Supported Housing Is Fundamental for Recovery and Value Based care

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Stable and supportive housing has found to reduce costs by nearly 30% for treating individuals with chronic medical and comorbid disorders.
Objectives

1. To learn the foundational importance of providing all the supports that are necessary to ensure individuals succeed in the community.

2. To learn how high risk individuals are using multiple resources in the community including criminal justice, emergency rooms and hospitals for reasons that are primarily related to social determinants of health.

3. To be presented with the local Maricopa County AHCCCS data that demonstrates the substantial cost-effectiveness of supported housing.

Most people with mental illness and substance use disorders live in poverty with their main source of income a monthly check from Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) (McCabe, Edgar, Mancuso, King, Ross 1993).
In Arizona the average cost of an efficiency apartment is $950. A single bedroom is $1200. This amount is more than SSI and about the same as an SSDI payment. Of course this leaves no money for electricity, water, food or clothes.

The result is that the individual will have difficulty renting even a modest apartment.

Living close to the poverty line means that the person is vulnerable to homelessness and if addicted to drugs, they may spend half or more of their disability income on drugs (Shaner, Eckman, Roberts, Wilkins, Tucker, et al., 1995, Draine, Salzer, Culhane, & Hadley (2002).
Supported Housing

• Supported housing combines housing and services to help individuals increase stability, productivity, and functionality in their lives.

• Supportive housing is a major factor of recovery for individuals with chronic mental health conditions and substance use disorders Supportive housing is not only clinically effective but is also financially sound.

Supported Housing

The critical ingredients of supported housing fall into 3 categories:

- Rental assistance
- Supports
- Services
Residential vs Supported Housing

• Individuals strongly prefer supported housing over residential placements.
• Tanzman (1993) found that about 70% of individuals indicated that the preferred housing arrangement was for a person to live in his or her own house or apartment.
• Residential facilities such as group homes were consistently among the least popular options.

Residential vs Supported Housing

• Residential model based on the assumption that there is a series of residential settings.
• Individuals are expected to move sequentially through the continuum.
• There is not a full continuum of residential levels.
Types Of Supported Housing in Arizona

Transitional Living and Planning (TLP):
• For members transitioning to more permanent treatment or housing settings.
• Outpatient services provided based on member needs.
• Population served: Members with an SMI Determination who are AHCCCS eligible.

Types Of Supported Housing in Arizona

FlexCare:
• Short-term treatment setting that focuses on assisting members in gaining the skills necessary to live independently.
• Outpatient services are provided up to 24 hours a day.
• Population served: Members with an SMI Determination who are AHCCCS eligible.
Types Of Supported Housing in Arizona

Community Living Program:
- Inventory of fixed site housing throughout Arizona.
- Variety of housing types and specialized locations.
- Population served: Members with an SMI Determination.

Types Of Supported Housing in Arizona

Permanent Supportive Housing (PSH):
- Community based housing with tenancy supports and outpatient services available.
- Population served: Primarily members with an SMI Determination and some GMH/SUD members with housing need.
Types Of Supported Housing in Arizona

**Scattered Site and Bridge to Permanency:**

- Permanent Supportive Housing in which members are issued rental subsidy/vouchers to lease housing in community.
- Population served: Members with an SMI Determination experiencing homelessness (some capacity for GMH/SUD with acute service needs experiencing homelessness).

**Lighthouse Model**

Evidence-based Supported Housing environment and program based on the following core principles:

- Housing First
- Recovery-oriented services
- Self-management
- Member engagement
- Family involvement
Lighthouse Model

Goal: To provide a safe and stable environment with staff who assist and support the individual to remain successfully in the community and to live as independently as possible in order to develop a meaningful, purposeful and fulfilling life.

Lighthouse Model

- Person-centered
- Responds to symptoms therapeutically without threats of evictions for behaviors that are related to their illness
- Assumes that while these behaviors may occur, they are learning opportunities for the individual and do not necessarily require eviction or hospitalization
Lighthouse Model: Environment

- Located in safe and attractive neighborhoods
- Typically 4-5 bedrooms
- Up to date furnishings and appliances
- Well maintained by the Property Management team
- Individuals have their own bedrooms and share the living room and kitchen
- Washers and dryers are available in each home

Lighthouse Model: Staff

- Available 24 hours a day with on-site behavioral technicians
- Specifically trained in principles of Motivational Interviewing, Crisis Resolution techniques, ongoing assessment, and collaboration
- Supervised by Behavior Health Professionals
Lighthouse Model: Staff

Support staff assist members as follows:

- Control access to the premises by non-residents
- Prompt residents to take their medications as prescribed
- Encourage residents to engage in proper nutrition, hydration, hygiene, cleanliness
- Help residents arrange interaction with necessary specialists and activities
- Arrange transportation as needed

Lighthouse Model: Family Involvement

- Recognized the importance of family involvement
- Encourages and welcomes visits at any time
- Individuals can visit families during holidays and special events
- Families are involved in the development of the Annual Integrated Treatment Plan
- Families are involved on an ongoing basis
Lighthouse Model: Important Factors

• Residents must be determined by the Arizona Health Care Cost Containment System (AHCCCS) to be have a Serious Mental Illness and be entitled to AHCCCS benefits and be members of the relevant Regional Behavioral Health Authority (RBHA)
• Focus is on the chronically mentally ill population

Lighthouse Model: Important Factors

• Members all sign individual leases and pay 30% of their income
• A Lighthouse home is NOT a treatment facility
• Residents can enter and leave the premises at will and can have visits
• Support staff are present at Lighthouse homes or on the premises 24-hours per day and 7-days per week with the caption of necessary off-premise activities with residents or responding to urgent situations
• Residents will have their own clinics as providers of their choice (as available) and other wrap-around services
Lighthouse Model: Important Factors

- Residents will not be evicted for refusing to participate in treatment protocols or in supportive activities or for violating household rules unless the rule is a primary provision of the lease.
- Residents can be evicted for actions that jeopardize the safety of other residents, staff, or neighbors or other persistent violations of the law or lease agreements.
- Verbal de-escalation techniques are utilized.
- Residents who leave the premises for extended periods of time or who are hospitalized or incarcerated can return to their Lighthouse homes when clinically ready.
- Residents will be encouraged to participate in supportive activities designed to improve their well-being.
- Any step down or discharge plans will include input from the resident, clinical teams, residents, guardians and family members.

Lighthouse Model: Evaluation

- Evaluations of Lighthouse homes will include qualitative as well as quantitative metrics, including interviews of residents and their families regarding their care.
- ASU Morrison Institute Study
  - Financial costs of individuals CMI in permanent supportive housing were 28.7% lower than individuals with CMI experiencing chronic homelessness.
  - Health care represented the largest category of expenses across housing settings (behavioral health comprised the largest percentage of costs).
  - Total average costs per person decreased 12.1% over 2-3 years of residence in that setting.
  - Behavioral health costs declined 36%.
  - Spending on physical health, pharmacy, and skills training increased.
• Lighthouse community home model is an efficient cost-effective program
• The traditional short-term traditional housing model is insufficient for the chronically mentally ill
• For these individuals there is currently no other form of suitable housing available that meets their needs to successfully live in the community

Arizona Health Care Cost Containment System: Treatment and Housing Continuum

Source: Arizona Health Care Cost Containment System (AHCCCS), 2021
Serious Mental Illness in Maricopa County

139,267
Individuals estimated to have SMI in Maricopa County

34,451
Adults with SMI served by Mercy Care (2019)

5,221
Beds in behavioral health facilities and supportive housing available to AHCCCS members with SMI (2018)

Homelessness and Jail

• 965
Individuals experiencing homelessness who self-reported having a mental illness (2020)

• 1,100
Estimated individuals with SMI in County Jails
Affordable housing challenges

**163,000**

• Estimated affordable housing units needed to meet current demand in Phoenix alone

**4 in 10**

• Arizonans earning a low-income pay more than half their income in rent or experience homelessness, but do not receive federal rental assistance

Approach

• Cost analysis by housing setting (2014-2019)

• Small-sample case study of high support setting for high-need individuals (2016-2019)

• Expert interviews
Cost Analysis: Methods

- Data was collected from six sources under three Business Associate Agreements (BAA), one Intergovernmental Agreement (IGA), and one Data Use Agreement (DUA)
- Matched individuals across systems absent unique identifiers using probabilistic algorithms
- Data harmonization to ensure comparable views, definitions, and units of key concepts

Operationalizing Chronic Mental Illness

- Designated as having Serious Mental Illness (SMI), and
- At least two episodes requiring crisis assistance in the last two years, and
- Did not adhere to the follow-up treatment within 14 days, and
- Had an interaction with the criminal justice system, made a claim for suicide or intentional self-injury or harm, or experienced recurrent crisis episodes.
18.5% of people with serious mental illness in Maricopa County have a chronic form of their disease.

**Sample Frequency**

Individuals with CMI, by housing setting

<table>
<thead>
<tr>
<th>Housing Setting</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Homlessness</td>
<td>768</td>
</tr>
<tr>
<td>Unknown Support Services</td>
<td>955</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>233</td>
</tr>
</tbody>
</table>
**Total costs**

Average costs of individuals with CMI in Maricopa County, per person per year, by housing setting

![Bar chart showing total costs by housing setting]

**Health costs**

Average costs of individuals with CMI in Maricopa County, per person per year, by housing setting

![Bar chart showing health costs by housing setting]
Average costs of individuals with CMI in Maricopa County, per person per year, by housing setting

**Inpatient costs**

- Permanent Supportive Housing: $11,992
- Housed with Unknown Support Services: $14,485
- Chronic Homelessness: $17,778

**Other mental health and substance use treatments**

- Permanent Supportive Housing: $2,103
- Housed with Unknown Support Services: $5,155
- Chronic Homelessness: $4,581
Transition from chronic homelessness to permanent supportive housing (N=78)

Average public spending per person per year, by housing setting

Small-N Case Study: Lighthouse Model
Community Homes

• Group homes for individuals with SMI and high support needs
• 24/7 in-home support from behavioral health technicians with SMI expertise
• Two locations, nine residents
• Tenants sign annual lease, 30% income on rent
• Tenants can return after hospitalization, treatment, arrest; avoid eviction
Health costs pre- & post-Lighthouse setting, 2016-2019 (N=9)

Average costs of Lighthouse tenants, per person per year

Health cost breakdown, pre- and post-Lighthouse setting, 2016-2019 (N=9)

Average costs of Lighthouse tenants, per person per year
Average costs of Lighthouse tenants, per person per year

Increase the supply of appropriate housing

I have found—whether it’s housing or it’s hospital beds or it’s residential to go to—if you open up capacity, then all of a sudden, all of those bureaucratic barriers go away. And so, to me, the bottom line is we need more units.”
- Legal Professional

“It comes down to voters. And government. They need to put more money into our society’s most vulnerable…”
- Behavioral Health Professional
Create opportunities for social connection and community integration

“If they’re starting to get to where they can manage [their illness] … are we working to partner with local businesses to see: Can we get this person a job? Even if it’s not enough to pay the rent... there’s that sense of accomplishment, that interpersonal and the leisure part. Are we talking to them about: what are your hobbies?”

– Law Enforcement Professional