

# Medicaid Innovation Accelerator Program

## Demonstrating the Impact of Supportive Housing

National Dissemination  
Webinar

August 7, 2019

2:00 PM – 3:30 PM ET



# Logistics for the Webinar

- All participant lines will be muted during today's webinar.
- To participate in a polling question, exit out of full-screen mode.
- Use the chat box on your screen to ask a question or leave a comment.
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience.

# Welcome and Background

## Melanie Brown

Technical Director

Medicaid Innovation Accelerator Program (IAP)

Center for Medicaid and CHIP Services (CMCS),

Centers for Medicare & Medicaid Services (CMS)

# Purpose and Learning Objectives

- Webinar participants will—
  - Learn the benefits and advantages of measuring outcomes to assess the impact of supportive housing
  - Become familiar with measures that have been used to assess the impact of supportive housing
  - Understand some of the considerations associated with measuring supportive housing outcomes
  - Learn from the experience of two state Medicaid Directors involved in this type of work

# Polling Question #1

Who is joining us on the webinar today (organizational affiliation)?

- State Medicaid agency
- State housing agency
- Other state agency
- Regional or local housing organization
- Regional or local support/service provider
- Managed care organization
- Advocacy organization
- Other

# Agenda

- Welcome and Background
- Framework for Demonstrating the Impact of Supportive Housing
- States' Perspective
- Frequently Used Outcome Measures
- States' Perspective
- Open Discussion
- Closing Remarks and Evaluation

# Medicaid IAP

- The Medicaid IAP is a Center for Medicare & Medicaid Innovation-funded program led by the Center for Medicaid and CHIP Services.
- The end goal for IAP is to increase the number of states moving toward delivery system reform.
- IAP is not a grant program; IAP provides targeted technical support.

# State Medicaid-Housing Agency Partnerships Track

- IAP Partnerships track goals include—
  - Increasing state adoption of individual tenancy sustaining services to assist Medicaid beneficiaries
  - Facilitating partnerships with housing agencies
  - Increasing state adoption of strategies that tie together quality, cost, and outcomes in support of community-based long-term services and supports programs

# State Medicaid-Housing Agency Partnerships Track

- Consistent with statute, CMS does not provide Federal Financial Participation for room and board in home and community-based services.
- States received technical support and participated in peer-to-peer learning opportunities to (1) identify goals and resources and (2) create and implement action plans.



# Partnerships Track States' Key Accomplishments

- Established Medicaid-housing cross-agency partnerships
- Aligned existing housing and health care policies
- Developed or expanded data matching to target resources, examine costs, and measure the impact of supportive housing
- Developed policies and mechanisms to increase supportive housing and other community living opportunities

# Framework for Demonstrating the Impact of Supportive Housing

**Kathy Moses**

Associate Director, Policy

Center for Health Care Strategies

# Benefits of Measuring the Impact of Supportive Housing

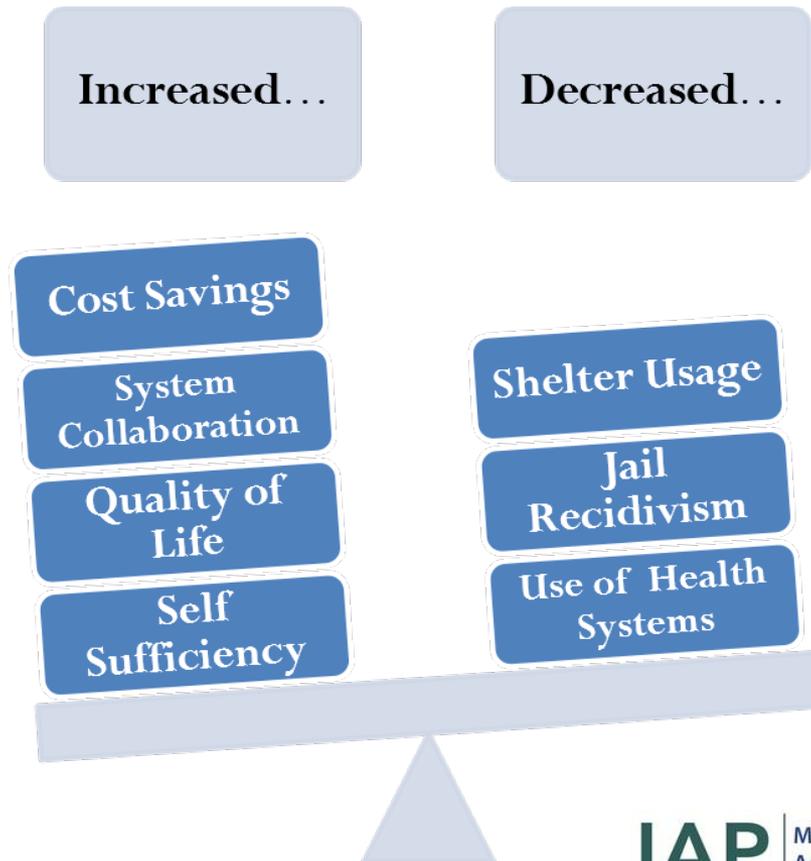
- Measure impact across silos, geography, populations, and more
- Determine if supportive housing is an effective service/intervention
- Look at system costs of stably-housed versus unhoused beneficiaries
- Reduce health care and other system costs
- Increase community integration through supportive housing

# Measuring Supportive Housing Impact

Where the impact of supportive housing has been measured, it often is associated with—



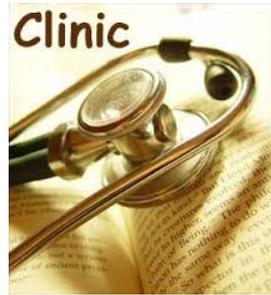
*Scotty, Los Angeles Frequent Users System  
Engagement (FUSE)/  
Social Innovation Fund (SIF) Client*



# Getting Started

- Determine what needs to be measured
  - What is the state trying to achieve?
    - Reduce emergency department (ED) visits?
    - Improve health outcomes?
    - Reduce inpatient hospital stays?
    - Improve tenancy stability?
  - What are the best indicators of these goals?
- Identify data sources

# Getting Started: Data Sources to Consider



# Getting Started:

## Target Populations and Data Access

- Define target population
  - High-cost users (often targeted for biggest impact)
  - Beneficiaries with complex needs
  - Groups with high homelessness recidivism
- Ensure access to the data
  - Develop data sharing and use agreements.
  - Leverage existing opportunities and data use agreements.
  - Start early—finalizing new agreements can take time.
  - If including substance use data, additional considerations may be necessary.

# Getting Started: Methodology Considerations

- Study or sample size
- Sampling methodology
- Study approach
  - Pre-post test
  - Control/comparison groups
  - Randomized controlled
  - Longitudinal



# States' Perspective

## **Judy Mohr Peterson**

Med-QUEST  
Administrator  
Hawaii Medicaid  
Director

## **Kate McEvoy**

Director, Division of  
Health Services  
Connecticut Dept. of  
Social Services

# Questions?



# Outcome Measures Frequently Used to Demonstrate the Impact of Supportive Housing

**Melanie K. Starns**

Director, State Medicaid-Housing  
Partnerships Track

Consultant, IBM<sup>®</sup> Watson Health<sup>™</sup>

# Outcome Measures Overview

- Used by states and localities to demonstrate the value and impact of supportive housing
- Includes measures in—
  - Health care utilization
  - Homelessness
  - Tenancy
  - Law enforcement
- Indicates expected change due to use of supportive housing



# Frequently Used Outcome Measures: Health Care Utilization

## Measure

## Expected Change

- Emergency Department (ED) visits → • Reduction in number of ED visits and costs
- Hospital inpatient admissions → • Reduction in number and cost of hospitalizations
- Inpatient hospital stay → • Reduction in length of stay and costs

# Frequently Used Outcome Measures: Health Care Utilization (cont.)

## Measure

- Psychiatric inpatient hospital stay frequency and duration of stay →

## Expected Change

- Reduction in use of mental health crisis services
- Reduction in psychiatric inpatient hospitalization and health care costs
- Improvement in mental health outcomes
- Reduction in duration of psychiatric hospital stays

# Frequently Used Outcome Measures: Health Care Utilization (cont.)

## Measure

- Outpatient mental health service utilization\*



## Expected Change

- Initial increase in use of outpatient mental health services
- Reduction in overall mental health service costs

\*States measuring outpatient and inpatient psychiatric service use often noticed an inverse relationship in costs—outpatient costs increased while inpatient costs decreased.

# Frequently Used Outcome Measures: Health Care Utilization (cont.)

## Measure

- Substance use disorder detoxification (detox) services use



- Use of emergency medical services



## Expected Change

- Reduction in the use of detox services
- Reduction in health care costs for detox services and interventions
- Reduction in use and cost of emergency medical technician services

# Frequently Used Outcome Measures: Homelessness

## Measure

- Number of people experiencing homelessness →
- Length of time people remain homeless →
- Emergency shelter use →

## Expected Change

- Reduction in number of people experiencing homelessness
- Reduction in length of time in homelessness
- Reduction in housing costs
- Decrease in number of days of shelter use

# Frequently Used Outcome Measures: Tenancy

## Measure

- Tenure in supportive housing
- Change in tenant's income



## Expected Change

- Decrease in health care costs with increased tenancy time
  - Reduction in rate of return to homelessness
- 
- Positive correlation between increased income and housing retention

# Frequently Used Outcome Measures: Law Enforcement

## Measure

- Arrest rate for those in SH compared to non-housed individuals →
- Costs for incarceration and jail services for those in SH compared to non-housed individuals →

## Expected Change

- Decrease in number of arrests among those in SH
- Decrease in law enforcement costs for those in SH
- Reduction in incarceration-related health care costs
- Reduction in community re-entry housing location costs

# State Supportive Housing Outcomes: Massachusetts

A March 2017 Massachusetts study<sup>1</sup> of people experiencing chronic homelessness found that:

- Every dollar spent on supportive housing and case management services translates into as much as \$2.43 in savings due to reductions in other types of health care service use.

<sup>1</sup> Byrne, Thomas and Smart, George Smart (March 2017). [Estimating Cost Reductions Associated with the Community Support Program for People Experiencing Chronic Homelessness](#). The Blue Cross Blue Shield of Massachusetts Foundation: Boston, MA.

# State Supportive Housing Outcomes: Connecticut

In 2018, Connecticut reported<sup>2</sup> that:

- Overnight hospitalizations among Medicaid beneficiaries dropped from 8.5 incidents in the 12-month period before supportive housing, to 2.7 incidents in the 12 months after housing placements.
- ED visits also decreased from 13 for the year before housing to 5 in the 12 months post-housing.

<sup>2</sup>DiLella, Steve, Connecticut Department of Housing . Webinar presentation “[Connecticut’s Medicaid and HMIS Data Match for the Social Innovation Fund Initiative](#),” November 7, 2018.

## States' Perspective

### **Judy Mohr Peterson**

Med-QUEST  
Administrator  
Hawaii Medicaid  
Director

### **Kate McEvoy**

Director, Division of  
Health Services  
Connecticut Dept. of  
Social Services

# Questions



# Closing Comments

**Melanie Brown**

Technical Director, Medicaid IAP,  
CMCS, CMS

# Key Takeaways

- Measuring the impact of supportive housing has significant benefits.
- Measuring outcomes requires compiling data from a variety of sources.
- Supportive housing can affect more than health care utilization costs.
- Measuring outcomes takes time—do not let perfect be the enemy of good.

# Speaker Contact Information

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# Thank You!

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