

Kim Keaton



Kim Keaton has 10 years of experience in policy and analysis in the homeless and supportive housing fields. As a Senior Program Manager for Government Affairs and Innovation at CSH, Ms. Keaton works to advance and lead various initiatives and projects related to re-entry and high-cost utilizers of health services, bringing her expertise around implementation, program management and data systems to all her responsibilities. Prior to joining CSH, Ms. Keaton spent six years at the New York City Department of Homeless Services, the centralized agency responsible for ending homelessness in New York City. While at DHS, Kim served as Director of Project Management and oversaw several major agency initiatives including: serving as the agency's lead contact for FUSE, redesigning the City's shelter intake system for single adult men to a diversion/prevention model, and overseeing the adoption of a new agency-wide case management system. Kim holds a Master of Public Administration from New York University's Wagner School and a Bachelor of Arts from the University of California, San Diego.

FUSE Supportive Housing – Improving Health and Lives

Kim Keaton

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The Source for
Housing Solutions



What is FUSE?

Frequent
Users
Systems
Engagement



Housing Instability Contributes to Frequent ED Use

- Growing understanding of role that homelessness and housing instability plays in contributing to frequent use
- “The recognition of the complex care needs and fragile social circumstances of these especially high-need patients has stimulated fresh thinking about aggressive outreach, intense coordination of services by integrated care teams, and the need for nonmedical resources such as supportive housing, all of which could likely help curb the cost of health care.”
– *M. Raven and D. Gould*

The FUSE Blueprint

Data-Driven Problem-Solving

Cross-system data match to identify frequent users

Track implementation progress

Measure outcomes/impact and cost-effectiveness

Policy and Systems Reform

Convene interagency and multi-sector working group

Troubleshoot barriers to housing placement and retention

Enlist policymakers to bring FUSE to scale

Targeted Housing and Services

Create supportive housing and develop assertive recruitment process

Recruit and place clients into housing, and stabilize with services

Expand model and house additional clients

Evidence for FUSE

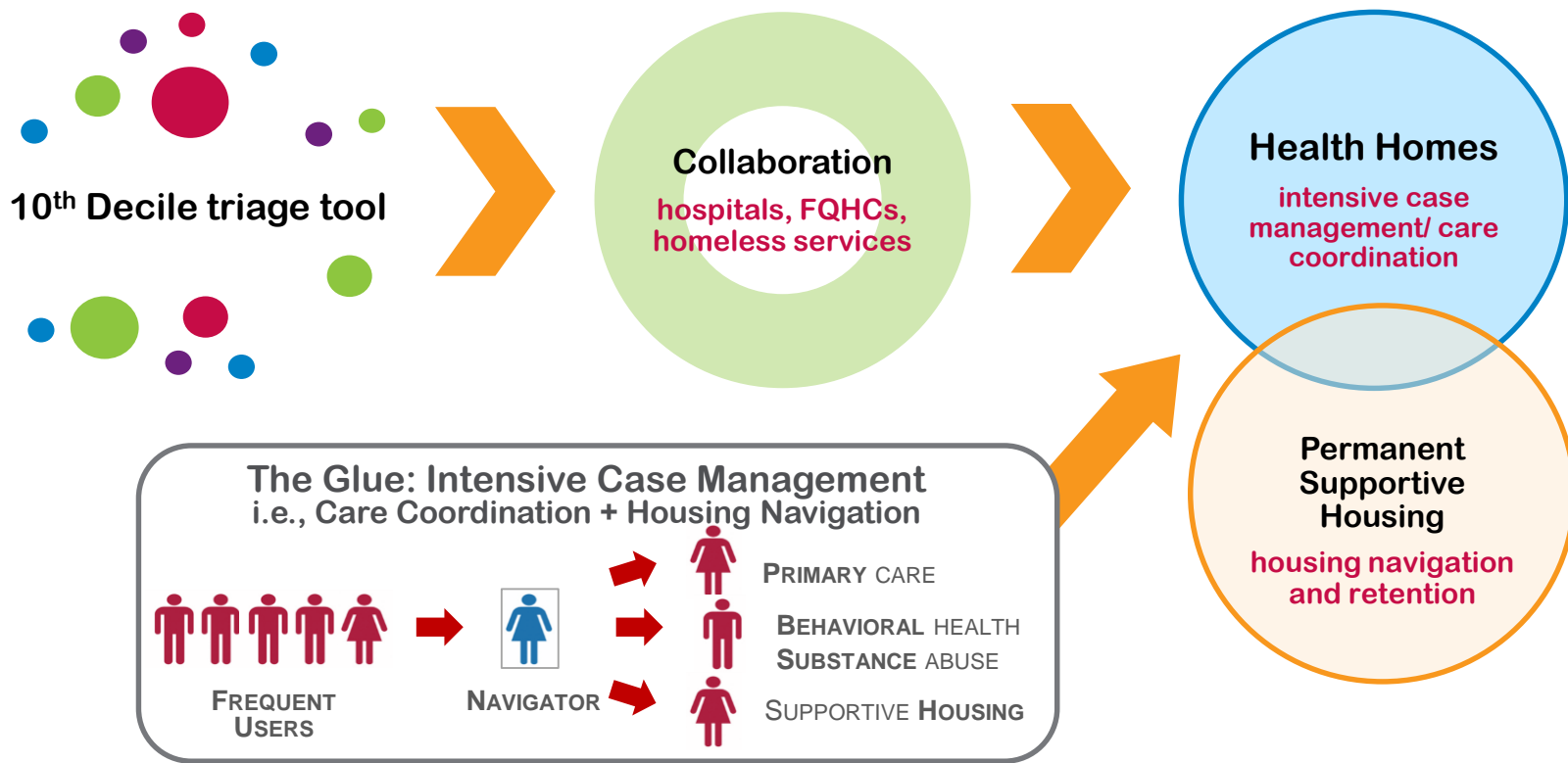
Housing instability contributes to frequent and inappropriate use of emergency health care

Supportive housing improves health outcomes and reduces emergency health care utilization

Program	Selected Outcomes
FUHSI (California)	ED visits/charges, inpatient admits/days/charges all decrease by 60% or more after 2 years in program
NYC FUSE	40% fewer jail days, 50% fewer psychiatric hospitalizations; \$15k savings per tenant
San Diego Project 25	Cost savings over \$1.4 million in reduced emergency services (ER and ambulance trans.) after 12 months
LA County FUSE/10 th Decile Project	81% average decrease in costs per tenant; ER utilization down 71%; hospital readmits and inpatient stays down by more than 80%
Maricopa Co. FUSE	“Mr. 280” visits to ED in one year ceased post housing, employed, stable



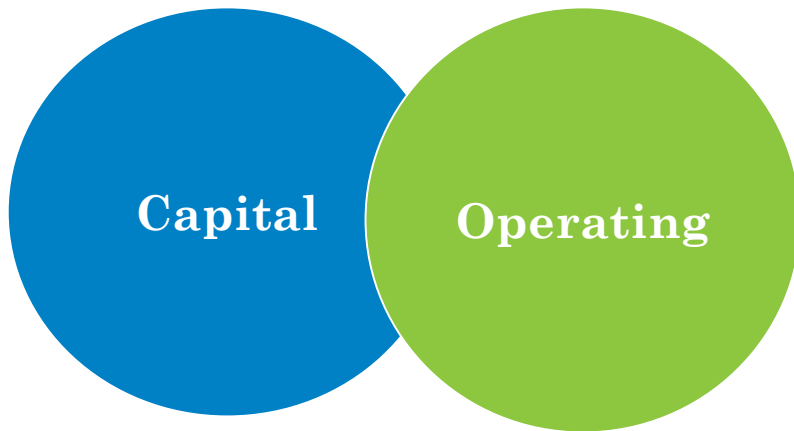
FUSE in Los Angeles: The 10th Decile Project



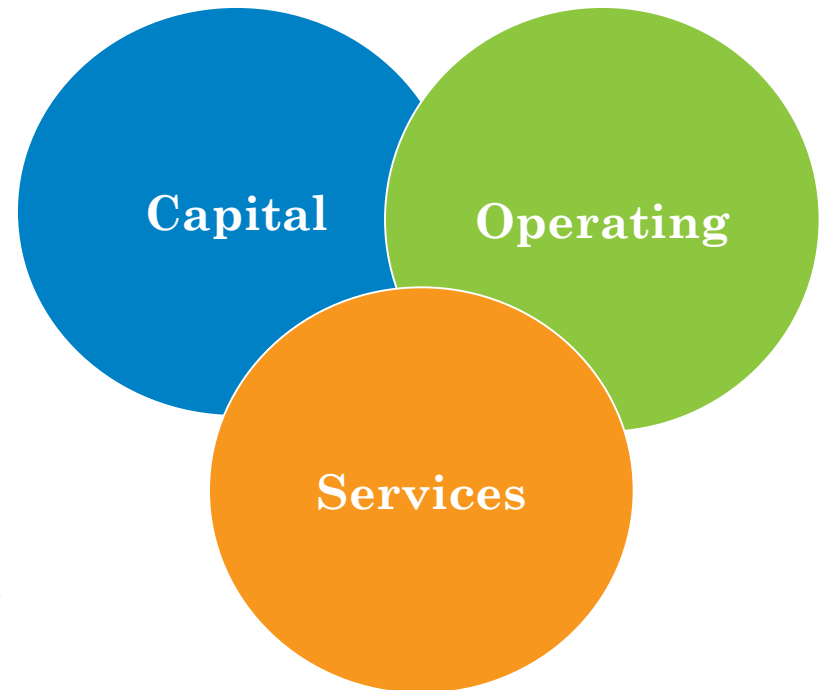
The 10th Decile Model for Health Care Delivery

Financing Supportive Housing

Traditional Affordable Housing



Supportive Housing



- **Services** are often the hardest and least stable part for developers to finance.
- Increasingly making the case to Medicaid and MCOs to more comprehensively reimburse supportive housing services

Operating and Service Financing

OPERATING SOURCES

- **Federal voucher programs (Section 8, Section 811)**
- **Public housing authorities (PHAs)**
- **State and local voucher/funding initiatives**
- **Money Follows the Person and HCBS activities**
- **Emerging Practices/Savings Re-Investment**
 - Social Impact Bonds/Pay for Success

SERVICES SOURCES

- **Various Federal, State, Local and private sources**
- **Uncoordinated, variety of reporting requirements**
- **Narrow target populations and uses**
- **Medicaid opportunities increasing**
 - Expanded Medicaid and targeting high need