



**Department  
of Health**

Office of  
Health Insurance  
Programs

# **MRT Supportive Housing: Investing in the Social Determinants of Health**

Robin Hood, 826 Broadway, 9<sup>th</sup> Floor  
September 12, 2017

# Presenters

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*New York State Department of Health*

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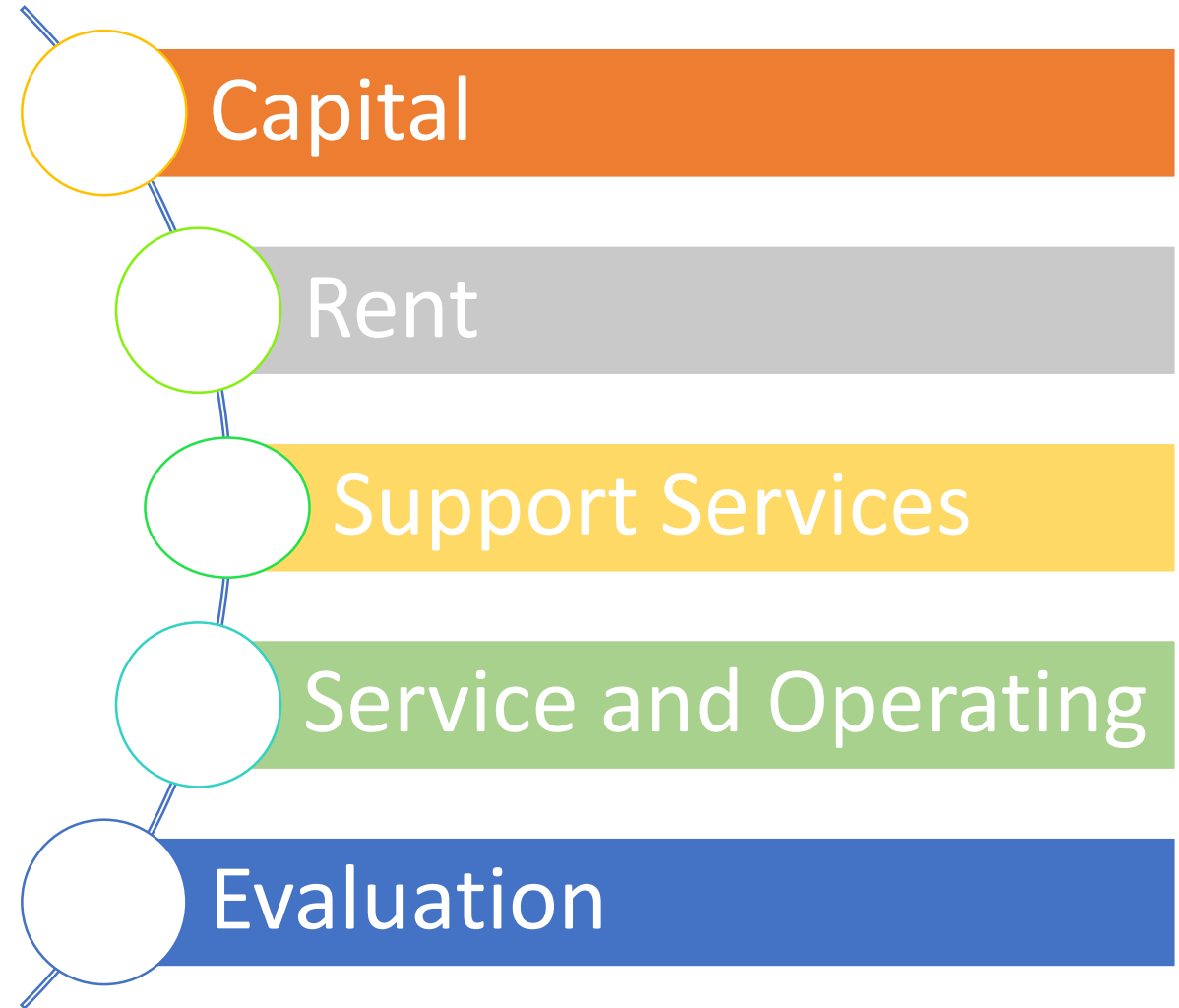
Diane Dewar, Ph.D.

*Institute for Health Systems Evaluation, University at Albany*

- ✓ Largest supportive housing Medicaid investment in the country (**\$641 Million over 7 years**)
- ✓ **Served over 11,000** high-cost, high-need Medicaid members!
- ✓ **Largest state dataset** on Medicaid and housing. Contracted for a **three-year evaluation** on all investments

# Over the past six years MRT Supportive Housing has...

- Developed **19 rental subsidy and supportive services** programs statewide
- **Added 1,482 units** to the state's supportive housing inventory, including a projected 621 units in the pipeline for 2018
- **Prioritized** capital projects for the most **vulnerable** Medicaid participants
- Collected **Medicaid data** from the inception of the program to allow for data driven policy development



# Video: BronxWorks Health Homes Supportive Housing Pilot

# Demonstrated Success....

- ✓ **Improving Health Outcomes**
- ✓ **Bending the Medicaid Cost Curve**
- ✓ **Creating Future Investment Opportunities**

# Future Opportunities: SDH, CBOs and VBP

- Value based payment (VBP) is creating collaborations between healthcare systems and community based organizations;
- These collaborations include SDH inventions, including housing;
- VBP will change the way that healthcare providers think about social determinants;
- Housing and other social determinants will become embedded in the healthcare system.



# MRT Supportive Housing Evaluation



- Data has been collected to prove the value and outcomes of supportive housing.
- These reports will allow plans, community based organizations and other states to replicate New York's successful supportive housing model.
- Presented today are the first two reports in a series of twelve, to be completed through 2018.



# Contact us!

Medicaid Redesign Team Supportive Housing Initiative

[http://www.health.ny.gov/health\\_care/medicaid/redesign/supportive\\_housing\\_initiatives.htm](http://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm)

VBP Social Determinants of Health and Community Based Organizations

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_library/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm)

MRT Supportive Housing Email

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**Department  
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# Medicaid Redesign Team Supportive Housing Evaluation

Year 1 Cost and Utilization Findings, by Program

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Research

Diane Dewar, Ph.D., Devin Smith, M.S., & Veena Ravishankar, M.S., Institute  
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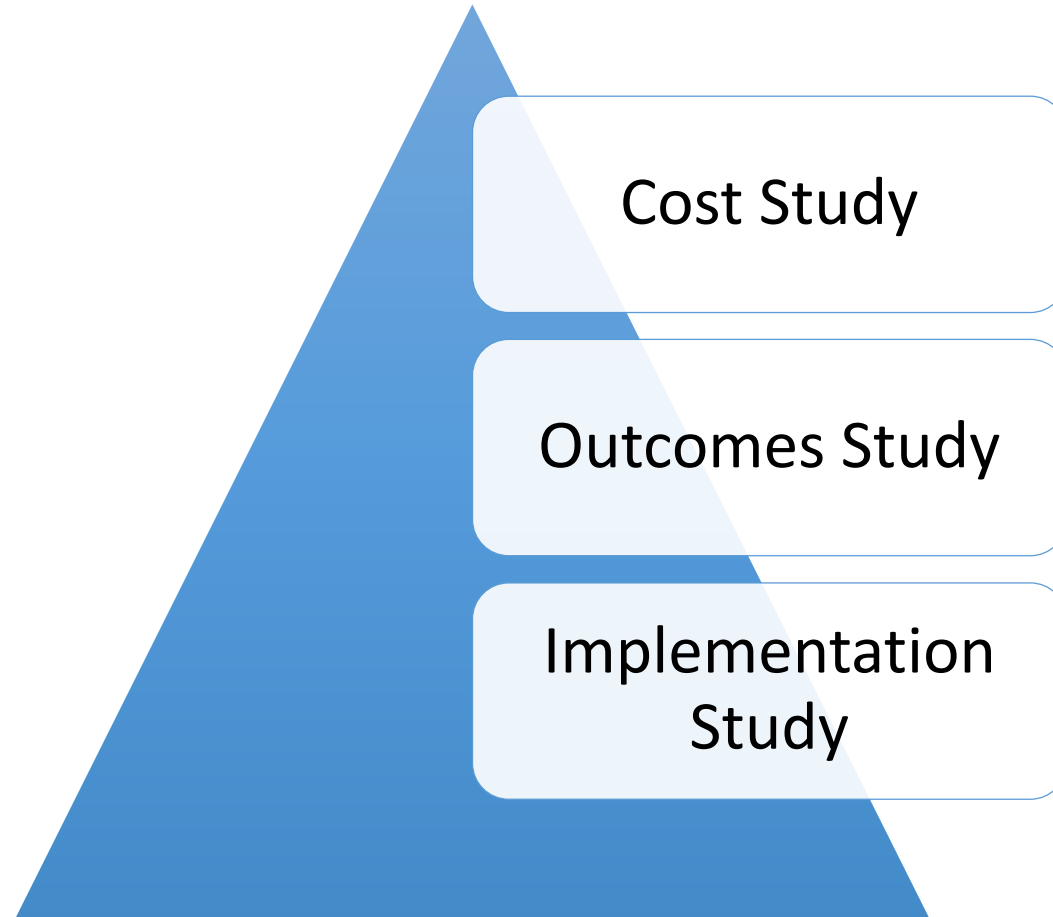
**CENTER FOR HUMAN SERVICES RESEARCH**  
**UNIVERSITY AT ALBANY** State University of New York

# Objectives and Overview of the Evaluation

# Objectives of the Presentation

- To review overall, diagnostic, and program-specific findings from the Year 1 evaluation
- To discuss reactions to this preliminary look at the data, as it relates to practice, policy, and future research directions

# Overview of the Evaluation



# Approach/Methodology

- Medicaid service utilization and Medicaid costs were measured for MRT-SH program participants overall, and by program
- Descriptive statistics were presented to determine whether there were statistically significant differences in utilization or cost
- Predictive analyses were conducted to understand characteristics associated with greater or lesser pre-post changes

# Inclusion Criteria

- One-year pre-period and one-year post period
  - Participants enrolled in supportive housing for at least one year prior to January 1, 2016
  - For newer programs (Health Homes Supportive Housing Pilot, OTDA Homeless Senior and Disabled Placement Pilot, and HHAP programs), 6 or 9 month post-periods were used
- Consistent Medicaid coverage before and after supportive housing enrollment
  - For participants dual eligible for Medicaid and Medicare, Medicare costs are not included
  - Intent-to-treat methodology- participants remain in the analysis whether or not they remained enrolled in SH for the entire year



# Programs Included in the Year 1 Evaluation

- AIDS Institute, Services Only & Services + Subsidies
- East 99<sup>th</sup> Street
- Health Homes Supportive Housing Pilot
- ***OASAS Rental Subsidies***
- OMH Rental Subsidies Brooklyn
- ***OMH Rental Subsidies Statewide***
- OPWDD Expansion Program
- Eviction Prevention for Vulnerable Adults
- Homeless Housing and Assistance Program (HHAP)
- OTDA Homeless Senior and Disabled Placement Pilot (NYC)



# MRT-SH Year 1 Evaluation

## Findings:

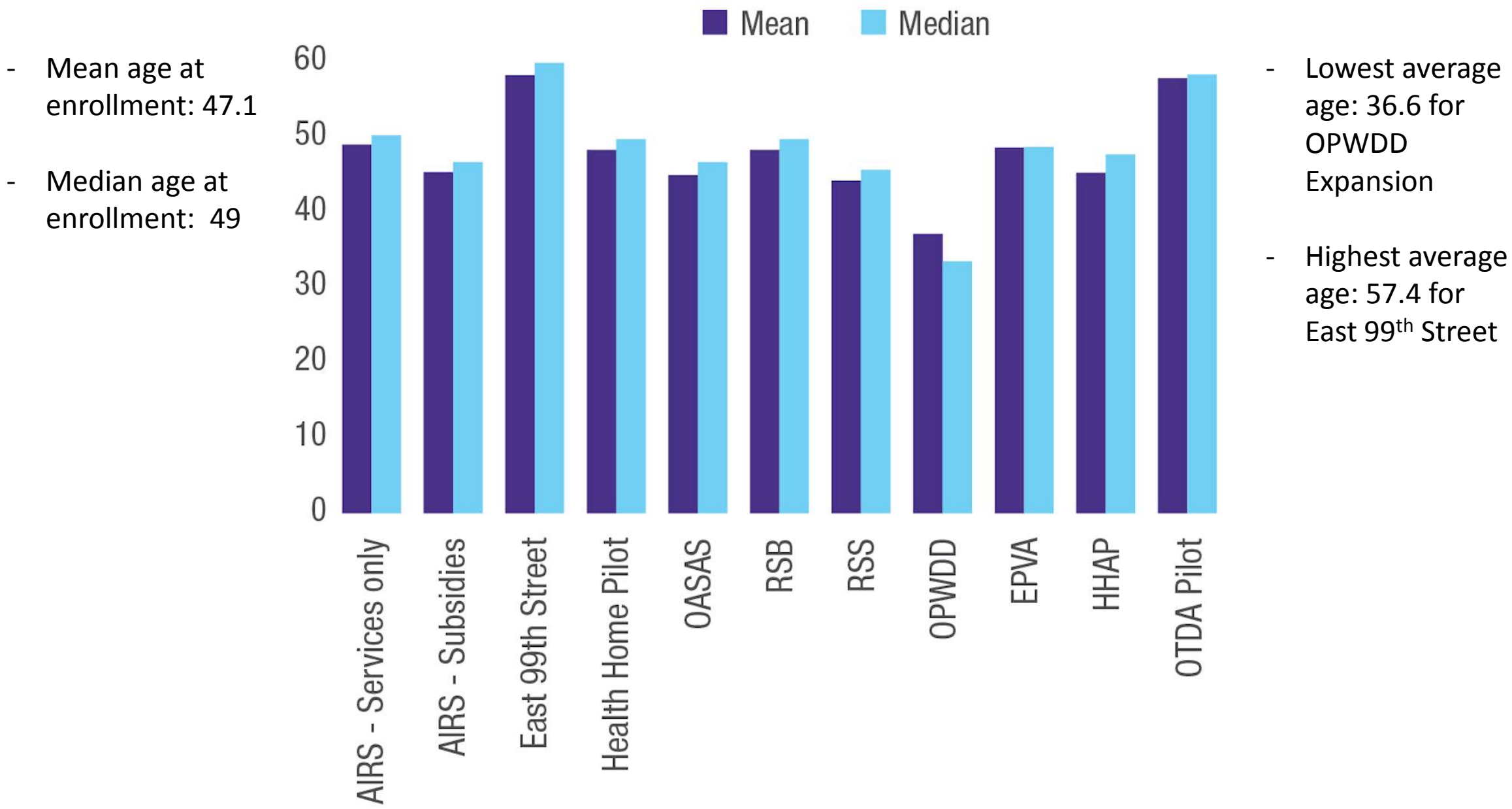
### *Programs Overall*

# MRT-SH Programs Overall

- Who is served by the MRT-SH Programs?
- What are their demographic and clinical characteristics?
- What were the key utilization and cost findings for the programs overall, in Year 1 of the evaluation?

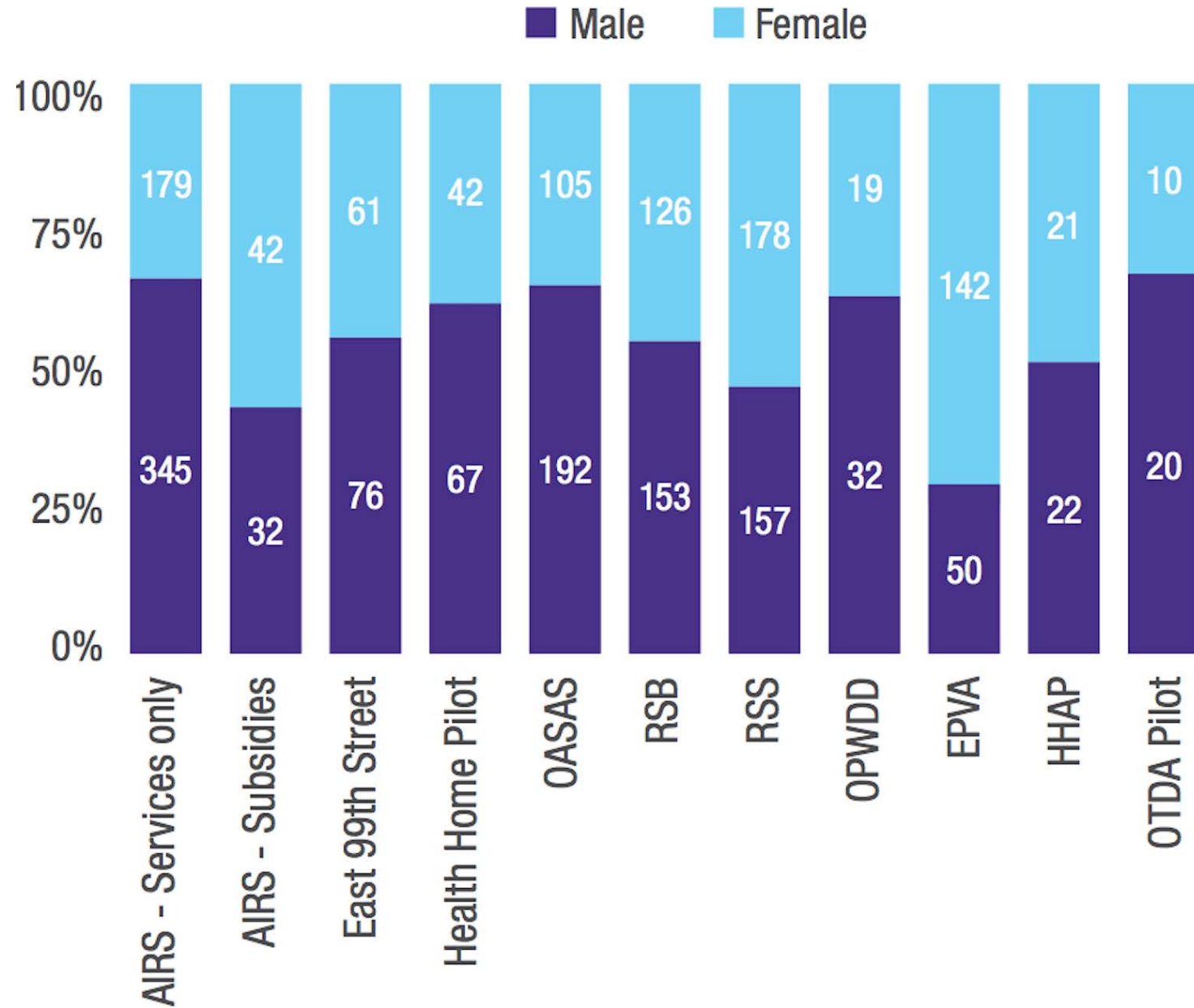


## Average Age at Enrollment: MRT-SH Participants



# Distribution of MRT Enrollees by Sex and Program

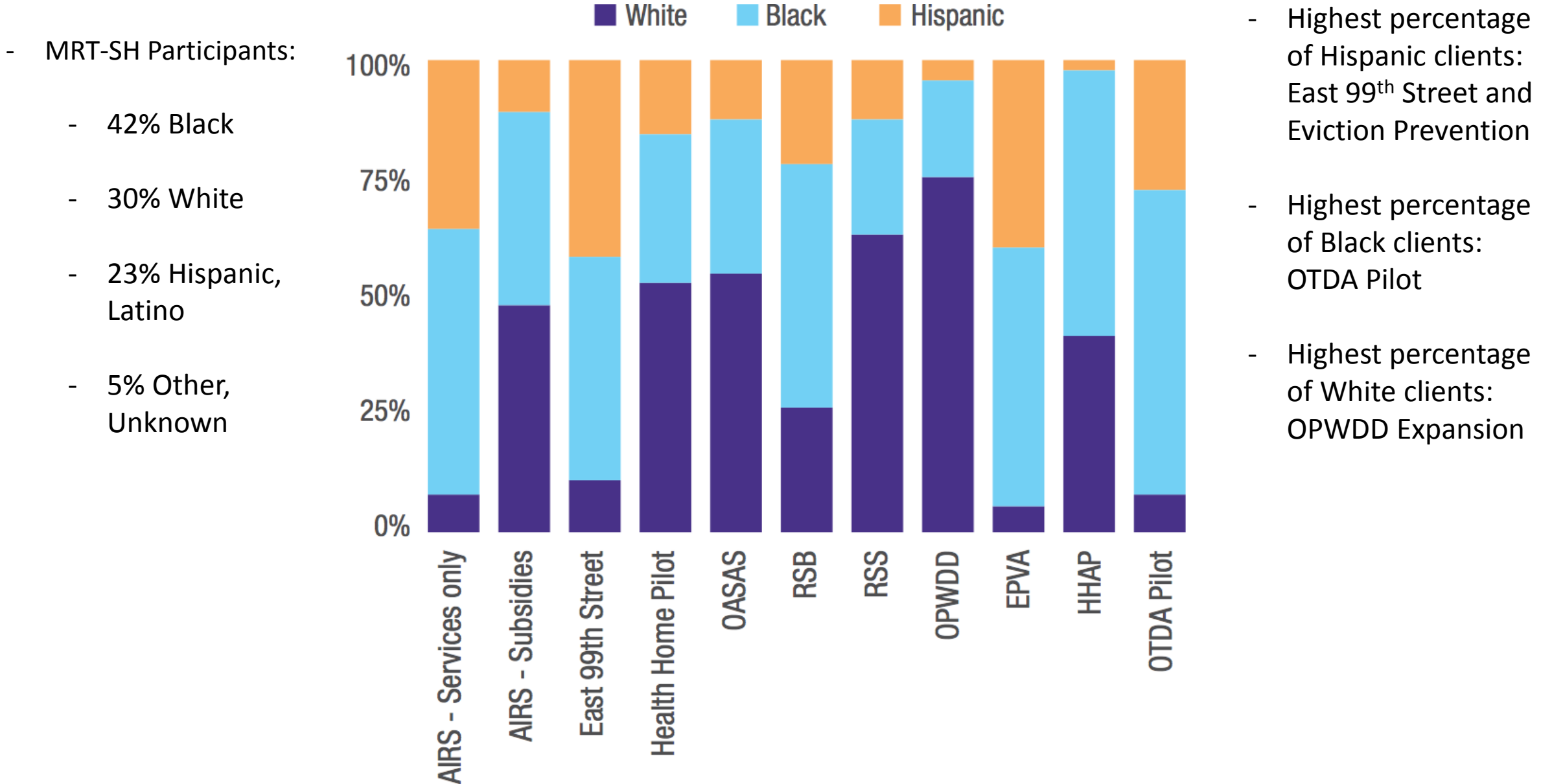
- Overall, 55% male, 45% female



- AIDS Institute, Services-only and OTDA Homeless Senior and Disabled Pilot most weighted toward men

- Eviction Prevention most weighted toward women

# MRT-SH Enrollees by Race/Ethnicity and Program

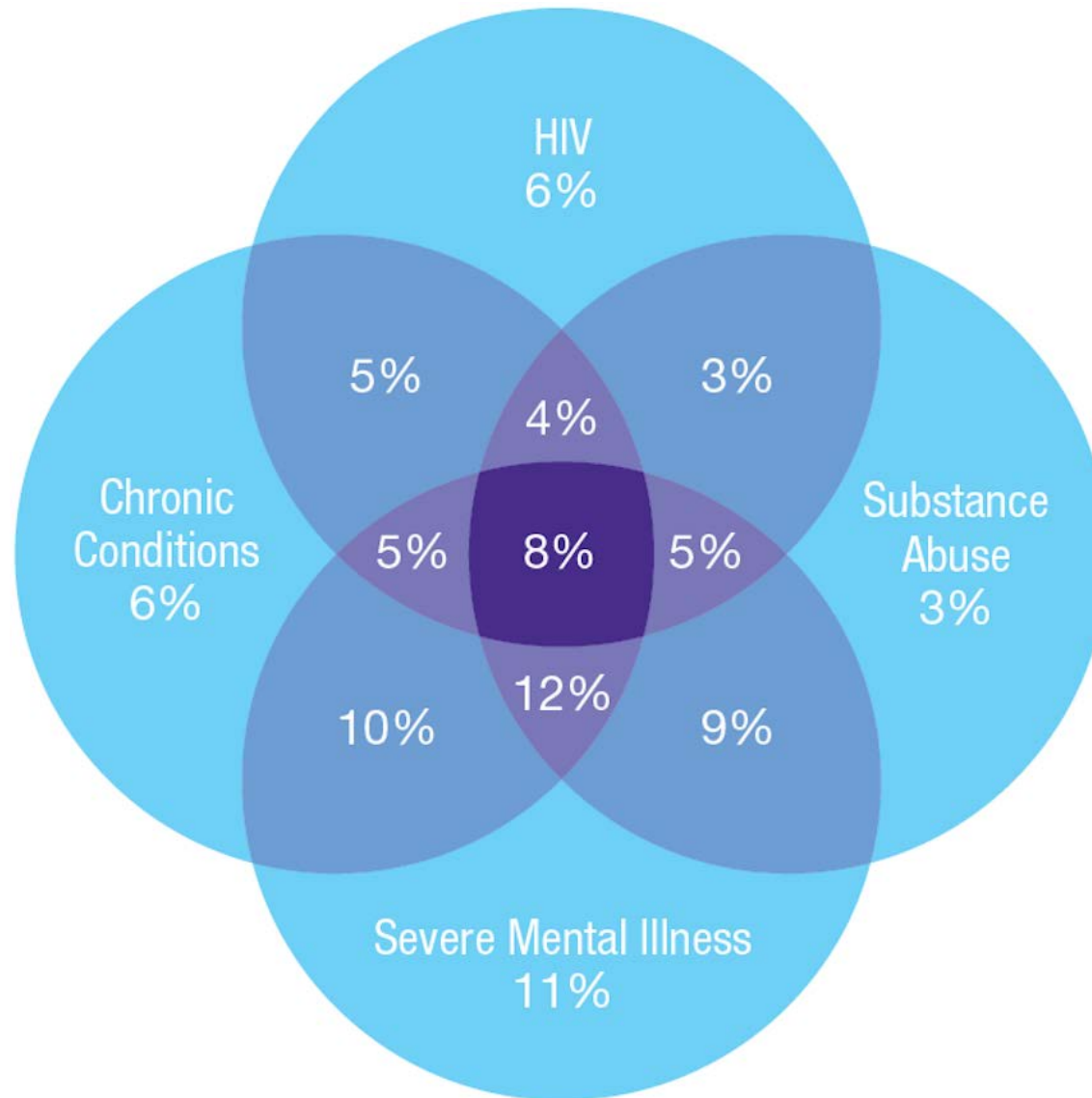




## MRT-SH Participants, Overall

### Overlap Between Types of Chronic Conditions

- 66% SMI
- 46% SUD
- 40% HIV
- 53% one or more other chronic conditions

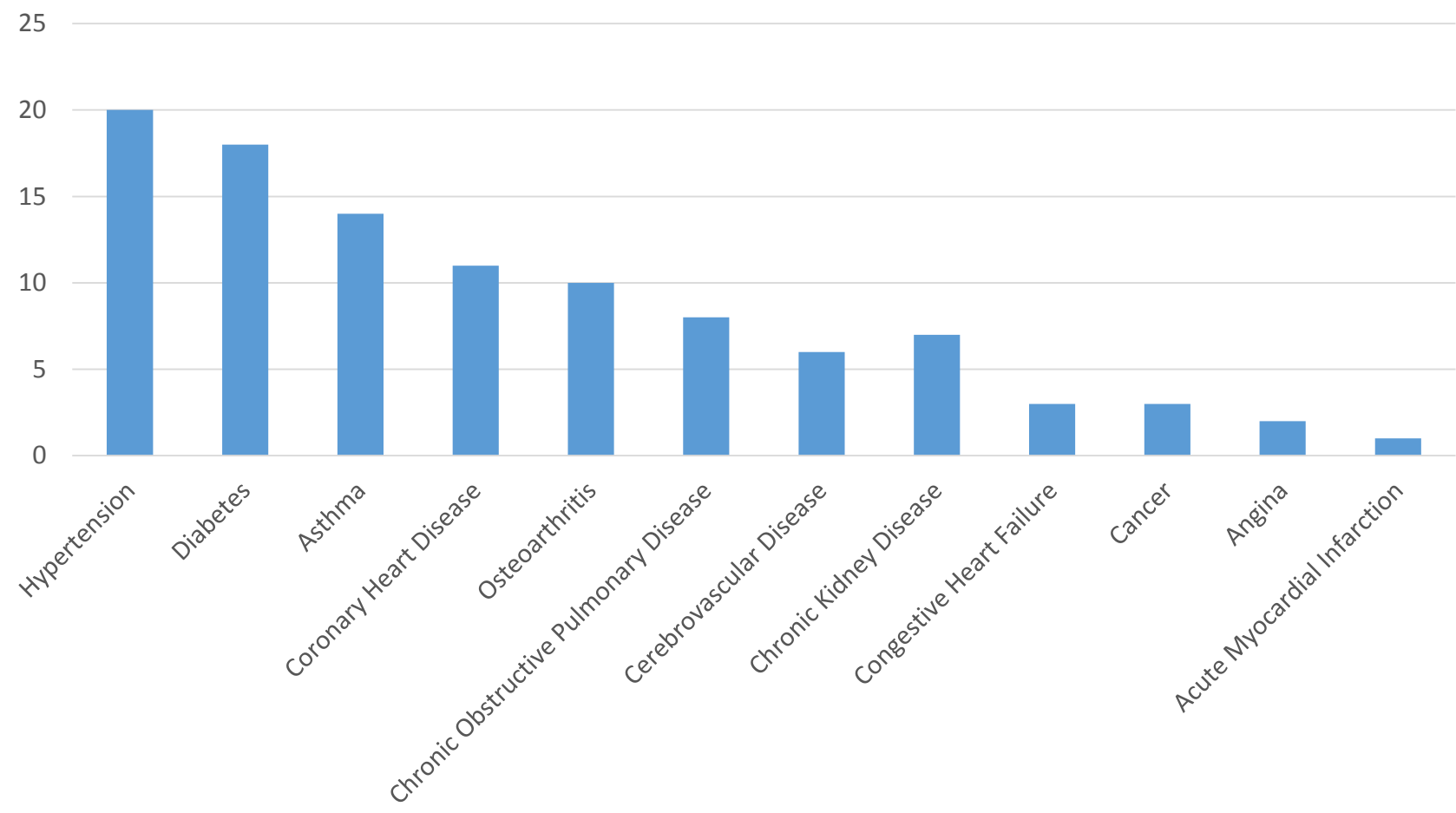


- 8% have four conditions
- 26% have three conditions



- Hypertension (20%)
- Diabetes (18%)
- Asthma (14%)
- Coronary Heart Disease (11%)

## Type of Chronic Condition, % of MRT-SH Participants Overall



# Health Care Utilization Changes at a Glance: MRT-SH Programs Overall

- Virtually all services were used significantly less post-enrollment in the MRT-SH programs
  - Any inpatient care (from 44% to 36%)
  - Any emergency department visits (from 60% to 53%)
  - Average inpatient days (from 10.1 to 6.1)
  - Average emergency department visits (3.1 to 2.3)
  - Inpatient rehab (7.2% to 4.0%)





## Inpatient and Emergency Department Utilization, Pre- and Post-Enrollment

- Significant decreases in inpatient care categories

	Pre	Post	Significance
<i>Inpatient utilization</i>			
Any inpatient care	44%	36%	***
Any inpatient mental health (defined by Dx)	12.0%	8.8%	***
Any inpatient substance abuse	18%	12%	***
Average number inpatient days	10.1	6.1	***
<i>Emergency department utilization</i>			
Any ED visits	60%	53%	***
Any ED visits - mental health	11.2%	7.8%	***
Any ED visits - substance abuse	10.2%	7.7%	***
Average number of ED visits	3.1	2.3	***
Average number of ED visits - mental health	0.22	0.17	***
Average number of ED visits - substance abuse	0.28	0.16	***
<i>Specific behavioral health services</i>			
Any Comprehensive Psychiatric Emergency Program (CPEP)	3.2%	3.3%	n.s.
Any psychiatric inpatient	10.0%	7.3%	***
Inpatient rehab	7.2%	4.0%	***
Inpatient detox	3.5%	2.6%	*

- Significant decreases in emergency department visits

- Significant decreases in psych inpatient, inpatient rehab, inpatient detox

# Medicaid Cost Changes at a Glance: MRT-SH Programs Overall

- On an annualized basis, the 2,071 individuals studied saw Medicaid costs fall by 15%
- 6 of 11 programs showed statistically significant decreases in overall cost
- 3 additional programs showed non-significant decreases
- Service categories showing decreases: Clinic (6/11); ED (6/11); Lab (6/11); Hospital Inpatient (3/11); Hospital Outpatient (2/11)
- Service categories showing increases: Non-institutional LTC (2/11); Nursing Home (1/11); Transportation (1/11)

## Cost Differences Pre- and Post-Enrollment, by Program

Program	N	Total Cost Difference	Total Mean Cost Difference	Statistical Significance
AIDS Institute, Services-only	524	-\$938,990	-\$1,792	
AIDS Institute, Services + Subsidy	74	\$296,928	\$4,013	
East 99 <sup>th</sup> Street	137	-\$1,622,245	-\$11,841	***
Eviction Prevention	192	-\$280,037	-\$1,459	
Health Home Pilot	109	\$146,879	\$1,348	
HHAP	43	-\$137,166	-\$3,190	*
OASAS-RS	297	-\$3,227,080	-\$10,866	***
OPWDD	51	-\$2,508,051	-\$49,178	***
OTDA NYC	30	\$130,536	\$4,351	
OMH RSB	279	-\$2,732,538	-\$9,794	***
OMH RSS	335	-\$2,055,141	-\$6,135	***

# MRT-SH Programs Overall- Summary and Conclusions

- MRT-SH programs are serving diverse populations with serious health needs and high rates of co-morbidities
- Most programs are serving participants who utilized a significant amount of high cost Medicaid services prior to enrollment
- Overall, inpatient and emergency department services are being used less post-enrollment, though findings vary substantially by program
- There are statistically significant cost decreases overall for several programs

MRT-SH Findings:  
*A Look at Medicaid Service  
Utilization by Diagnostic Group*



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# Overview: Findings by Diagnostic Group

- Characteristics of MRT-SH participants with SMI, SUD, HIV, and chronic conditions
- Medicaid service utilization findings (inpatient and emergency department) for enrollees with these diagnoses

## Inpatient Days and Emergency Department Visits by Diagnostic Group, Pre- and Post- Enrollment

- Significant decrease in inpatient days and emergency visits for all diagnostic groups

	Inpatient Days			Emergency Visits		
	Pre	Post	Sig.	Pre	Post	Sig.
Severe mental illness	12.0	6.8	***	3.7	2.6	***
Substance use disorder	15.8	8.8	***	4.4	2.9	***
HIV	8.2	5.9	***	3.0	2.3	***
Chronic medical condition	11.7	7.4	***	4.3	3.1	***

# Diagnostic Combinations

- Use of inpatient and emergency department services prior to MRT-SH enrollment varied according to the combinations of diagnoses that the participants experienced
- Diagnostic combinations that *included an SUD* were associated with higher utilization than combinations that did not include an SUD



# Serious Mental Illness (SMI) Findings

## Characteristics of MRT-SH Recipients with SMI Diagnosis

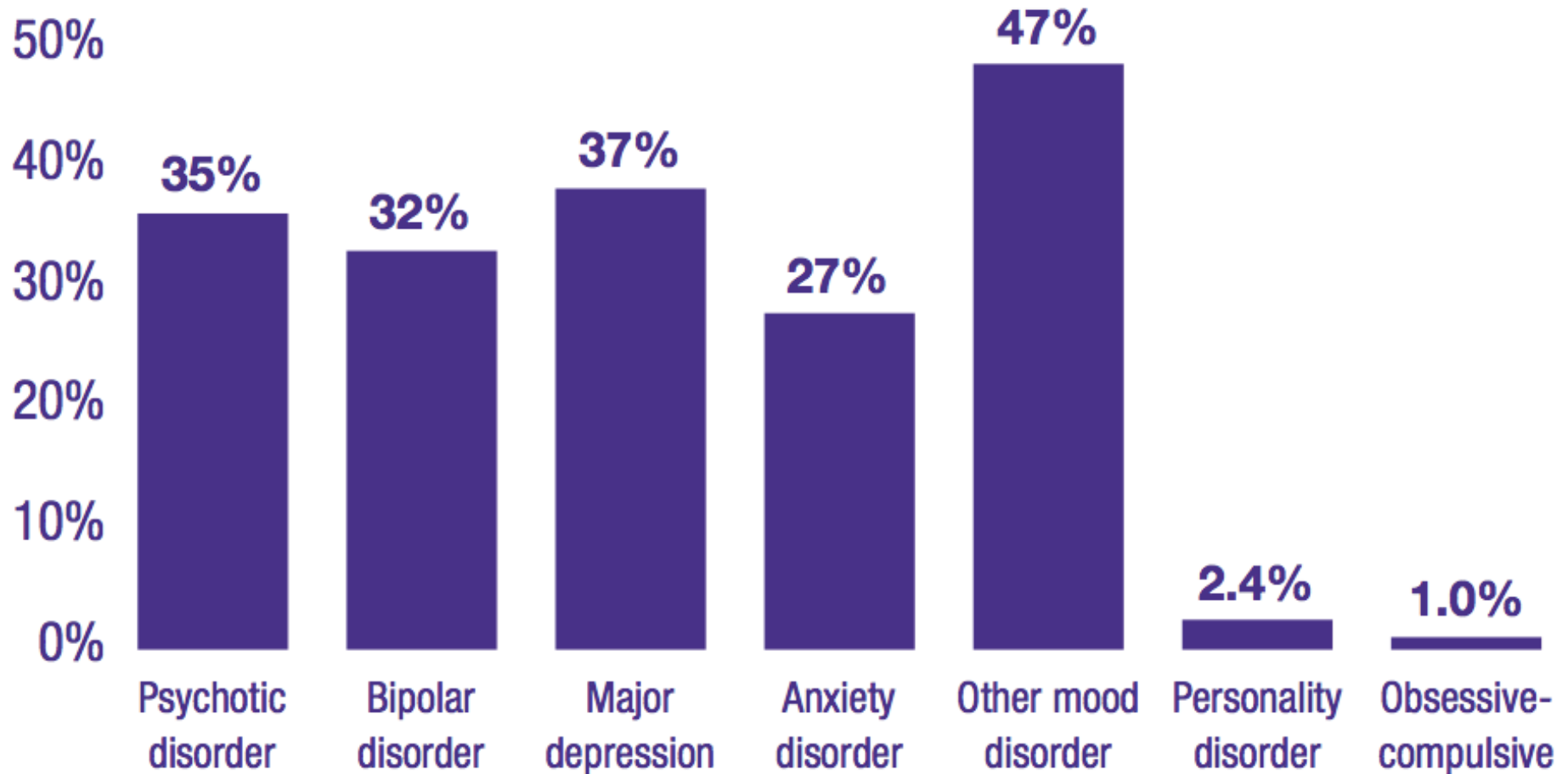
Clients with SMI:  
Slightly younger,  
more likely to be  
white

	MRT SMI Population	Overall MRT Population
Average age (in years)	45.6	47.1
<i>Race/ethnicity</i>		
Non-Hispanic white	36%	30%
Non-Hispanic Black	37%	42%
Hispanic/Latino	21%	23%
Other race or multiracial	5%	5%
<i>Gender</i>		
Male	52%	55%
Female	48%	45%
<i>Geography</i>		
New York City	58%	65%
Long Island	4%	3%
Other New York State	38%	33%
<i>Comorbidities</i>		
Has HIV	34%	40%
Has a SUD	52%	46%
Has another chronic medical condition	54%	53%

Clients with SMI:  
Less likely to live in  
NYC, substantially  
more likely to have  
an active SUD

## Specific Categories of SMI Experienced by MRT-SH Participants

Other Mood Disorders, Major Depression, and Psychotic Disorders are most common



# MRT-SH Enrollees with SMI: Program Placement

- Enrollees with SMI were most likely to be enrolled in an OMH program, with a significant number also in AIDS Institute programs and OASAS programs
- The majority of clients with a psychotic disorder were enrolled in an OMH program
- Clients with other mental health diagnoses were found in a wider variety of programs

## Average Overall Inpatient Days and % with $\geq 1$ Emergency Visits for SMI among the SMI Population, by Program, Pre- and Post-Enrollment

	# Inpatient Days – for any reason			% with Emergency Visits – for SMI			
	Pre	Post	Sig.	Pre	Post	Sig.	
Significant decrease in inpatient days for AIDS Institute Services only, Health Home Pilot, OASAS-RS, and both OMH rental subsidy programs	AIDS Institute – Services only	10.9	8.1	**	8.7%	4.8%	*
	AIDS Institute – Services + Subsidy	6.6	6.8	n.s.	21%	13%	n.s.
	East 99th	4.5	3.0	n.s.	3%	3%	n.s.
	Health Home Pilot	8.4	4.4	**	10%	4.1%	†
	OASAS Rental Subsidies	24.7	11.6	***	29%	18%	**
	OMH Rental - Brooklyn	9.1	5.1	*	14%	9.1%	†
	OMH Rental - Statewide	12.8	7.1	***	25%	18%	*
	OPWDD	0.7	1.0	n.s.	3.0%	0%	n.s.
	OTDA Eviction Prevention	5.5	1.8	n.s.	6.0%	0%	†
	Homeless Housing Program	6.5	1.8	†	7.7%	7.7%	n.s.
	OTDA Pilot	3.8	4.6	n.s.	9.1%	18%	n.s.

Significant decrease in % with at least 1 emergency visit for AIDS Institute Services only, OASAS-RS, and OMH Rental Subsidies Statewide

## CPEP and Psychiatric Inpatient Stays among the SMI Population by Program, Pre- and Post-Enrollment

No significant changes in CPEP services

	Any CPEP			Any Psychiatric Inpatient		
	Pre	Post	Sig.	Pre	Post	Sig.
AIDS Institute – Services only	3.6%	2.4%	n.s.	7.9%	4.4%	*
AIDS Institute – Services + Subsidy	7.7%	2.4%	n.s.	15%	18%	n.s.
East 99th	1.7%	1.7%	n.s.	8.5%	5.1%	n.s.
Health Home Pilot	4.2%	8.5%	n.s.	15%	13%	n.s.
OASAS Rental Subsidies	4.5%	3.6%	n.s.	19%	12%	**
OMH Rental - Brooklyn	5.5%	6.7%	n.s.	12%	9.5%	n.s.
OMH Rental - Statewide	5.9%	3.6%	n.s.	25%	16%	***
OPWDD	3.2%	3.2%	n.s.	3.2%	6.5%	n.s.
OTDA Eviction Prevention	0%	3.6%	†	6.0%	2.4%	n.s.
Homeless Housing Program	12%	3.9%	n.s.	15%	3.9%	†
OTDA Pilot	0%	2.7%	†	18%	27%	n.s.

Significant decreases in psychiatric inpatient for AIDS Institute, Services only, OASAS-RS, and OMH RSS

# MRT-SH Enrollees with SMI: Inpatient Trends by Participant Characteristics

- The average decrease in inpatient days for those with SMI: 5.4 days
- Inpatient reductions were greater for:
  - Hispanic clients, compared to white clients
  - Men compared to women
  - Participants with a co-morbid SUD (lesser reduction for those with HIV)
- There was less of a reduction as client age increased
- OASAS-RS clients experienced the greatest reduction compared with other programs, followed by the OMH rental subsidies programs

# MRT-SH Enrollees with SMI: Emergency Department Trends by Participant Characteristics

- The average decrease in emergency department visits for those with SMI: 0.8
- Emergency department reductions were greatest for:
  - Those with co-morbid conditions or a psychotic disorder or “other mood disorder”, and lesser for those with Major Depression only
  - Participants enrolled in Managed Care for at least part of the enrollment period
- OASAS-RS clients experienced a greater reduction compared with other programs that are not behavioral-health focused



# Substance Use Disorder (SUD) Findings

## Characteristics of MRT-SH Recipients with a SUD

Recipients with a SUD:  
more likely to be male,  
somewhat more likely  
to be white

	MRT SUD Population	Overall MRT Population
Average age (in years)	46.2	47.1
<i>Race/ethnicity</i>		
Non-Hispanic Black	40%	42%
Hispanic/Latino	20%	23%
Other race or multiracial	6%	5%
Non-Hispanic white	35%	30%
<i>Gender</i>		
Male	61%	55%
Female	39%	45%
<i>Geography</i>		
New York City	56%	65%
Long Island	3%	3%
Other New York State	41%	33%
<i>Comorbidities</i>		
Has HIV	43%	40%
Has a SMI	73%	66%
Has another chronic medical condition	57%	53%

Recipients with a SUD:  
less likely to live in NYC,  
more likely to have a co-  
occurring SMI

# MRT-SH Enrollees with SUD: Program Placement

- Enrollees with a SUD are most likely to be enrolled in AIDS Institute programs and the OASAS Rental Subsidies program, with a large number also enrolled in OMH Rental Subsidies programs
- The majority of clients with alcohol use disorders are enrolled in OASAS-RS
- The majority of clients with opioid use disorders and cocaine use disorders are enrolled in AIDS Institute programs

## Overall Inpatient Days and Emergency Department Visits Among Participants with a SUD, Pre- and Post-Enrollment

Significant decrease in inpatient days for AIDS Institute Services only, Health Home Pilot, OASAS-RS, and OMH-RSS

	# Inpatient Days – for any reason			% with ≥1 Emergency Visits – for SUD		
	Pre	Post	Sig.	Pre	Post	Sig.
AIDS Institute – Services only	13.9	7.8	***	18%	11%	*
AIDS Institute – Services + Subsidy	8.6	7.2	n.s.	19%	19%	n.s.
East 99th	14.8	11.0	n.s.	25%	0%	n.s.
Health Home Pilot	10.9	3.5	***	25%	7%	*
OASAS Rental Subsidies	24.2	12.5	***	32%	19%	***
OMH Rental - Brooklyn	14.2	9.2	n.s.	15%	13%	n.s.
OMH Rental - Statewide	14.1	8.8	***	22%	19%	n.s.
OPWDD	0	0	--	0%	0%	--
OTDA Eviction Prevention	2.2	2.2	n.s.	8.3%	5.6%	n.s.
Homeless Housing Program	6.0	1.2	†	24%	9.5%	n.s.
OTDA Pilot	2.2	5.1	n.s.	0%	0%	--

Significant decrease in % with at least one emergency visit for AIDS Institute Services only, Health Home Pilot, and OASAS-RS

## Percent of the SUD Population Using Inpatient Rehab or Detox by Program, Pre- and Post-Enrollment

	% with Inpatient Rehab			% with Inpatient Detox		
	Pre	Post	Sig.	Pre	Post	Sig.
AIDS Institute – Services only	10%	6.6%	†	7.3%	4.2%	†
AIDS Institute – Services + Subsidy	14%	5.6%	n.s.	2.8%	2.8%	n.s.
East 99th	0%	0%	--	0%	0%	--
Health Home Pilot	16%	3.5%	*	7.0%	1.8%	†
OASAS Rental Subsidies	27%	13%	***	13%	8.3%	**
OMH Rental - Brooklyn	9.7%	8.7%	n.s.	7.8%	6.8%	n.s.
OMH Rental - Statewide	15%	2.8%	***	1.4%	1.4%	n.s.
OPWDD	0%	0%	--	0%	0%	--
OTDA Eviction Prevention	0%	0%	--	2.8%	0%	--
HHAP	9.5%	4.8%	n.s.	0%	0%	--
OTDA Pilot	0%	0%	--	0%	0%	--

Significant decrease in inpatient rehab for Health Home Pilot, OASAS-RS, OMH-RSS

Significant decrease in inpatient detox for OASAS-RS

# MRT-SH Enrollees with a SUD: Inpatient Trends by Participant Characteristics

- The average decrease in inpatient days for enrollees with a SUD was 6.5 days
- There was a greater decrease for White clients compared with Black and Hispanic clients
- There was a greater decrease for those with a cocaine use, cannabis use, or non-opioid combination disorder, compared to those with an alcohol use disorder only

# MRT-SH Enrollees with a SUD: Emergency Department Trends by Participant Characteristics

- The average decrease in emergency department visits among those with a SUD was 1.5
- There was a greater decrease for clients with a co-morbid chronic condition and those enrolled in managed care for at least part of the pre-period

# HIV Findings



## Characteristics of MRT-SH Recipients with HIV

Clients with HIV:  
Somewhat older, more  
likely to be Black,  
Hispanic, male

	MRT HIV Population	Overall MRT Population
Average age (in years)	49.7	47.1
<i>Race/ethnicity</i>		
Non-Hispanic Black	52%	42%
Hispanic/Latino	28%	23%
Other race or multiracial	5%	5%
Non-Hispanic white	15%	30%
<i>Gender</i>		
Male	60%	55%
Female	40%	45%
<i>Geography</i>		
New York City	86%	65%
Long Island	1%	3%
Other New York State	13%	33%
<i>Comorbidities</i>		
Has SMI	57%	66%
Has a SUD	50%	46%
Has another chronic medical condition	54%	53%

Clients with HIV: More  
likely to live in NYC,  
more likely to have a  
SUD

# MRT-SH Enrollees with HIV: Program Placement

- Enrollees with HIV are most likely to be enrolled in an AIDS Institute program (close to three quarters of those with HIV)
- More than a quarter are enrolled in other programs, including OMH Rental Subsidies

## Overall Inpatient Days and Emergency Department Visits Among Participants with HIV, Pre- and Post-Enrollment

Significant decrease in inpatient days for AIDS Institute Services only

	# Inpatient Days – for any reason			% with ≥1 Emergency Visits – for any reason		
	Pre	Post	Sig.	Pre	Post	Sig.
AIDS Institute “Services only”	8.8	6.0	**	56%	52%	†
AIDS Institute “Services + Subsidy”	4.5	6.9	n.s.	73%	65%	n.s.
East 99th	2.6	2.5	n.s.	33%	43%	n.s.
Health Home Pilot	11.4	4.7	n.s.	73%	68%	n.s.
OASAS Rental Subsidies	15.9	9.7	n.s.	90%	87%	n.s.
OMH Rental - Brooklyn	8.4	5.7	†	63%	60%	n.s.
OMH Rental - Statewide	4.8	3.5	n.s.	73%	65%	n.s.
OTDA Eviction Prevention	1.3	2.5	n.s.	52%	52%	n.s.
OTDA Pilot	3.5	4.2	n.s.	69%	38%	n.s.

No significant change in % with at least one emergency visit

# MRT-SH Enrollees with HIV: Inpatient Trends by Participant Characteristics

- The average decrease in inpatient days for enrollees with HIV was 1.9 days
- There was a greater decrease for White clients compared to Black and Hispanic clients
- There was a greater decrease for those with a co-morbid SUD

# MRT-SH Enrollees with HIV: Emergency Department Trends by Participant Characteristics

- The average decrease in emergency department visits among those with HIV was 0.7
- Findings did not vary significantly based on client characteristics

# Chronic Conditions Findings

## Characteristics of MRT-SH Recipients with a Chronic Condition

Recipients with a chronic condition: Somewhat older, more likely to be Black or Hispanic

	MRT Chronic Conditions Population	Overall MRT Population
Average age (in years)	49.8	47.1
<i>Race/ethnicity</i>		
Non-Hispanic Black	45%	42%
Hispanic/Latino	24%	23%
Other race or multiracial	5%	5%
Non-Hispanic white	26%	30%
<i>Gender</i>		
Male	55%	55%
Female	45%	45%
<i>Geography</i>		
New York City	66%	65%
Long Island	3%	3%
Other New York State	31%	33%
<i>Comorbidities</i>		
Has SMI	67%	66%
Has a SUD	50%	46%
Has HIV	40%	40%

Recipients with a chronic condition: More likely to have a SUD, slightly more likely to have a SMI

# MRT-SH Enrollees with a Chronic Condition: Program Placement

- Enrollees with a chronic condition are most likely to be enrolled in AIDS Institute programs, followed by OASAS Rental Subsidies and the OMH Rental Subsidy programs



## Overall Inpatient Days and Emergency Department Visits Among Participants with a Chronic Condition, Pre- and Post-Enrollment

Significant decrease in inpatient days for OASAS-RS, and both OMH rental subsidies programs

	# Inpatient Days – for any reason			% with ≥1 Emergency Visits – for any reason		
	Pre	Post	Sig.	Pre	Post	Sig.
AIDS Institute – Services only	11.1	8.6	†	68%	61%	†
AIDS Institute – Services + Subsidy	3.9	8.5	n.s.	82%	79%	n.s.
East 99th	5.0	4.3	n.s.	39%	44%	n.s.
Health Home Pilot	10.7	6.3	†	83%	63%	†
OASAS Rental Subsidies	22.5	11.9	***	85%	74%	*
OMH Rental - Brooklyn	11.1	6.6	*	63%	55%	n.s.
OMH Rental - Statewide	13.7	7.0	**	76%	67%	*
OPWDD	1.1	1.5	n.s.	38%	33%	n.s.
OTDA Eviction Prevention	5.3	3.6	n.s.	49%	40%	n.s.
HHAP	6.2	1.6	†	80%	60%	n.s.
OTDA Pilot	3.1	4.7	n.s.	73%	41%	†

Significant decrease in % with at least one emergency visit for OASAS-RS and OMH-RSS

# MRT-SH Enrollees with a Chronic Condition: Inpatient Trends by Participant Characteristics

- The average decrease in inpatient days for enrollees with a chronic condition was 3.4
- There was a greater decrease for White clients compared with Black clients
- There was a greater decrease for individuals diagnosed with coronary heart disease, chronic obstructive pulmonary disease (COPD), or congestive heart failure

# MRT-SH Enrollees with a Chronic Condition: Emergency Department Trends by Participant Characteristics

- The average decrease in emergency department visits for enrollees with a chronic condition was 0.8
- Decreases were greater for young clients and those diagnosed with angina

# MRT-SH Programs-Specific Utilization and Cost Findings:

*A Look at OASAS Rental Subsidies and  
OMH Rental Subsidies Statewide*



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# Program-Specific Utilization and Cost Findings

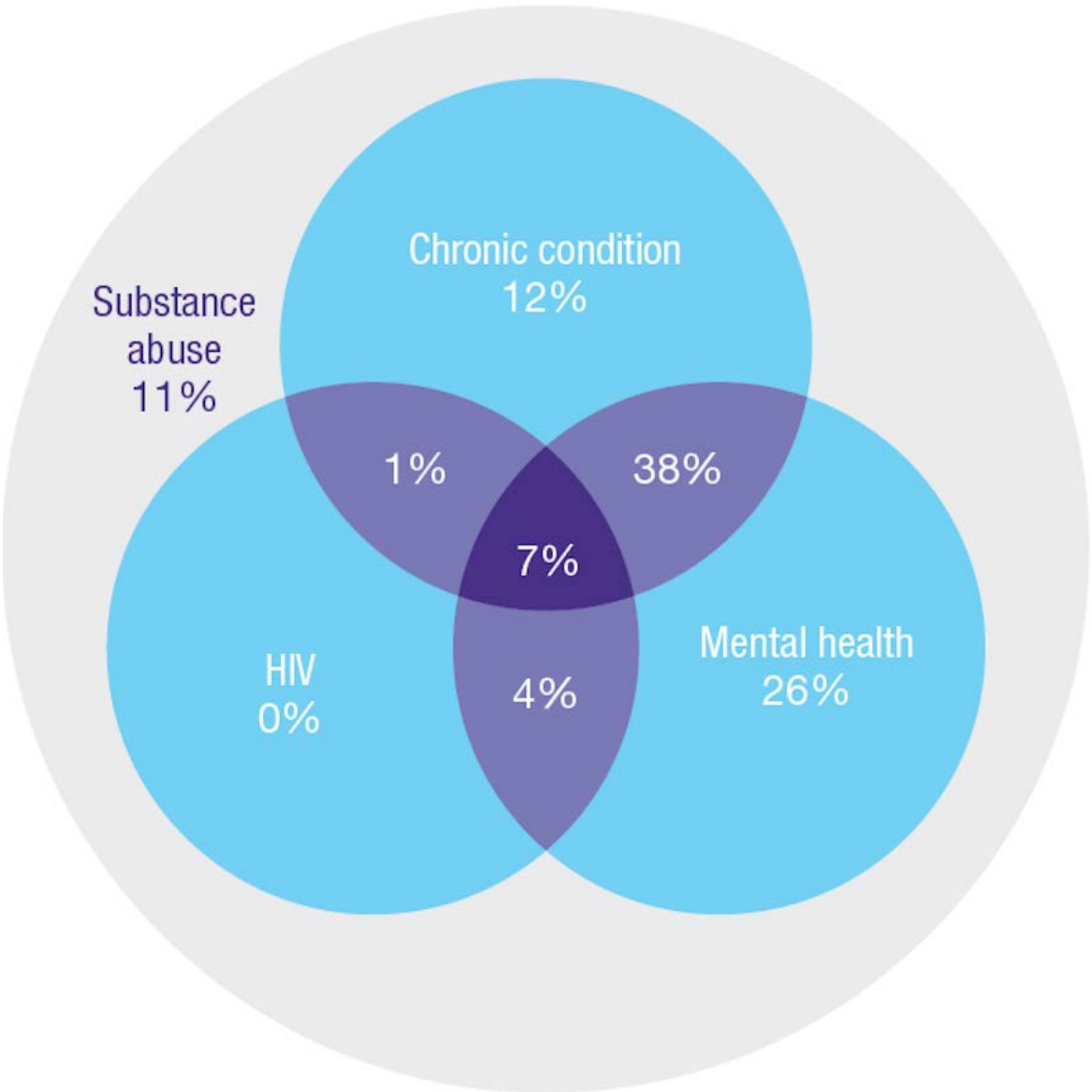
- What conditions and co-morbidities do participants experience, by program?
- What are the inpatient and emergency department utilization changes, pre- and post-enrollment, by program?
- What are the Medicaid costs, pre- and post-enrollment, by program?

# OASAS

## OASAS Rental Subsidies

# OASAS Rental Subsidies (n=297) Overlap Between Types of Chronic Conditions

- All participants have a substance abuse history
- 75% with SMI
- 59% with other chronic condition
- 13% with HIV



- 6% with four conditions
- 11% with SUD only

## OASAS Rental Subsidies (n=297)

### Inpatient/ED, Pre- and Post-Enrollment

	Pre	Post	Sig.		
<i>Inpatient utilization</i>					
- Significant decrease in all inpatient categories	Any inpatient care	77%	52%	***	
- Dramatic decrease in any inpatient (77% to 52%)	Any inpatient mental health (by Dx)	21%	14%	**	
	Any inpatient substance abuse	55%	31%	***	
	Average number inpatient days	23.4	12.0	***	
<i>Emergency department utilization</i>					
	Any ED visits	85%	70%	** *	- Significant decrease in all ED categories
	Any ED visits - mental health	22%	14%	**	
	Any ED visits - substance abuse	30%	19%	***	
	Average number of ED visits	6.1	3.6	***	
	Average number of ED visits - mental health	0.4	0.3	*	
	Average number of ED visits - substance abuse	1.0	0.5	***	
<i>Specific behavioral health services</i>					
- Significant decrease in inpatient rehab and inpatient detox	Any CPEP	3.7%	2.7%	n.s.	
	Any psychiatric inpatient (by rate code)	15%	11%	†	
	Inpatient rehab	25%	13%	***	
	Inpatient detox	13%	8%	*	



# OASAS Rental Subsidies: Cost Summary at a Glance

- Statistically significant decrease in overall cost
- Statistically significant decreases in cost for nearly all service categories
- Statistically significant increase in cost for the “other” service category (driven by Health Home services)

## OASAS Rental Subsidies (n=297) Pre- and Post- Medicaid Costs

Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
<b>OASAS Rental Subsidies and Supports (Overall)</b>	<b>\$12,121,793</b>	<b>\$8,894,713</b>	<b>-\$3,227,080</b>	<b>-\$10,866</b>	<b>-\$6,833</b>	<b>***</b>
Clinic	\$1,344,515	\$943,499	-\$401,016	-\$1,350	-\$304	***
DME	\$35,462	\$22,668	-\$12,794	-\$43	\$0	***
Emergency Department	\$472,278	\$289,197	-\$183,081	-\$616	-\$269	***
Hospital Inpatient	\$5,949,276	\$3,616,058	-\$2,333,218	-\$7,856	-\$2,750	***
Hospital Outpatient	\$1,085,716	\$738,040	-\$347,676	-\$1,171	-\$305	***
Lab	\$146,537	\$105,633	-\$40,903	-\$138	-\$4	***
Non-Institutional LTC	\$16,339	\$14,320	-\$2,019	-\$7	\$0	
Nursing Home	\$116,719	\$47,168	-\$69,551	-\$234	\$0	
Other†††	\$768,754	\$1,005,937	\$237,183	\$799	\$495	***
Pharmacy	\$1,234,883	\$1,246,869	\$11,986	\$40	-\$20	
Physician Services	\$699,601	\$580,797	-\$118,804	-\$400	-\$141	**
Transportation Services	\$251,711	\$284,527	\$32,816	\$110	\$0	

# OASAS Rental Subsidies: Summary of Findings

- Very positive results overall
- Significantly less inpatient and emergency care is being used by participants post-enrollment
- Significant cost decreases overall and for nearly all service categories

OMH

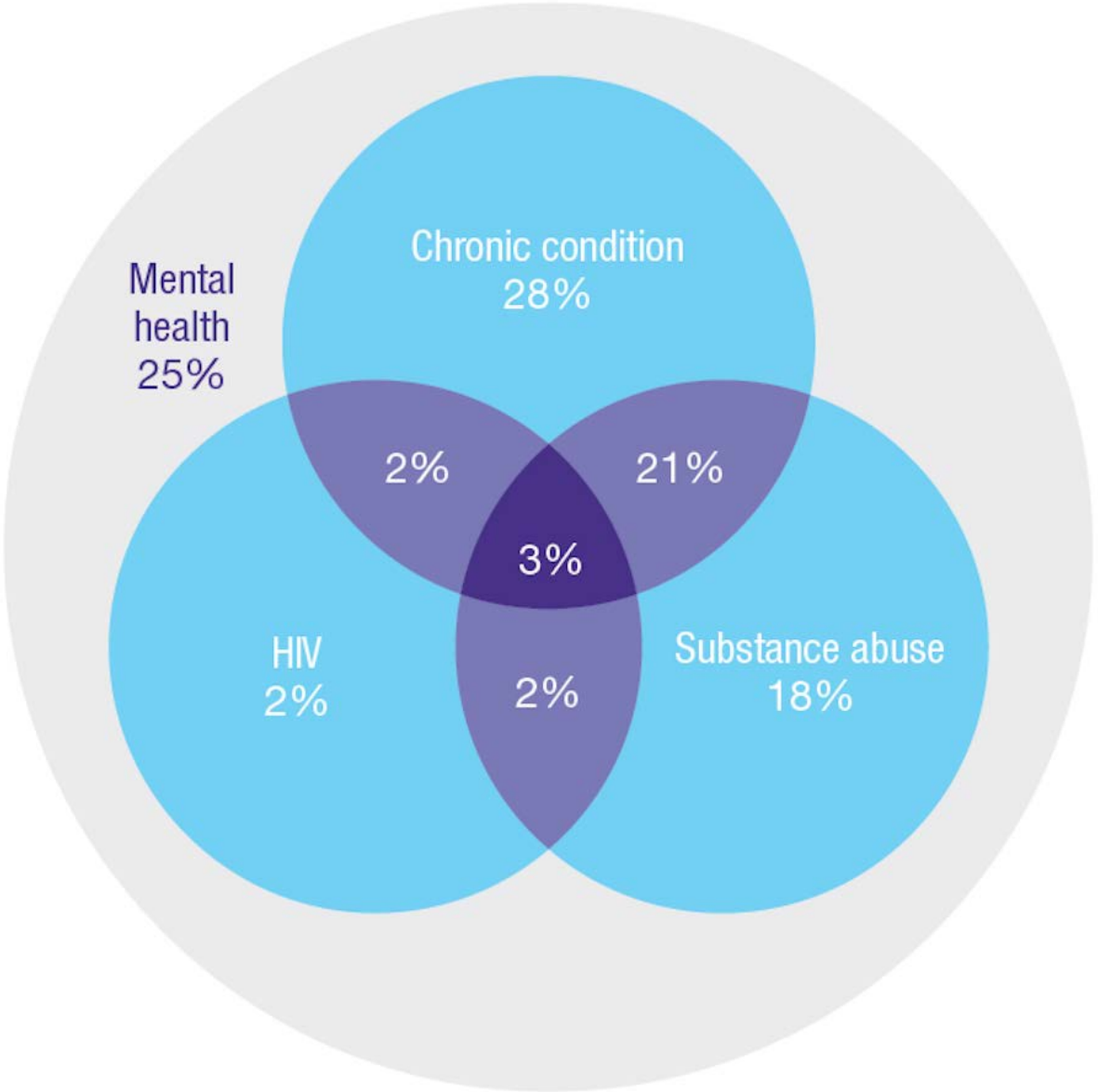
OMH Rental Subsidies  
Statewide



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# OMH Rental Subsidies Statewide (n=335) Overlap Between Types of Chronic Conditions

- All participants have a history of mental health conditions
- 53% have a chronic condition other than HIV
- 43% with SUD
- 8% with HIV



- 3% with four conditions
- 25% with mental health conditions only

## OMH Rental Subsidies Statewide (n=335) Inpatient/ED, Pre- and Post-Enrollment

- Significant decrease in all inpatient categories, including any inpatient care (48% to 37%)

	Pre	Post	Sig.
<i>Inpatient utilization</i>			
Any inpatient care	48%	37%	***
Any inpatient mental health	27%	17%	***
Any inpatient substance abuse	12%	6%	**
Average number inpatient days	11.8	6.5	***
<i>Emergency department utilization</i>			
Any ED visits	69%	61%	**
Any ED visits - mental health	22%	17%	*
Any ED visits - substance abuse	9.6%	10%	n.s.
Average number of ED visits	4.5	3.1	**
Average number of ED visits - mental health	0.5	0.4	*
Average number of ED visits - substance abuse	0.14	0.16	n.s.
<i>Specific behavioral health services</i>			
Any CPEP	5.4%	3.3%	n.s.
Any psychiatric inpatient	23%	14%	***
Inpatient rehab	6.3%	1.2%	***
Inpatient detox	0.6%	0.9%	n.s.

- Significant decrease in psych inpatient and inpatient rehab

Significant decrease in most emergency department categories, including any emergency department visits (69% to 61%)

# OMH Rental Subsidies Statewide Cost Summary at a Glance

- Statistically significant decrease in total and average costs
- Statistically significant decreases for several cost categories, including: hospital inpatient, clinic, emergency department, and “other” services
- The decrease in “other” services was driven by a \$1.3 million decrease in OMH rehabilitative services for participants who transitioned from community residences

## OMH Rental Subsidies Statewide (n=335)

### Pre- and Post- Medicaid Costs

Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
<b>Rental Subsidies: Statewide</b>	<b>\$10,162,895</b>	<b>\$8,107,754</b>	<b>-\$2,055,141</b>	<b>-\$6134.75</b>	<b>-\$1791.16</b>	<b>***</b>
Clinic	\$626,659	\$479,109	-\$147,549	-\$440.446	-\$6.96	***
DME	\$24,851	\$20,437	-\$4,414	-\$13.1767	\$0	
Emergency Department	\$404,188	\$296,574	-\$107,614	-\$321.235	-\$9.52	***
Hospital Inpatient	\$3,015,812	\$1,866,101	-\$1,149,710	-\$3431.97	\$0	***
Hospital Outpatient	\$915,873	\$944,667	\$28,794	\$85.9511	\$0	
Lab	\$57,823	\$56,253	-\$1,569	-\$4.68388	\$0	
Non-Institutional LTC	\$118,582	\$51,585	-\$66,997	-\$199.992	\$0	
Nursing Home	\$75,932	\$91,312	\$15,380	\$45.90928	\$0	
Other†††	\$2,885,190	\$1,928,726	-\$956,464	-\$2855.12	\$603.61	***
Pharmacy	\$1,080,018	\$1,312,789	\$232,771	\$694.8384	\$0	
Physician Services	\$553,637	\$607,685	\$54,048	\$161.3367	\$0	
Transportation Services	\$404,331	\$452,516	\$48,185	\$143.8348	\$0	



# OMH Rental Subsidies Statewide

## Summary of Findings

- Very positive picture of improved outcomes, with significant decreases in inpatient care and emergency department use, particularly for mental health conditions
- Significant cost reductions overall, and in specific categories (inpatient, clinic, emergency department, and “other” services)

# Summary and Conclusions

- MRT-SH programs are serving diverse populations with serious health needs and high rates of co-morbidities
- While findings vary substantially by program, inpatient and emergency department services are being used less overall
- There is evidence of significant cost decreases overall for several programs
- Year 2 and 3 of the evaluation will yield further information about cost and utilization

# Evaluation- Next Steps

- A comparison group is being developed for integration into the study
- Additional studies are being conducted to inform effective targeting of participants for the MRT-SH programs, and to better understand unmet need/potential barriers to supportive housing access
- Additional outcome metrics are being introduced (e.g. viral load data, HEDIS measures, diagnoses related to homelessness/substance abuse, housing stability, and others)

# Evaluation- Next Steps

- An implementation study is highlighting the extent to which programs are being implemented as intended, as well as program strengths and weaknesses from different stakeholder perspectives (program managers, staff, MRT-SH enrollees)
- A full cost study will be conducted in Year 3, bringing in a comparison group, and factoring in costs related to the investment into the MRT-SH programs

# Questions, Comments, Discussion