



10th Decile Project

Los Angeles, CA | September, 2015

INITIATIVE OVERVIEW

- ◆ The 10th Decile Project is a collaborative effort in Los Angeles County to connect frequent users of emergency health services to housing and appropriate care.
- ◆ More than 25 organizations, including five Health Center Program grantees, are involved in six neighborhood networks throughout the county to address the needs of the top 10% highest-cost, highest-need individuals experiencing homelessness in the community.
- ◆ Using a triage tool developed by the Economic Roundtable, hospitals are able to identify and refer eligible individuals to intensive case management.
- ◆ Health centers provide integrated primary and behavioral health care to project participants and work with case managers to encourage engagement in primary care and ensure that participants' needs are met.
- ◆ This model has resulted in improved housing stability, health outcomes, and a significant reduction in per person cost to the health care system.
- ◆ The Corporation for Supportive Housing (CSH) coordinates these efforts and is the recipient of the Social Innovation Fund award to support continued and expanded collaboration.
- ◆ Challenge: The supply of supportive housing vouchers and units is lower than the demand. However, the prioritization of supportive housing for the highest-need individuals through the Coordinated Entry System gives 10th Decile clients access to housing and services.
- ◆ Opportunity: Significant opportunities are now coming out of health care reform. Medicaid expansion, the Medicaid Health Home benefit California is now designing, the 1115 Medicaid waiver, and the shift to integrated care, population management, and payment reform. These opportunities hold promise for bringing new healthcare and supportive services resources to chronically homeless frequent users.

KEY FEATURES & INNOVATIONS

- ◆ **Targeting:** This initiative targets the top 10% highest-cost, highest need homeless individuals in Los Angeles County. This is a data driven process, using a triage tool for identification.
- ◆ **Triage Tool:** Tool developed to identify the likelihood that an individual is in the top 10% of homeless individuals regarding cost to the system and individual need. This tool uses an algorithm to identify these individuals based on demographics and health status.
- ◆ **Collaboration:** The 10th Decile Project creates collaborative networks throughout Los Angeles. Each network includes homeless services, hospitals, and Health Centers.
- ◆ **Supportive Housing:** Each participant in this initiative is connected to supportive housing. Rent is subsidized by either Section 8 or Shelter plus Care vouchers.
- ◆ **Intensive Case Management:** This initiative provides intensive case management to participants, which includes care management and housing navigation.
- ◆ **Care Management:** Intensive care provided by a health worker, sometimes at a health center, including management of referrals and clinical care, such as medication review.
- ◆ **Care Coordination:** Linking individuals to primary and behavioral health services and communicating with providers.



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INITIATIVE DETAILS

History

- 2009** In 2009, the Economic Roundtable released a report which found that public costs for individuals experiencing homelessness and receiving General Relief in Los Angeles County averaged \$2,897 per month, where as public costs for those in supportive housing averages less than \$610 per month. This report further found staggering differences in costs between the top 101% of homeless General Relief recipients than others experiencing homelessness, referred to as the “10th Decile” population.
- 2011** With support from the Conrad N. Hilton Foundation and the UniHealth Foundation, CSH created a network of 10th Decile Project collaboratives, which linked homeless service providers, health centers, and hospitals in order to coordinate integrated health services (primary care, mental health, and substance use) and supportive housing for the highest-cost, highest-need 10% of the homeless population who were high utilizers of hospitals.
- 2012** In March 2012, CSH received a five-year federal Social Innovation Fund award, and Los Angeles County was selected to expand and scale up the 10th Decile Project.
- 2015** The project is now looking at the scale-up and sustainability of the model through a Medicaid Health Home benefit California is in the process of designing, the proposals included in California’s 1115 Medicaid waiver due to be finalized in November 2015, and partnerships with managed care organizations.

Target Population

The 10th Decile population are people experiencing homelessness who are the top 10% highest-cost, highest-need individuals in Los Angeles County.

High Cost: A 10th Decile individual costs public systems over \$70,000 annually when they are homeless, and saves public systems 71% when they move into supportive housing.

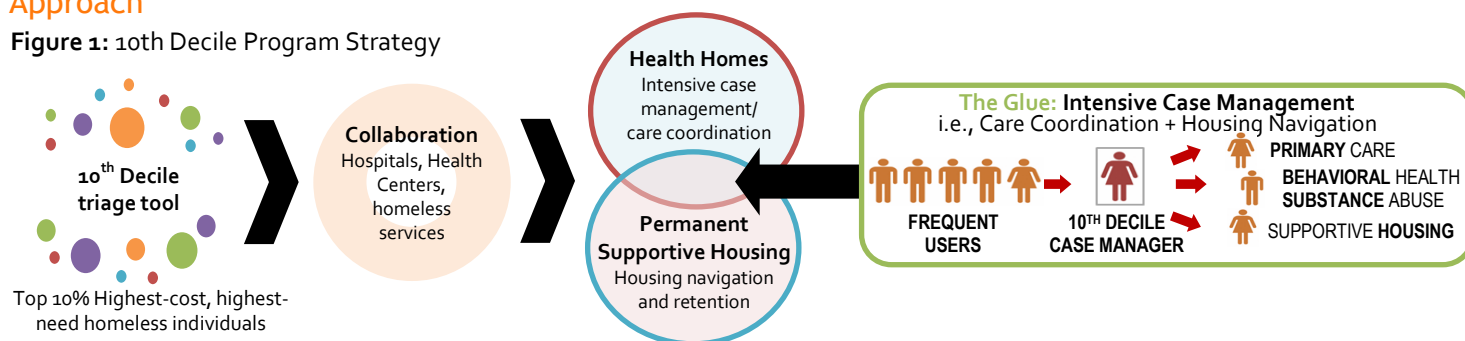
Co-occurring disorders: Typically have co-occurring chronic health conditions, mental health diagnoses, and/or substance use disorders

Primary Care Use: Less likely to access primary care

Emergency Service Use: High emergency department utilization rates

Approach

Figure 1: 10th Decile Program Strategy



Collaborative Model: Adopt Housing First and Harm Reduction.

Screening: The Economic Roundtable trained hospital staff to identify potential participants (those experiencing homelessness with above-average hospital use) and to screen for eligibility using a triage tool they had developed.

Intensive Case Management: Care Coordination and Housing Navigation.

Warm handoff to a 10th Decile Case Manager: With patient history, discharge instructions, and medications.

Case Managers: Use motivational interviewing and initiate process with temporary housing and enrollment in SSI/Medi-Cal if eligible.

Care Coordination: Enroll clients in primary care and behavioral health homes, schedule visits, and accompany clients to care visits as appropriate.

Health Home: Health centers use a patient-centered medical home model to provide integrated primary and behavioral health care. Providers work with the 10th Decile case manager to ensure that the participant’s health needs are met. Once permanently housed, participants are assigned to the health center that will be their permanent medical homes (based on where they are housed), which will continue to play a key role in providing holistic care.

Housing Navigation: Prepare applications for housing authorities, search for housing, negotiate with landlords, and assist with move-in and transition support..

Case Management Continues after Housing: Includes daily living skills and financial management.

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INITIATIVE DETAILS

Goal

Improve housing stability and health, and reduced use of emergency health services by:

- ◆ **Providing Patient-Centered Health Homes:** Integrated health, mental health, substance use, and housing services;
- ◆ **Using a Holistic, Client-Driven Model:** A seamless, non-linear approach that incorporates various ways to achieve overall health, and allows individuals the ability to gain control over their lives by choosing their preferred services and providers;
- ◆ **Connecting to Housing:** Move high-need, high-cost homeless residents of Los Angeles County into supportive housing.

Outcomes

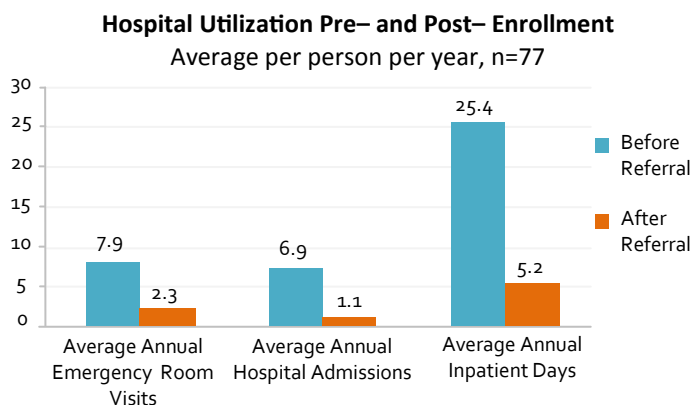
Engagement: 235 (51%) of 465 screened patients are engaged in the 10th Decile or another program. Individuals who were not engaged may have declined services, could not be located, or may have excluded due to barriers preventing independent living. In addition, some of the individuals who had been screened were discharged from the hospital before a navigator was able to connect with them.

Housing: Almost everyone who remains engaged obtains permanent housing (47% housed in six months, 98% within two years)..

Cost Avoidance: Reduction in per person emergency room costs, inpatient costs, and total cost to the public sector averaging \$54,106 (See Figure 6 on page 6).

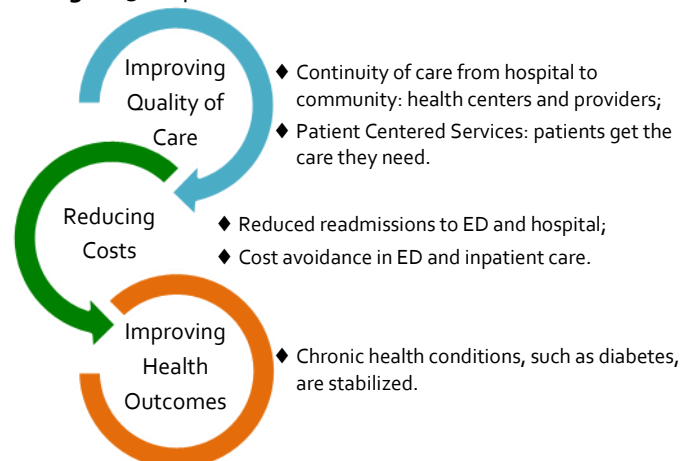
Hospital Visits: Reduction in emergency room visits (down 71%), Hospital admissions (down 84%), and inpatient days (down 80%).

Figure 2: Hospital Utilization



Meets the Triple Aim:

Figure 3: Triple Aim



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CHALLENGES AND OPPORTUNITIES

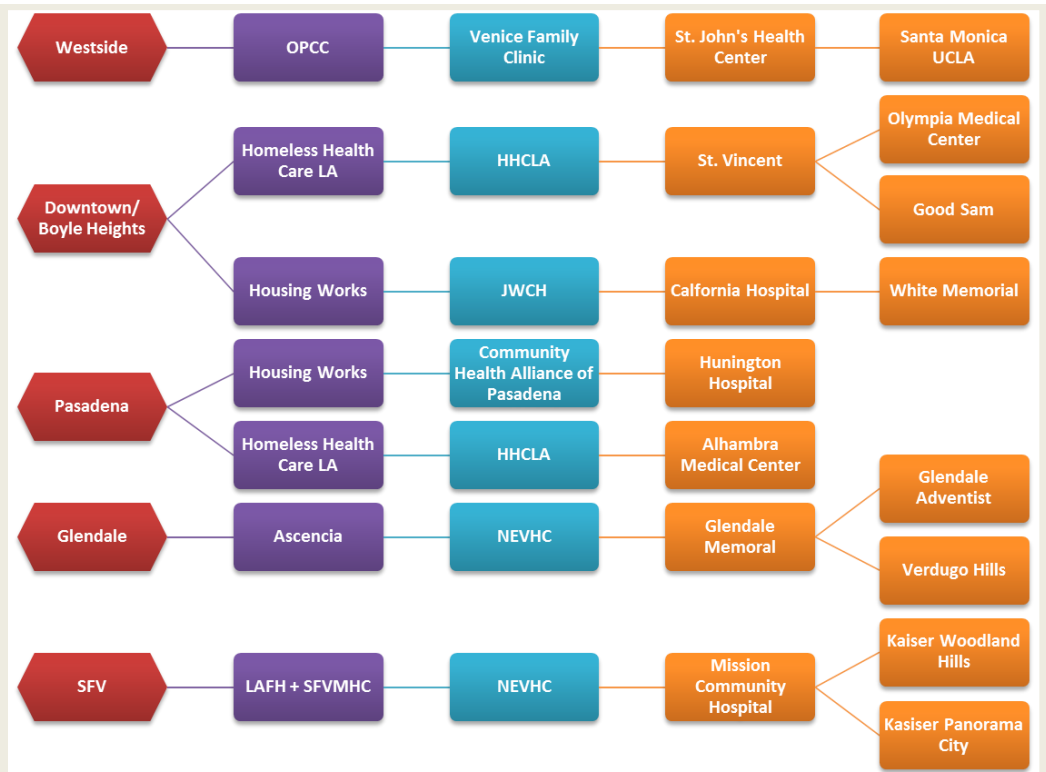
Challenges

- ◆ **Sequestration:** The most difficult problem encountered was the federal sequestration, which froze homeless Section 8 vouchers for nearly a year in 2013. However, new supportive housing buildings opened during that time, with over 350 new units. Additionally, a number of Shelter Plus Care and Section 8 vouchers were accessed from Skid Row Housing Trust and the Housing Authority of the City of L.A.
- ◆ **Hospital Turnover:** Partnering with hospitals is time-consuming and difficult. It requires working with many levels of staff within a hospital – particularly social work, quality, and finance. It is not a linear process, and there was a high level of turnover at hospitals.

Opportunities

- ◆ **Medicaid Expansion:** Because all 10th Decile participants are already on Medicaid or are connected to Medicaid when they begin participating, Medicaid expansion has allowed CSH to create new partnerships with managed care organizations (MCOs) to pilot and scale the 10th Decile Project.
- ◆ **Health Centers:** Health centers have a wealth of expertise providing services to medically vulnerable and complex individuals. They are uniquely positioned to provide holistic, integrated, accessible, and appropriate care to the 10th Decile population.
- ◆ **Health Homes:** CSH is working with the CA Dept. of Health Care Services (DHCS) to ensure that the health home benefit becomes a viable, sustainable funding source for coordinating care, supportive services, and housing for chronically homeless Medicaid beneficiaries and for frequent hospital users. CSH sponsored successful legislation (AB 361) in 2013 that authorized DHCS to create the health home benefit and to design the benefit in a way that addresses the needs of homeless beneficiaries. In 2014, CSH convened 200 health and housing stakeholders in an AB361 planning charrette, with the resulting recommendations incorporated into the state's draft health home plan. CSH is continuing to provide input into the State Plan Amendment for health homes and helping to convene the state's technical workgroup for health homes for homeless Medi-Cal beneficiaries. On the ground, the teams are providing local capacity-building around health homes for launch of the benefit in Jan 2016. The first two years will be funded with 90% federal and 10% state funding, and after that, with 50% federal and 50% state funding. The L.A. County teams will be positioned to produce strong outcomes from day one through capacity-building.
- ◆ **1115 Waiver:** CSH provided technical assistance to a DHCS housing workgroup. The workgroup's recommendations were included in the 1115 waiver proposal, including services funding, regional health and housing partnerships, and re-investment of cost savings into housing funding pools.

Figure 4: CSH has created seven collaborative networks in neighborhoods throughout LA county. Each collaborative includes homeless service providers, health centers, and hospitals. In total, these collaboratives have enrolled 235 individuals, 145 of which have been placed in permanent supportive housing. The partnership map shown depicts the relationships between the 6 homeless services providers (purple), 5 health centers (blue), and 15 hospitals (orange) involved.



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INITIATIVE PARTNERS

The 10th Decile Project works across sectors to form a network of integrated housing and health collaboratives for serving high utilizers in LA County. Each community collaborative includes:

Homeless Service Providers

Role: Provide dedicated care managers, intensive case management and care coordination, immediate temporary housing, and housing navigation and long-term retention

Partners:

- ◆ Ocean Park Community Center (OPCC), Westside
- ◆ Homeless Health Care LA (HHCLA), Mid-city
- ◆ Housing Works, Downtown, Boyle Heights, Pasadena
- ◆ Ascencia, Glendale
- ◆ LA Family Housing, San Fernando Valley

Health Centers and Behavioral Health Providers

Role: Provide integrated primary and behavioral health care.

Partners:

- ◆ Venice Family Clinic, Westside
- ◆ Homeless Health Care LA (HHCLA), Mid-city
- ◆ John Wesley Community Health Institute, Inc. (JWCH), Downtown
- ◆ Community Health Alliance of Pasadena (CHAP), Pasadena
- ◆ Northeast Valley Health Corporation (NEVHC), San Fernando Valley
- ◆ SFV Community Mental Health Center, San Fernando Valley
- ◆ Tarzana Treatment Center, San Fernando Valley

Hospitals

Role: Screen and facilitate warm hand-offs to care managers.

Partners:

- ◆ St. John's Health Center, Westside
- ◆ Santa Monica UCLA, Westside
- ◆ St. Vincent Hospital, Downtown
- ◆ Olympia Medical Center, Mid-city
- ◆ Good Samaritan, Downtown
- ◆ California Hospital Medical Center, Downtown
- ◆ White Memorial Medical Center, Boyle Heights
- ◆ Huntington Hospital, Pasadena
- ◆ Alhambra Medical Center, Alhambra
- ◆ Glendale Memorial Hospital and Health Center, Glendale
- ◆ Glendale Adventist Medical Center, Glendale
- ◆ Verdugo Hills, Glendale
- ◆ Mission Community Hospital, San Fernando Valley
- ◆ Kaiser Woodland Hills, San Fernando Valley
- ◆ Kaiser Panorama City, San Fernando Valley



10th Decile Project: Los Angeles, CA

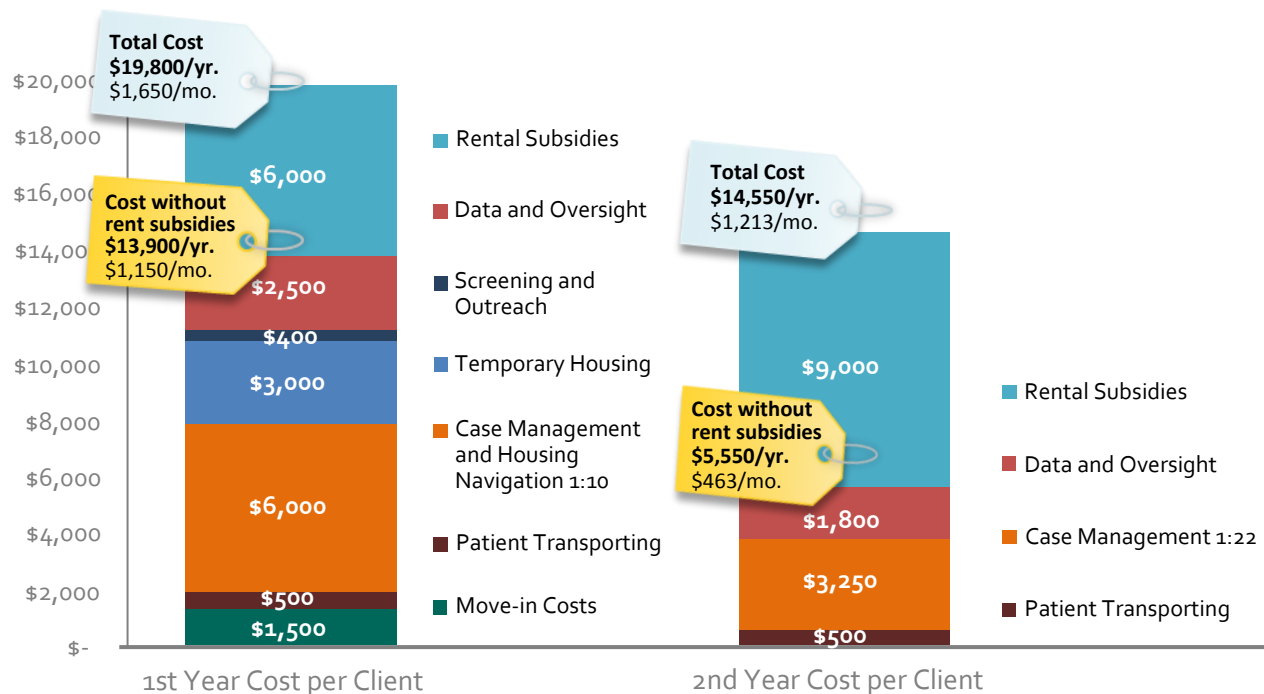
FINANCES

Funding Sources

- ◆ Social Innovation Fund, Corporation for National and Community Service: \$1,875,000 over five years;
- ◆ Conrad N. Hilton Foundation: \$1,475,000 over five years;
- ◆ Dignity Health: \$250,000 over three years;
- ◆ L.A. Care Health Plan: \$200,000 over two years.

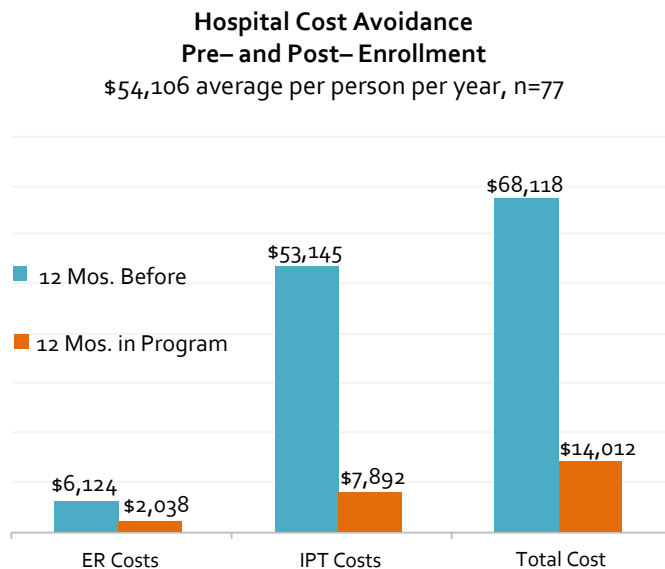
Program Costs

Figure 5: What it takes to fund the 10th Decile Project:



Cost Avoidance

Figure 6: Cost Avoidance



Net Cost Avoidance: Amount saved after accounting for 10th Decile Program Costs

\$34,306—\$39,556

ER Costs Down 67%

Inpatient Costs Down 85%

Total Costs Decreased 79%

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All photos are of project participants and were provided by the 10th Decile Project.

ABOUT CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

ABOUT NHCHC

The National Health Care for the Homeless Council is a network of doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness. Since 1986 we have been the leading organization to call for comprehensive health care and secure housing for all. We produce leading research in the field and provide the highest level of training and resources related to care for persons experiencing homelessness. We collaborate with government agencies and private institutions in order to solve complex problems associated with homelessness. Additionally, we provide support to public health centers and Health Care for the Homeless programs in all 50 states. Visit nhchc.org to learn more.

10th Decile Project: Los Angeles, CA



"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number # U30CS26935, Training and Technical Assistance National Cooperative Agreement (NCA) for \$325,000 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

