-progress-webinars

Upcoming

March 13, 2019, 12 p.m., ET
Systems for Action Individual Research Project
Community Complex Care Response Team to Improve Geriatric Public Health Outcomes
Carolyn E. Z. Pickering, PhD, RN, School of Nursing, U.of Texas Health Science Center at San Antonio and Christopher D. Maxwell, PhD, School of Criminal Justice, Michigan State University

March 27, 2019, 12 p.m., ET
Systems for Action Individual Research Project
Integrating Behavioral Health with TANF to Build a Culture of Health
Mariana Chilton, PhD, MPH, Associate Professor, and Sandra Bloom, MD, Department of Health Management & Policy, Drexel University Dornsife School of Public Health

April 10, 2019, 12 p.m., ET
Systems for Action Individual Research Project
Optimizing Governmental Health and Social Spending Interactions
Beth Resnick, DrPH, MPH, and David Bishai, MD, MPH, PhD, Johns Hopkins Bloomberg School of Public Health

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