

Five Hundred Familiar Faces (500 FFs): Abbreviated Report for Child QAP 11-17-20

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Connecticut BHP

Supporting Health and Recovery



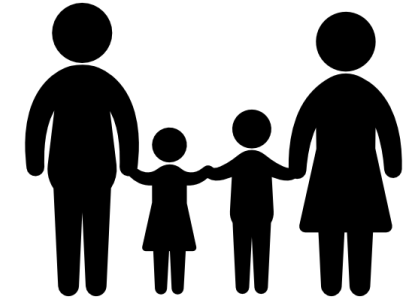
Project Goal

Better serve multi-system involved high need individuals and families who experience homelessness by providing a trauma-informed, strengths-based, person-centered approach to service delivery.



Objectives

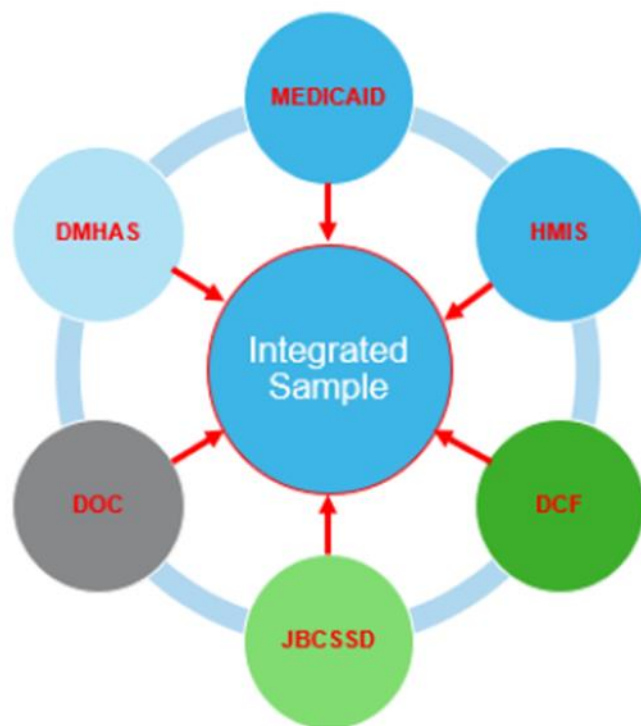
1. Conduct a multi-agency data match
2. Identify multi-system involved homeless individuals and families
3. Explore patterns of multi-agency involvement to inform service delivery
4. Identify high need individuals and families within multiple state agencies
5. Explore patterns of high need across multiple agencies to inform service delivery
6. Cross-Agency Service Coordination Pilot – Shifted to:
 1. Cost analysis – in progress
 2. Cross-Agency System Collaboration Review – in progress



Data Integration Process

Data integration leveraged existing data sharing agreements reducing the time needed to develop new ones. A six-step probabilistic matching process matched over 90% of the available data.

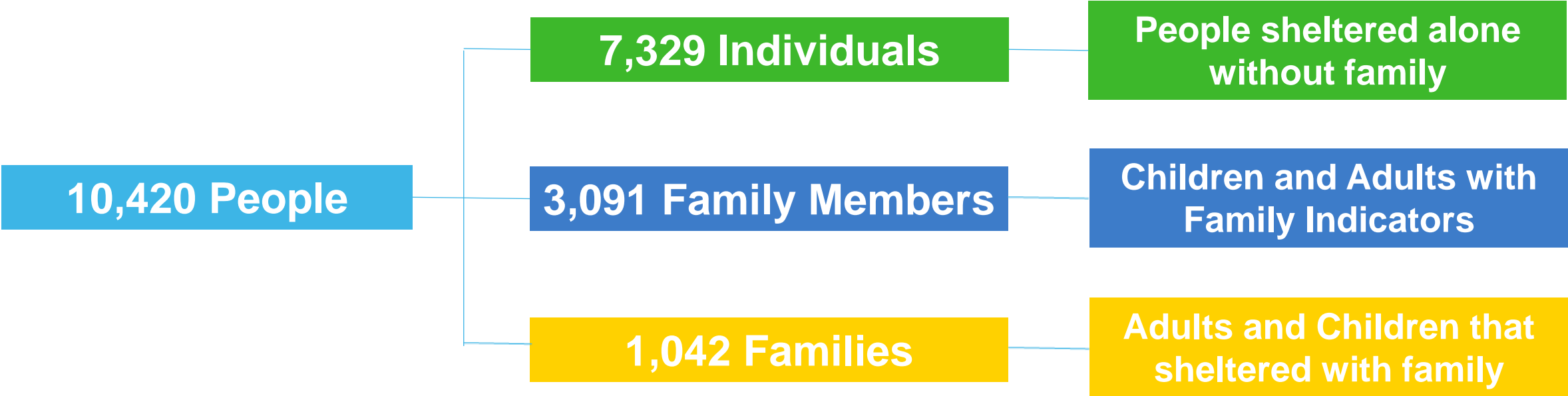
DATA INTEGRATION - COMPLETED



- Match level 1: same first name, same last name, same date of birth, and same social security number (SSN)
- Match level 2: same date of birth and same SSN
- Match level 3: same SSN, same SOUNDEX of first name
- Match level 4: same first name, same last name, same date of birth
- Match level 5: same last name, same date of birth, same SOUNDEX of first name
- Match level 6: same sounding last name, same SOUNDEX first name, same date of birth

The SOUNDEX function allows comparison between words that may be spelled differently but sound alike.

Total Sample Composition and Characteristics



Key Characteristics of the Total Sample

Avg. Total Shelter Days: 155	Avg. Days in Shelter: 91	Avg. Shelter Episodes: 1.7	Avg. Family Size: 3	Avg. # of Children: 1.8	Avg. Head of Household Age: 33	Avg. Child Age: 7
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Agency Involvements¹

Knowing where individuals are overlapping in service utilization can help inform policy, practice, or interventions aimed at creating efficiencies within the service delivery system.

Individuals

Average 4.1 Agency Involvements

Nearly 55% had 5 (32.5%) or 6 (22.3%) Involvements

More likely to be involved with JBCSSD (66%), DOC (62.5%), and DMHAS (61.4%)

Family Members

Average 3.1 Agency Involvements

Majority had 2 (22.9%) or 3 (58.5%) Involvements

More likely to be involved with DCF (74%) and be younger people of color

Key Takeaways

1. Interagency Involvements are the norm and higher than initially anticipated.
2. Individuals and families show distinct differences in the number and type of interagency involvements and demographics.
3. Large numbers (4,240 or 41%) of people in the sample had 5 or 6 agency involvements.

High Need – Cross Agency

Cross Agency High Need represents a more holistic, multi-agency perspective, which is especially pertinent to developing a more coordinated and less siloed approach to providing care.

I. Compute Agency Involvement

II. Compute Agency Specific High Need

III. Identify Persons with 5+ Agency Involvements and 2+ Agency Specific High Need Status

7.7% of Total Sample

806 People

737 Individuals

69 Family Members

Characteristics of the Cross-Agency High Need Cohort vs. the Total Sample

DEMOGRAPHICS

- Older (Avg. Age 41 vs. 36)*
- Male (74.8% vs. 59.6%)*
- White (53.3% vs. 49.6%)
- Non-Hispanic (74.2% vs. 69.2%)

UTILIZATION

- Fewer Days in Shelter (73 vs. 92)*
- More Shelter Episodes (2.5 vs. 1.7)*
- Over 95% with Behavioral Health DX.*
- Higher ED, IP, & Nursing Home Visits*
- Higher Arrests, Violations of Probation, and Incarcerations*

Key Takeaways

- Data Integration is doable, and valuable when there is a shared vision, commitment and leadership.
- This “proof of concept” was successful but there are many lessons learned that can inform future efforts for ongoing vs. this one-time matching.
- High levels of interagency involvement are clearly the norm and even higher than what was generally understood.
- Patterns of agency involvement, high need, and service utilization differ greatly for families vs. individuals and most datasets lack valuable family indicators.
- Demographics (age, gender, race, and ethnicity) varied significantly across various cohorts based on agency involvement, rates of utilization and high need. This supports the further inquiry into questions regarding health equity and disparity.
- The cross-agency high need cohort was primarily White, non-Hispanic males with higher rates of shelter episodes, ED visits, hospitalizations, arrests, and incarcerations and nearly all (95%) had a BH diagnosis.
- The Cluster analysis provided measurable and meaningful subgroups of high need individuals that will be useful in further efforts to evaluate policy, practice and care management strategies to improve service delivery and efficiency.