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United Way
United Way of San Diego County

Applying the Health Home Model to Homeless High Users of Emergency Services

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Background on Frequent Users

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- Million Dollar Murray: "It cost us one million dollars not to do something about Murray."
- Jeffrey Brenner in Camden, New Jersey began "hot spotting" and working with people who were generating high medical costs
- 1811 Eastlake in Seattle
- Chicago Housing for Health Partnership
- Serial Inebriate Program in San Diego
- Frequent Users of Health Services Initiative: 6 pilot programs throughout California

Past Results/Limitations

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- Most studies have shown decreases in ED and hospitalizations
- Some have looked at other variables besides hospital use such as ambulance, jail, and shelter use
- Housing interventions have differed: some were treatment programs, congregate housing, etc..
- Data collection has differed across studies
  - Some collected hospital bills (charges)
  - Some looked at just Medicaid costs
  - Amount of participating data partners such as # of hospitals in a certain region

Homelessness in San Diego

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- 3rd largest homeless population in metro area only surpassed by NYC and LA
- In 2012 there were 10,013 homeless and of those, 5,642 were unsheltered
- One of the lowest rental vacancy rates in nation
  - Average rent = $984 studio and $1,126 1 bedroom
- 4,334 shelter beds in the County and always a waiting list
- No County medical hospital just psychiatric
- No MediCaid for indigent single adults

What is Project 25?

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- 3 year pilot funded by the United Way of SD
- St. Vincent de Paul Village is the lead agency
- Established "Frequent User" list
- 36 chronically homeless "Frequent Users"
- Housing First
- Health Home Model
  - Intensive case management
  - Assertive Community Treatment
- Emphasis on data collection

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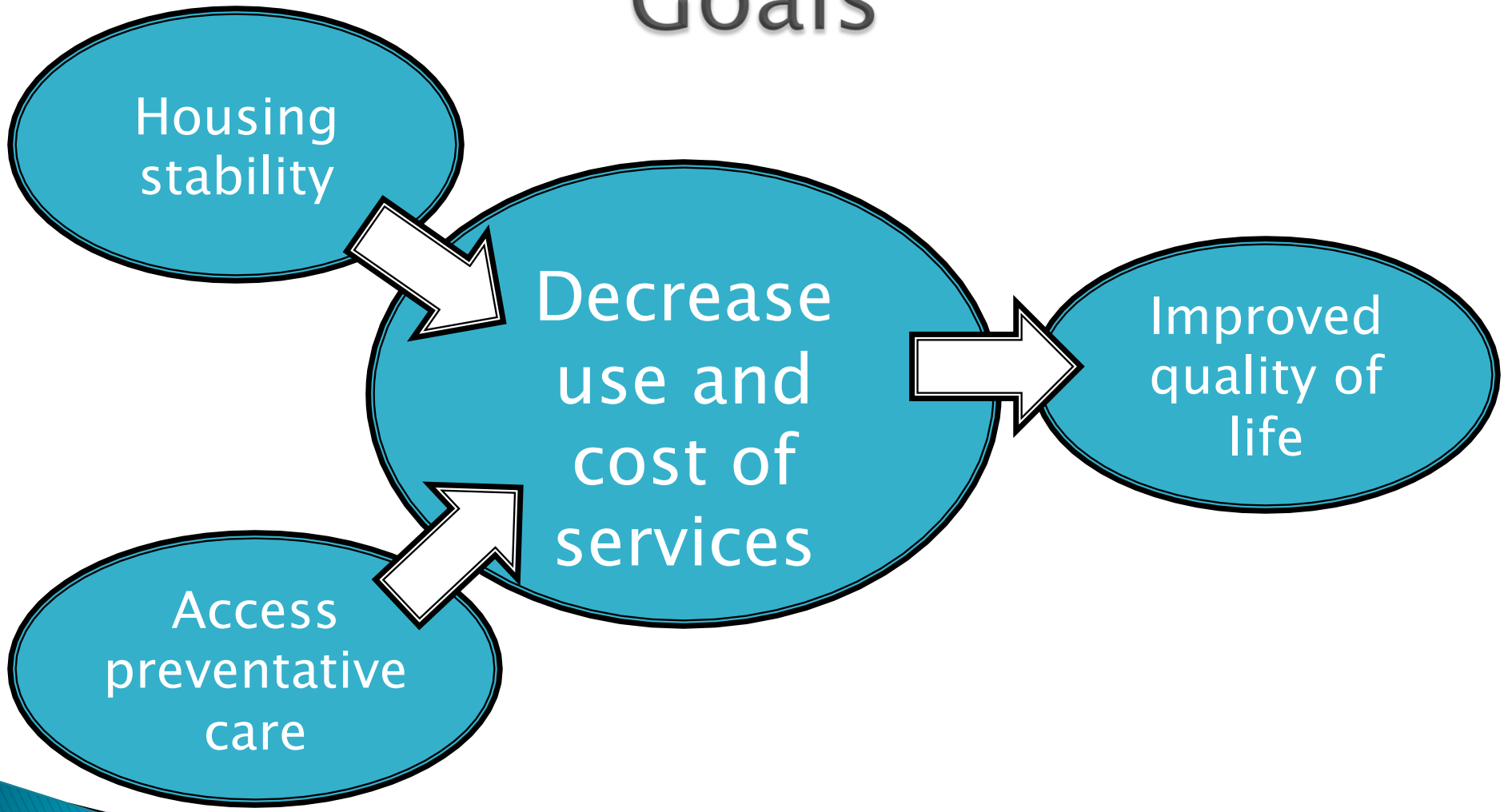
Goals



Baseline Snapshot

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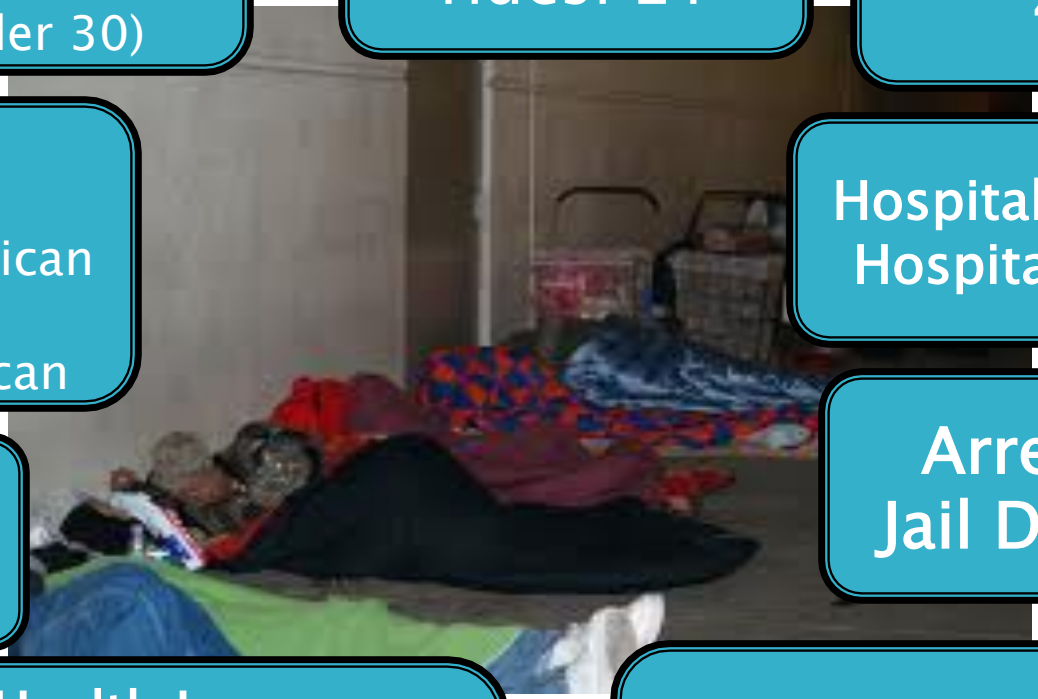
Age
Average: 46
(Range 21-60,
5 under 30)

Ambulance rides: 21

ER Visits: 41

Race
72% White
17% African American
5% Latino
5% Native American



Hospital Admits:10
Hospital Days: 45

Sex
30 Men
6 Women

Arrests: 3
Jail Days: 25

Health Insurance
None: 15
County: 7
Medicaid: 9
Medicare: 5

12 Month Average Pre Cost:
$120,476

Clinical Characteristics

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- Almost all (>90%) have severe alcohol dependence
- Majority (>90%)have a co-occurring psychiatric disorder:
- Most have (>80%) have complex medical problems
- Typical Project 25 participant has severe alcohol dependence, a serious mental illness, and two or more complex chronic medical problems

Video

Start up lessons…

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- Development of frequent user list included not just EMS/hospital data but also law enforcement, behavioral health, and shelter use
- Worked with front line staff to collect initial data
- Outreach: Connect with jails, paramedics, ER's, and social service staff
  - Get staff professionally cleared to enter jail
  - Figure out locations of ambulance pick ups
  - Flagging systems in electronic chart in ER

Why is it working?

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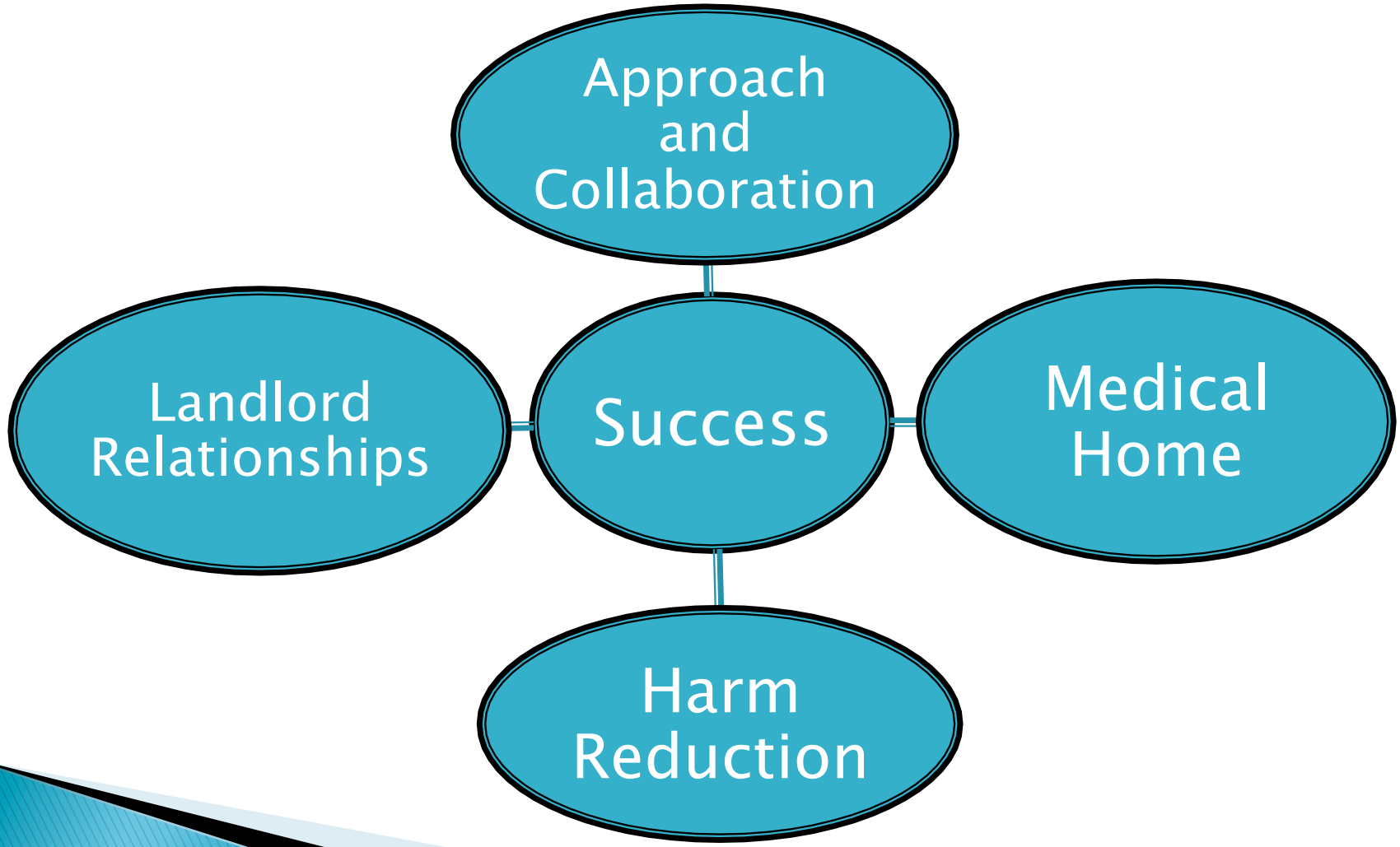

Service Approach and Collaboration

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- Viewed as a unique population
- SVdPV CREED
- Hot Spotters article quote in New Yorker
- "Do for, do with, they do"
- Success is relative
- 911 Alerts
  - Staff alerted to 911 use through e-mail and texts
- Strong relationships with hospital ED staff
- Public Defender's Office for arrests
- Relationships with detox programs

Housing Lessons

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- Ensure that client can bring partner, spouse, or family member with them in unit
  - Respect their wish to have them there
  - Treat them equally and provide services to them too
- Landlord relationships are essential!!!
  - Close communication-provide them your cell #
  - Multiple moves b/c of behavior issues and avoided evictions in every case. Most could stay until we found another unit
  - Most landlords willing to rent to P25 in future
- Finding the "Right" housing for each individual
  - Moving should not be seen as a failure
  - 21 have had to move at least once b/c of behavioral issues
  - All but 2 have been successful in their 2nd unit
- Learn to reframe your perspective about guests
- Be thoughtful about selecting housing
  - Is there a security guard when you walk in?
  - What are the other tenants like?
  - Where is the unit physically in the complex?

Permanent Housing

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FJV: 16th and Market Apartments

FJV: Villa Harvey Mandel Apartments

Harm Reduction

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- Abstinence is the main goal
- For some HR is not a viable option
- Some are going to drink with or without us
  - Reduced drinking
  - Safer drinking
  - Encourage abstinence
- Harm Reduction Psychotherapy
- Reduce harm in other areas such as health, mental health, and trauma

Medical Home

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- Majority using St. Vincent de Paul Village Family Health Center on site at SVdPV
- Federally Qualified Health Center
- Serves the public with focus on homeless
- UCSD Dual Residency Program– "One white coat"
- Dental services

Accessing Medical Home

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- Home visits/street visits
- Incentives to make appointments
- Created "Urgent Care" for Project 25 patients
- High frequency of appointments
- Strong communication between case manager and doctors
- Transport to and from and often sit in appt.
- I-Pads and Facetime

Medications

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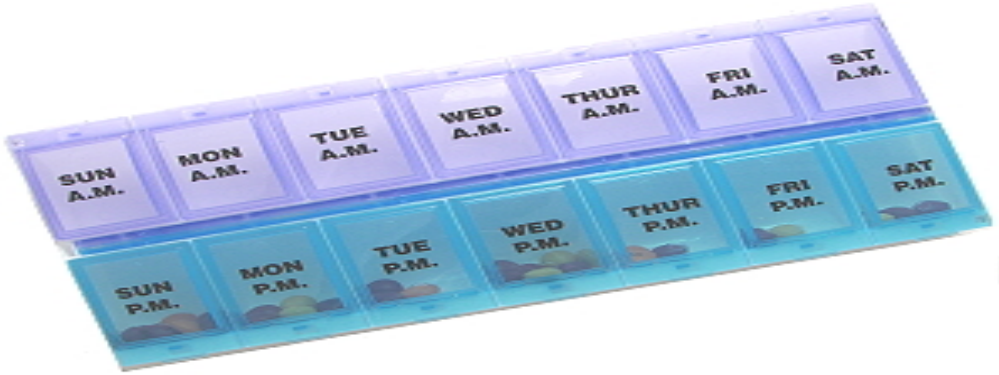
- Use of medications that would not normally be prescribed to these patients
- Tied to the plan and treatment goals
- CM delivers meds to participant daily
- Assess for intoxication upon delivery
- Constantly assessing and reassessing
- Close communication with doctor



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3 Case Studies

Some doing great…
Some doing better…
And some are still struggling

Client 1: "All Star"

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45 Ambulance rides = $13,478
48 ER Visits = $19,955
64 Hospital days (15 admits)= $129,485
1 Arrest = $150
4 Days in jail = $548
149 Shelter days = $6,556

2010 =$170,172

1 Ambulance ride = $444
2 ER Visits = $1,416
Housing = $3,648
Supportive Services = $23,309

Last 12 Months =$28,817

Interventions:
- Street outreach
- Weekly Dr. visit
- Now receives SSI
- Payee services
- Does not drink during week, only beer on weekends
- Med management
- Helps staff with grocery shopping

Client 2: "Better but.."

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63 Ambulance rides = $19,455
62 ER visits = $55,334
19 Hospital days (8 admits)= $50,965
2 Arrests = $350
9 Days in jail = $1,233

2010 =$127,337

16 Ambulance rides = $6,445
17 ER visits = $8,543
27 Hospital days (6 admits)= $71,302
Housing = $9,000
Supportive Services = $23,309

Last 12 Months =$118,599

Interventions:
- Food assistance
- Pay bills
- Detox program
- Cognitive eval
- Now receives SSI
- Payee services
- Housed partner
- Partner mediation

Client 3: "Still struggling"

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22 Ambulance rides = $7,343
29 ER visits = $17,793
29 Hospital days (9 admits)= $59,846
3 Arrests = $450
10 Days in jail = $1,370

2010 =$86,802

12 Ambulance rides = $4,865
14 ER Visits = $6,191
21 Hospital days (5 admits)= $41,882
2 Arrests = $300
103 Days in jail = $14,111
Housing = $4,500
Supportive Services = $23,309

Interventions:
- Housed partner
- Jail visitation
- Released to P25
- Food assistance
- Pay bills
- Landlord mediation
- Diabetic meds
- Crisis intervention
- Clothes

Last 12 Months =$95,158

Data Collection

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- SVdPV responsible for data collection for all 36 participants
- Partnered with Fermanian Business and Economic Institute at PLNU
- Created single ROI that all partners used
- Partners send data on a quarterly basis
- Compare baseline in 2010 to Intervention
- From 5 partners to 32 data partners (including 22 hospitals)

Data Partners

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- Hospitals
  - Alvarado Hospital
  - Alvarado Pkwy Inst
  - Kaiser Foundation
  - Palomar Pomerado Health
  - Paradise Valley/Bayview
  - Promise Hospital
  - SD Sheriff Psych Unit
  - SD County Psych Hospital
  - Scripps Health
  - SHARP HealthCare
  - Tri-City Medical Center
  - UCSD Medical Center
  - VA Medical Center
- Ambulance
  - EMS Rural/Metro
  - American Medical Response
- Other Partners
  - County of SD HHSA
  - SD Sheriff's Dept
  - SD County Public Defender
- Shelters
  - Catholic Charities
  - Salvation Army
  - SD Rescue Mission
  - St. Vincent de Paul Village
  - Veteran's Village of San Diego

2010 Hospital ED Use

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Decrease in Service Use

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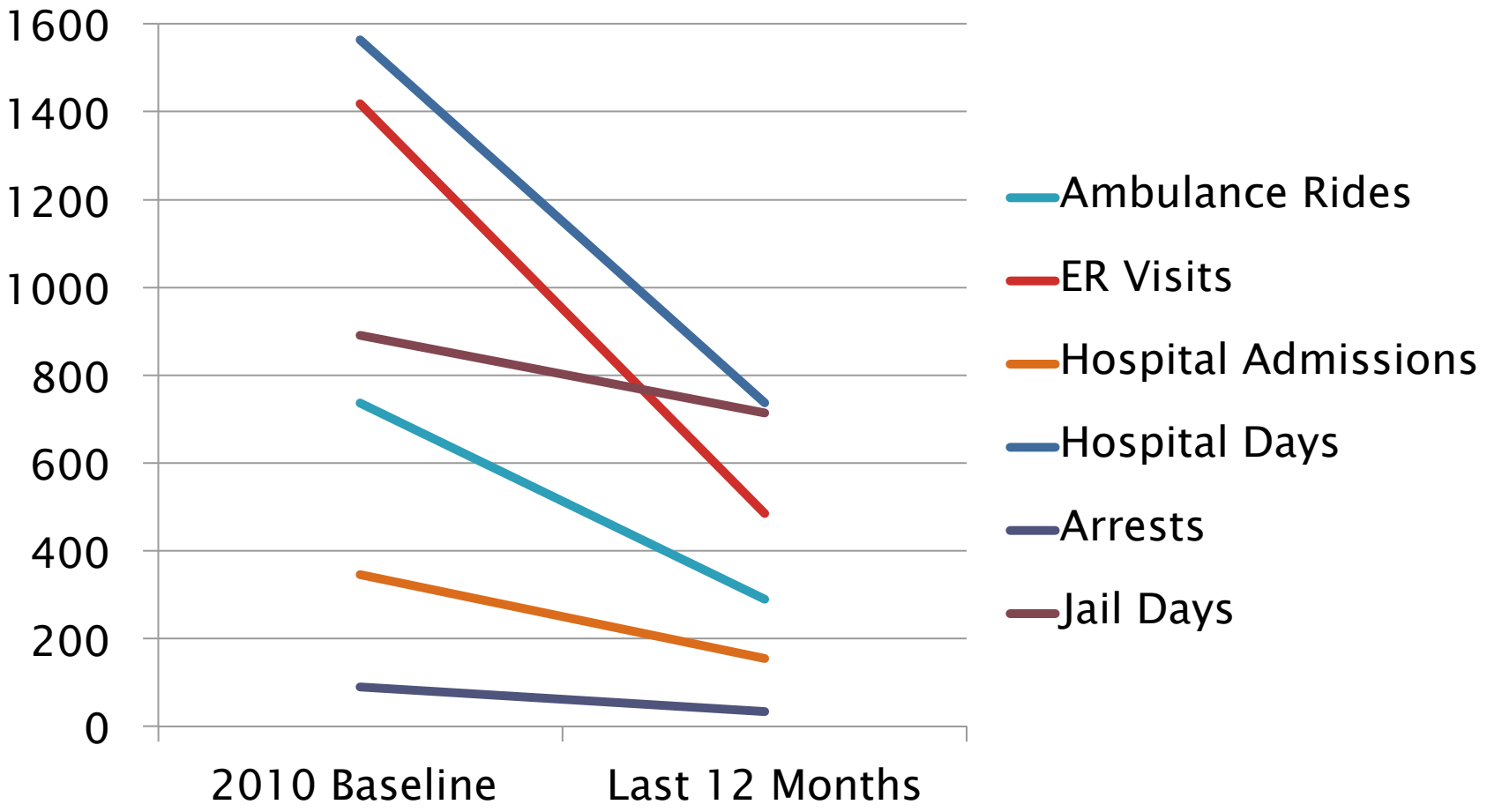

Decrease in $$$

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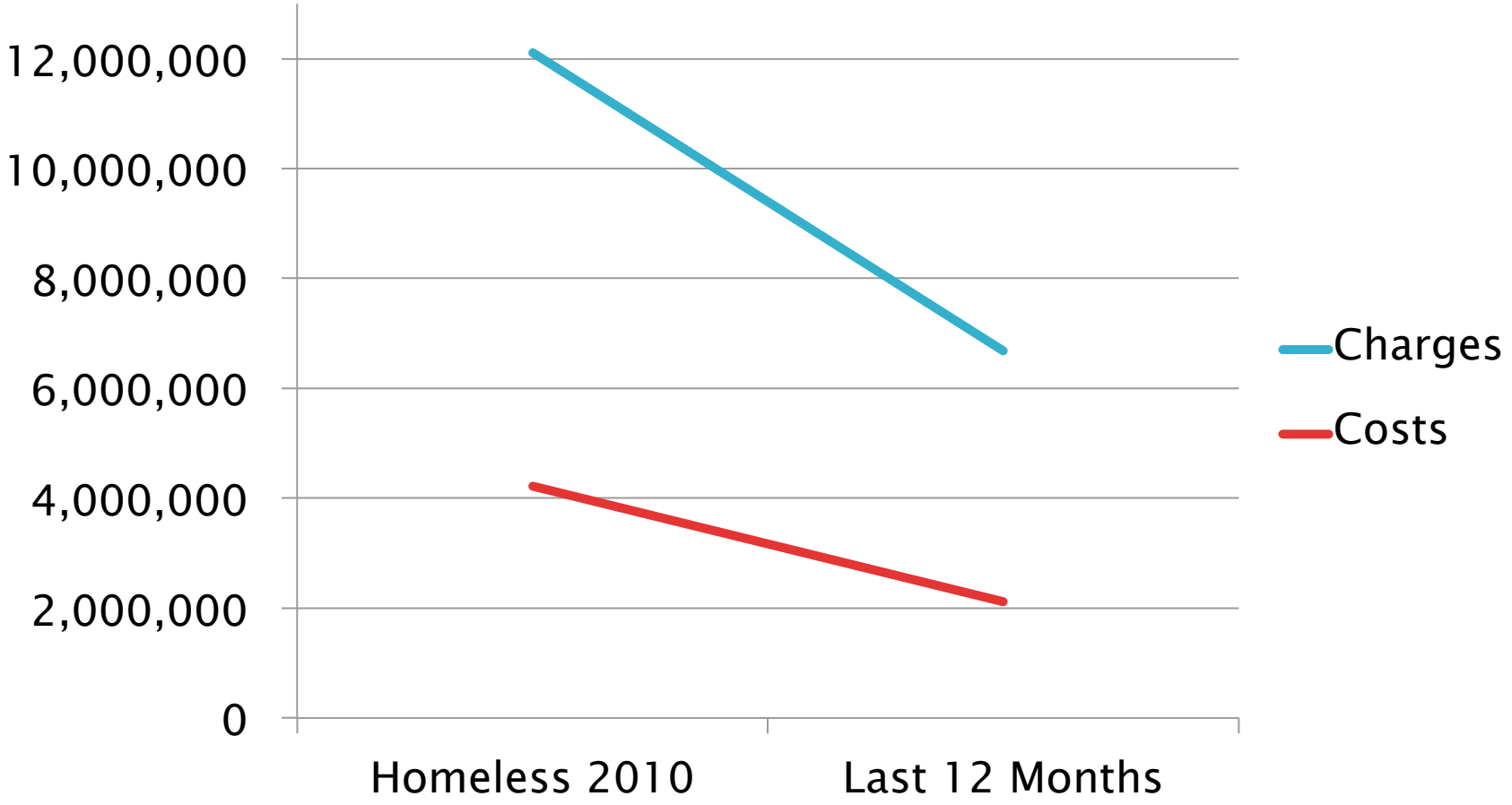

Cost Savings

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Baseline Year (2010 $$$)	12 Month Intervention Costs (Services and Housing)	12 Month Intervention Emergency Services $$$	12 Month Savings
(Charges) $12,108,075	$752,980	$6,680,829	**$4,674,266**
(Costs) $4,216,668	$752,980	$2,116,897	**$1,346,791**

Estimated savings between 1.3 (Costs) and 4.6 (Charges) million dollars

Other Results

- Only ONE person has exited Project 25 and was due to death
- Kept the initial cohort of participants and added one
- In beginning of March 2013, 29 of 36 have been housed 12 months or longer
- 24 of 36 have a permanent income source (all disability benefits)
  - Had one person working periodically but lost job

Data Collection Lessons

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- Be thoughtful about what you are asking for if creating a comprehensive target list
  - Initial list had to be reworked because it was inconsistent
- Connect with your local Hospital Association
- Discuss the creation of a single consent for all partners (hospitals, jail, county, etc…)
- Try to include as many partners as possible. Little bits of data count and increases return on investment
- Relationships count… find the right people to work with in each system…be appreciative
- Share progress regularly with partners

Using the Data

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- Usually data collection happens after the fact and done by outside evaluators
- Data collected during intervention and by service provider
- Review data/graphs on quarterly basis with team and discuss high users
  - Data informed treatment interventions
  - Discuss different approaches
  - Assess results next quarter
- Able to approach potential funders now

Next Steps

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- Qualitative study highlighting best practices and participant experiences
- Discharge planning
  - Most will need this level of care indefinitely
- Working with United Way on sustainability
- Expansion?
  - Hospital system has shown interest
  - Health care reform
  - Other health care stakeholders
- Participating in data collection for 125 other chronically homeless identified by the Vulnerability Index
- Use both data sets to estimate what chronic homelessness is costing San Diego

Questions?