Social Innovation Fund Partners with Funders and Local Nonprofits to Support a Pilot Program Working to Prevent and End Homelessness

Scotty calls himself "Scotty the Medical Miracle." By the time he was 15 years old, he had been hospitalized 23 times and thrown out of his last foster home because of the mounting medical bills. Scotty suffers from a rare genetic disorder that prevents his body from metabolizing protein, a condition that landed him in the hospital consistently during childhood, and plagued his adult life in the form of seizures and blackouts that made it impossible to hold a steady job. His chronic unemployment made health insurance unaffordable, and left him unable to manage his medical condition. As a result, he remained chronically homeless, struggled with a drug addiction that aggravated his medical issues, and lost touch with his children and family over the years.

But through the services of a pilot program, The 10th Decile Project, funded by CSH and the Social Innovation Fund, and implemented through the Los Angeles Economic Roundtable and OPCC, Scotty obtained supportive housing (affordable housing that provides access to health and social services, such as mental health and addiction therapy, medical care, case management, and employment services), received help to manage his medical condition, and began the process of stabilizing his life.

Chronically homeless individuals often have multiple barriers to obtaining and maintaining housing. They may suffer from an addiction as well as a major health condition such as diabetes, or have a physical disability along with suffering from depression or another form of mental illness. In 2012, nearly 100,000 people in the United States were identified as chronically homeless by the Department of Housing and Urban Development. [1]

This demographic is extraordinarily costly for public service institutions, with health care being the major expense because of frequent and avoidable emergency room visits and inpatient hospitalizations, as well as a high use of sobering centers and nursing homes.[2]

Because they move so frequently across institutional settings

Los Angeles Economic Roundtable Team receives grant from Social Innovation Fund and CSH to spearhead use of 10th Decile Triage Tool

The Los Angeles Economic Roundtable is one of four organizations in the United States that received a grant through the Social Innovation Fund, matched by CSH, in order to implement its 10th Decile Triage Tool. The 10th Decile Project identifies homeless individuals who are the heaviest users of public services such as hospitals, and provides them with immediate and on-going supportive housing.

- Participating hospitals treat over 4,000 homeless inpatients and 9,000 emergency room patients each year. Each hospital will receive technical assistance and training from the Economic Roundtable in using its 10th Decile Triage Tool, and will be prepared to identify high-need homeless individuals, and to hand them off to partner service providers.
- Five implementation partners work to place identified individuals in supportive housing. These include: Housing Works, Homeless Health Care Los Angeles, OPCC, PATH, and Ascencia.
- The project team aims to move 107 high-need, high-cost, homeless individuals into permanent, supportive housing with the use of the 10th Decile Triage Tool.

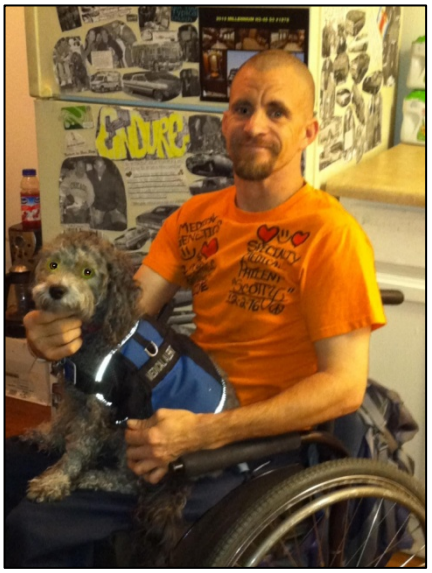
[1] "2012 Annual Homeless Assessment Report, Volume 1," The U.S. Department of Housing and Urban Development, 2012. Available at https://onecpd.info/resources/documents/2012AHAR_PITestimates.pdf.

[2] "People Experiencing Chronic Homelessness," United States Interagency Council on Homelessness. Available at http://www.usich.gov/population/chronic.

like hospitals, jails, shelters, and then back to the streets, it is challenging for health care providers to identify and distinguish high need and high use individuals from other homeless individuals who may have less intensive health and social service needs.

The 10th Decile Project addresses this issue with the help of the 10th Decile Triage Tool, created by the Los Angeles Economic Roundtable. The Triage Tool is a short series of interview questions that can be administered in 10 minutes or less to homeless individuals in hospitals and emergency departments by a medical professional or social worker, and then run against an algorithm to quickly and accurately predict whether or not a homeless patient fits into the top 10 percent of hospital system users. This tool allows hospitals to quickly recognize which patients are most in need of supportive housing services — and most costly to public service systems — and to move them to permanent housing in the care of organizations like OPCC.

Debby Maddis, director of housing and special initiatives at OPCC, noted that many chronically homeless high users of the hospital systems are doing so because hospitals were the only places that did not turn them away when they were in need of shelter or medical care. With no options left, they come to view hospitals as "their primary care, their home, and their resource for basic shelter and wellness needs." OPCC works to break that cycle. Maddis explained, "Our goal is to help them establish permanent housing and a health "home" so that they get their care in an appropriate setting, based on their needs, and have a single point of responsibility for their care that's not the hospital."



OPCC accomplishes this goal by partnering with the Venice Family Clinic and other hospitals using the Triage Tool, to assist individuals identified as the heaviest users to move into permanent supportive housing, and establish a "health home." Through this system, they receive not only an apartment, but consistent medical care, social services, and other resources that comprehensively address their issues and help them get back on their feet.

Through the Triage Tool, Scotty was identified as a homeless, frequent user of the hospital systems in 2009, and sent to OPCC in a taxi from a local hospital. OPCC helped him navigate the health insurance system to gain access to Medi-Cal, locate a handicap accessible apartment through the Housing Authority of the City of Los Angeles, and connect with a primary care clinic in his new neighborhood to be his permanent health care provider. Scotty also receives home health visits through OPCC's registered nurse, who helped to control his seizure disorder, and placed him on a healthy diet.

Over the past year, Scotty reduced his hospital visits from 52 down to just 3. He was able to get a service dog, which he affectionately named "Momas," and he now volunteers at his local church as an usher. He expressed his gratitude to OPCC for "staying right with me and going the journey." This February, Scotty celebrated his one year anniversary in his apartment.

This program is still in its pilot phase, with a focus on 500 individuals in four states nationwide. In Los Angeles, OPCC is one of five organizations in the region receiving funding through the Social Innovation Fund and CSH. Over the first two years (of the five-year grant), OPCC will house 17 individuals. Even with the small numbers served, the program has significant monetary value — CSH estimates that redirecting an individual who has been a heavy user of public systems can save upwards of $30,000 per person in county costs every year.

For Scotty, the program gave him the opportunity to change his life. He says, "My dream is to get my health stable and to see my kids again — I miss having that close contact with my family." Through this program, Scotty and others like him can move forward from chronic homelessness and illness, and find their way to a better future.