

# Whatever It Takes, Whatever It Is: Leveraging Data Across Disciplines to House Super Utilizers

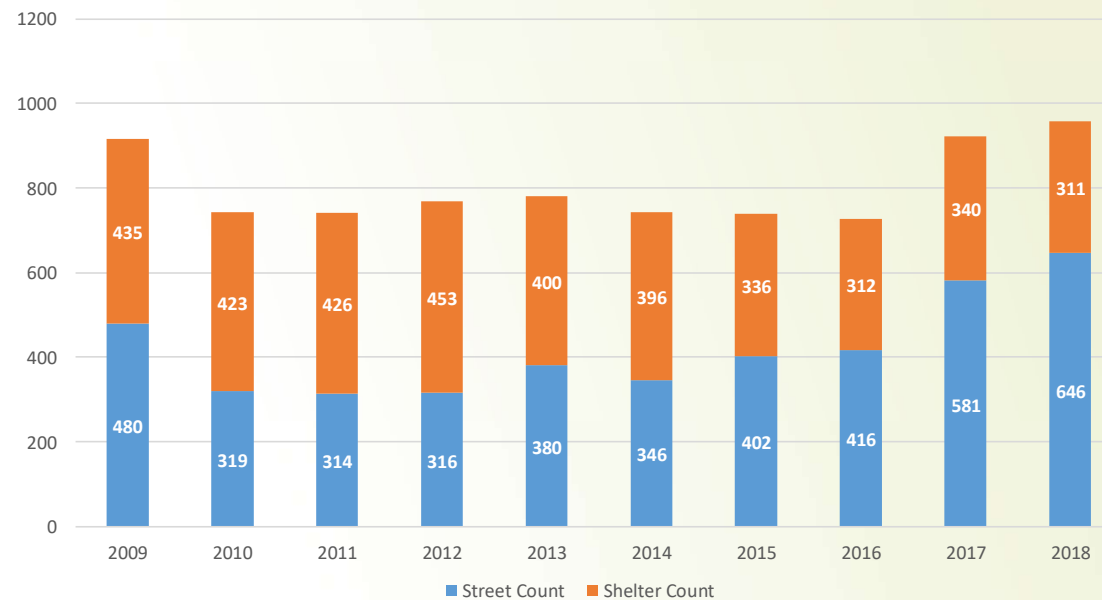
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Increasing Capacity &  
Building Connections:  
Bridging to the Future



# Homelessness in Santa Monica





## **Housing First and Service Prioritization**

- Santa Monica Chronic Homeless Project and Service Registry
- Interdepartmental/Interagency coordination and service prioritization
- Guiding principles: Housing First, Harm Reduction, “whatever it takes”
- SMPD Homeless Liaison Program (HLP Team) and Homeless Community Court



# The People Concern



OPCC & Lamp Community  
are now united under one  
mission and one name:  
**THEPEOPLECONCERN**  
because everyone should be housed healthy and safe.

- The People Concern empowers the most vulnerable among us to rebuild their lives. As one of Los Angeles County's largest social services agencies, we provide a fully integrated system of care – including mental and medical health care, substance abuse services, and housing – tailored to the unique needs of homeless individuals, survivors of domestic violence, challenged youth, and others who have nowhere else to turn.
- Informed by more than 50 years of work in the community, The People Concern's innovative model has been proven throughout Los Angeles County and has been recognized across the country. We were formed in 2016 in a union of two trusted social service organizations based in Los Angeles County, OPCC and Lamp Community. The People Concern continues to build on the longstanding reputations of our two founding organizations for delivering services with deep compassion and profound respect.



## Limits of traditional homeless services

- Shifting demographics of Santa Monica's homeless population
- Significant impacts of highest utilizers on local emergency resources (arrests/jail bookings, fire/paramedic incidents, ED/hospital visits)
- Homeless Multidisciplinary Street Team (HMST) cohort selection process:
  - Analyzing high utilizer data across disciplines (Police, Fire, City Attorney, Human Services, hospitals) to maximize impact

## HMST client profile

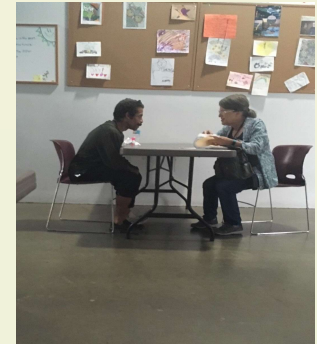
- 26 clients representing 280 years of cumulative chronic homelessness
- 20 males and 6 females; average age 47 years old (range: 32 to 68)
- $\geq 800$  arrests, 1250 citations, 65 fire/paramedic transports in Santa Monica
- Co-occurring medical, mental health, substance use disorders (trimorbidity)





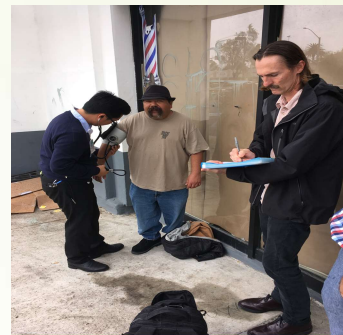
# HMST staffing and clinical capacity

- LCSW Project Director
- MSW Program Manager
- Substance Abuse Clinician
- Housing Case Manager
- Peer Wellness Advocate
- Physician Assistant
- Psychiatrist



## Distinctive features of HMST

- Expanding locations of clinical service delivery (jails, hospitals, courts, streets, etc.)
- City criteria (“high utilizer”) overrides diagnostic/insurance eligibility
- Closed cohort vs. open referral or general outreach model
- Client-centered (all services remain voluntary) but adherence to Assertive Community Treatment (ACT) model







# Interventions and Outcomes

- Target outcomes:
  - Housing placement (interim and permanent)
  - Linkages to mainstream services (medical, mental health, substance treatment, benefits)
  - Reduction in emergency service utilization (arrests/citations, fire/paramedic incidents, ED/hospital visits) and related costs
- Interventions:
  - Comprehensive field-based assessment
  - Field-based medical/mental health/substance treatment, case management
  - Legal advocacy: Homeless Community Court, alternative sentencing models, advocating for higher levels of care



## Evaluation of Impact

- Compare HMST clients to other homeless, high utilizers
- City of Santa Monica hired RAND to conduct evaluation
- City coordinated data collection from police, fire and local emergency departments
- RAND combined data and analyzed patterns of encounters over time
- RAND conducted structured interviews with stakeholders



## **There were several challenges with encounter data**

- Different formats
  - Police encounter data were provided in scanned PDFs
  - Used Optical Character Recognition to convert to useful format
- Challenges identifying individuals consistently in the data
  - Applied machine learning algorithm to match name and date of birth across records
- Data did not cover the same time period in all sources
- Limited data on comparison population



## We did not have complete data for the comparison population

		Pre	Post
Police Encounters	HMST Clients		
	Comparison Population		
Fire Encounters	HMST Clients		
	Comparison Population		
Emergency Department Vists	HMST Clients		
	Comparison Population		
HMST Encounters	HMST Clients		
	Comparison Population		



## **Cohorts have changed over time**

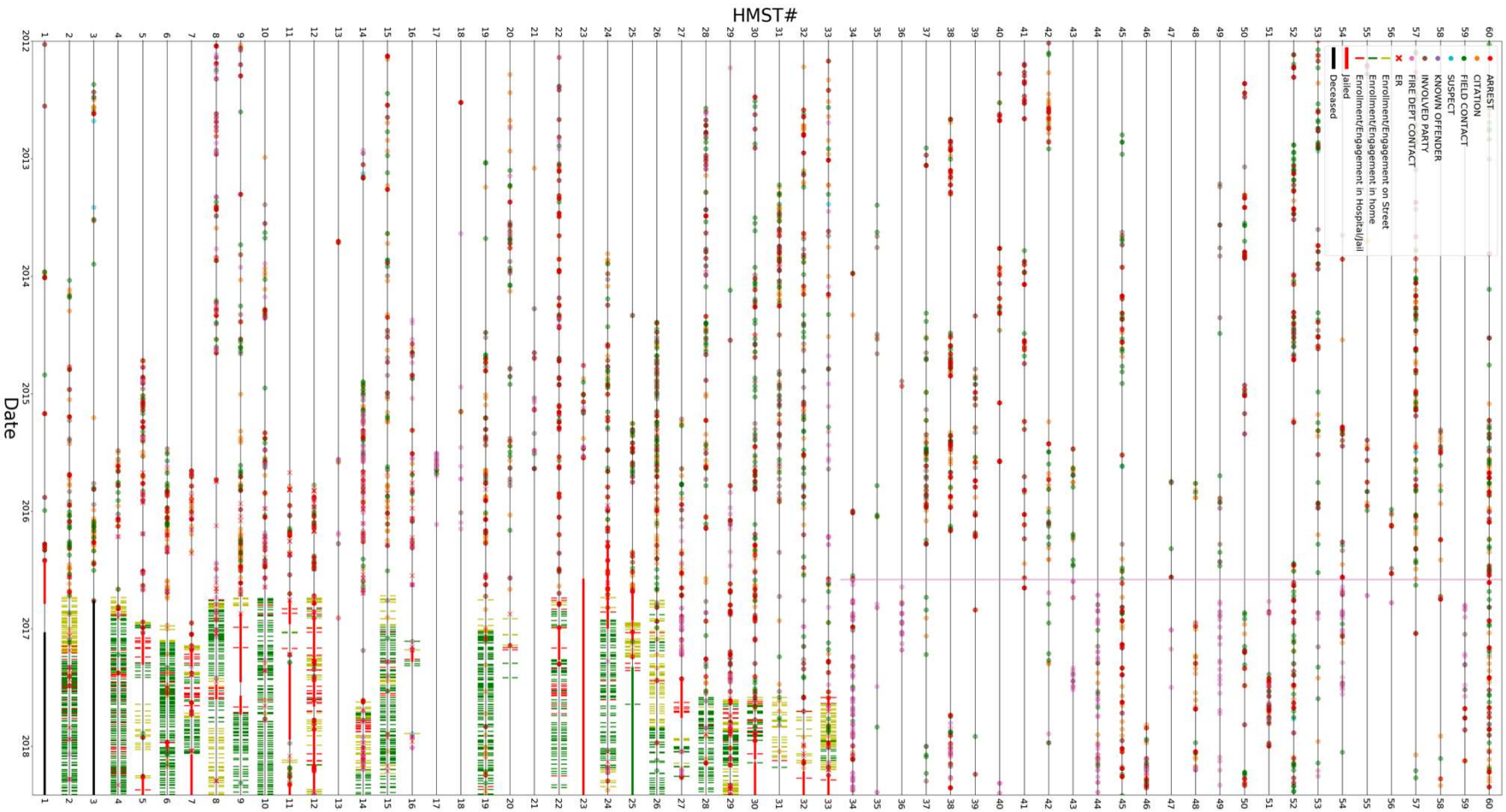
- Individuals have been dropped from the analysis population
  - Death (2)
  - Disappearance (3)
  - Lack of any prior data (6)
- Final analytic population includes
  - 26 clients
  - 20 controls
- Some clients recruited late 2018 are dropped from some of the analyses (7)



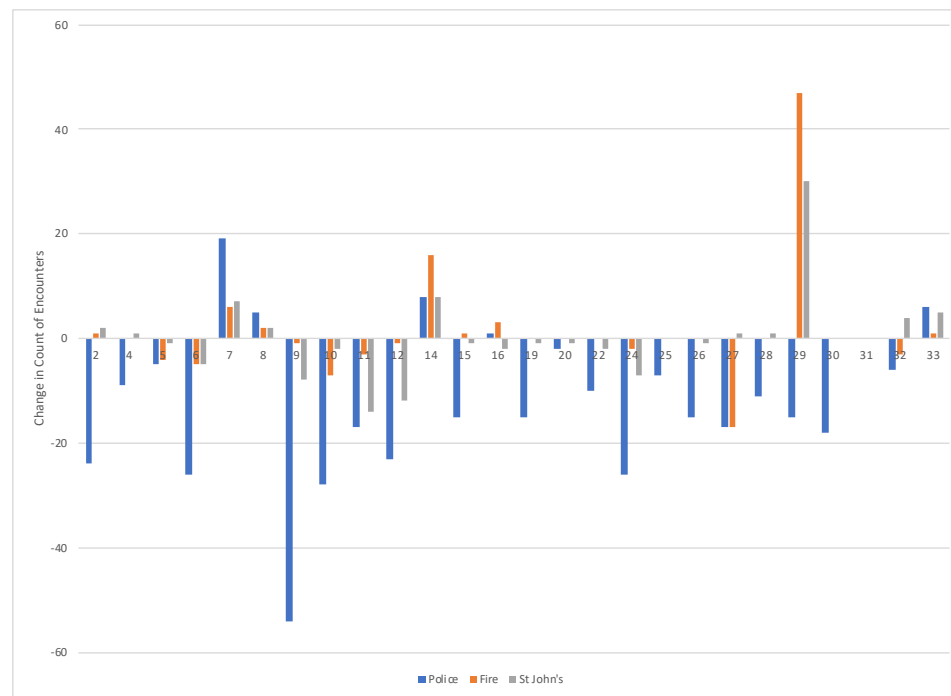


## Do outcomes change for HMST clients?

- We compare outcome data for 26 clients pre and post engagement with the HMST and to a control group
- Outcomes
  - Housing
  - SMPD encounters
  - SMFD encounters
  - ED visits
- We define pre-engagement period as 12 months prior to first engagement with the HMST
- We then look at two post-engagement periods
  - 1-12 months following engagement
  - 6-18 months following engagement



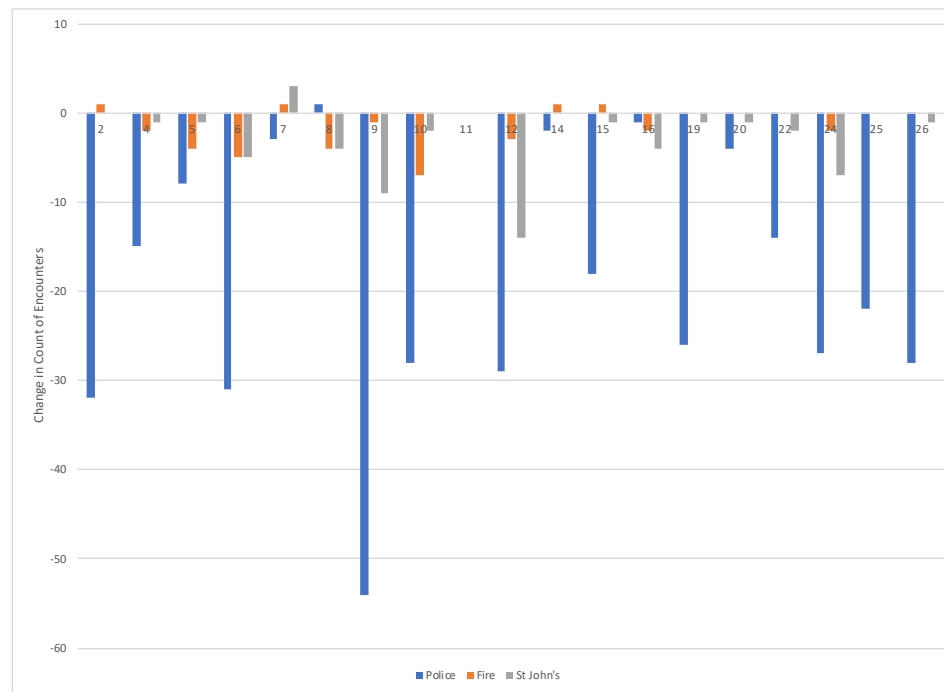
Almost all clients experience a decrease in encounters in first 12 months after engaging with the HMST



One client has very large increases  
in FD encounters and ED visits

	12 month counts	
	<u>Pre</u>	<u>Post</u>
Police	44	29
Fire	7	54
ED	1	31

Clients experience even larger decreases in encounters 6-18 months after engaging with the HMST





## Comparing year prior HMST to months 1-12 following

Outcome	Average Value for Outcomes From Year Before to Year After First HMST Encounter <sup>a</sup>							
	HMST Clients (n = 26)				Controls (n = 20)			
	Year Before	Year After	Change	% Change	Year Before	Year After	Change	% Change
<b>Police Department</b>								
Total encounters	22.1	10.4	-11.7**	-53%	10.9	8.9	-2.0	-18%
Arrests <sup>b</sup>	5.3	2.9	-2.5**	-46%	2.0	2.1	0.1	5%
<b>Fire Department</b>								
Total encounters	3.3	4.6	1.3	40%	NA	6.9	NA	NA
<b>ED</b>								
Total visits <sup>c</sup>	3.5	3.7	0.2	4%	NA			

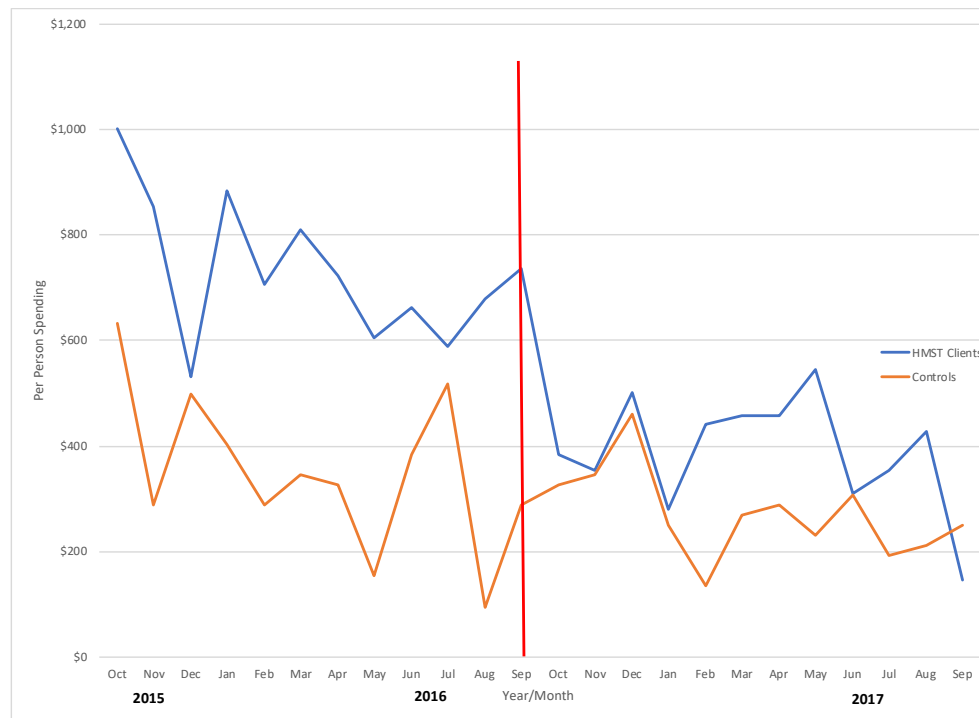
Comparing year prior HMST to months 6-18 following:  
larger impact starting 6 months after engagement

Outcome	Average Value for Outcomes From Year Before to Year Starting 6 Months After First HMST Encounter <sup>a</sup>							
	HMST Clients (n = 19)				Controls (n = 20)			
	6-18 Months				6-18 Months			
	Year Before	After	Change	% Change	Year Before	After	Change	% Change
<b>Police Department</b>								
Total encounters	22.1	6.5	-15.6**	-70%	10.9	10.5	-0.4	-3%
Arrests <sup>b</sup>	4.7	1.5	-3.2**	-68%	2.0	2.5	0.5	24%
<b>Fire Department</b>								
Total encounters	2.4	1.3	-1.2	-48%	NA	5.7	NA	NA
<b>ED</b>								
Total visits <sup>c</sup>	4.8	2.1	-2.7*	-56%	NA			

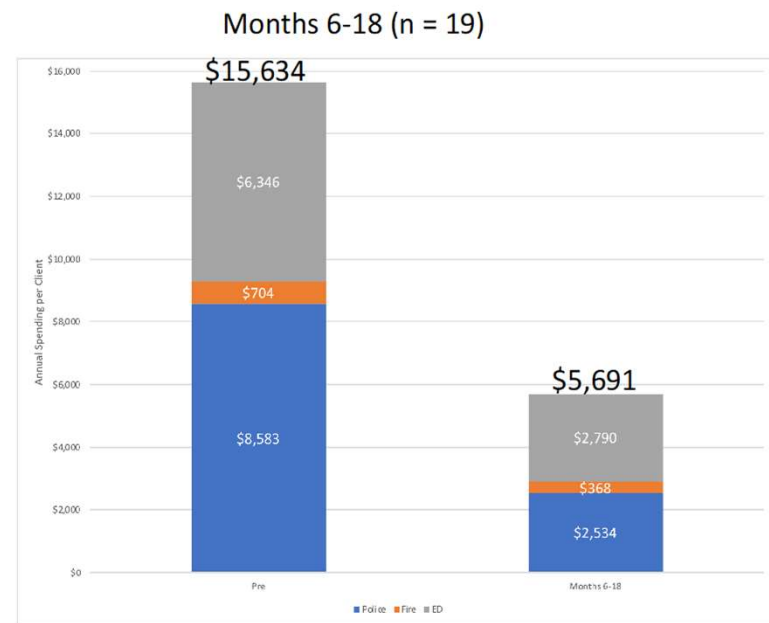
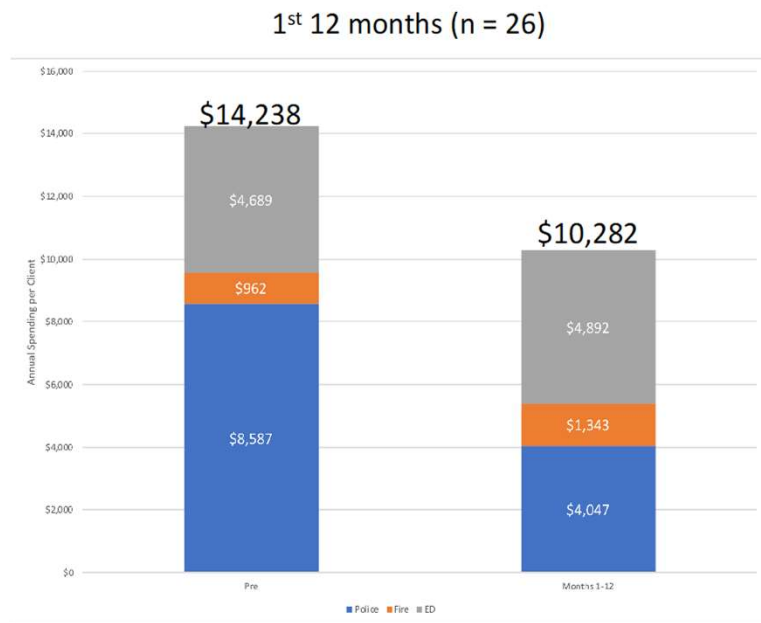
# Costs for each outcome

Outcome	Cost Estimate (2016 dollars)
<b>SMPD encounter, no arrest</b>	\$291 <sup>1</sup>
<b>SMPD encounter, with arrest</b>	\$388 <sup>2</sup>
<b>SMFD encounter</b>	\$291 <sup>3</sup>
<b>ED visit</b>	\$1,325 <sup>4</sup>

# Monthly spending per person on police encounters has decreased for HMST clients

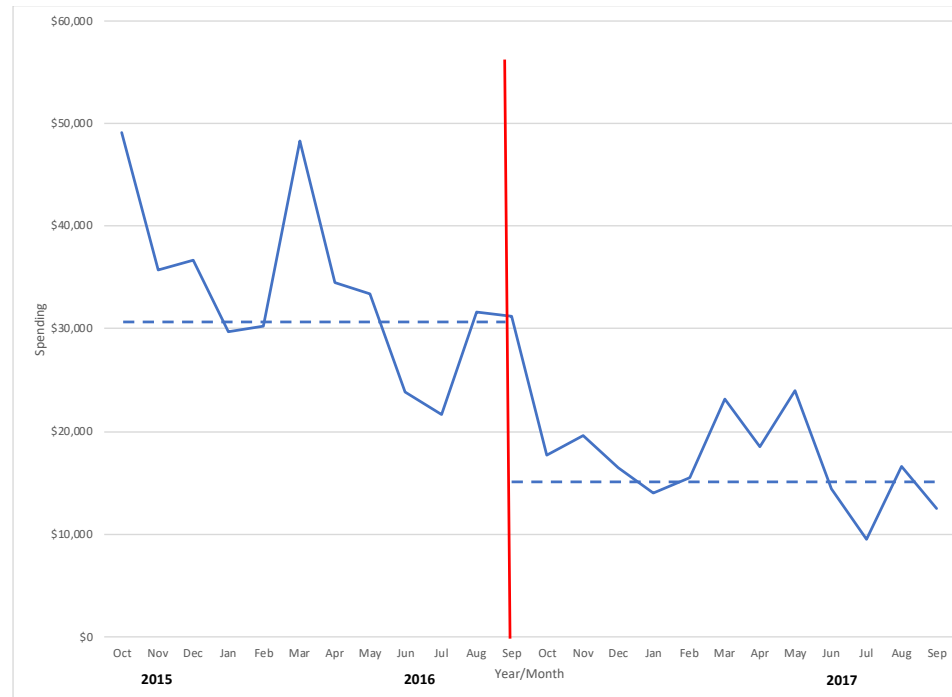


# Annual municipal spending per client has decreased 28% to 64%





# Total monthly municipal spending on HMST clients has decreased





## Conclusions

- HMST clients have experienced positive changes in the first 18 months
  - Decreased encounters with police, fire, and emergency departments
  - Increased housing
- The net impact of these changes is a decrease in spending by the City of Santa Monica that offsets the amount invested
  - 17% to 43% of annual spending
- The impact is larger over time as HMST builds relationship with clients
- Community stakeholders view HMST as an important partner in dealing with super-users
- There are challenges with moving clients into step-down care



## **Lessons learned/Looking ahead**

- Improving access to meaningful, real-time data
- Creating sustainability and streamlining transitions to lower levels of care
- Learning each other's languages; recognizing we all have different tools in pursuit of shared goals
- Viewing any connection to your client as a potential collaborator/opportunity for partnership (i.e. libraries, businesses, family, residents)
- Getting and maintaining buy-in from partners to continue data-sharing/communication



## Questions?

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