

Interim Evaluation Results for the New York/New York III Supportive Housing Program

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NY/NY III Evaluation Questions

- Do NY/NY III tenants have fewer instances of avoidable health care utilization and more instances of preventive health care utilization?
- Do NY/NY III tenants use fewer public resources?

Methods

- **Evaluation Population**
 - Tenants who lived in NY/NY III housing for at least one year
 - Unplaced eligible applicants who did not live in any government-subsidized housing tracked by the evaluation
- **Analysis** accounts for differences between placed and unplaced eligible applicants during 2 years prior to move-in or eligibility
- **Services and benefits tracked by the evaluation**
 - Medicaid costs and health care utilization
 - Cash assistance
 - Food stamps
 - Jail
 - Family shelter
 - Single adult shelter
 - New York State psychiatric facilities

NY/NY III placed and unplaced eligible applicants with ≥ 12 months of follow-up time (2007-2009)

	Placed	Unplaced
Pop A Homeless and with serious mental illness (SMI) or mental illness & a substance use disorder (SUD)	431	1,366
Pop B Had been in State-operated psychiatric facilities and at risk of homelessness	26	906
Pop E Homeless and had an SUD	456	335
Pop F Homeless and treated for an SUD	509	782
Pop D Heads of family with SMI or dually diagnosed with mental illness and an SUD	41	111
Pop G Heads of family had an SUD, a disabling medical condition, or HIV/AIDS	113	131
Pop I Young adults leaving foster care and at risk of homelessness	122	299
Pop H Single adults with HIV/AIDS and SMI or an SUD*	320	341

*Pop H placed tenants were included in analyses if they had 7 days of NY/NY III housing or more.

Pop H unplaced applicants were included in analyses even if they were housed in non-NY/NY III housing, since very few people in Population H did not get housed during the follow-up period.

Health care utilization

- **Preventive** health care events aim to avert declining health and a rise in future health care utilization
- **Avoidable** health care events could have been avoided had the patient had high quality outpatient care
- Analysis is based on Medicaid fee-for-service claims and monthly managed care capitations, without data from specific encounters
 - 34% of placed tenants had ≥ 6 months of managed care, compared to 22% of unplaced applicants

Kruzikas DT, Jiang HJ, Remus D, Barrett ML, Coffey RM, Andrews R. *Preventable Hospitalizations: A Window Into Primary and Preventative Care, 2000*. Agency for Healthcare Research and Quality, 2004. HCUP Fact Book No. 5; AHRQ Publication No. 04-0056.

Avoidable utilization measures during 12 months after NY/NY III placement or eligibility

Odds for placed tenants were...

At least 1 hospitalization during 1st year in NY/NY III: 34% ↓

A psychiatric hospitalization: 41% ↓

A substance use-related hospitalization: 38% ↓

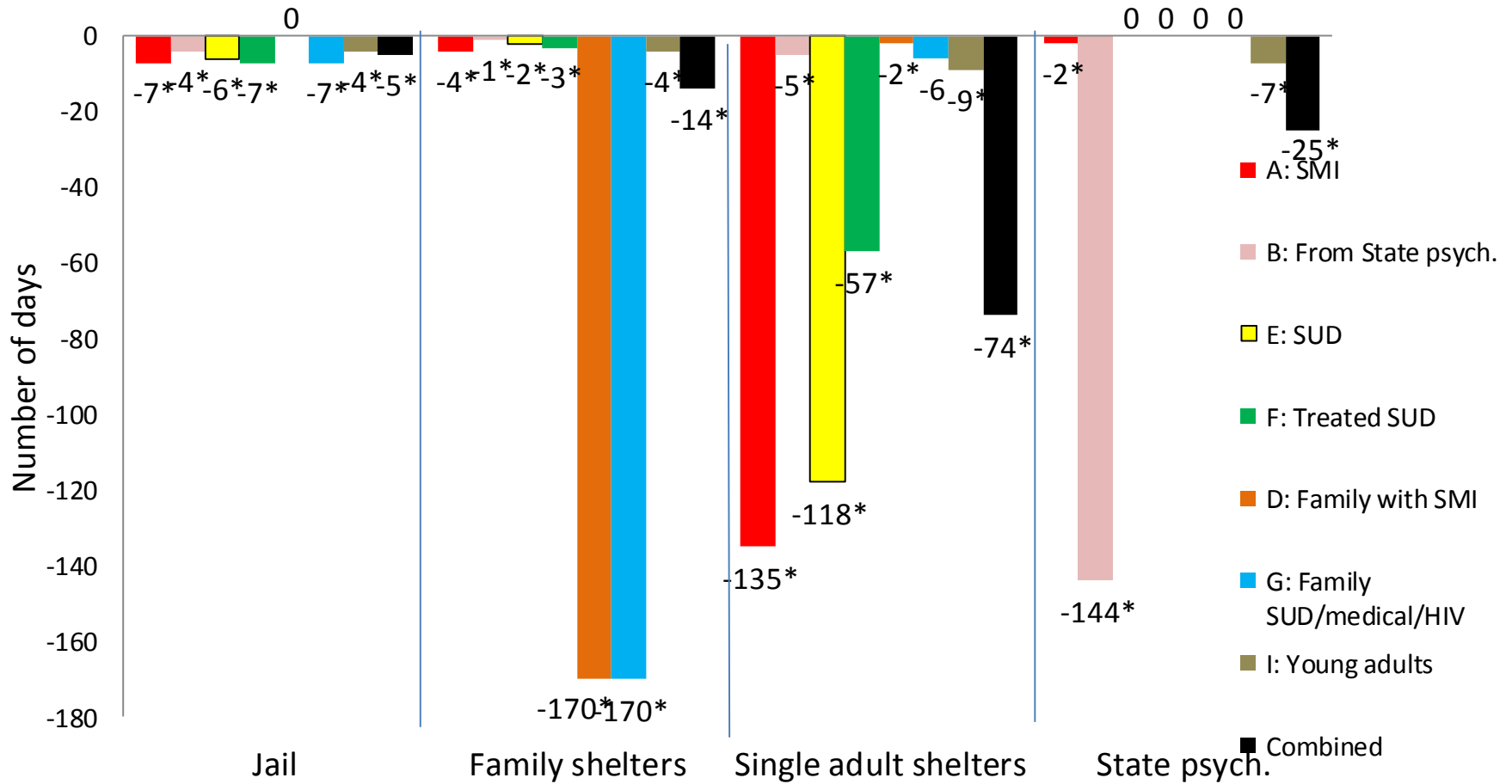
An emergency department (ED) visit: 32% ↓

A psychiatric ED visit: 32% ↓

A substance use-related ED visit: 48% ↓

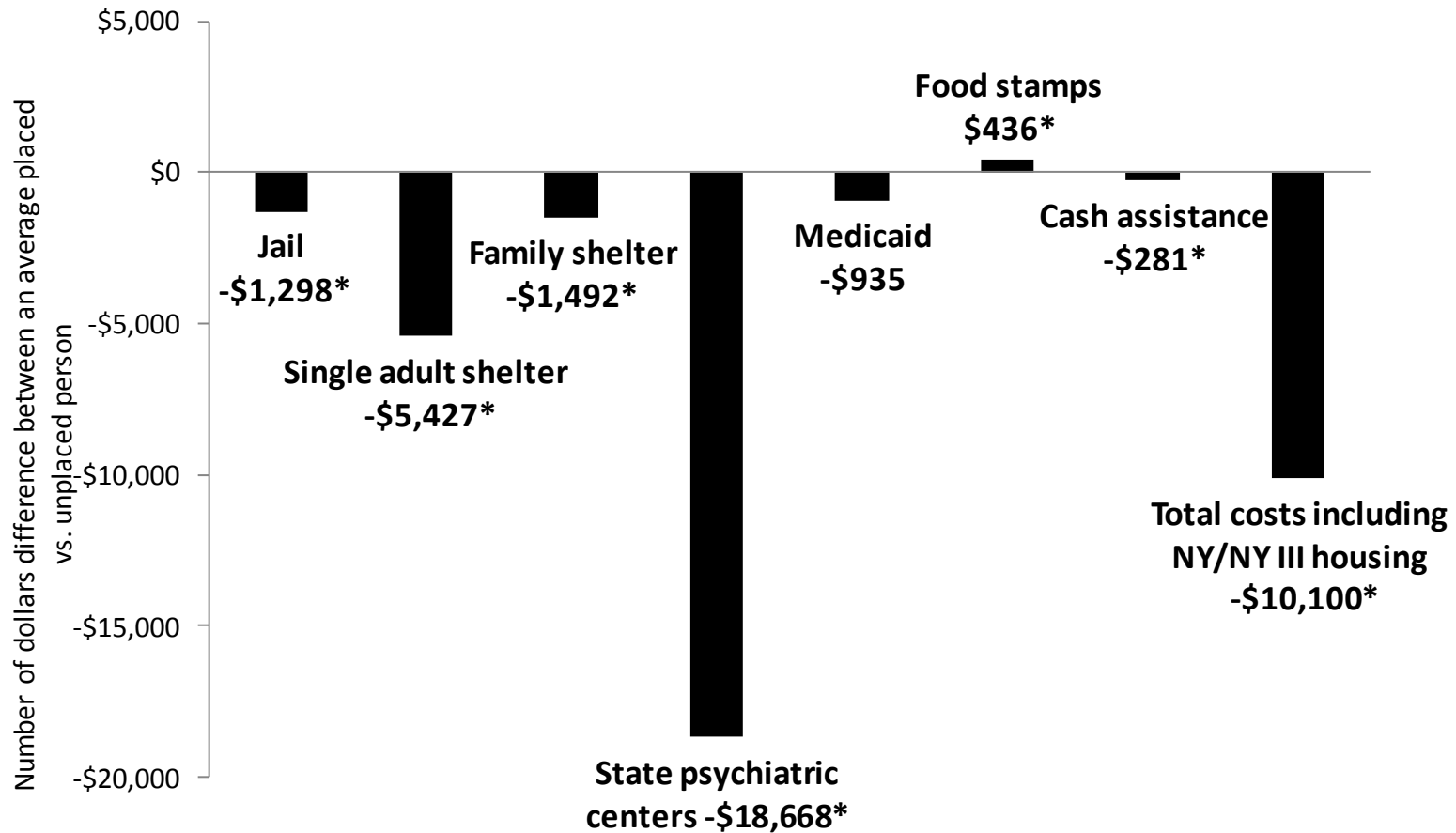
Utilization and cost analysis

Differences in average number of days of institutional use per person 12 months after NY/NY III



*Statistically significant
 Data source: DHS, DOC, DOHMH, HRA, OMH

Combined NY/NY III populations: Differences in average cost per person among placed and unplaced

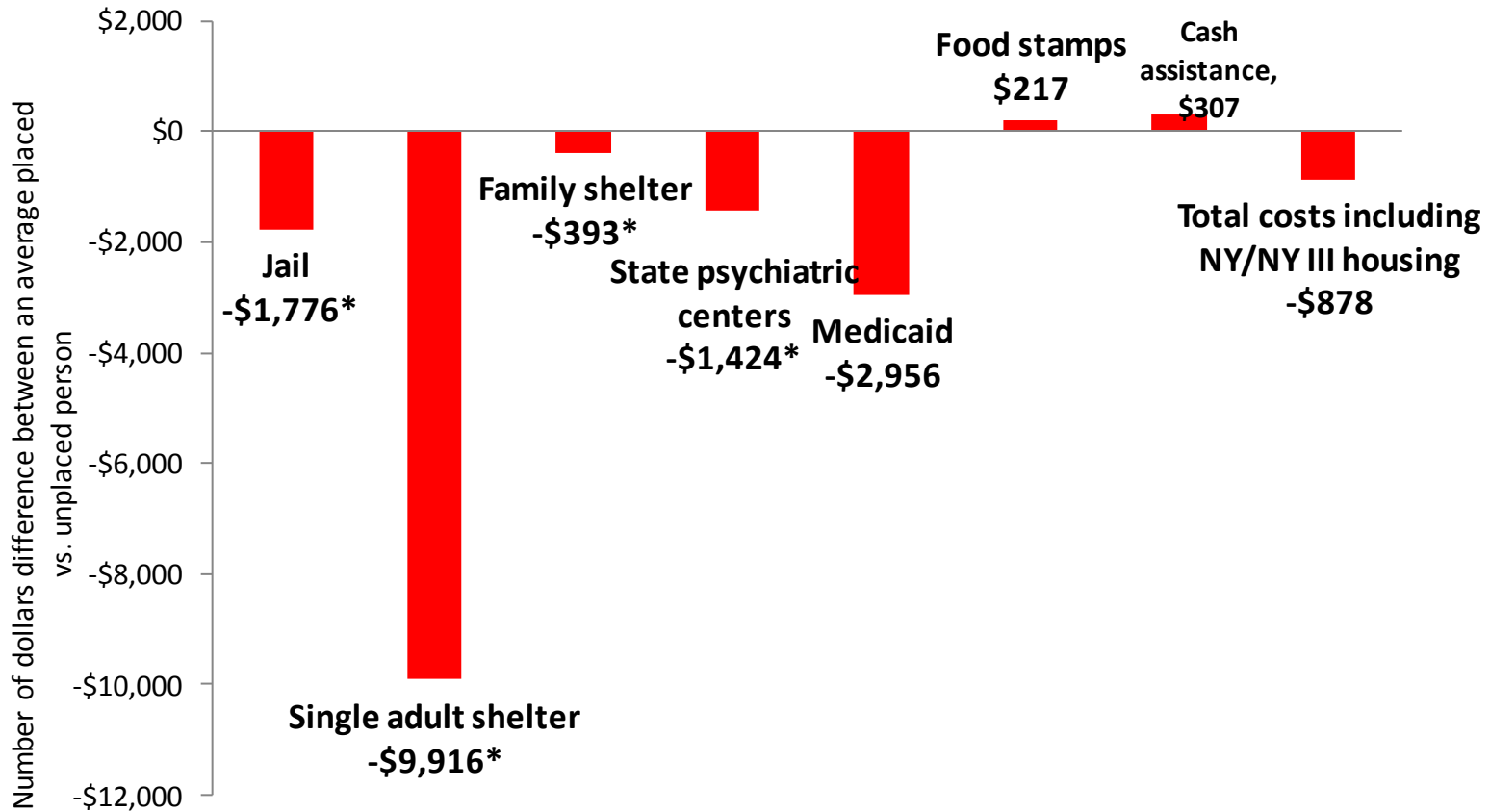


1,695 placed tenants; 3,700 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population A (homeless and had SMI or were dually diagnosed with mental illness and an SUD): Differences in average cost per person among placed and unplaced

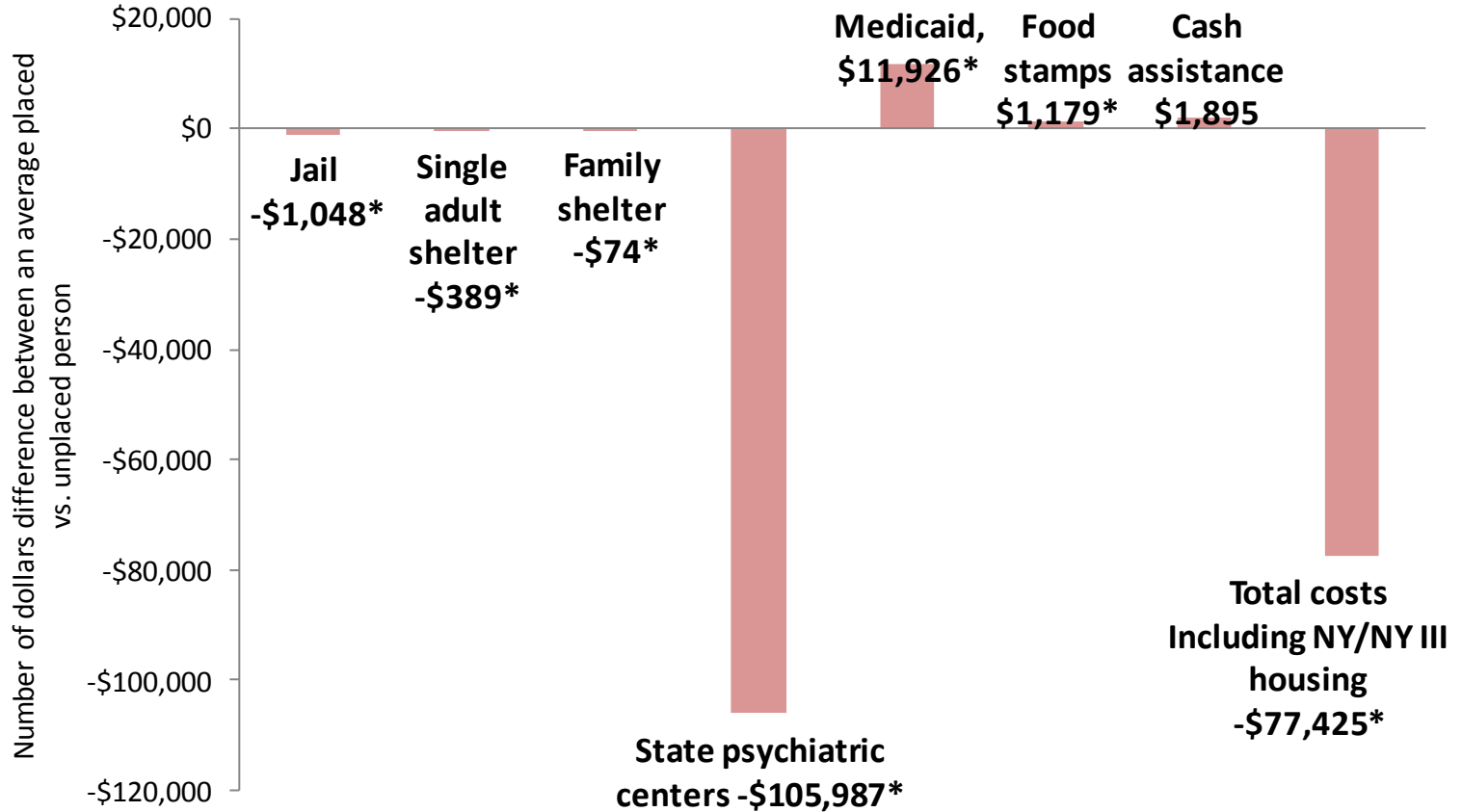


431 placed tenants; 1,366 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population B (had been in State-operated psychiatric facilities and at risk of homelessness):
Differences in average cost per person among placed and unplaced

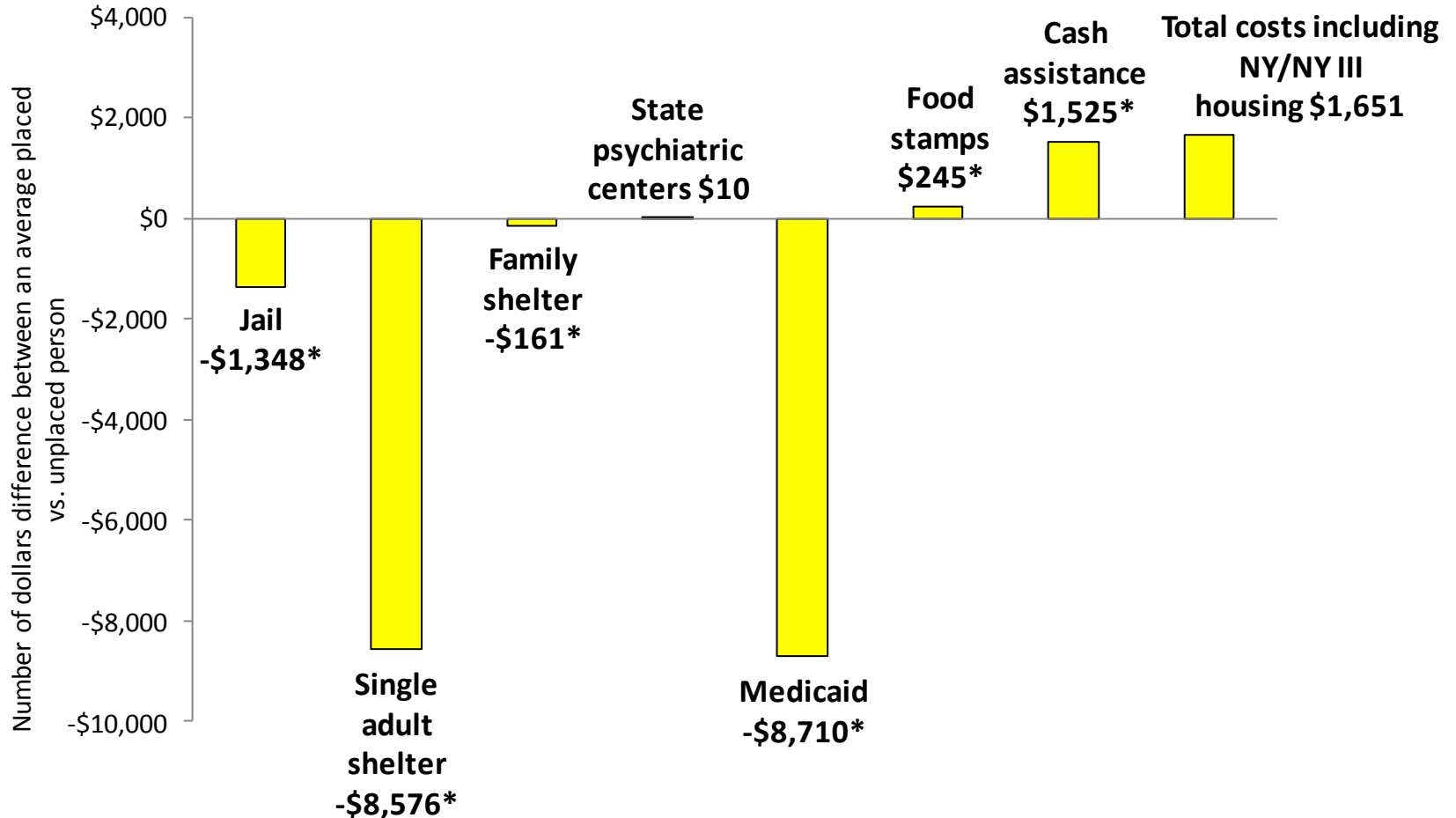


26 placed tenants; 906 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population E (homeless and had an SUD):
Differences in average cost per person among placed and unplaced

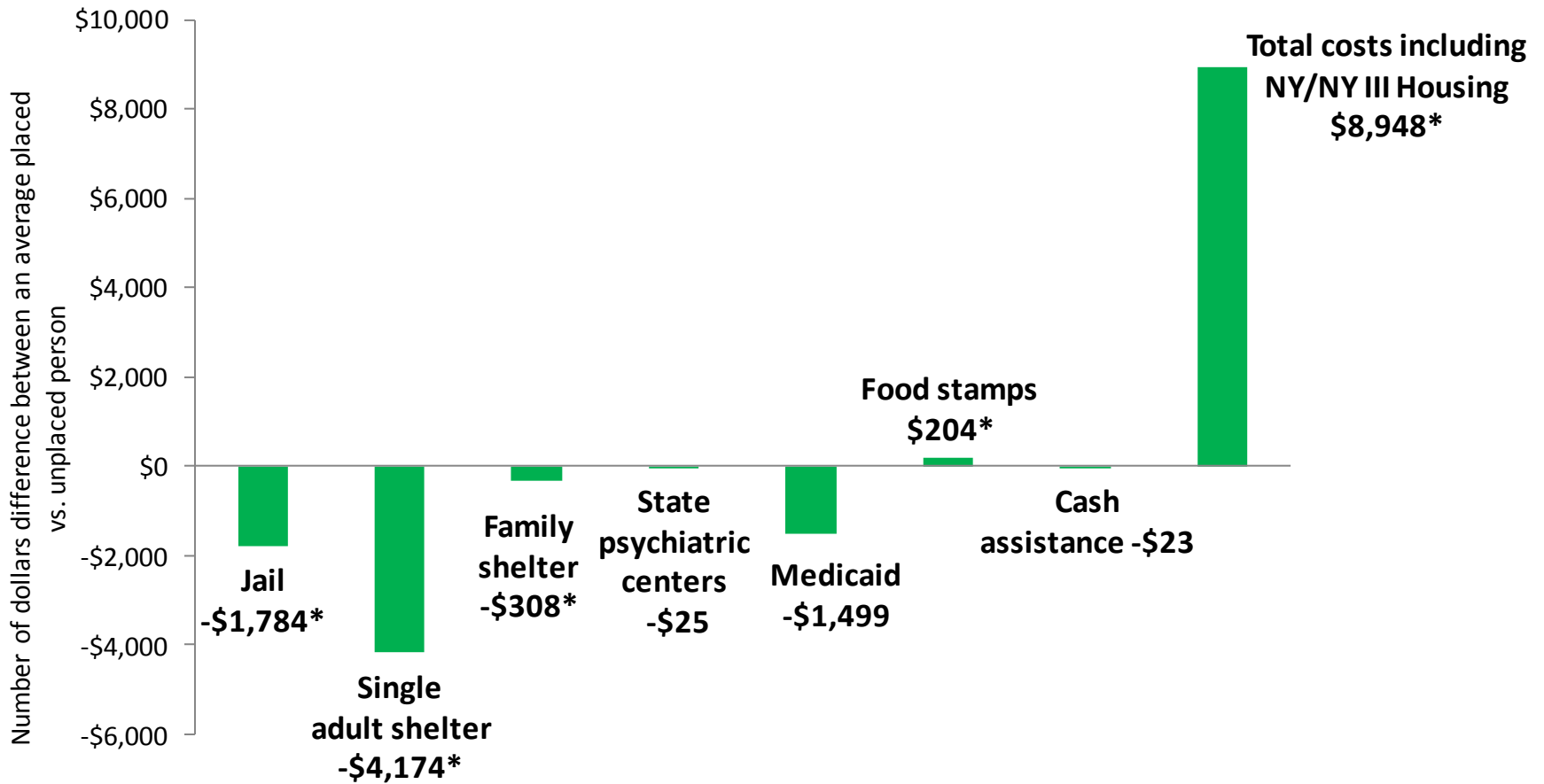


456 placed tenants; 332 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population F (homeless and treated for an SUD): Differences in average cost per person among placed and unplaced

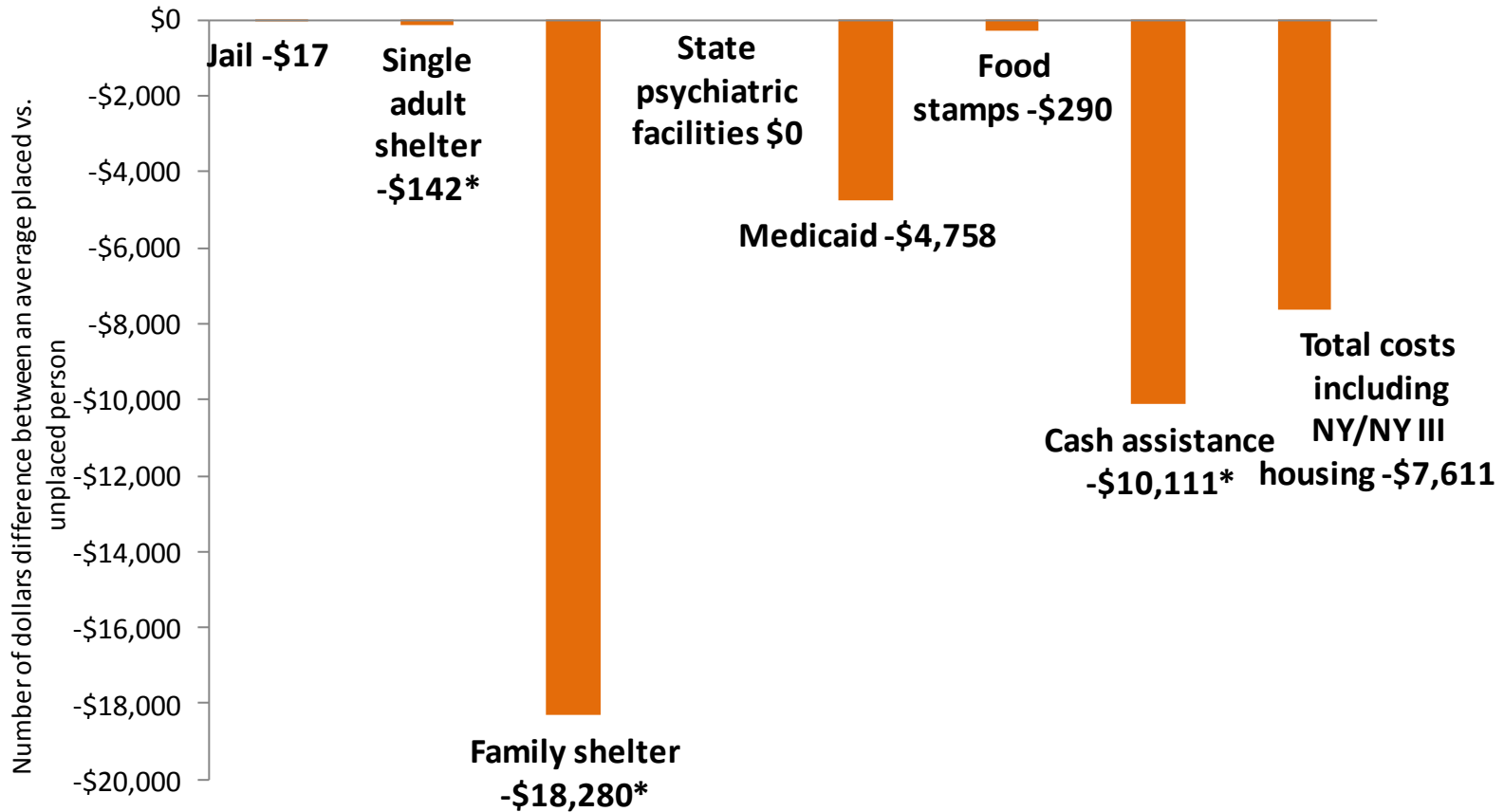


509 placed tenants and 763 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population D (heads of family with SMI or dually diagnosed with mental illness and an SUD):
Differences in average cost per person among placed and unplaced

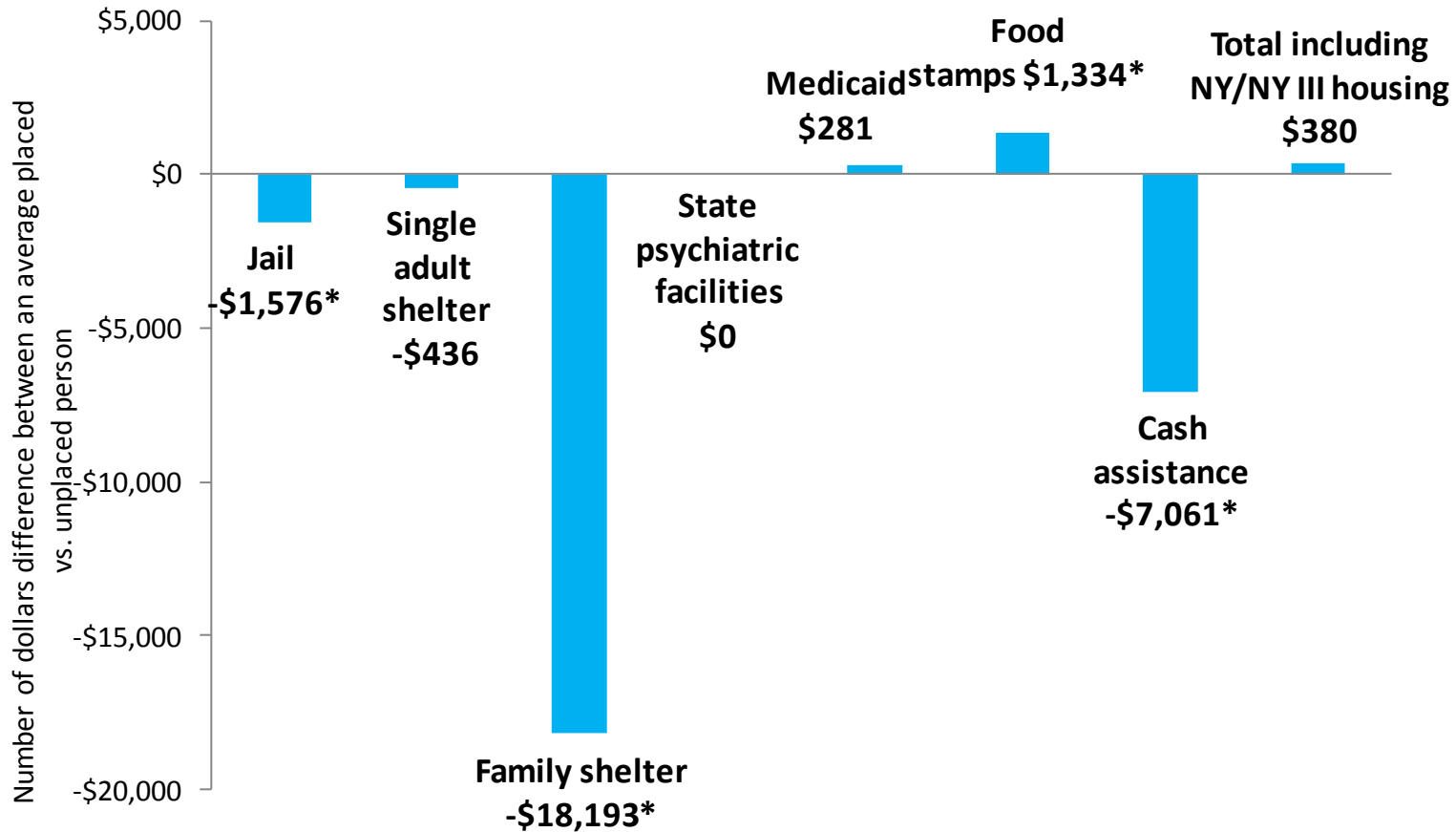


41 placed tenants; 111 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population G (heads of family with an SUD, disabling medical condition, or HIV/AIDS):
Differences in average cost per person among placed and unplaced

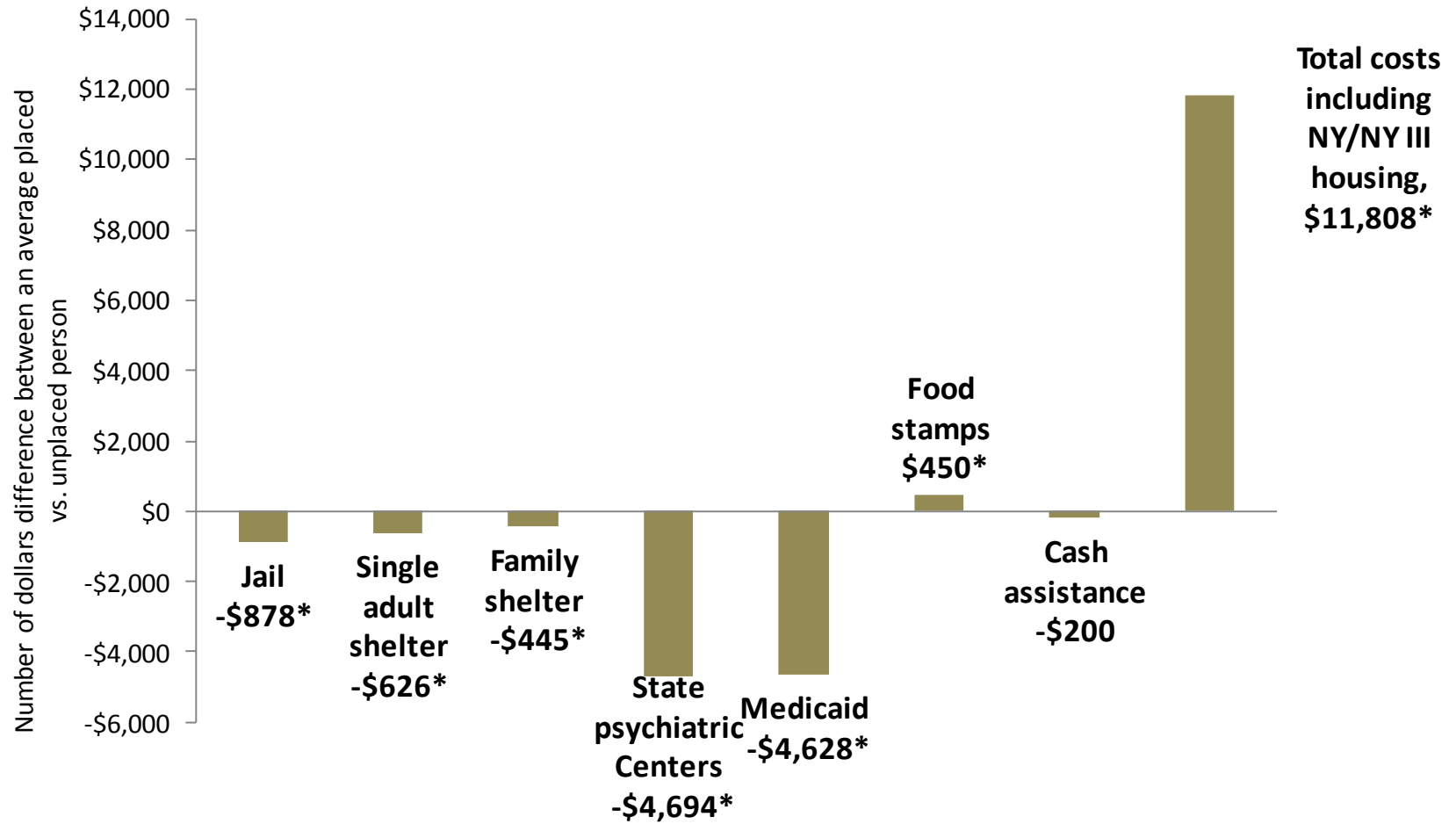


113 placed tenants; 131 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Population I (young adults leaving foster care and at risk of homelessness):
Differences in average cost per person among placed and unplaced



122 placed tenants; 288 unplaced applicants

*Statistically significant

Data sources: DHS, DOC, DOHMH, HRA, OMH

Limitations

- Analyses do not include
 - Health or social outcomes that are non-monetized
 - Health care not covered by Medicaid
 - Medicaid encounters paid for by managed care
 - Prison stays
 - New York State Office of Alcoholism and Substance Abuse Services (OASAS)-funded substance use services
 - New York City Housing Authority (NYCHA) housing
 - Section 8 housing
- Only 12 months of follow-up time
- Analysis based largely on scattered-site housing rather than single-site

Strengths

- Rigorously constructed comparison group
- Analyses accounted for differences during 2 years prior to NY/NY III placement or eligibility
- Broad picture of services and benefits used
- Wide spectrum of populations housed

Summary

- Placed tenants had fewer avoidable health care events than unplaced applicants
- Placed tenants spent fewer days (and incurred fewer expenditures) than unplaced applicants in jails, shelters, and state psychiatric centers
- There were Medicaid savings for the populations with a substance use disorder and young adults aging out of foster care

Acknowledgements

- New York City Human Resources Administration
- New York State Office of Mental Health
- New York City Department of Health and Mental Hygiene
- New York City Department of Correction
- New York City Department of Homeless Services
- New York City HIV/AIDS Administration
- New York/New York III Evaluation Working Group

For more details see:

- Levanon Seligson A, Lim S, Singh T, Laganis E, Stazesky E, Donahue S, Lanzara C, Harris TG, Marsik T, Greene CM, Lipton FR, Myers R, Karpati AM. New York/New York III Supportive Housing Evaluation: Interim Utilization and Cost Analysis. A report from the New York City Department of Health and Mental Hygiene in collaboration with the New York City Human Resources Administration and the New York State Office of Mental Health, 2013.

<http://www.nyc.gov/html/doh/downloads/pdf/mental/housing-interim-report.pdf>