



SAN DIEGO
HOUSING
COMMISSION

San Diego Housing Commission

Partnership: Project 25

Presentation to the National Association of Counties and
Corporation for Supportive Housing

June 7, 2012

Keith Corry
Sr. Program Analyst
Housing Innovations Department
San Diego Housing Commission





San Diego Housing Commission (SDHC) Partnership – Project 25

Project 25 is a 3-year pilot program to:

- Identify at least 25 chronically homeless individuals in San Diego who are among those placing the heaviest burden on public services and resources such as emergency room visits and arrests
- Provide them with long-term housing and supportive services using a Housing First model
- Track the differences the program makes in the participants' use of public services





SDHC Project 25 Partnerships

- United Way in December 2010 approached SDHC seeking help in addressing the problem of chronic homelessness through Project 25.
- Fortunately, SDHC was in a position to step in.
- In July 2010, SDHC became one of the first housing agencies in the nation to receive approval from the U.S. Department of Housing & Urban Development (HUD) to use federal housing vouchers to provide long-term housing for chronically homeless individuals.
- As a “Moving to Work” agency designated by HUD, SDHC has the flexibility to test innovative programs for our housing needs.
- Project 25 was launched on January 12, 2011.



United Way
of San Diego County



SDHC Project 25 Partnerships (Cont.)

- SDHC provided St. Vincent de Paul Village, a local homeless rehabilitation agency which manages the program for United Way, with 25 sponsor-based federal housing vouchers, one of the critical components of the program.
- St. Vincent de Paul Village Inc. provides intensive case management, coordination of care and data collection.
- The vouchers allow Project 25 participants to select their own apartments or other housing.
- The County of San Diego's Health and Human Services Agency funds supportive services and additional housing subsidies using state funds identified for individuals with diagnosed mental illness.
- Although these are the primary partners, many other agencies and government entities participated in the data collection and participant identification efforts.



Project 25 Data Partnerships

The number of partners who have participated in the contribution of data for Project 25 target population has grown significantly since the program launched. Our current data partners include:

Hospitals:

- Alvarado Hospital
- Alvarado Parkway Institute
- Bayview Hospital
- Kaiser Foundation Hospital
- Palomar Medical Center
- Paradise Valley Hospital
- Pomerado Hospital
- Promise Hospital
- Scripps Chula Vista Hospital
- Scripps Encinitas Hospital
- Scripps La Jolla Hospital
- Scripps Mercy Hospital
- SHARP Chula Vista Hospital
- SHARP Coronado Hospital
- SHARP Grossmont Hospital
- SHARP Memorial Hospital
- SHARP Mesa Vista Hospital
- Tri-City Medical Center
- UCSD Medical Center
- VA Medical Center

Ambulance Providers:

- Emergency Medical Services (EMS)
- American Medical Response (AMR)
- Heartland Fire and Rescue

Other Providers:

- County Alcohol and Drugs Services
- County Behavioral Health Services
- San Diego County Public Defender's Office
- San Diego County Sheriff's Department

Shelters:

- Rachel's Women's Center
- Salvation Army
- San Diego Rescue Mission
- St. Vincent de Paul Village
- Village Veterans of San Diego



Project 25 Frequent User Population

- Because the program tracks utilization of public resources, the following providers were asked to submit separate lists of their top 150-200 most frequent homeless users:
 - 1) City of San Diego Emergency Medical Services (EMS)
 - 2) University of California at San Diego (UCSD) Medical Center
 - 3) Scripps Mercy Hospital
 - 4) San Diego County Behavioral Health Services
 - 5) San Diego County Sheriff's Department
- The data included the costs for emergency room visits, ambulance trips, inpatient medical hospitalizations, incarceration, jail, inpatient mental health hospitalizations and alcohol detox services.
- After collecting each dataset, cross system matching showed those who accessed multiple services.



Project 25 Methodology

- Using the user lists assembled from the ambulance, ER, behavioral health, and criminal justice data, a list of 71 individuals identified as the most frequent users of services who were homeless in 2010 was created as the pool of eligible Project 25 participants.
- This comprehensive list was then re-distributed back to the providers. After all five entities re-ran the comprehensive list, names of individuals who accessed at least two of the target services were collected and then ranked using an estimated cost per unit of service for the following:
 - 1) Emergency room visit
 - 2) Ambulance ride
 - 3) Days of in-patient hospitalization
 - 4) Arrests
 - 5) Days in jail
 - 6) Psychiatric Emergency Response Team (PERT) visit
 - 7) Crisis house day



Project 25 Methodology

- All enrolled individuals signed a Release of Information for the service partners to provide data regarding services accessed and costs of those services.
- During the cross systems checks, many users were placed on provider lists because of high costs associated with care and treatment of medically complicated or acute conditions.
- These individuals were not used in the Project 25 participant selection because their use of the systems did not occur repeatedly.
- This is a good example of why tracking user costs should be only one of several variables used in participant selection. Similarly, because the initiative targeted high homeless users, stably housed frequent users were also not selected for participation.



Project 25 Methodology

- Once all participants were identified, screened for eligibility and interest, and then offered enrollment into the program, the data matches were expanded to include many other providers that the participant may have used.
- The names were shared with additional ER hospitals, ambulance companies, psychiatric in-patient hospitals, detox facilities, homeless shelters and jails within the county.
- Using this expanded list of data partners to cross-reference the identified participants, the following indicators were established and assigned a monetary value for purposes of quantifying public resource usage:
 - County psychiatric hospital services
 - Arrests
 - Jail days
 - Detox/sobering center days
 - Crisis house days
 - PERT visits
 - Homeless shelter days



Project 25 Successes/Challenges

- Overcoming data sharing concerns was a significant challenge at the start of the program.
- Hospitals and other services are beginning to realize that this gap in care can't be thoroughly addressed unless we follow the cases of those who are returning back into the same programs and services.
- To address the concerns, all Project 25 partners are included in an MOA to share only the information that aids in identifying the frequent users. No protected health information is shared among the partners.
- Another issue was how to locate, identify and keep users housed once enrolled in the program. Due to the vulnerable nature of this population, this continues to be a challenge, but after the data sharing partnerships were established, partners develop a network for communicating and working together to provide a more comprehensive continuum of care.



Project 25 Successes/Challenges

- Convincing potential partnering data sources to track high users separately from their normal service delivery methods was difficult given how busy and chaotic these environments can be.
- Now realizing the value in collecting data on this population, a flagging system was implemented at ERs and jails so when an identified frequent user was found, Project 25 was immediately contacted for coordination of care.
- SDHC's relationships with affordable housing providers and property owners around town helped with the initial outreach to identify willing landlords and property owners.
- This group has very specific service needs.



Project 25 Preliminary Outcomes

- One year into the program, results from the combination of long-term housing and supportive services are dramatic.
- Total cost of public resources for project participants fell to \$3.4 million in 2011 from more than \$11 million in 2010.
- Per person average was \$97,437 in 2011, down from \$317,904 in 2010.
- Emergency room visits down 77 percent.
- Ambulance transports down 72 percent.
- In-patient medical stays down 73 percent.
- Arrests down 69 percent.
- Jail days down 43 percent.



Project 25 Partnerships

Project 25 partners:

- Alpha Project
- San Diego County District Attorney
- San Diego County Health & Human Services Agency
- Family Health Centers of San Diego
- San Diego County Sheriff's Office
- San Diego Housing Commission
- San Diego Medical Services Enterprise
- San Diego Police Department
- San Diego Rescue Mission
- United Way of San Diego County
- UC San Diego Medical Center



Project 25 Preliminary Outcomes

- This slide will include some general trends on how housing P25 participants has dramatically reduced all measured service use. I will include language on how this is only the 1-year mark, but that we are seeing a major drop-off in public service usage. I'll stay away from drawing too much attention to the cost savings argument.
- I'll acknowledge the “cost savings” problem and instead point to frequent user initiatives being successful at creating greater capacity for others to be helped by the services, highlight a few other community benefits to housing homeless people, and how frequent user initiatives foster compassionate and smart targeting of limited resources, etc.
- Sorry the final slide isn't done but I have to go vote!

