CSH

UNIVERSITY HEALTH BEHAVIORAL HEALTH'S

500 IN FIVE

ONE YEAR POST-HOUSING OUTCOMES EVALUATION REPORT

December 2021

universityhealth BEHAVIORALHEALTH

formerly

TMC TRUMAN MEDICAL CENTER *Behavioral Health*

UMKC UNIVERSITY OF MISSOURI KANSAS CITY

Acknowledgments and Contacts

We thank UHBH staff in assisting obtaining the data for this report, and for their diligent review of its contents. For questions about the report and analyses, contact Kim Keaton, CSH's Director of Data and Analytics (kim.keaton@csh.org) or Dr. Joah Williams, Associate Professor, UMKC College of Arts and Sciences (williamsjoah@umkc.edu).

About CSH

The Corporation for Supportive Housing (CSH) is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create more than 385,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided $1 billion in direct loans and grants for supportive housing across the country. Building on 30 years of success developing multiple and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at www.csh.org.

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Abstract

In 2017 Truman Medical Centers Behavioral Health, now known as University Health Behavioral Health, or UHBH, launched the *500 in Five* campaign that committed to developing and/or securing 500 units of housing over five years. The campaign was cut short due to COVID; however, 320 additional units were secured in just over 2.5 years, and numerous formerly homeless individuals were housed. This analysis examines hospital usage, behavioral health services usage, and legal charges one year prior and one year after homeless participants were housed in one of UHBH's permanent supportive housing programs. The results, built on an earlier analysis of tenants at six months, showed further and significant declines in emergency room visits and inpatient hospitalizations in the year post housing, and increases in preventive care. The main findings of this analysis are:

- For people that used University Health hospital care in the year before being housed, **charges related to crisis care (emergency and hospital inpatient) services declined by 45%, while preventive care charges increased by 24%.**
- The subset of people who had previously experienced psychiatric inpatient hospitalizations significantly decreased both hospitalization events and associated charges in the post-period. **People with psychiatric inpatient stays had nearly 5 stays on average in the year prior to being housed. This number reduced to almost zero (0.08) in the year post-housing.**
- For patients with **emergency room visits in the year before housing, emergency room visits decreased from 3.13 to 1.7 average visits per person** from the pre- to the post-housing period, indicating that patients were significantly less likely to seek health care in UH's emergency setting once stably housed.

- The behavioral health **case management services provided by UHBH saw a significant increase in both the number of services used in the post period (increased by 136%) and the charges recouped for those services (increased by 82%).**
- Data on charges from the Jackson County Court showed that **a significant reduction in assault charges in the year post housing for those that had charges previously.**
- The *500 in Five* initiative had excellent retention in housing, with all but two tenants remaining in permanent housing at the end of the year post-housing. Notably, **no tenants included in the study were evicted or returned to homelessness during the time period, resulting in a retention rate for the 500 in Five initiative of 97.4% at the one-year mark post housing.**

It should be noted that the study timeframe included the COVID-19 pandemic lockdown period, which may have impacted health care utilization for tenants. Overall, *500 in Five* tenants did decrease their use of hospital crisis care services in the year post-housing, and study results recommend that future efforts target homeless emergency room users and/or those with psychiatric inpatient hospitalizations to target for UHBH housing services.

Purpose and Background

In partnership with University Health Behavioral Health (UHBH) staff, the Corporation for Supportive Housing (CSH) and University of Missouri – Kansas City (UMKC) Department of Psychology reviewed health care utilization, behavioral health services, and court data on 80 supportive housing tenants housed through the *500 in Five* housing initiative launched by UHBH in late 2017. The study group included people housed by UHBH between November 1, 2017 and February 25, 2020, a timeframe that allowed one year after housing to elapse for each person before initiating a comprehensive records review of University Health (UH) health care utilization among these individuals in April 2021. The purpose of the analysis was to see what effect, if any, housing had on tenants'/patients' utilization of UH health care services and UHBH outpatient services. Research from across the country[1] has demonstrated that housing plus supportive services can help to stabilize homeless individuals (who often have many co-occurring conditions) and reduce reliance on crisis health care services such as emergency departments. A previous analysis of the *500 in Five* initiative, finalized in February 2018, found that **after six months in housing there were reductions in total cost of care, emergency room use, and psychiatric inpatient hospitalizations for the initial 22 people housed through the initiative**. This report builds on those outcomes, looking at a broader data set across physical and behavioral health care for a longer period of time – one year pre- and one-year post-housing.

Data and Methodology

Data on behavioral health and medical encounters across the UH system for the year pre- and year post-housing, including costs per encounter, were reviewed for 80 supportive housing tenants for whom internal health care utilization data was available for the year pre- and post-housing. Information on medical encounters and associated costs were extracted from UH's billing system. Behavioral health service data was extracted from PsychConsult and eCare, UHBH's electronic medical record and billing system, and includes services such as case management, peer support, therapy, psychiatry, and group services. Demographic information for individuals included in the current report were analyzed using descriptive statistics. Pre- and post-trends in behavioral health and medical encounters, as well as pre- and post-differences in costs for services, were analyzed using paired-samples t-tests. Statistical significance is reported as p-values, which is the probability the mean of a given measure of an assumed probability distribution will be greater than (or less than) or equal to observed results. Significance is noted with a * where p-value is 0.05 or smaller.

The group of 80 tenants was further divided into two distinct categories: those that had utilized UH hospital services (emergency, inpatient, and outpatient) in the year prior to being housed (n=63; 79%), and those that were not using UH for health care during the previous year (n=17; 21%). The results are divided into these two groups. For the people already utilizing UH for health care during the year prior to being housed, we are able to see what the effect of the

[1] http://www.csh.org/supportive-housing-facts/evidence/

supportive housing intervention has on health care usage across different types of care – emergency department, inpatient hospitalizations, outpatient care, as well as UHBH service usage. For the group that was not engaged in health care at UH in the year prior to housing, we are able to examine whether housing supports greater utilization of preventive health care services.

Study Population Demographics

The racial makeup of the study population was 51% Black/African-American, 40% white non-Hispanic, 5% white Hispanic, and 4% other. This was nearly identical to data reported in 2020 by the Greater Kansas City Coalition to End Homelessness on racial makeup of the population experiencing homelessness in general, which was 51% Black/African-American and 43% white, 6% other. **Thus, UH Behavioral Health is serving a population that broadly represents the population of people experiencing homelessness in the region.** The group was mostly male (60%), which broadly represents the proportion experiencing homelessness nationally. The largest proportion (41%) of participants were middle-aged, between 31-50 years old, with the average age of 39 across the study.

Eighty patients had some type of data available in either the year before housing, the year after housing, or both. Table 2 shows results for all patients in the study sample pooled together for each type of utilization for which data was available. It is important to note that not everyone had every type of utilization and subsequent analyses in this document show results broken out by these subtypes. Additionally, approximately 30 patients had their one-year post housing periods occur during the COVID-19 lockdown. It is difficult to know exactly how the lockdown impacted how people sought health care, and how UHBH case management home and virtual visits during that time may have prevented emergency health care utilization.

Table 1: *Demographics of Study Population*

Demographics	n (%)
Gender	
Female	31 (39%)
Male	48 (60%)
Trans Male	1 (1%)
Race/Ethnicity	
Asian	1 (1%)
Black/African American	41 (51%)
Hispanic[2]	1 (1%)
Multiracial	1 (1%)
White/Non-Hispanic	32 (40%)
White/Hispanic	4 (5%)
Age	
Mean	39 years
30 and under	25 (32%)
31-50	32 (41%)
51 and over	22 (28%)

[2]One person had "Hispanic" noted for race with no corresponding ethnicity.

Health Utilization and Costs Outcomes

Results for All Patients

As Figure 1 and Table 2 demonstrate, significant increases in outpatient charges and behavioral health encounters were observed, along with significant decreases in psychiatric inpatient stays and resulting charges. There are no significant increases or decreases observed in total hospital encounters/charges, emergency room visits/charges, and hospital inpatient encounters/charges.

Supportive housing research has frequently found significant reductions in psychiatric inpatient hospitalizations after receiving housing and services. We observe statistically significant results for UH psychiatric inpatient stays (a subset of the total inpatient encounters), which declined from 0.8 per person pre-housing to nearly zero (0.1) in the post-period, with a corresponding $137 decrease in charges per person.

Preventative outpatient encounter charges significantly increased by $259 on average per person while the number of encounters did not notably increase, suggesting that people were connecting to outpatient services in place of using crisis care for those services. Finally, we observed significant increases in the number of UHBH services in the average number of encounters in the post period for the entire group, which though small in magnitude – from 0.9 to 1.6 on average per person increase across periods – represents an 88% increase. It is worth noting that in evaluations of supportive housing initiatives that look at health care changes, shifts are often observed from emergency, crisis care to outpatient care – in other words, increases in outpatient service utilization is often a desired outcome of these evaluations, and is taken to signify that patients/tenants are connecting to preventive and primary care providers and using care in a more cost-effective way. Seen in this context, the increases observed for both outpatient and UHBH services are both in the expected direction, and indicative of formerly homeless tenants using UHBH's services and preventative health care in their journey to stability and well-being.

Figure 1: *Significant Results for Full Sample*

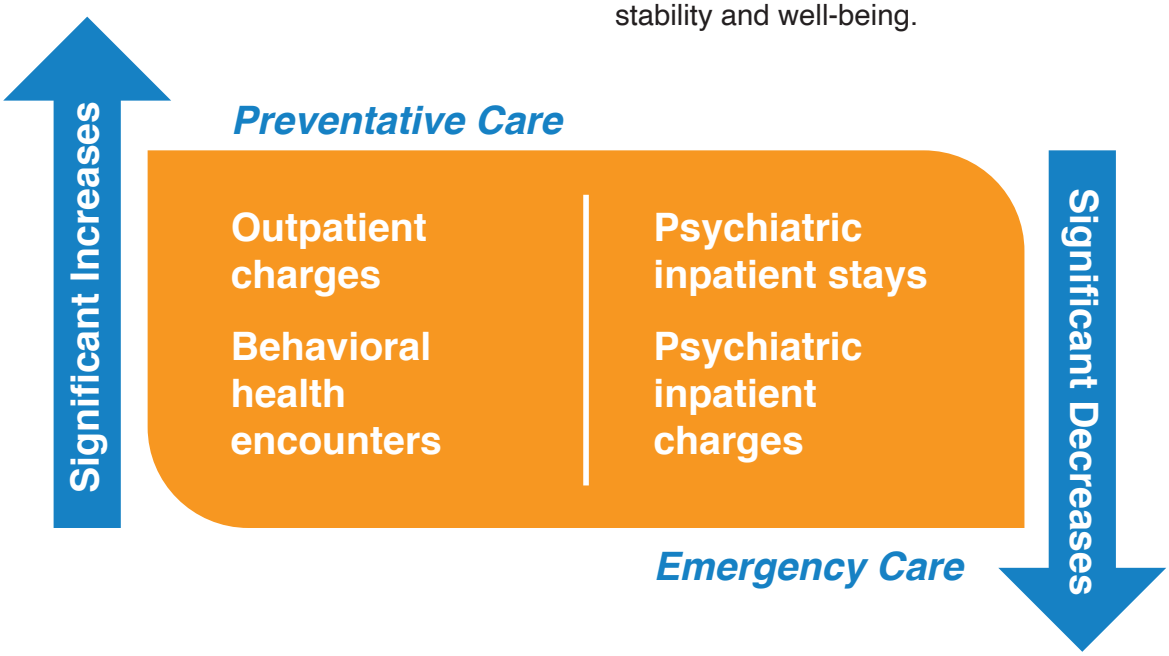


Table 2: *Utilization and Charge Results for Full Sample of Patients*

Utilization Categories	Average 1-year Pre-housing (Standard Deviation) N=80	Average 1-year Post-housing (Standard Deviation) N=80	P-value (*=significant at <=0.05)
UH Hospital Encounters (includes ER, inpatient, and hospital outpatient)			
Total encounters	7.53	7.76	p=0.81
Total encounter charges	$991.25	$1,210.83	p=0.15
UH Hospital Emergency Room Visits			
Emergency room visits	1.56	1.13	p=0.26
Emergency room charges	$100.48	$84.10	p=0.60
UH Hospital Inpatient Stays (all types)			
Inpatient encounters	0.938	0.825	p=0.82
Inpatient encounter charges	$204.04	$180.88	p=0.81
UH Hospital Inpatient Stays (behavioral health/psychiatric only)			
Inpatient behavioral health encounters	0.80	0.08	p=0.04*
Inpatient behavioral health charges	$148.63	$11.52	p=0.03*
UH Hospital Outpatient Visits			
Outpatient encounters	5.03	5.81	p=0.31
Outpatient encounter charges	$686.74	$945.85	p=0.02*
UH Behavioral Health Service Utilization			
UH Behavioral Health Services Encounters	0.86	1.62	p=0.00*
UH Behavioral Health Services Charges	$178.02	$273.95	p=0.13

Group with UH Health Care Baselines

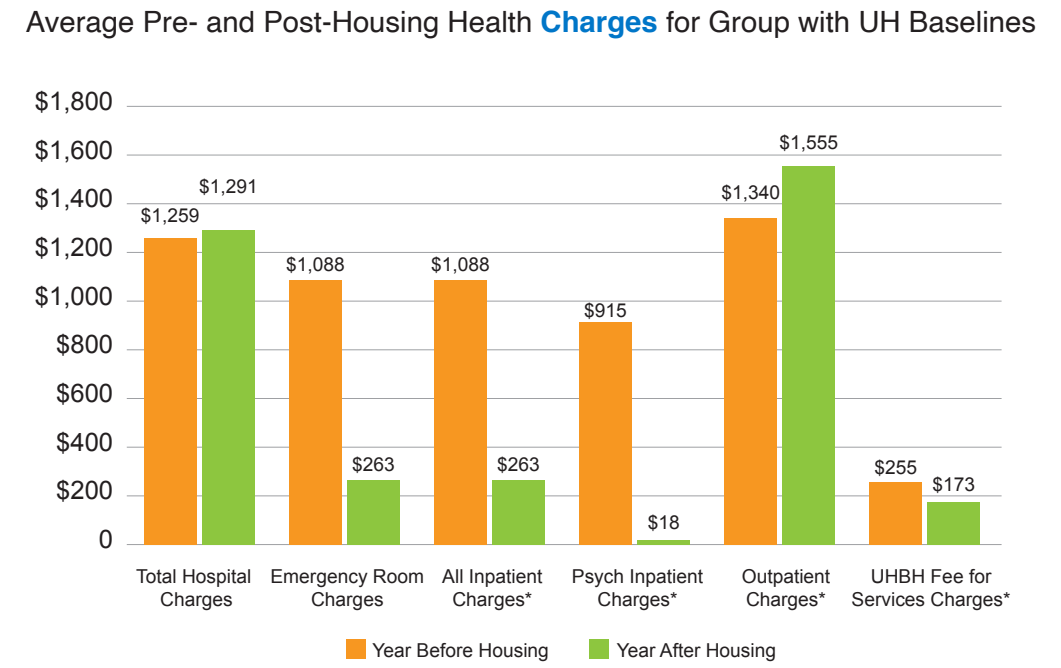
Table 3 shows results for the 63 tenants (79%) that had available data in the year prior to being housed from UHBH, providing a baseline of health care utilization from which to measure change in the year post-housing. In doing so, we isolate the effect the intervention had on health care utilization for patients already using UH for specific types of health care. Analyses looking at pre- and post-housing utilization of specific types of health care (e.g., emergency, inpatient, outpatient) were restricted to those that only used that particular type of service in the year prior to housing.

We measured several significant changes in both health care utilization and in behavioral health services utilization and associated charges. For the 40 patients with emergency room visits in the year before housing (again, see Table 3), emergency room visits decreased from 3.1 to 1.7 average visits per person from the pre- to the post-housing period, indicating that patients were significantly less likely to seek health care in UH's emergency setting once stably housed. The number of inpatient stays also declined, but the change was not significant; however, charges associated with inpatient stays did significantly decrease. **Charges for all inpatient stays went down on average from $1088 to $263 per person in the year post-housing, a 76% decline.** Conversely, there was no significant increase or decrease in hospital outpatient service utilization or charges. Because this analysis included only those with outpatient services in the pre-housing period, it makes sense that those engaged with outpatient therapies while homeless are encouraged to continue them post-housing. Recall from above in the full sample analysis that there was a significant increase in outpatient charges in the post-housing year, along with an increase in service encounters (though not significant), suggesting that when those without outpatient utilization prior to being housed are included we see an overall increase in use and charges related to outpatient services.

We looked at trends for the subset of people who had psychiatric inpatient hospitalizations in the year before housing (n=13). Psychiatric inpatient hospitalizations and charges from those hospitalizations decreased significantly in the post-period. **People with these types of inpatient stays had nearly 5 stays on average in the year prior to being housed. This number reduced to almost zero (0.08) in the year post-housing**.

UH's behavioral health services, which were provided to 51 people in the group both before and after housing for a variety of purposes (case management, group therapy, assessments, outreach, housing stability support and substance use services to name a few), saw a significant decrease in the charges per person in the year post-housing, though no significant change in the total number of services. Charges decreased from an average per person of $255 to $173. This decrease could reflect a decreased need for these services as people stabilize in housing and potentially have less need for the same level of intensive services as when unhoused.

Figure 2: *Results for Group with UHBH Baselines*



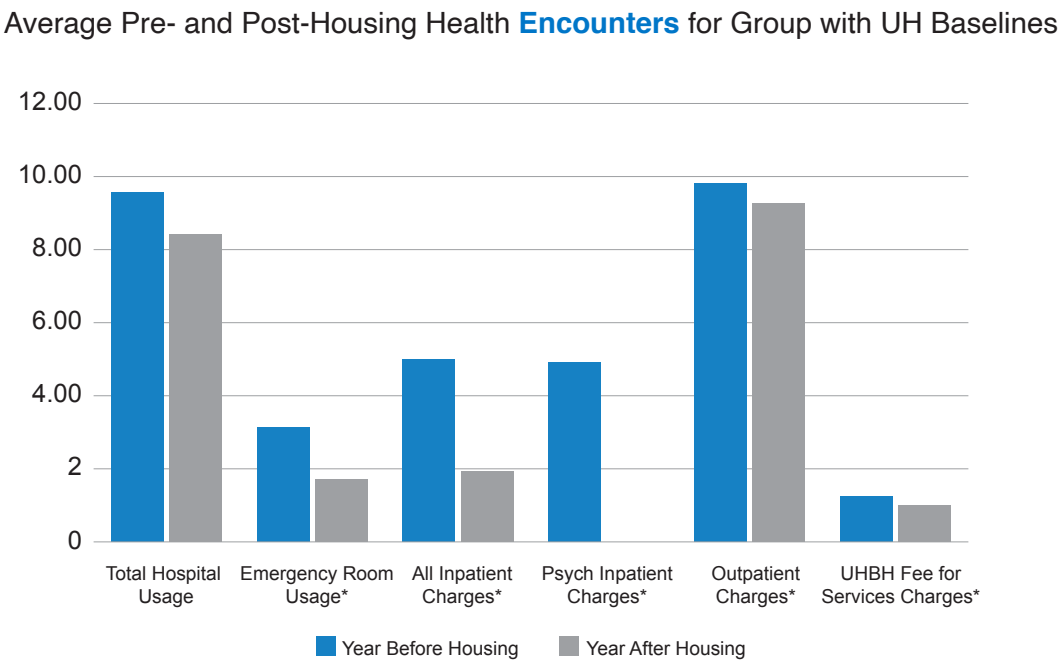


Table 3: *Group with Any UH Hospital Data in Pre-Housing Period – Broken into Subtype Groups*

Utilization Categories	Number of Individuals Utilizing Services	Average 1-year Pre-housing (Standard Deviation)	Average 1-year Post-housing (Standard Deviation)	P-value (*=significant at <=0.05)
Any Hospital Utilization	**63 (79%)**			
Total encounters		9.56	8.43	p=0.33
Total encounter charges		$1,258.73	$1,291.00	p=0.85
Any Emergency Room Utilization	**40 (50%)**			
Emergency room visits		3.13	1.70	p=0.05*
Emergency room charges		$200.95	$126.80	p=0.20
Any Inpatient Stay	**15 (19%)**			
Inpatient encounters (N=15)		5.00	1.93	p=0.20
Inpatient encounter charges (N=15)		$1,088.20	$262.60	p=0.05*
Any Inpatient Psychiatric Stay	**13 (16%)**			
Inpatient behavioral health encounters (N=13)		4.92	0.08	p=0.02*
Inpatient behavioral health charges (N=13)		$914.62	$18.15	p=0.02*
Any Outpatient Service Utilization	**41 (51%)**			
Outpatient encounters		9.80	9.27	p=0.69
Outpatient encounter charges		$1339.98	$1,554.71	p=0.28
UH Behavioral Health Services	**51 (64%)**			
All UH BH Service Encounters		1.24	1.39	p=0.26
All UH BH Service Charges		$254.82	$172.72	p=0.04*

Group without UH Health Care Baselines

We also looked at the subset of individuals who did not have any type of utilization at UH in the year before housing. This group may have sought health care at other hospitals or they may not have needed or sought out hospital services. The same statistical tests were performed for this group as the group with baseline utilization and effectively demonstrates whether post-housing utilization increased significantly from zero.

The results (Table 4) show significant though small increases for total encounters and charges; for emergency room visits and charges; outpatient encounters and charges; and behavioral health encounters and charges. Emergency room visits went up by only 0.5 visits per person in the post period, at an average cost of $36; this increase is quite small. Outpatient encounters went up to an average of 3.2 visits per person costing an average of $455 per person in the post period. UHBH service encounters increased to 0.5 per person costing $61.

Since this group was previously unknown to the UH systems, and no other local hospital data was available, a few factors could be influencing these trends. For some in this group, it is likely that the new connection with the hospital and behavioral health system caused this group to seek health services there. It is also possible that some individuals in this group had severely unaddressed health needs and were highly vulnerable and in need of care upon engagement with UHBH services, that then connected them with that care. A third explanation could lie in lack of health insurance prior to engagement with UHBH kept people from seeking care, and whether through accessing Medicaid or utilizing the safety net discount available at UH, or both, they began accessing care after obtaining housing and receiving UHBH services.

Table 4: *Group without University Health Hospital Data in Pre-Housing Period*

Utilization Categories	Average 1-year Pre-housing N=17	Average 1-year Post-housing N=17	P-value (*=significant at <=0.05)
Any Hospital Utilization			
Total encounters	0	5.29	p=0.00*
Total encounter charges	$0	$913.71	p=0.00*
Any Emergency Room Utilization			
Emergency room visits	0	0.53	p=0.02*
Emergency room charges	$0	$36.00	p=0.02*
Any Inpatient Stay			
Inpatient encounters	0	1.53	p=0.13
Inpatient encounter charges	$0	$422.59	p=0.06
Any Inpatient Psychiatric Stay			
Inpatient behavioral health encounters	0	0.29	p=0.24
Inpatient behavioral health charges	$0	$40.35	p=0.27
Any Outpatient Service Utilization			
Outpatient encounters	0	3.24	p=0.03*
Outpatient encounter charges	$0	$455.12	p=0.04*
UH Behavioral Health Services			
UH Behavioral Health Service Encounters	0	0.53	p=0.01*
UH Behavioral Health Service Charges	$0	$61.00	p=0.04*

Breakdown of UHBH Services Types

We received data with more than 90 different types of service categories from UHBH. With input from UHBH staff we collapsed these into eight broad categories (Table 5): assessments, case management, group home services, housing support, peer support, psychiatry, therapy, and a catch-all "other" category. Data was available for 73 of the total 80 sample. Collapsing the data this way showed significant results only for the behavioral health case management services. **These saw a significant increase in both the number of services used in the post period (increased by 136%) and the charges recouped for those services (increased by 82%)**. Results for housing support services and psychiatry services were in the expected direction (increase) and approaching statistical significance.

Figure 3: *Breakdown of UHBH Services*

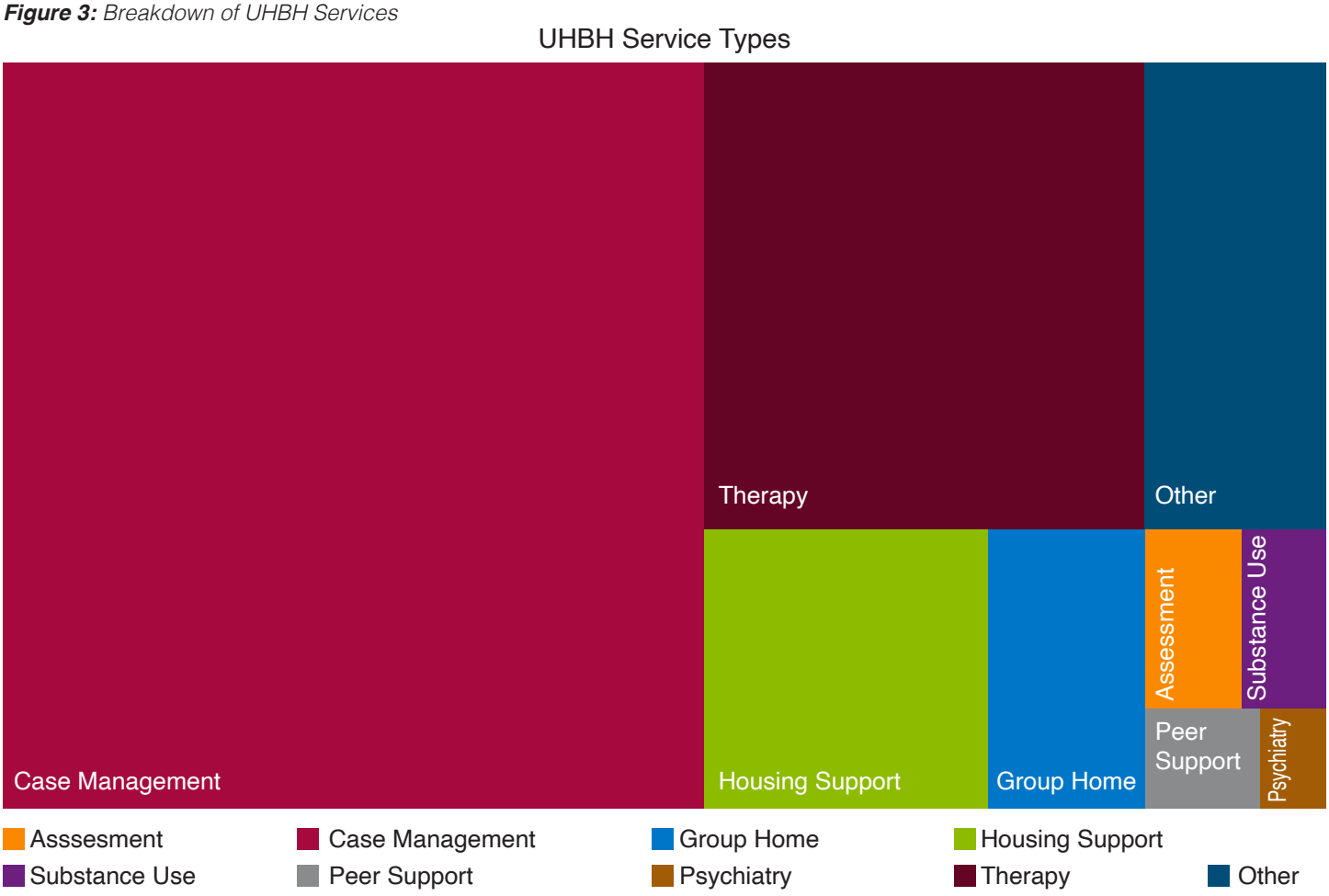


Table 5: *UHBH Services Pre- and Post-Housing – Broken into Subtype Groups*

Utilization Categories	Average 1-year Pre-housing N=73	Average 1-year Post-housing N=73	P-value (*=significant at <=0.05)
Assessment Services			
Assessment type services	0.12	0.10	p=0.64
Total assessment type service charges	$53.37	$27.34	p=0.27
Behavioral Health Case Management			
BH case management services	0.47	1.11	p=0.00*
BH case management charges	$44.88	$81.72	p=0.03*
Group Home Services			
Group home services	0.00	0.01	p=0.32
Group home service charges	$0	$2.90	p=0.32
Housing Support Services			
Housing support services	0.14	0.25	p=0.12
Housing support service charges	$58.48	$129.29	p=0.20
Peer Support Service			
Peer support services	0	0.01	p=0.32
Peer support service charges	$0	$1.71	p=0.32
Psychiatry Services			
Psychiatry services	0.0	0.05	p=0.18
Psychiatry service charges	$1.27	$6.44	p=0.14
Therapy Services			
Therapy services	0.03	0.03	p=1.0
Therapy service charges	$0.59	$3.03	p=0.27
Other Services			
Other services	0.10	0.05	p=0.44
Other service charges	$19.43	$21.64	p=0.91

Total Cost of Care

The data received from UH and UHBH included actual charges for each instance of service type. We were able to use these data to summarize the total cost of care in the pre- and post-housing periods for each of the above groups. Table 6 shows the results for both the entire group of 80 participants and for the 63 people that had used UH's hospital services in the year before being housed. As mentioned previously, research on health care utilization frequently finds upward shifts in outpatient care as clients/patients are stabilized in housing and begin addressing health needs in a non-emergency health care setting. The previously reported results seemed to suggest this trend was seen with the *500 in Five* initiative; thus, in Table 6 we show charges broken into three categories: total, crisis care, and preventive care. Emergency department and all inpatient care is grouped under "crisis care," and all outpatient services (including outpatient behavioral health services) are grouped under "preventive care."

Both groups saw total charges increase in the post period, but these are largely accounted for by charge increases in preventive care after being housed. For the group with UH baselines, total charges only increased nominally, by about 2.6% in the year post-housing. **Strikingly, for this group the crisis care charges decreased dramatically, by 45%, while the preventive care charges increased by 24%**. These results support the notion that supportive housing provided through the *500 in Five* initiative reduced reliance on crisis care at UH while increasing connection to preventive care.

Figure 4: *Total Charges for UH Patients*

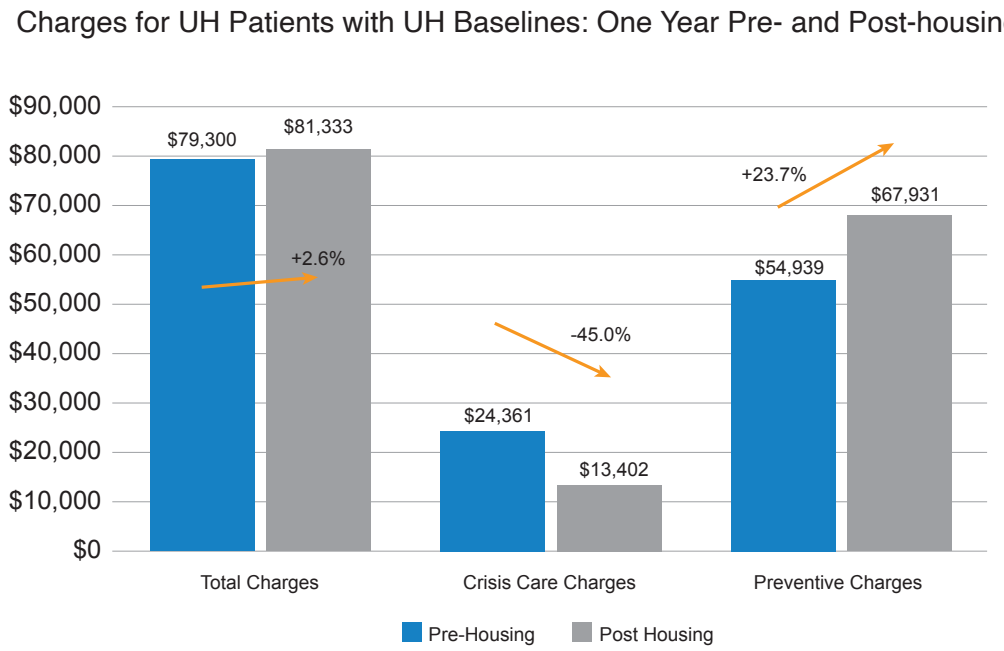


Table 6: *Comparison of Total Costs*

Hospital Service Type	Total Charges Pre-Housing	Total Charges Post-Housing	Difference in Charges	% Difference in Charges	Average Increase/ (Decrease) per Patient
Full Sample of Patients (N=80)					
Total charges	$79,300	$96,866	$17,566	22.15%	$220
Crisis care charges (emergency and inpatient)	$24,361	$21,198	($3,163)	-12.98%	($40)
Preventive care charges (outpatient and UHBH)	$54,939	$75,668	$20,729	37.73%	$259
Patients with UH Hospital Baselines (N=63)					
Total charges	$79,300	$81,333	$2,033	2.56%	$32
Crisis care charges (emergency and inpatient)	$24,361	$13,402	($10,959)	-44.99%	($174)
Preventive care charges (outpatient and UHBH)	$54,939	$67,931	$12,992	23.65%	$206

Justice Outcomes

We received data on charges from the Jackson County Court. Since the data was pulled with only names and no other identifiers, some charges for people with more common names may have been missed; thus, the results presented here, though promising, may not be generalizable to the rest of the housed study group. Table 7 shows the results of these data. Of the full sample, 13 individuals (16%) were charged with a crime in the year prior to housing. We observed a significant reduction specifically in assault charges in the post-housing period, and almost significant results for total legal charges.

Table 7: *Data from Jackson County Court on Legal Charges*

Charge Type	Average Charges Pre-housing N=13	Average Charges Post-housing N=13	P-value (*=significant at <=0.05)
Legal charges	1.46	0.77	p=0.07
Assault charges	0.54	0.15	p=0.05*

Housing Data Outcomes

We obtained data on length of stay and exit reasons for tenants over the course of the year post being housed. A total of six tenants (7.5% of total) left before the year, for reasons outlined in Table 8. Four of the exits were to other permanent housing, including living with family, and two tenants were incarcerated. Notably, no tenants were evicted or returned to homelessness during the time period. Using these data, we calculate a retention rate for the *500 in Five* initiative of 97.4% at the one-year mark post housing. Put another way, **78 out of 80 tenants were in housing – either with UHBH services or independently in another setting – at the end of a year post-housing**. This rate is better than many similar studies calculate for permanent supportive housing, which place one-year retention rates between 74% to 94%[3].

Table 8 : *Exit Reasons for Tenants Leaving within One Year*

Demographics	n (%)
Positive Exits	**4 (5%)**
Rent with ongoing subsidy	1 (1.3%)
Left for permanent housing	1 (1.3%)
Moved in with family	2 (2.5%)
Negative Exits	**2 (2.5%)**
Incarcerated	2 (2.5%)
Evicted	0
Returned to homelessness	0

[3]https://socialinnovation.usc.edu/wp-content/uploads/2019/04/Scattered-vs.-Single-Site-PSH-Literature-Review.pdf

Discussion

The data presented in this report suggest that enrollment in UHBH's behavioral health services combined with subsidized housing had a significant effect on how patients utilized health care at the hospital. Looking at utilization by subtype group yielded several statistically significant results that demonstrated changes in health utilization from pre-housing to post-housing. Most notably, there was a steep decline in both the number of psychiatric inpatient events (down to less than one on average per person from nearly five in the pre-period for those psychiatrically hospitalized in the year prior to housing) and the cost of those hospitalizations (decreased by 98%). This result is consistent with several studies of permanent supportive housing that show significant decreases in psychiatric emergency department visits[4] and psychiatric inpatient hospitalizations[5].

Overall charges compared across the pre- and post-housing years demonstrated an overall increase in charges largely resulting from increased charges for preventive care accessed through hospital outpatient services and case management and other services provided by UHBH. Reliance on the crisis care offered through UH's emergency department and inpatient hospitalizations decreased. The conclusion is clear that housing plus services had a net positive impact on crisis care utilization for the group, particularly for those that relied on emergency rooms in the year prior. This suggests targeting future supportive housing programs to homeless high utilizers of UH's emergency services would have similar outcomes. Similarly, programs could flag individuals that are hospitalized for psychiatric inpatient reasons that are experiencing homelessness for inclusion in supportive housing programs.

Other outcomes of note are the program's excellent housing retention rate – no tenants returned to homelessness or were evicted during the study period. There was also a significant decline in legal charges in Jackson County courts in the post-housing period.

While we can be confident on the outcomes presented here, it must be noted that the study period was partially during the onset of the COVID-19 pandemic. Thirty of the tenants included in this analysis had their post-housing study year coinciding with the COVID-19 pandemic and the lockdown and other precautions that took place starting in March 2020. It is unknown whether the pandemic had any effect on how these patients used health care. If anything, the results presented here could be underestimating what the true impact of housing and services would be in the absence of a pandemic, given that people were generally thought to be avoiding "unnecessary" visits to doctors and hospitals.

These findings support the conclusion that housing is a behavioral health intervention, and not just an outcome of behavioral health services. This conclusion aligns with more than 30 years of research on supportive housing.

[4]Raven, M., Niedziwiecki, M., Kushel, M. "A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services." *Health Services Research* 2020;55(Suppl. 2):797-806. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/1475-6773.13553

[5]Aidala, A., McAllister, W., Yomogida, M., Shubert, V. "Frequent Users Service Enhancement 'FUSE' Initiative: New York City FUSE II Evaluation Report." Columbia University Mailman School of Public Health, 2013. Available at: https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf

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