

Service Needs of the Homeless Population

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Agenda

1 **Population Profile Data –**
Diagnoses, Costs and Service
Utilization

2 **SUD Planning Grant –**
Diagnoses and Service Utilization
Data

3 **CHES Initiative –** Medical and
Behavioral Health Comorbidity

4 **Gov's Task Force, 500 Familiar
Faces Data Integration Project –**
Six Agency Datasets Integrated at
the Client Level

Three Definitions of Homelessness

- All Data is limited to the Homeless Medicaid Population
- Three definitions
 - **Beacon Proxy Measure** (Population Profile & SUD Planning Grant) – Presence of;
 - Z-codes
 - Shelter Address
 - DSS Office Address
 - Beacon’s Acuity Rating on Housing Stability
 - **CHES** HMIS Indicator
 - At least one day in a shelter during the last 90 days
 - **Gov’s Task Force** HMIS Indicator
 - At least one day in a shelter during the 15-month study time period



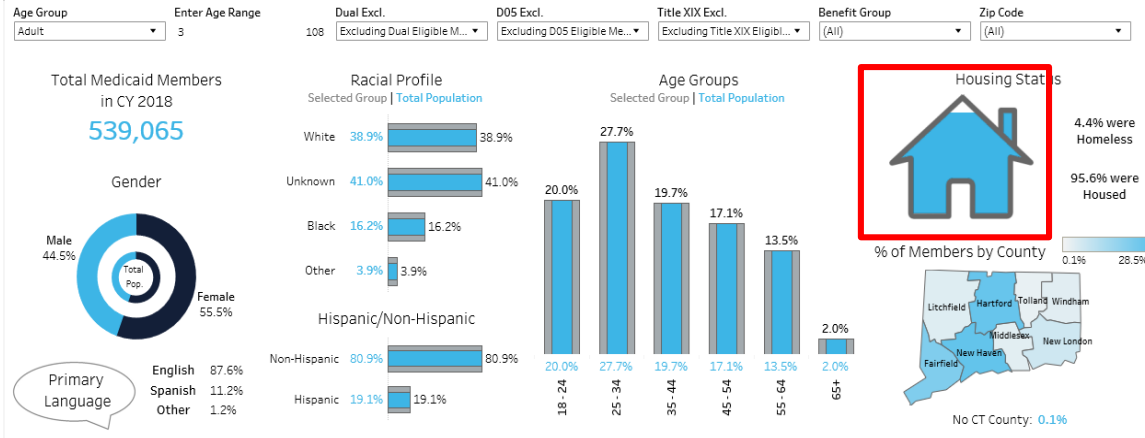
Chapter

01

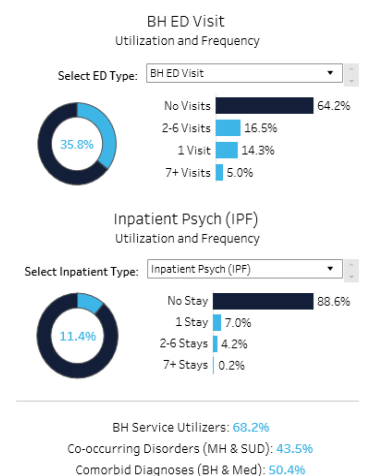
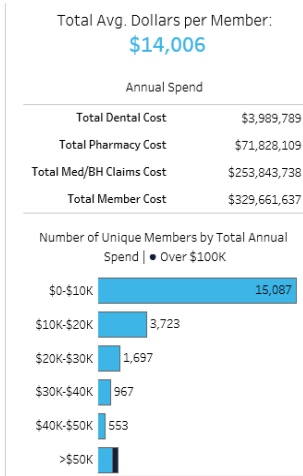
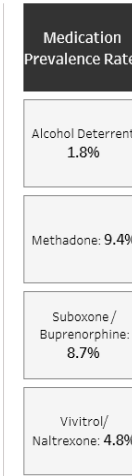
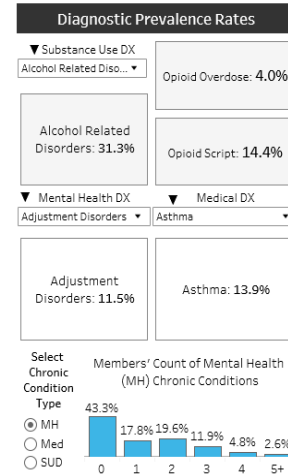
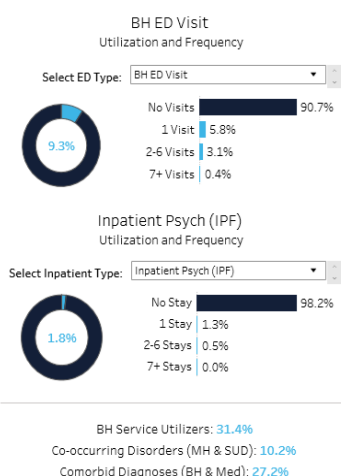
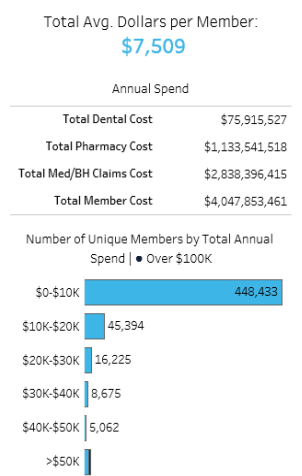
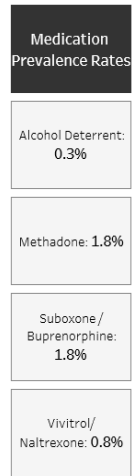
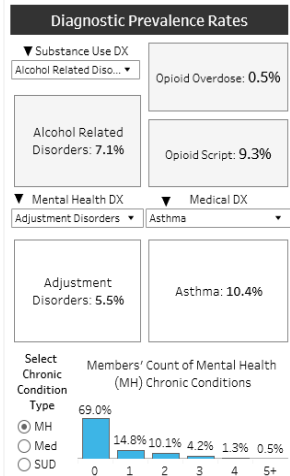
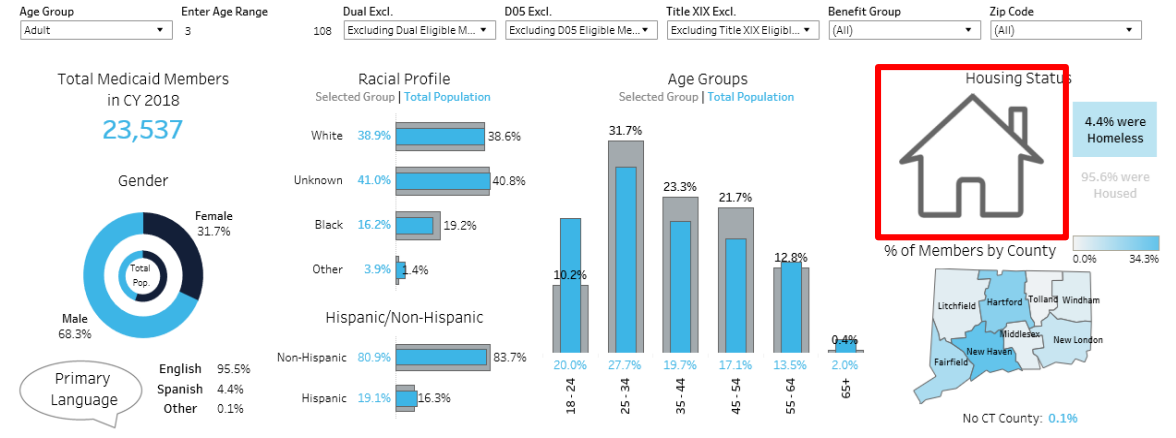
Population Profile

CTBHP Population Profile

Housed Adults



Homeless Adults



Behavioral Health Diagnoses

Based on Medicaid Claim during the calendar year

Diagnostic Grouping	# of Homeless Individuals	% of Homeless Population	Rank by overall homeless prevalence	Rate compared to Adult Housed
Depression	8,510	36.2%	1	2.5 times higher
Anxiety Disorders	7,437	31.6%	2	2 times higher
Post Traumatic Stress Disorders	4,984	21.2%	3	4 times higher
Suicide and Intentional Self-Inflicted Injury	3,009	12.8%	4	8.5 times higher
Schizophrenia and other psychotic disorders	2,985	12.7%	5	5 times higher

Substance Use Disorder Diagnoses

Based on Medicaid Claim during the calendar year

Diagnostic Grouping	# of Homeless Individuals	% of Homeless Population	Rank by overall homeless prevalence	Rate compared to Housed Medicaid Adults
Nicotine Related Disorders	10,076	42.8%	1	3.3 times higher
Opioid Related Disorders	7,592	32.3%	2	5.6 times higher
Alcohol Related Disorders	7,378	31.3%	3	5.2 times higher
Cocaine Related Disorders	5,962	25.3%	4	9 times higher
Cannabis Related Disorders	5,787	24.6%	5	5.6 times higher

Medical Disorder Diagnoses

Based on Medicaid Claim during the calendar year

Diagnostic Grouping	# of Homeless Individuals	% of Homeless Population	Rank by overall homeless prevalence	Rate compared to Housed Medicaid Adults
Hypertension	4,813	20.4%	1	2.6 % points higher
Chronic Pulmonary disease	4,464	19.0%	2	1.5 Times Higher
Asthma	3,278	13.9%	3	1.4 Times Higher
Other neurological disorders	3,023	12.8%	4	2.7 Times Higher

Overdose, Opioid Prescription, Annual Spend



Opioid Overdose

Homeless rate (4%)
is **10 times higher**
than non-homeless



Opioid Prescription

Homeless rate
(14.4%) is **1.6 times higher** than
non-homeless



\$14,006
Homeless Avg

\$7,212
Non-Homeless Average

Chapter

02

SUD Planning Grant

Service Utilization for Adult Members with SUD, 2018

- Homeless members are more likely to have SUD than housed members
 - 60.2% of homeless adults had SUD
 - 16.4% of housed adults had SUD
- Homeless adults with SUD have higher utilization of key services than housed adults with SUD
 - 3.4x as likely to have an inpatient withdrawal management episode
 - 1.4x as likely to use Medications for Addiction Treatment
 - 1.4x as likely to use any SUD service



Chapter

03

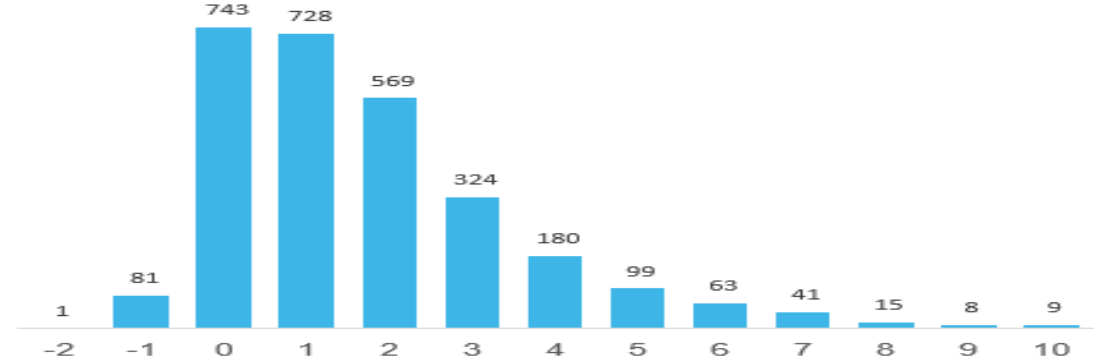
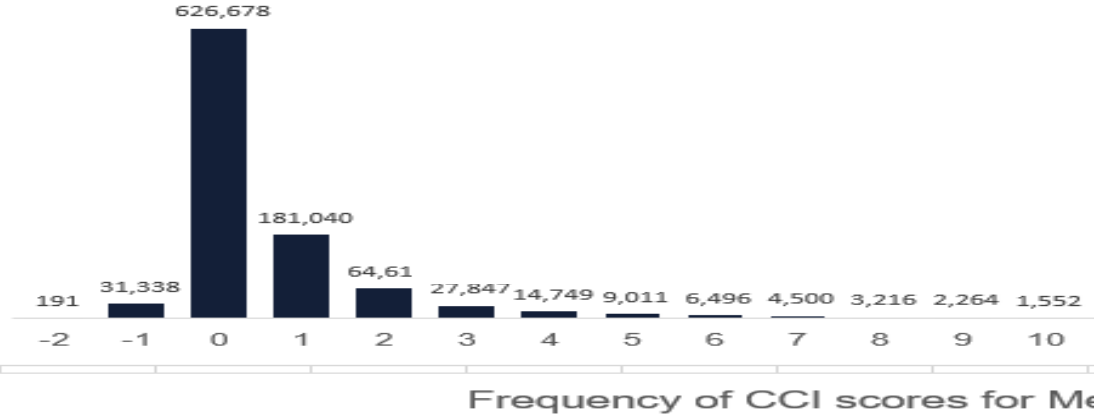
CHESS Housing Initiative

CHES Algorithm

1. CHES is a state program that will provide Medicaid funded housing supports and state funded housing vouchers to eligible participants.
1. As part of the of the contract with DSS, DMHAS, and DCF for the ASO for the CTBHP, Beacon is the administrator of the program
1. One task is to develop an algorithm that will identify members that are most likely to demonstrate cost savings if housed.
1. Beacon developed an algorithm to identify the most impactable population based on their comorbidity score and indicators of time in shelter and presence of behavioral health disorders.



Distribution of Charlson Comorbidity Index Scores



Average Comorbidity Scores

Housed Medicaid Members	Homeless Medicaid Members
0.65	1.76

- Homeless have significantly higher comorbidity scores indicating;
 - poorer overall physical health
 - Higher likelihood of a significant medical event
 - Higher risk of dying in the next 10 years

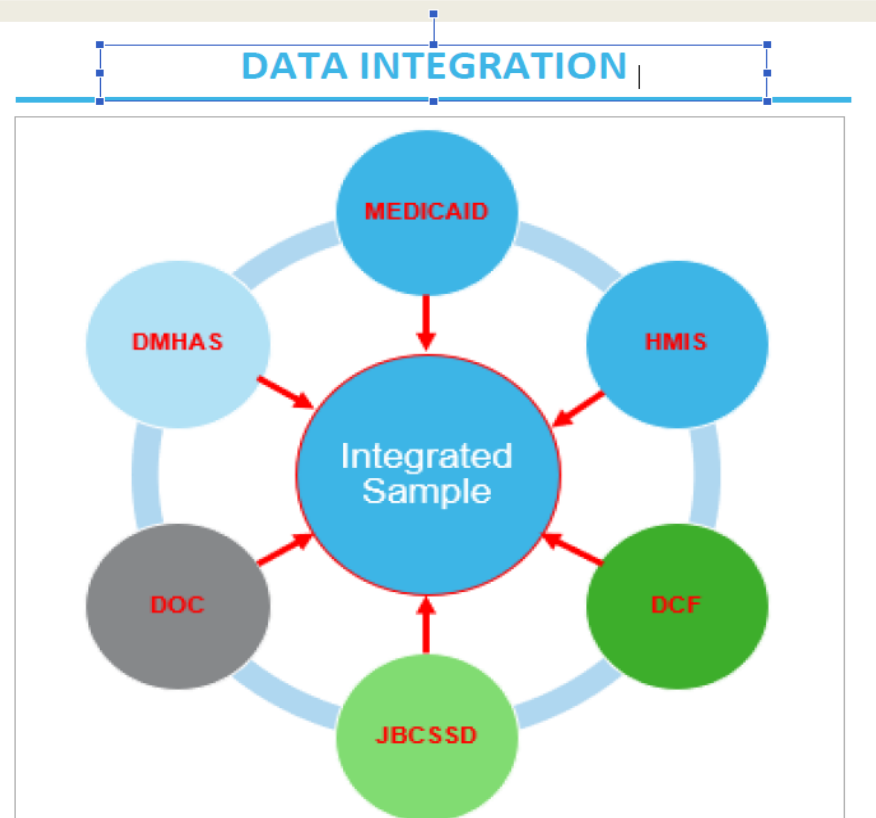
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Governor's Task Force 500 Familiar Faces Data Integration Project

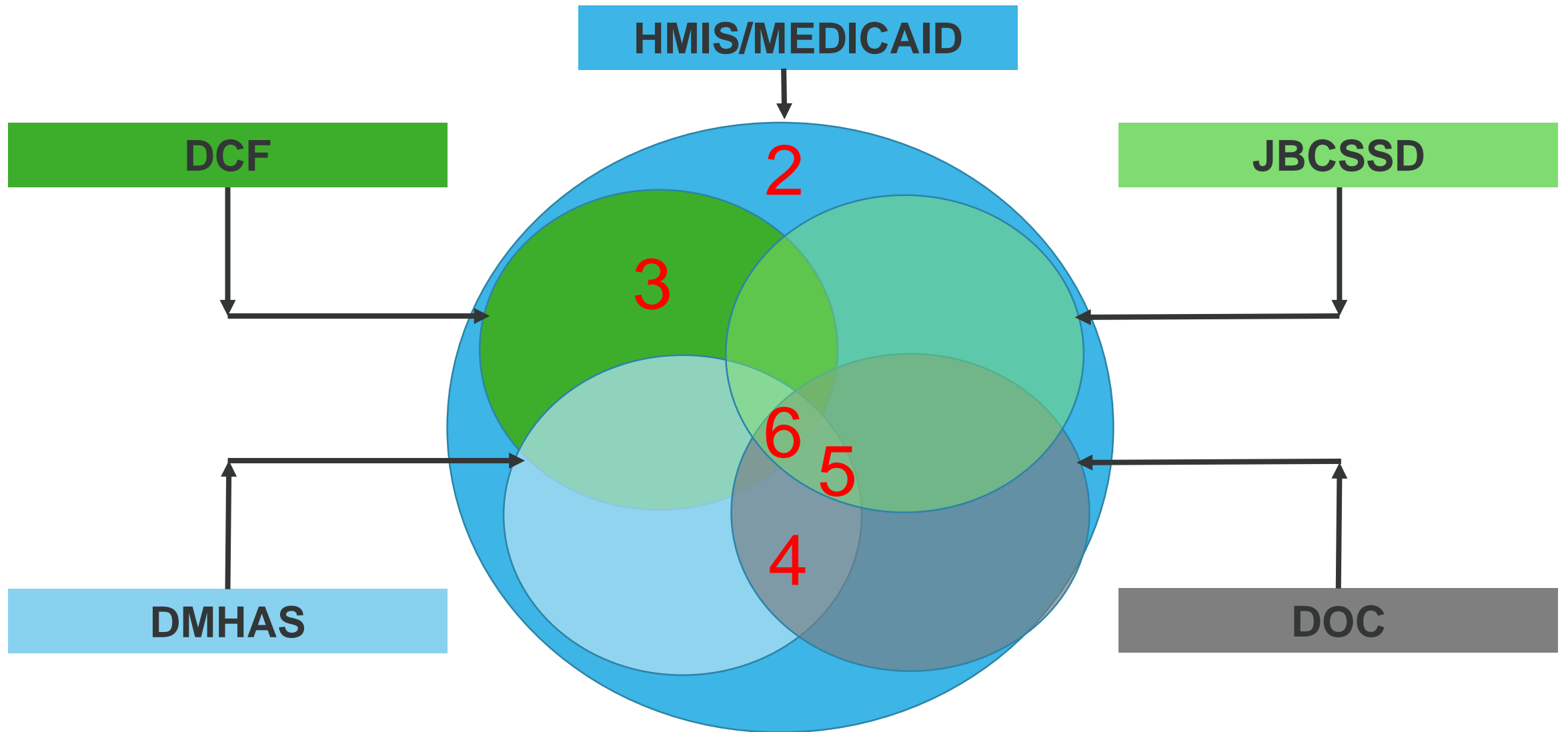
500 Familiar Faces Data Integration Project

MEASUREMENT PERIOD: 9/2018 – 11/2019



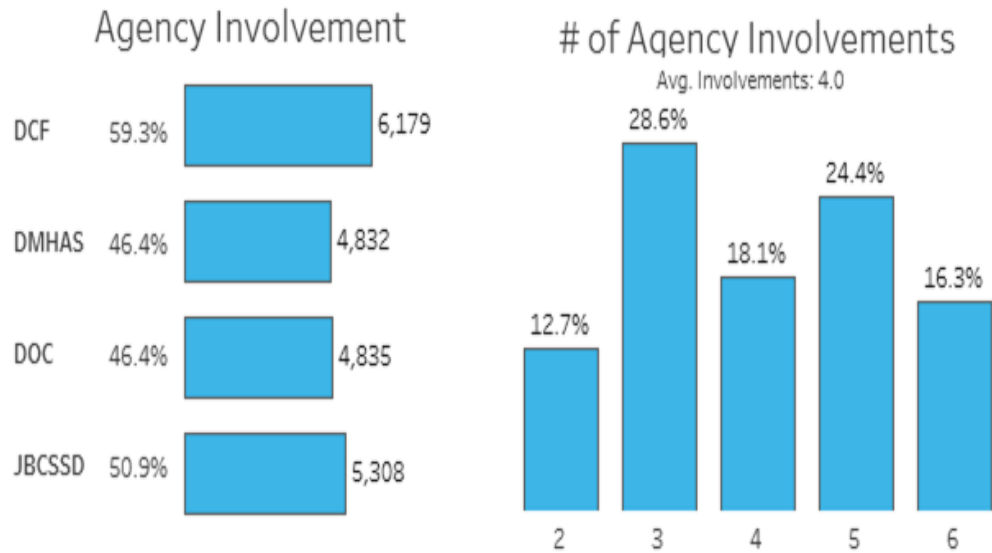
- I. Conduct a multi-agency data match to better understand multi-agency involved individuals and families
- II. Analyze the data to inform policy and service system design

Agency Involvements (Possible 2 – 6)

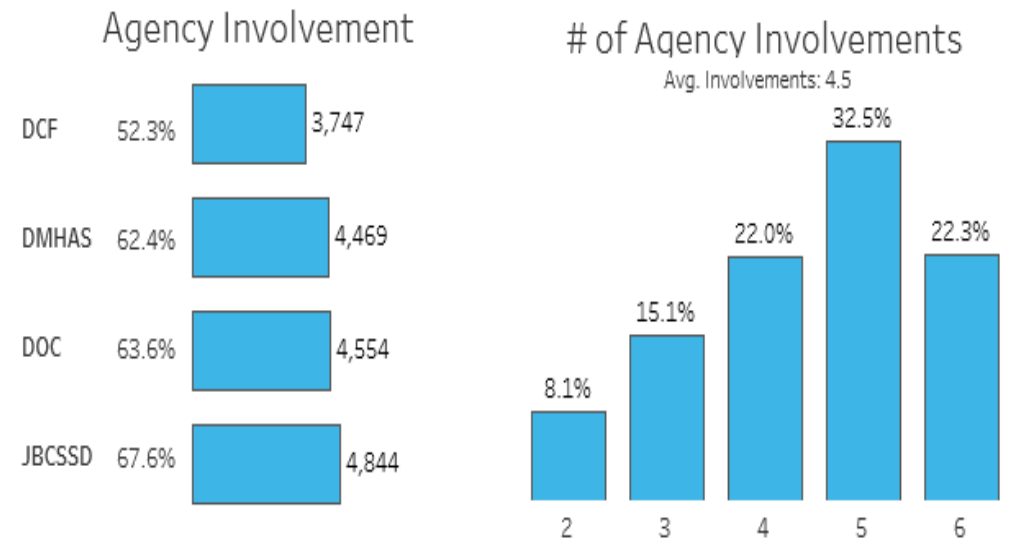


Agency Involvements – Overall & Individuals

Overall Sample (10,420)

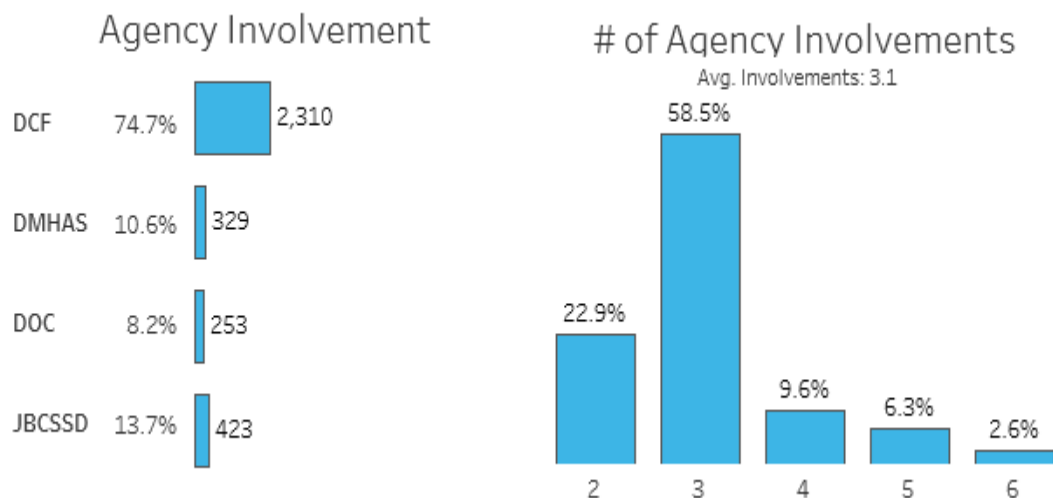


Individuals (7167)



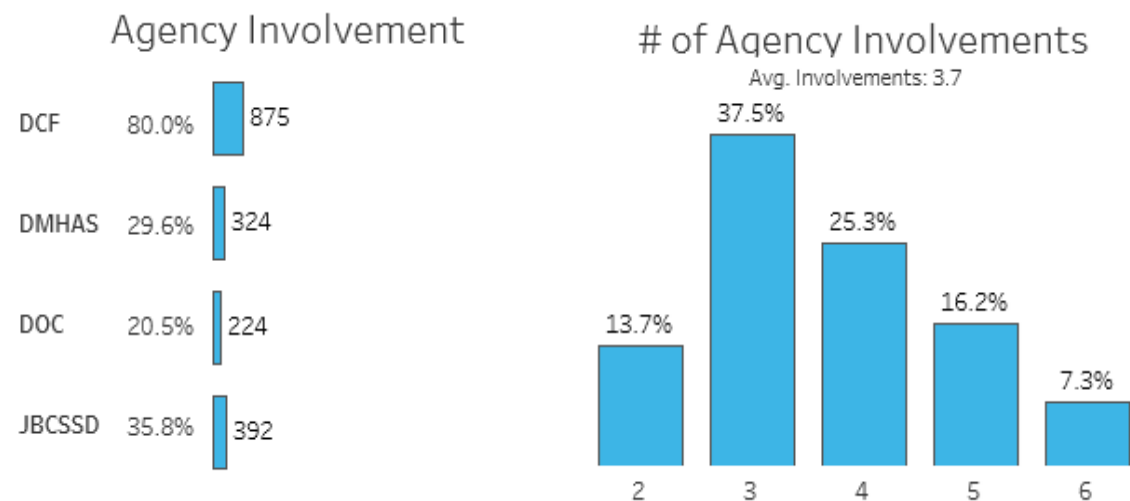
Agency Involvements – Families & Heads of Household

Families (3,091)



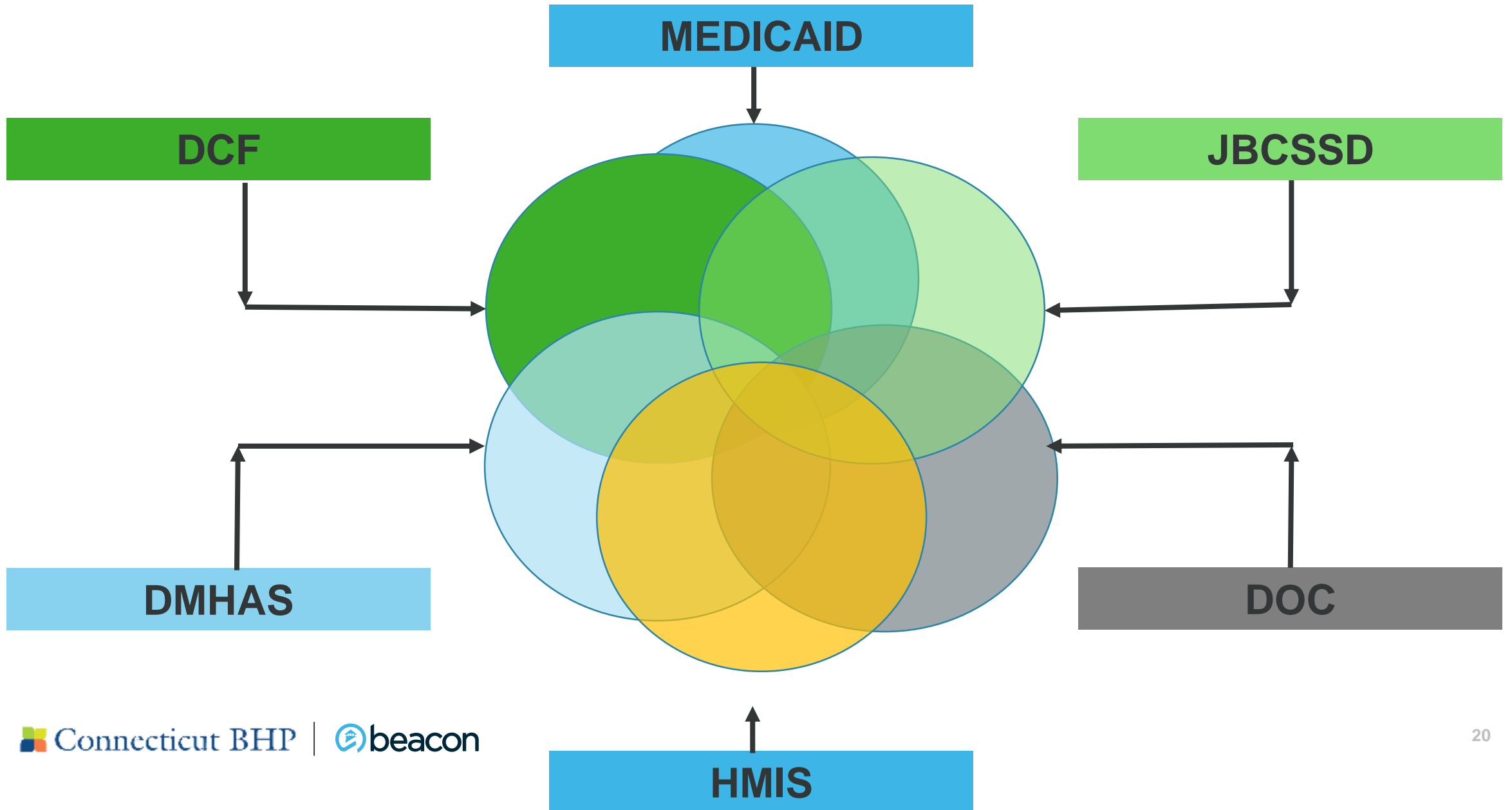
- Nearly 3/4 of Families that were homeless and on Medicaid had a history of some type of involvement with DCF and were most likely to have 3 agency involvements

Head of Household (1,094)



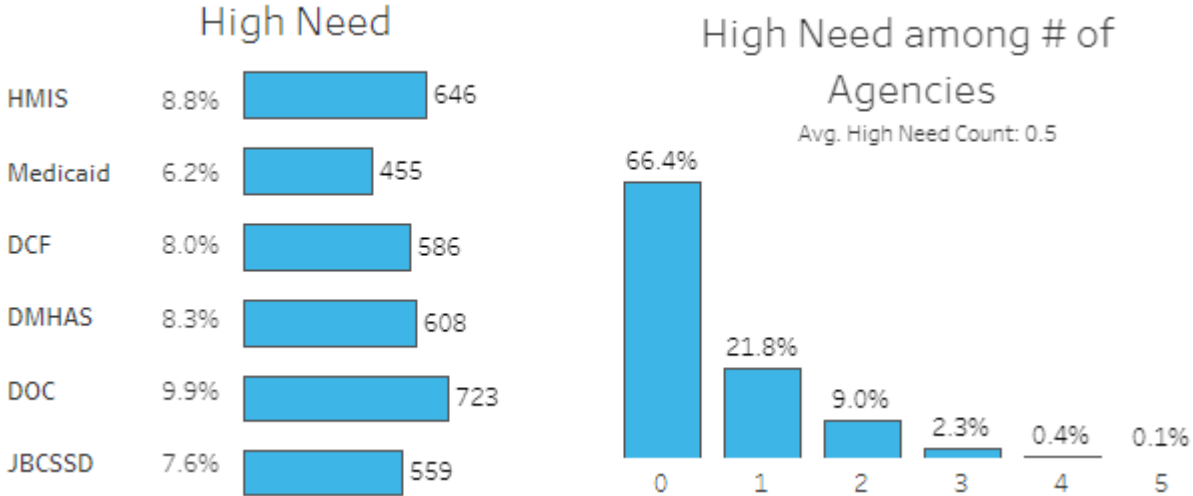
- 80% of Families that were homeless and on Medicaid had a history of some type of involvement with DCF and over 86% had 3 or more agency involvements

Agency High Need Populations (Possible 0 – 6)



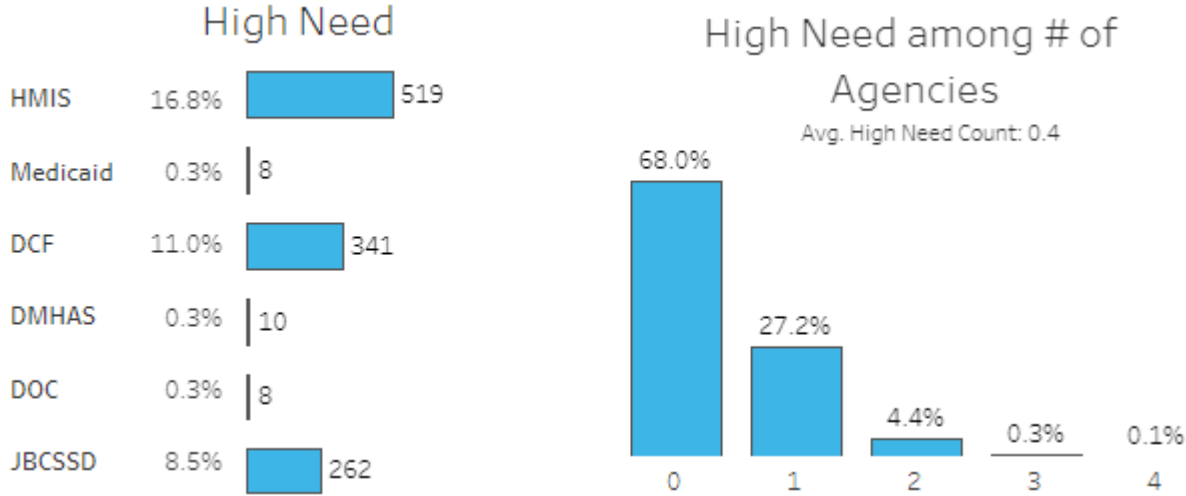
High Need Status - Summary

- 2,466 out of 7,329 individuals



- For example, 6.2% (455 out of 7,329 individuals) are high need status within Medicaid.
- 66.4% of all individuals in the sample did not have high need status among any agency.

- 989 out of 3,091 total family members
- 539 families out of 1,042 total families



- For example, 16.8% (519 out of 3,091) of the HMIS sample is high need with at least one agency.
- 68% of all family members did not have high need status in any agency.

Summary

- Significantly higher rates of depression, anxiety, PTSD, & psychotic disorders
- A rate of suicide/self-injury 8 times higher than the housed Medicaid population
- Significantly higher rates of SUD in general (62% vs. 16%), particularly Opioid, Alcohol, Cocaine, & Cannabis use disorders
- Significantly Higher Rates of Medical Disorders particularly Hypertension, COPD, Asthma, and Neurological Disorders and higher medical comorbidity and risk of death
- 10 X higher rate of Opioid Overdose
- Double the average adult rate of total Medicaid Spending
- Higher risk of death and serious medical risk due to comorbid medical conditions
- Individual Homeless Medicaid Members have typically been served by 4.5 of 6 key service providing agencies
- 80% of Families that were homeless and on Medicaid had a history of some type of involvement with DCF
- 32% of the 7,209 individual in the Gov's Task Force sample were considered to be high need with 1 or more agencies.

Questions for Discussion

- What does this data suggest regarding the approach to service delivery for the homeless population?
- What are the policy implications?
- Among the multiple service needs identified, how should those who serve the homeless approach prioritization of particular needs?
- What are your thoughts about using the data to create subtypes of homeless individuals and families to inform service use. How might this work?
- What are some of the current barriers to effectively serving multi-agency involved homeless individuals?
- Given this information, what do service providers need to learn, or learn more about, in serving homeless individuals?
- What would you recommend for future data integration projects? What is missing from the data or what additional service sectors should be included?