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
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—

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

**Decreased…**
- Shelter Usage
- Jail Recidivism
- Use of Health Systems

*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® Watson Health™
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Emergency Department (ED) visits</td>
<td>• Reduction in number of ED visits and costs</td>
</tr>
<tr>
<td>• Hospital inpatient admissions</td>
<td>• Reduction in number and cost of hospitalizations</td>
</tr>
<tr>
<td>• Inpatient hospital stay</td>
<td>• Reduction in length of stay and costs</td>
</tr>
</tbody>
</table>
Frequently Used Outcome Measures: Health Care Utilization (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric inpatient hospital stay frequency and duration of stay</td>
<td>Reduction in use of mental health crisis services</td>
</tr>
<tr>
<td></td>
<td>Reduction in psychiatric inpatient hospitalization and health care costs</td>
</tr>
<tr>
<td></td>
<td>Improvement in mental health outcomes</td>
</tr>
<tr>
<td></td>
<td>Reduction in duration of psychiatric hospital stays</td>
</tr>
<tr>
<td>Measure</td>
<td>Expected Change</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient mental health service utilization*</td>
<td>Initial increase in use of outpatient mental health services</td>
</tr>
<tr>
<td></td>
<td>Reduction in overall mental health service costs</td>
</tr>
</tbody>
</table>

*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.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
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</thead>
<tbody>
<tr>
<td>• Substance use disorder detoxification (detox) services use</td>
<td>• Reduction in the use of detox services</td>
</tr>
<tr>
<td>• Use of emergency medical services</td>
<td>• Reduction in health care costs for detox services and interventions</td>
</tr>
<tr>
<td></td>
<td>• Reduction in use and cost of emergency medical technician services</td>
</tr>
</tbody>
</table>
Frequently Used Outcome Measures: Homelessness

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
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</thead>
<tbody>
<tr>
<td>• Number of people experiencing homelessness</td>
<td>• Reduction in number of people experiencing homelessness</td>
</tr>
<tr>
<td>• Length of time people remain homeless</td>
<td>• Reduction in length of time in homelessness</td>
</tr>
<tr>
<td>• Emergency shelter use</td>
<td>• Reduction in housing costs</td>
</tr>
<tr>
<td></td>
<td>• Decrease in number of days of shelter use</td>
</tr>
</tbody>
</table>
### Frequently Used Outcome Measures: Tenancy

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tenure in supportive housing</td>
<td>• Decrease in health care costs with increased tenancy time</td>
</tr>
<tr>
<td>• Change in tenant’s income</td>
<td>• Reduction in rate of return to homelessness</td>
</tr>
<tr>
<td></td>
<td>• Positive correlation between increased income and housing retention</td>
</tr>
</tbody>
</table>
Frequently Used Outcome Measures: Law Enforcement

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Change</th>
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</thead>
<tbody>
<tr>
<td>• Arrest rate for those in SH compared to non-housed individuals</td>
<td>• Decrease in number of arrests among those in SH</td>
</tr>
<tr>
<td>• Costs for incarceration and jail services for those in SH compared to non-housed individuals</td>
<td>• Decrease in law enforcement costs for those in SH</td>
</tr>
<tr>
<td></td>
<td>• Reduction in incarceration-related health care costs</td>
</tr>
<tr>
<td></td>
<td>• Reduction in community re-entry housing location costs</td>
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</tbody>
</table>
A March 2017 Massachusetts study\(^1\) 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.

\(^1\) 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.
In 2018, Connecticut reported\textsuperscript{2} 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.

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 for joining us!

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