Chicago & Cook County



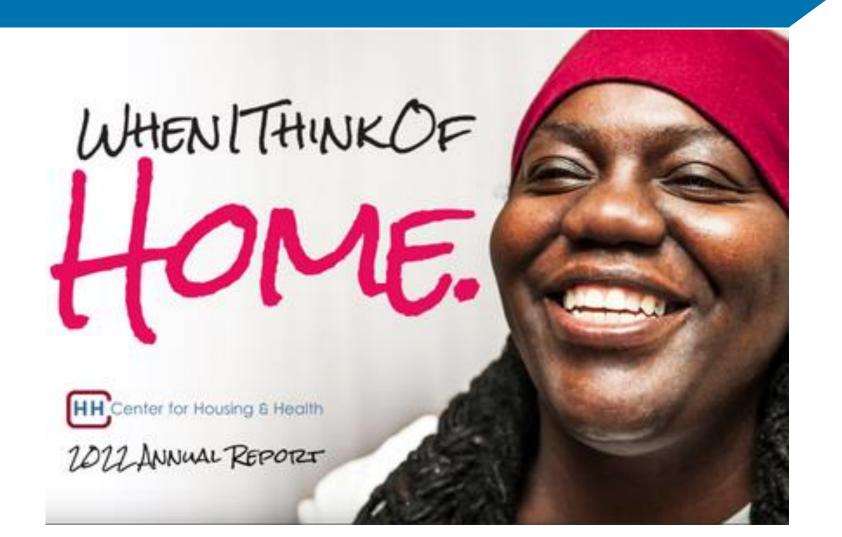
National Healthcare for the Homeless Conference Baltimore, Maryland May 2023

Objectives

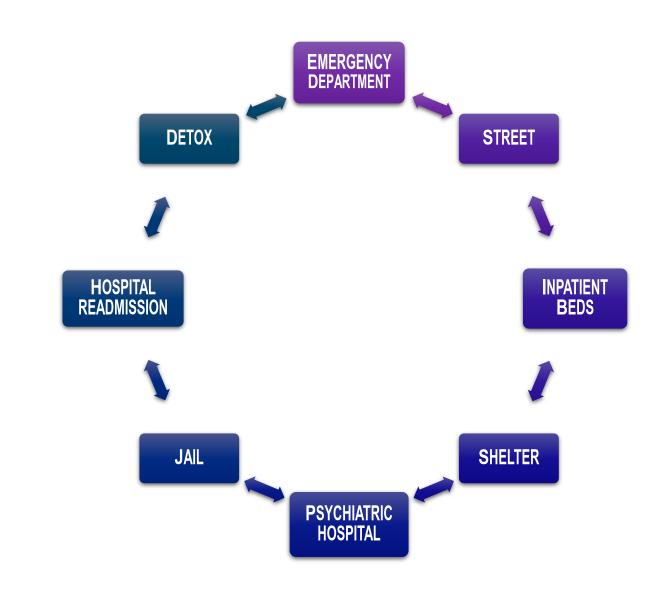
1. Participants understand new ways to integrate housing and healthcare systems

- 2. Participants understand the outcomes of a novel program design
- 3. Participants can apply at least one unique element in their community

Why the Flexible Housing Pool?



The Challenge: People Experiencing Homeless Cycle Through High **Cost Settings**



VISION

All Cook County residents who experience homelessness and interact with public crisis systems will have a stable home and access to the health care they need.

Within 10 years, the Flexible Housing Pool aims to serve 5,000 people.

Core Values

- Racial Equity
- Housing First
- Authentic Lived Expertise
 Collaboration
- Positive Youth Development



Goals

Housing stability
Health outcomes
Outpatient utilization
Affordable housing market



ED and Inpatient Utilization
Jail stays
Emergency shelter days
Crisis Services
Gun Violence

Supportive Housing



Evaluation Summary Highlights

- 1) Assembled a cross-sector dataset from 7 data contributing agencies involving 52,674 distinct individual records to rigorously evaluate FHP client-level outcomes
- FHP served clients identified as Black/African American among 71% of the Adult and 84% of the Youth Cohorts.
- 3) Across the FHP Adult and Youth Cohorts, the rate of 12-month retention in stable housing was 94%.
- 4) Participants of FHP compared to matched controls experienced a:
 - 30% reduction in all-cause mortality during the pandemic when opioid-related fatalities doubled among people experiencing homelessness.
 - 33% reduction in inpatient days
 - 19% reduction in emergency department visits
 - 22% reduction in jail registrations
 - Reductions in utilization and attendant costs were greater for clients with diagnoses related to substance use disorder or mental illness.
- 5) The cumulative cost offset from the reductions in crisis system utilization by the Adult Cohort was \$1.4 million over 2020 and 2021.

Data Contributors to the Fully Anonymized Analytic Dataset

Data Source	Data Description	Dates
All Chicago	Emergency shelter & street outreach service record in the Chicago Continuum of Care (CoC)	2018-2021q3
All Chicago	FHP inception cohort candidate list from the Chicago CoC	2017-2018
Alliance to End Homelessness in Suburban Cook County	Emergency shelter & street outreach service record in the suburban Cook CoC	2018-2021
Center for Housing & Health	Outreach and supportive services to clients targeted for FHP	2019-2022
Cook County Health	Health system record in 2 hospitals, 15 adult community health centers, registration in Cook County Jail	2016-2021
CountyCare	Healthcare claims of the largest Medicaid managed care plan in Cook County	2016-2021
Cook County Medical Examiner	Forensically Examined Deaths in Cook County	2018-2021
Illinois Department of Public Health Hospital Discharge	Utilization of emergency and hospitalizations in Cook County	2018-2021

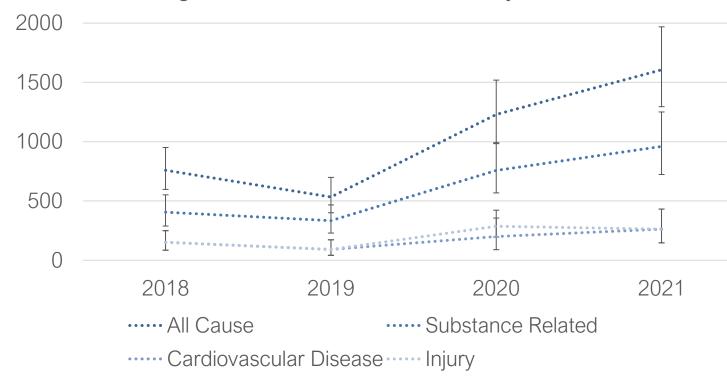
Characteristics of FHP Housed Clients through 2021

	Adults	Youths			
N	206	230	Top 15 Clinical Classification Software (CCS)* Diagnoses,		
Housed year, n(%)			2018-2021		
2019	50 (24)	0	Non-CCS code	189 (92)	165 (72)
2020	46 (22)	33 (14)	Other specified status	125 (61)	41 (18)
2021	110 (53)	197 (86)	Essential hypertension	116 (56)	10 (4)
Age category, n(%)			Schizophrenia spectrum and other psychotic disorders	61 (30)	14 (6)
<18	0	47 (20)	Alcohol related disorders	95 (46)	15 (7)
18-24	15 (7)	183 (80)	Musculoskeletal pain, not low back pain	122 (59)	54 (23)
25-34	31 (15)	0	Asthma	75 (36)	44 (19)
35-44	32 (16)	0	Suicidal ideation/attempt/intentional self-harm	56 (27)	19 (8)
45-54	75 (36)	0	Fluid and electrolyte disorders	83 (40)	17 (7)
55+	53 (26)	0	Opioid-related disorders	68 (33)	2 (1)
Sex category, n(%)			Depressive disorders	85 (41)	32 (14)
Other	13 (6)	11 (5)	Bipolar and related disorders	65 (32)	12 (5)
Female	67 (33)	148 (64)	Heart failure	17 (8)	0 (0)
Male	126 (61)	71 (31)	31) Stimulant-related disorders 73 (3		4 (2)
Race category, n(%)			Abdominal pain and other digestive/abdomen signs and		
Other	22 (11)	16 (7)	symptoms	101 (49)	101 (44)
Black/African American	146 (71)	194 (84)	Cook County Health Record, 2016-2021, n(%)		
Latinx	16 (8)	17 (7)	Absent CCH record	36 (17)	62 (27)
White	22 (11)	3 (1)	CountyCare only	30 (15)	101 (44)
			Health system only	32 (16)	31 (13)
			Both CountyCare and Health system	108 (52)	36 (16)
			Jail registration	78 (38)	54 (23 <u>)</u>
			*1.1. // 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		

^{*}https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp

Mortality Among People Experiencing Homeless During the Pandemic

Crude Mortality (95% CI) per 100,000 among Utilizers of Emergency Shelters or Street Outreach Services in Chicago and Suburban Cook County, 2018-2021



Comparison of Estima	ated 2021 Mortality Rate pe	er 100,000
	Chicago/Suburban Cook	
	<u>HMIS</u>	<u>US*</u>
All Cause	1606	842
Substance/Overdose	960	30
Cardiovascular	262	173
Injury	262	49

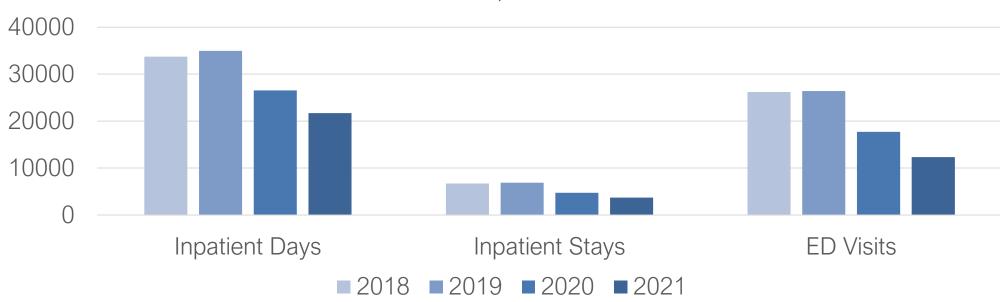
*https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e1.htm *https://www.cdc.gov/drugoverdose/deaths/index.html

Estimated Mortality Reduction among FHP Housed Clients Compared to Matched Controls

Matching Method	N	Odds Ratio	95% Confidence Interval
Nearest neighbor matched comparison with caliper 0.1	708	0.63	(0.27, 1.48)
Inverse probability of treatment weights	6487	0.72	(0.31, 1.64)
Standardized mortality ratio weights	6487	0.75	(0.36, 1.54)
Within overlapping propensity score values	5793	0.77	(0.34, 1.75)

Crisis System Utilization Across Cook County by the Denominator Population Declined through the Pandemic Years

Cumulative Annual Utilization of Hospitals in Cook County by the HMIS Persistent Utilizers (N=5790) of Chicago and Suburban Cook CoC, 2018-2021

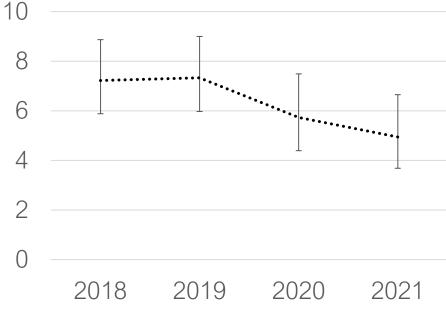


FHP Housed Adults Experienced Greater Reductions in Crisis Healthcare Utilization Compared to Matched Controls

IRR between FHP Housed vs.

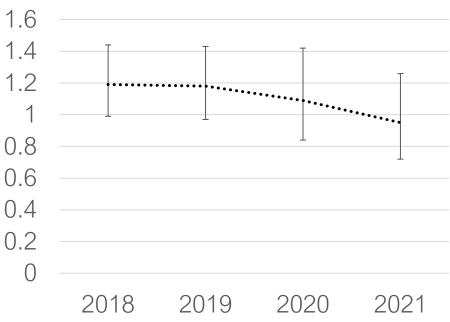
Matched Controls of Incurring
Inpatient Days During each
CY, N=550

1



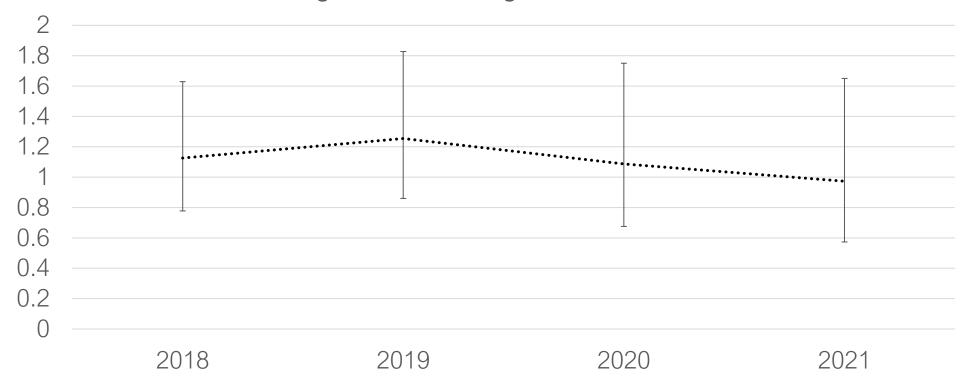
IRR between FHP Housed vs.

Matched Controls of Incurring
Hospital Visits During each
CY, N=550



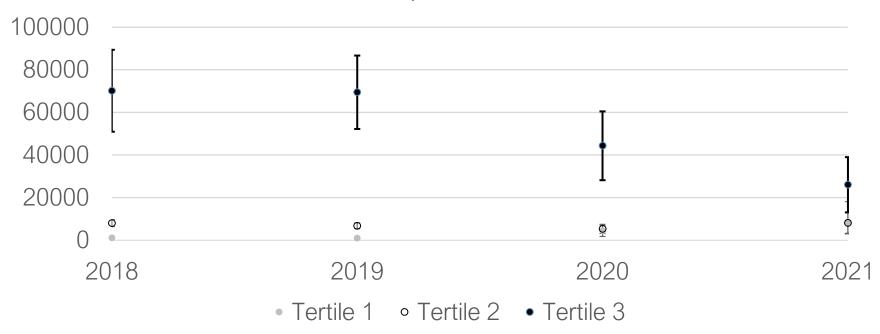
The FHP Housed Adult and Youth Cohort Experienced Greater Reductions in Jail Utilization Compared to Matched Controls

IRR between FHP Housed vs. Matched Controls of Incurring Jail Registration During each CY, N=1033



E. Reductions in Crisis System Utilization Contributed to a Programmatic Cost Offset of \$1.4 million in 2020 and 2021

Trends in Average Annual Utilization Cost (2020 USD) by Tertiles of Cost in 2018-2019 among Adults Housed in FHP, 2019-2021



1,100 People Housed to Date

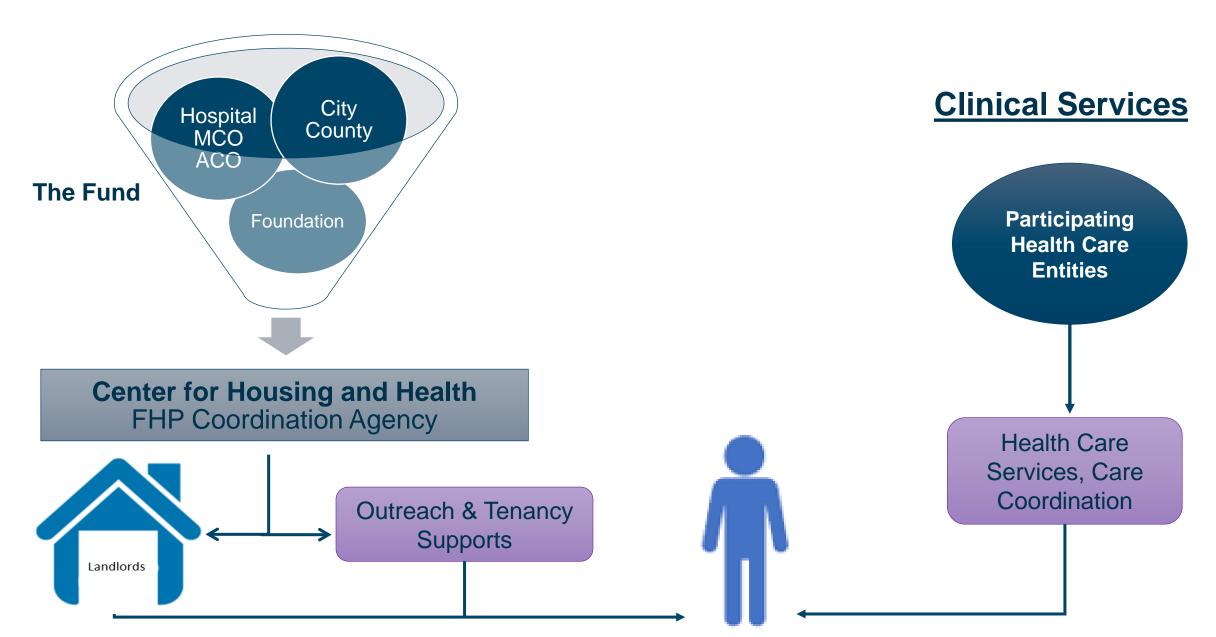
- 400 Single adults
- 325 Youth-led households
- 375 Children

98% Maintain permanent housing for at least one year

What is unique?

- 1. Housing as a Public Health Intervention
- 2. Racial Equity Focus
- 3. Centering People with Lived Experience
- 4. Community of investors and stakeholders
- 5. Ability to adapt to unique circumstances and needs

Subsidies and Tenancy Supports



Costs

Program Cost:

\$25,000 per household per year

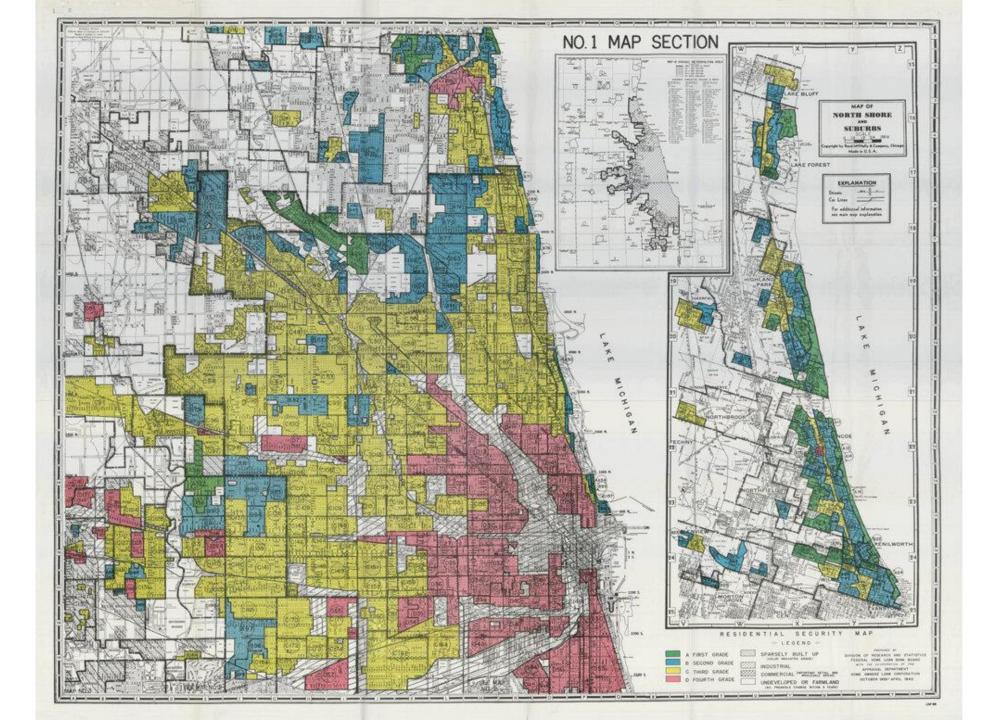
Outreach and Engagement

Pre-Tenancy Supports

Tenancy Supports

Housing Subsidy

Administration



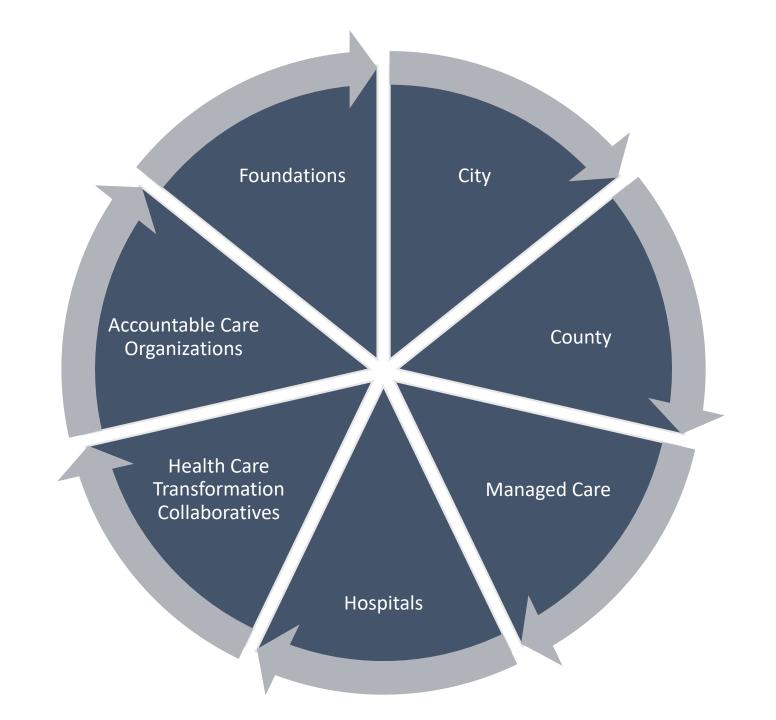
Lived Expertise Leadership

Tenant Advisory Groups

- Youth
- Adult
- Workgroups
- Governance Council



Funds Raised: \$50M Committed



Flexible Housing Pool Investors













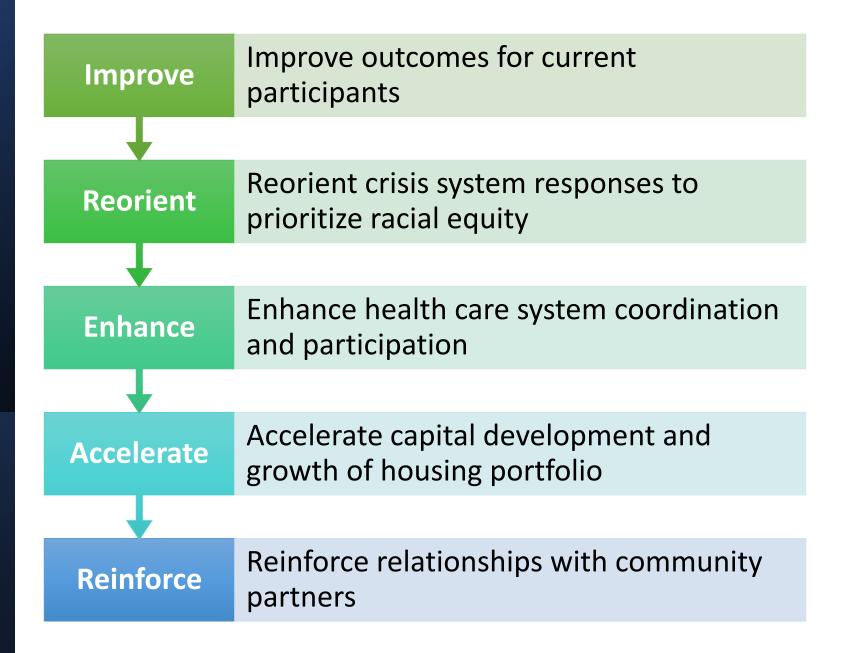




MHN ACO



Looking Ahead: Strategic Priorities



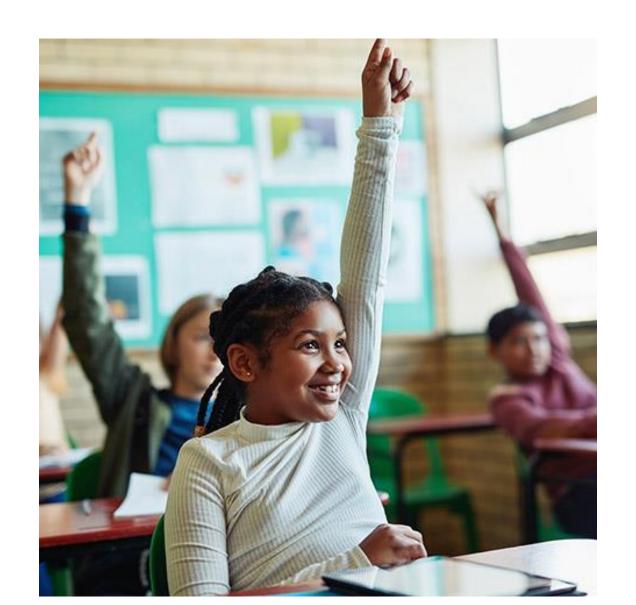
2023 Scaling

900 households overall

- \$16.25M Annual Commitment
- Reentry Pilot
- Increased MCO Participation
- Foundation Participation
- Continue expansion relative to funds raised
- Medicaid Housing Tenancy Supports (if piloted)
- HUD Special Unsheltered NOFO Award

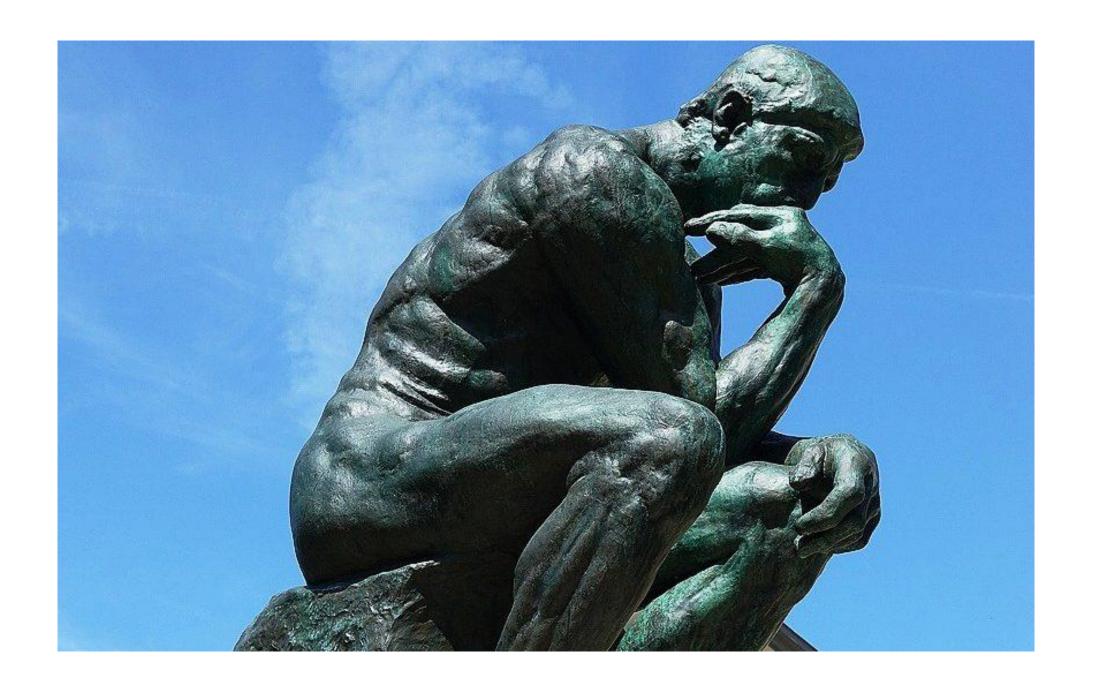
- 1. Housing as a Public Health Intervention
- 2. Racial Equity Focus
- 3. Centering People with Lived Experience
- 4. Community of investors and stakeholders
- 5. Ability to adapt to unique circumstances and needs

Questions?



Objectives

- 1. Participants understand new ways to integrate housing and healthcare systems
- 2. Participants understand the outcomes of a novel program design
- 3. Participants can apply at least one unique element in their community



 Spend 2 minutes writing down one thing to take back home

 Now who is the very next person in your community to help make that happen

Discuss for 5 minutes with person next to you

THANK YOU