

CSH Social Innovation Fund Initiative

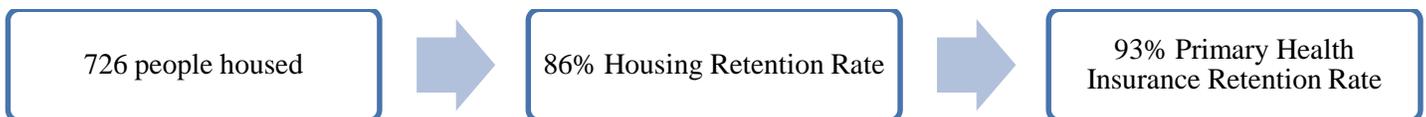
Evaluating Supportive Housing as a Solution for People with Complex Health Care Needs Summary of Findings

Spurred by Social Innovation Fund (SIF) investments from the Corporation for National and Community Service, CSH has been leading a five-year national demonstration to create and evaluate supportive housing for healthcare’s highest need, highest cost beneficiaries experiencing homelessness. The evaluation examines the theory that when individuals with significant health costs who also experience homelessness are identified and have access to affordable housing and wrap around services, they will experience increased housing stability and improved health, and decrease the use of costly, crisis health care services.

Through the CSH Social Innovation Fund Initiative (CSH-SIF) nonprofits in four communities are implementing an enhanced supportive housing model. Programs across all four sites encompass the following five elements found to be essential to the achievement of Initiative goals:



With an initial target of housing 549 people nationally, all four CSH-SIF sites far exceeded their original targets.



A five year Randomized Control Trial evaluation of CSH-SIF has been conducted by an interdisciplinary team of researchers from New York University, led by Principal Investigator Beth C. Weitzman, PhD. This evaluation is the first RCT evaluation of a national supportive housing demonstration of this scale. The evaluation included several key components to assess both program implementation and impacts across sites, including a series of visits to all program sites, a pre/post participant survey, and cost effectiveness and impact analyses.

The four initial CSH-SIF grantees were Tenderloin Neighborhood Development Corporation in San Francisco, AIDS Connecticut in Hartford, Connecticut, Economic Roundtable in Los Angeles, and Catholic Social Services of Washtenaw County in Ann Arbor, Michigan. As the demonstration progressed, the lead agency in Los Angeles transitioned to the local implementing providers (Housing Works, Ascencia and Homeless Health Care Los Angeles). The lead agency in Michigan changed to Avalon Housing to support sustainability of the effort past the grant period. And while AIDS Connecticut was the lead agency in Connecticut, implementation occurred through partnerships with regional supportive housing providers (Columbus House, Supportive Housing Works, Journey Home Inc., and the New London Homeless Hospitality Center).

The results are demonstrating new and significant contributions to supportive housing’s potential and impact for high-utilizer populations. Four key takeaways from the evaluation:

1. *It is possible to develop and deliver a supportive housing program oriented toward improving healthcare and targeted at homeless individuals who are high utilizers of health care using a data-driven approach.*

Both programmatic experience and the evaluation data tell us that the data-driven targeting methods were successful in identifying and targeting participants with high costs to their healthcare systems with annual costs in the year prior to participation across the sites ranging from \$30,000 in SF and MI to \$61,000 in CT.

2. *Program implementation and capacity for impact are both heavily influenced by local context and state and federal policies.*

Medicaid policies varied greatly from state to state and affected the services and care offered to clients. Differences in the availability and accessibility of appropriate community-based services, specifically mental health and substance abuse services, were also present across the sites. Providers also had varying levels of experience implementing Housing First models, and their connections to services were influenced by this approach. Without access to community based services it is likely that participants would continue to utilize emergency services for their care, which might have influenced the evaluation results.

3. *Supportive housing can reduce utilization of shelters and costly health care in some populations, and these reductions can substantially offset program costs.*

In the intent-to-treat analysis, statistically significant findings were found related to medical hospitalizations and shelter days in San Francisco. Additionally, a treatment-on-the-treated analysis revealed further reductions in San Francisco regarding Emergency Department (ED) and psychiatric hospitalizations as well as reductions in Connecticut for medical hospitalization and days, ED visits, and shelter days.¹

The TOT analysis revealed a significant cost reduction of \$7,800 per person per year in Connecticut.

4. *While the program was associated with reduced costs and utilization, in some sites, and improvements in self-reported quality of life and access to care across sites, many participants were still experiencing deep and complex health problems one year into the program.*

At baseline, the overwhelming majority of participants – 80-91% across three sites – reported having at least one chronic condition and between 28-60% reported having three or more chronic conditions. While tenants experiencing serious medical problems may have noted improvements in their quality of life, their underlying chronic conditions persist despite their housing. **The evaluation notes these conditions do in fact respond to better management of care resulting in more appropriate treatment and health care utilization, which can lead to lowered costs.**

For further information, please contact Sarah Gallagher, Director of Strategic Initiatives at sarah.gallagher@csh.org

¹ The control group for the intent to treat (ITT) approach was identified during random assignment, whereas the comparison group for the treatment on the treated (TOT) approach was identified using one to one pair matching of each housed individual with the control group member who was most similar.