

"Housing *is* Health Care":

The Impact of
Supportive Housing on
the Costs of Chronic
Mental Illness



Morrison Institute for Public Policy Center for Health & Information Research May 12, 2021



Housing *is* Health Care:

Challenges of Chronic Mental Illness



Alison Cook-Davis

Morrison Institute for Public Policy, Watts College of Public Service and Community Solutions, ASU

Thank you, sponsors, funders, & collaborators

Sponsors

Association for the Chronically Mentally III (ACMI)

Funders

Charles and Laura Ann Goldstein Philanthropic Foundation

BHHS Legacy Foundation

Morrison Institute for Public

Policy

Chrissie Bausch

Alison Cook-Davis Stephen Lacour

Benedikt Springer Varnika Angampally

Andrea Whitsett

Steve Kilar

Ed Spyra

Kristi Eustice **AHCCCS**

Paige Riddle Mercy Care

Melina Cruz Copa Health

Imani Cruz Dr. Michael Franzcak

Melissa Kovacs John Moore

Dan Hunting

Camryn Lizik Interview participants

Kira Olsen-Medina

Hye Rin Yoon

Pooja Paode

Center for Health Information

& Research

Gevork Harootunian

George Runger

Sincere thanks to:

Ty Rosensteel

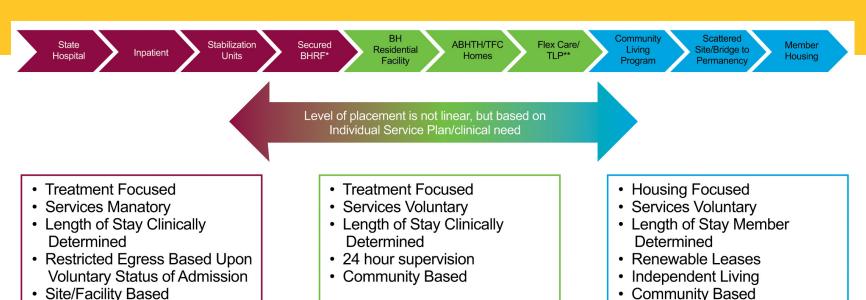
Housing, Health
Care, and Chronic
Mental Illness (CMI)



What could be more important than having a safe place to deal with the horrible challenges that people with serious mental illness face? ... [T]he lack of stable housing increases hospitalizations and arrests.

Family member of an individual with CMI

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 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

Research Questions

- How do housing and in-home supports affect public spending on individuals with chronic mental illness in Maricopa County?
- What do local experts recommend to improve care and reduce costs for the CMI population?

Approach

Cost analysis by housing setting (2014-2019)

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

Expert interviews



Housing *is* Health Care: Cost Analysis



Gevork Harootunian

Arizona Alliance for Community Health Centers Center for Health Information & Research (CHiR), College of Health Solutions, ASU

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

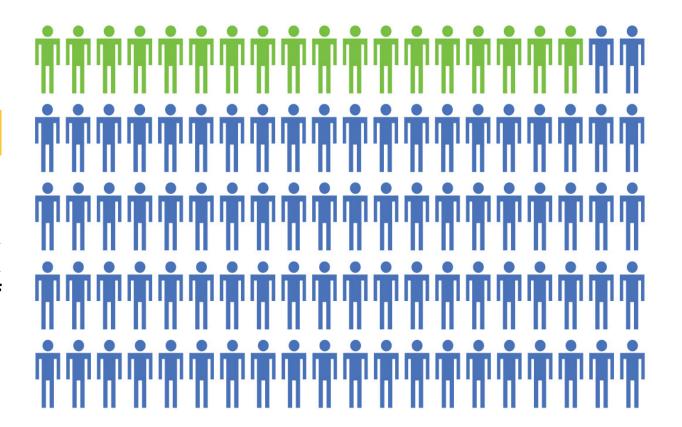


Operationalizing Chronic Mental Illness

- 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.

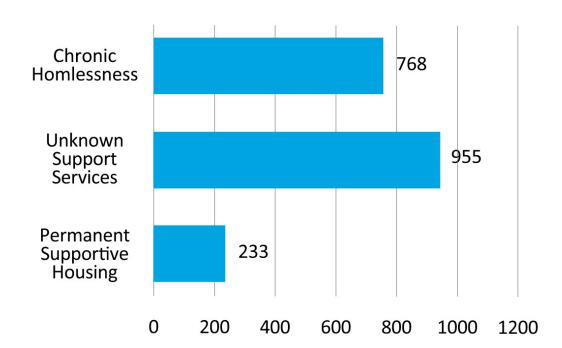
18.5%

of people with serious mental illness in Maricopa County have a chronic form of their disease.

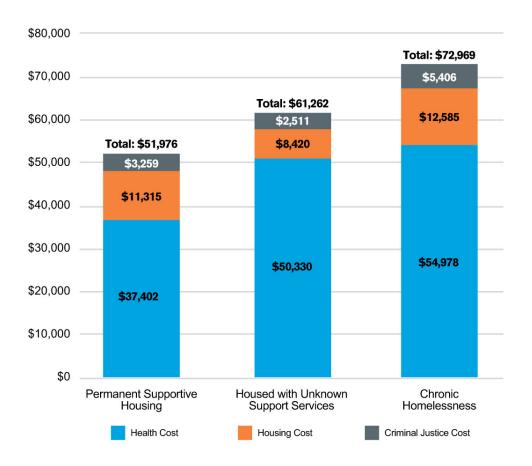


Sample Frequency

Individuals with CMI, by housing setting



Total costs

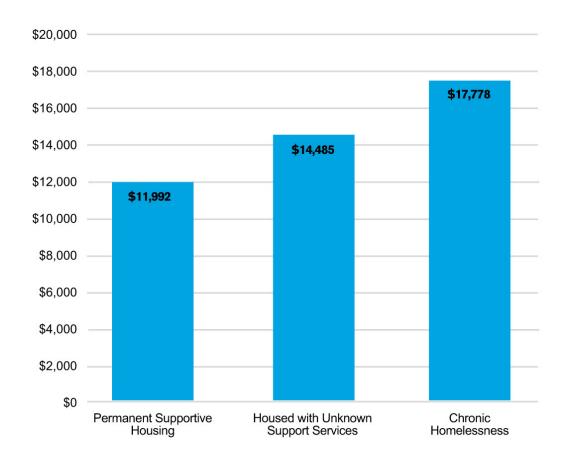




Criminal justice costs

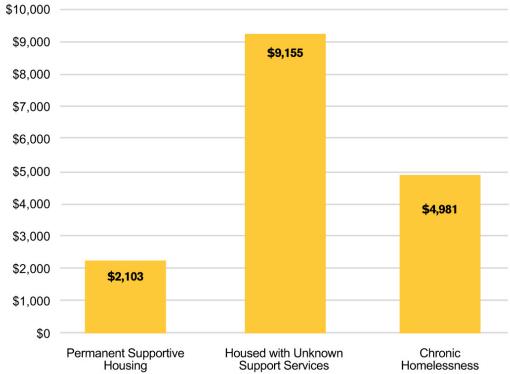
Health costs





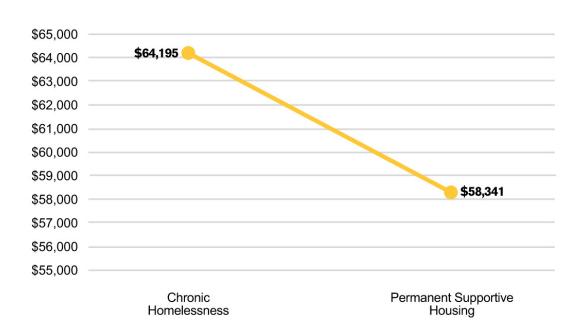
Inpatient costs

Other mental health and substance use treatments



Transition from chronic homelessness to permanent supportive housing (N=78)

Average public spending per person per year, by housing setting



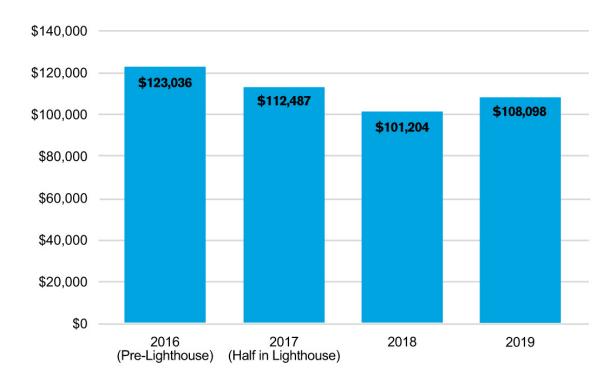
Small-N Case Study: Lighthouse Model Community Homes, Copa Health

- 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



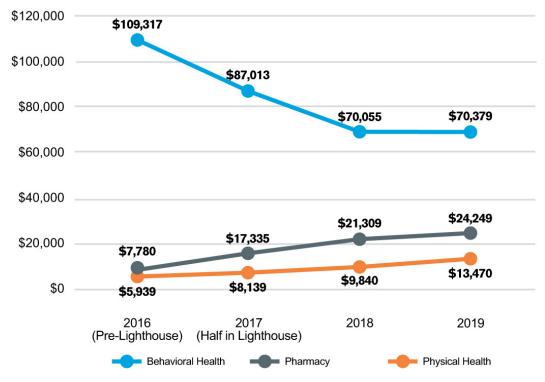
Health costs pre- & post-Lighthouse setting, 2016-2019 (N=9)

Average costs of Lighthouse tenants, per person per year



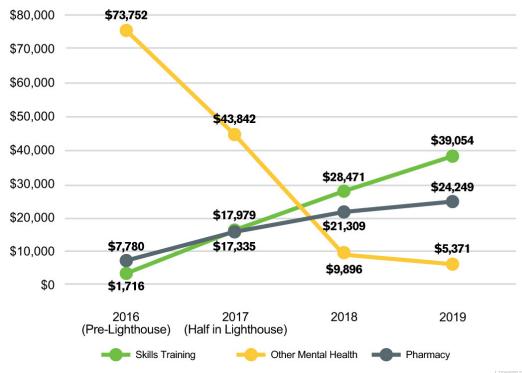
Health cost breakdown, pre- and post-Lighthouse setting, 2016-2019 (N=9)

Average costs of Lighthouse tenants, per person per year



Spending on select services in Lighthouse setting, 2016-2019 (N=9)

Average costs of Lighthouse tenants, per person per year





Housing is Health Care:

Expert

Recommendations



Chrissie Bausch

Morrison Institute for Public Policy, Watts College of Public Service and Community Solutions, ASU

Methods: Interviews

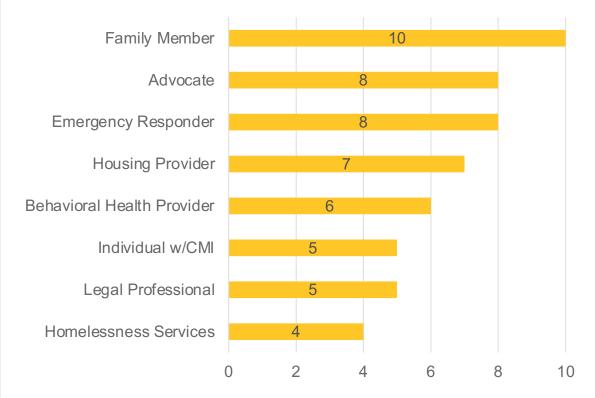
Semi-structured interviews via Zoom & phone

Purposive & snowball sampling

- 36 experts
- 5 individuals with CMI

Inductive analysis to identify recommendations for improving care and reducing costs

Interview Participants, by type (N=41)*



*Several participants fell into more than one category.

Provide higher levels of treatment and support



[T]here's not really a lot of places that can manage people when they're symptomatic and keep them housed. ... So, it'd be nice to have something in the middle, between complete lockdown-secure hospital setting to out in the community."

Law Enforcement Professional

Meet long-term support needs



If you have diabetes, you need care literally for your whole life, and some people's diabetes is more severe than others'. You need more intensive care. Well, it's the same thing with mental illness."

Family Member of an Individual with CMI

Set realistic expectations for recovery



[T]hese are people... they're going to make decisions that, later on, they might regret, and let's go into this knowing that and accepting that and saying that part of our program is dealing with that and then saying, 'What does our program need to look like in order to achieve some level of success?"

- Supportive Housing Provider

Increase the supply of appropriate housing



I have found—whether it's housing or it's hospital beds or it's residentials 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