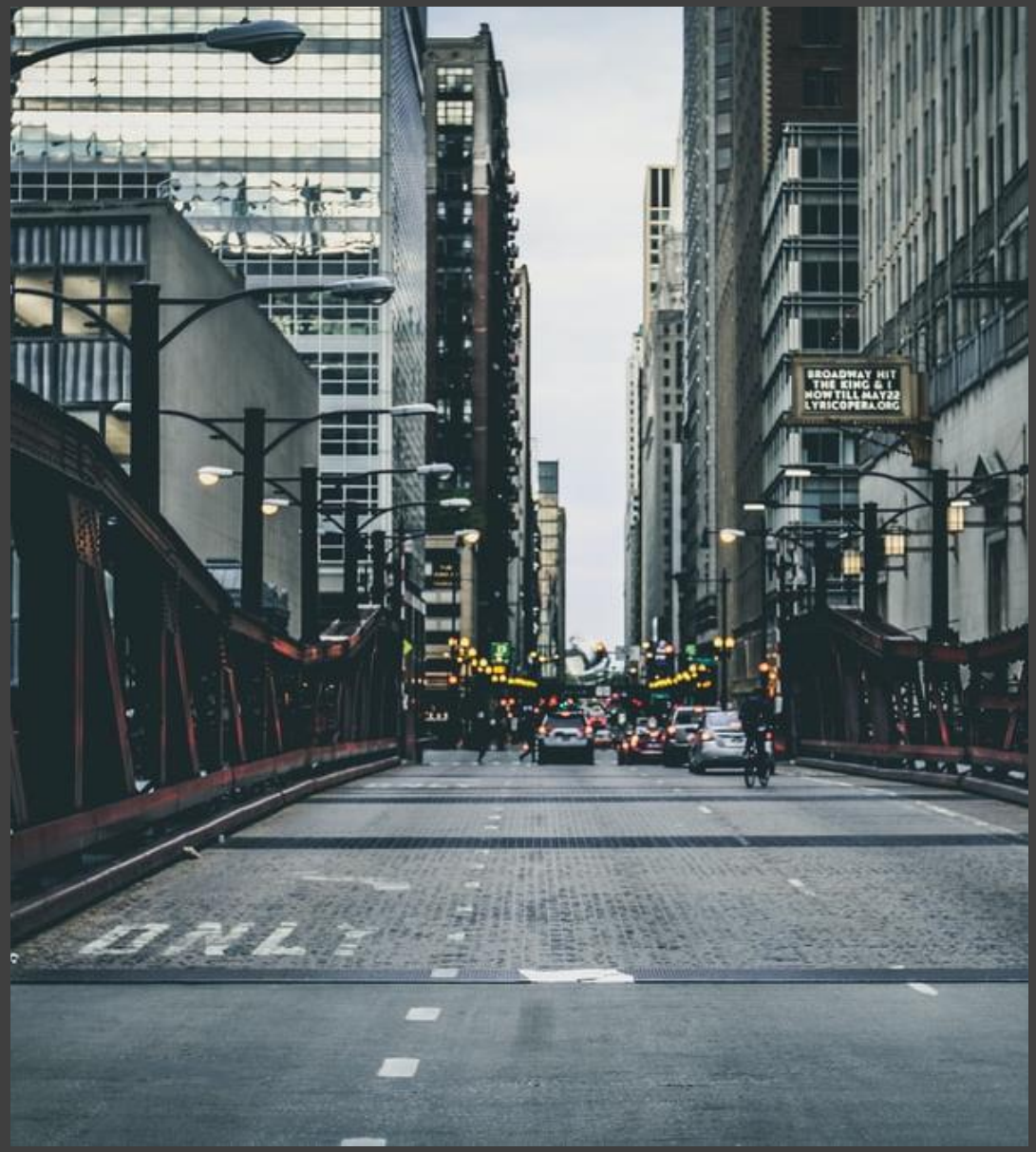
Road Map Initiative

Phase I: Creating a data-informed framework

2017-2021



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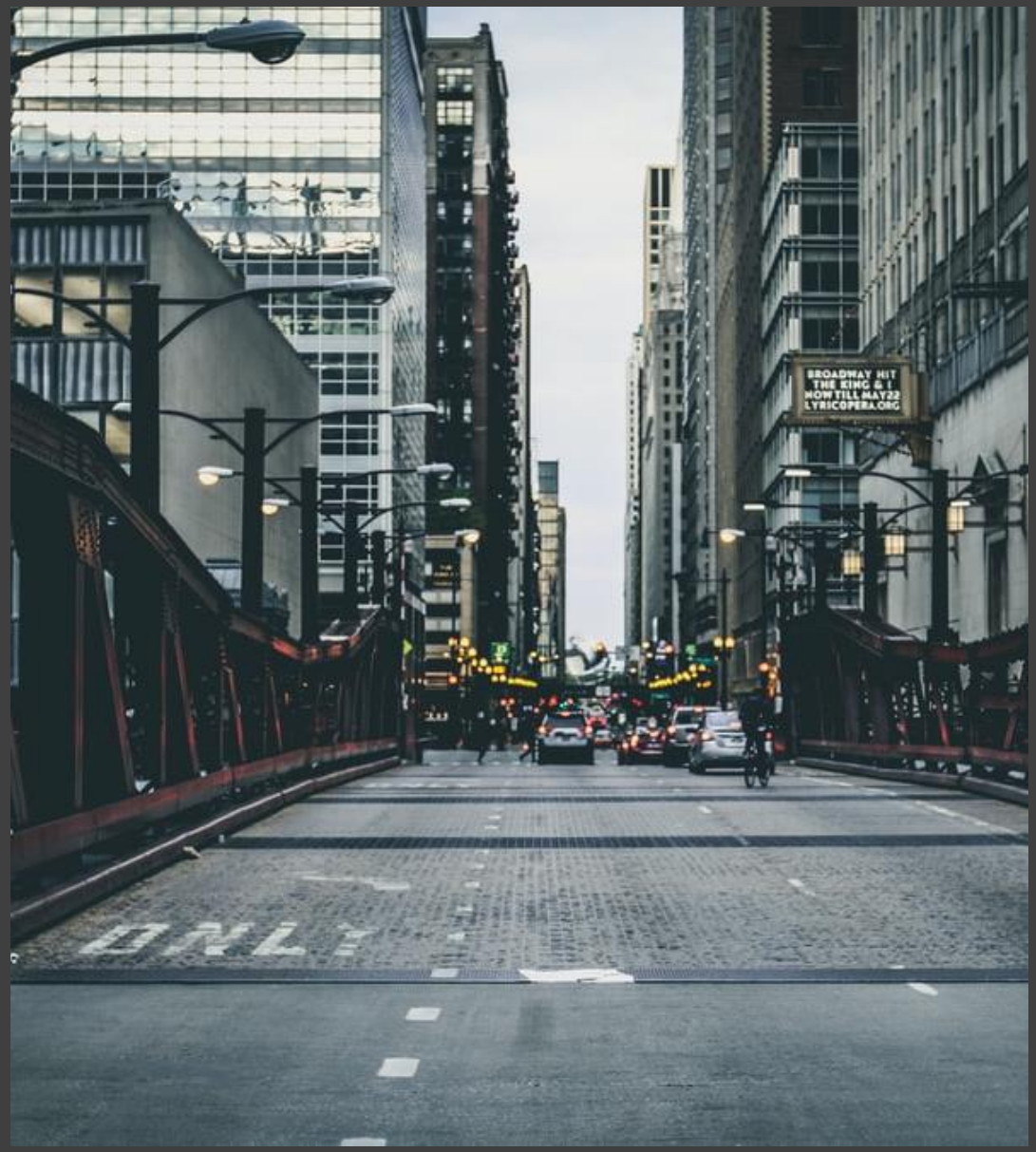
A few thousand Chicagoans cycle across the city's emergency-shelter system, hospitals, and Cook County Jail. Our public and private systems struggle to identify and engage these clients, address their underlying needs, and offer pathways to stability.

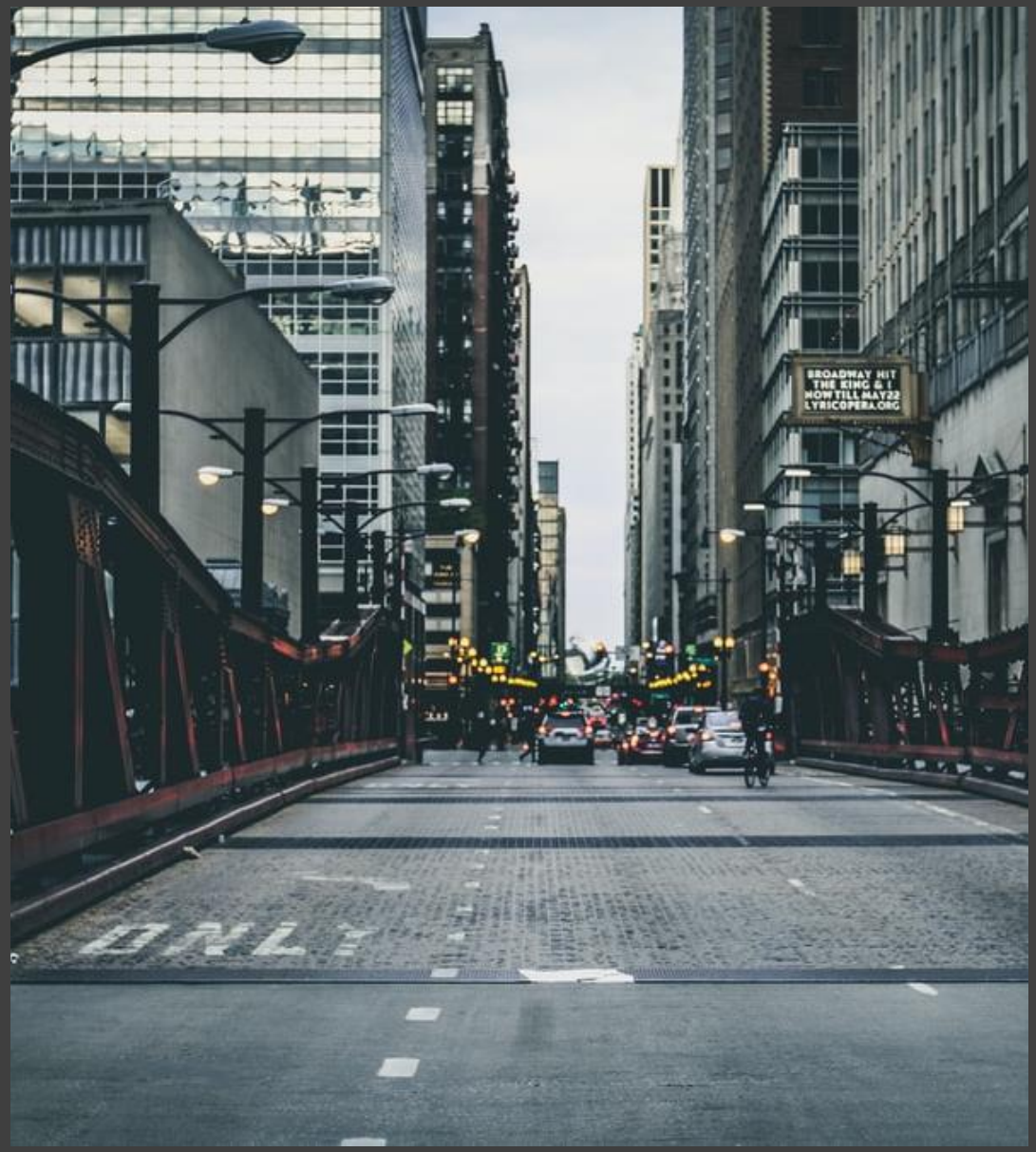
The Road Map Initiative was created to learn more about this population, identify resources and develop new solutions to help them heal and thrive.

To achieve this, the project combined insights from policymakers, practitioners, and people with lived experience with a novel quantitative analysis linking administrative records on interactions with the homeless services, health, and criminal justice systems.



Services for this population are costly

Just 5% of Medicaid beneficiaries account for 54% of costs. Only 1% of beneficiaries account for 25% of costs. In Illinois, the situation is similar: The Illinois Department of Healthcare and Family Services claims data shows the most costly 10% of Medicaid members account for 72% of behavioral health expenditures.



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The overall project sought to:

- **Understand the scope and breadth of people cycling** between the emergency health departments, the criminal-legal system and the homeless systems
- Use **data** to create an **informed framework** for changing practice and policies
- **Test and vet ideas** for process changes and create concrete recommendations to **disrupt cycling** across systems and **improve outcomes and quality of life**.

Phase I Goal: Create Data Informed Framework

The three primary questions:

- How do we define “high use” of emergency systems?
- How many people are cycling across our emergency services?
- Can we identify the characteristics of high users and their services needs?

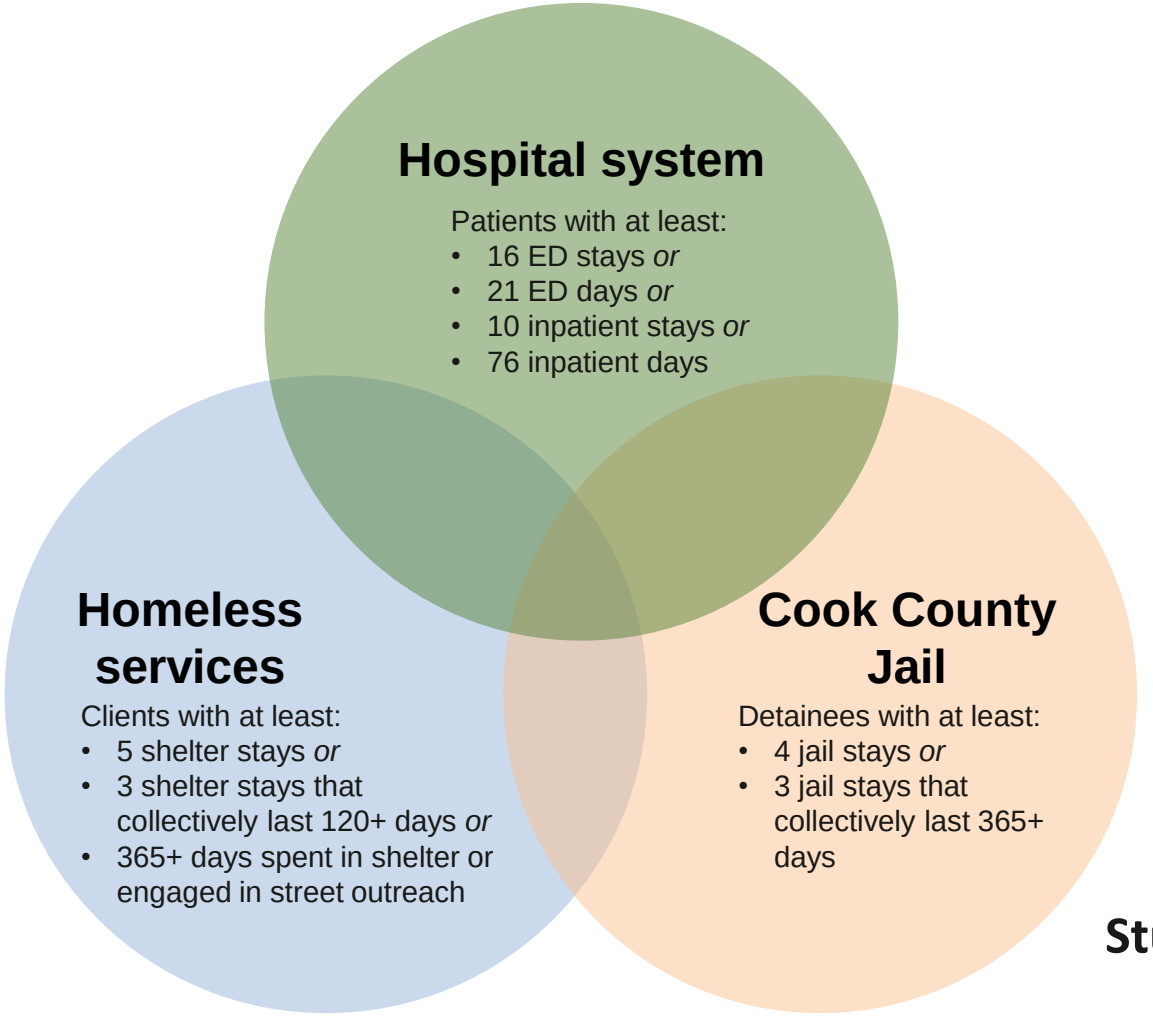
Our methodology:

- Qualitative and quantitative analyses
- Research best and next practices
- Journey mapping with people with lived experience

Linking the Data

A key first step – performed by the University of Chicago's Urban Labs – Health lab – was to match the administrative records of interactions with the three systems, while de-identifying the persons involved. Linking the three large datasets this way allowed us to quantify the problem and let us see how people flow through each system.

Following service patterns over four years, we set definitions for “high use” within and across systems



Cross-system high users did not meet a high user definition in any one of the three systems, but were in the top half of the distribution of service use in **all three** systems

Study Period: 1/1/2014 – 12/31/2017

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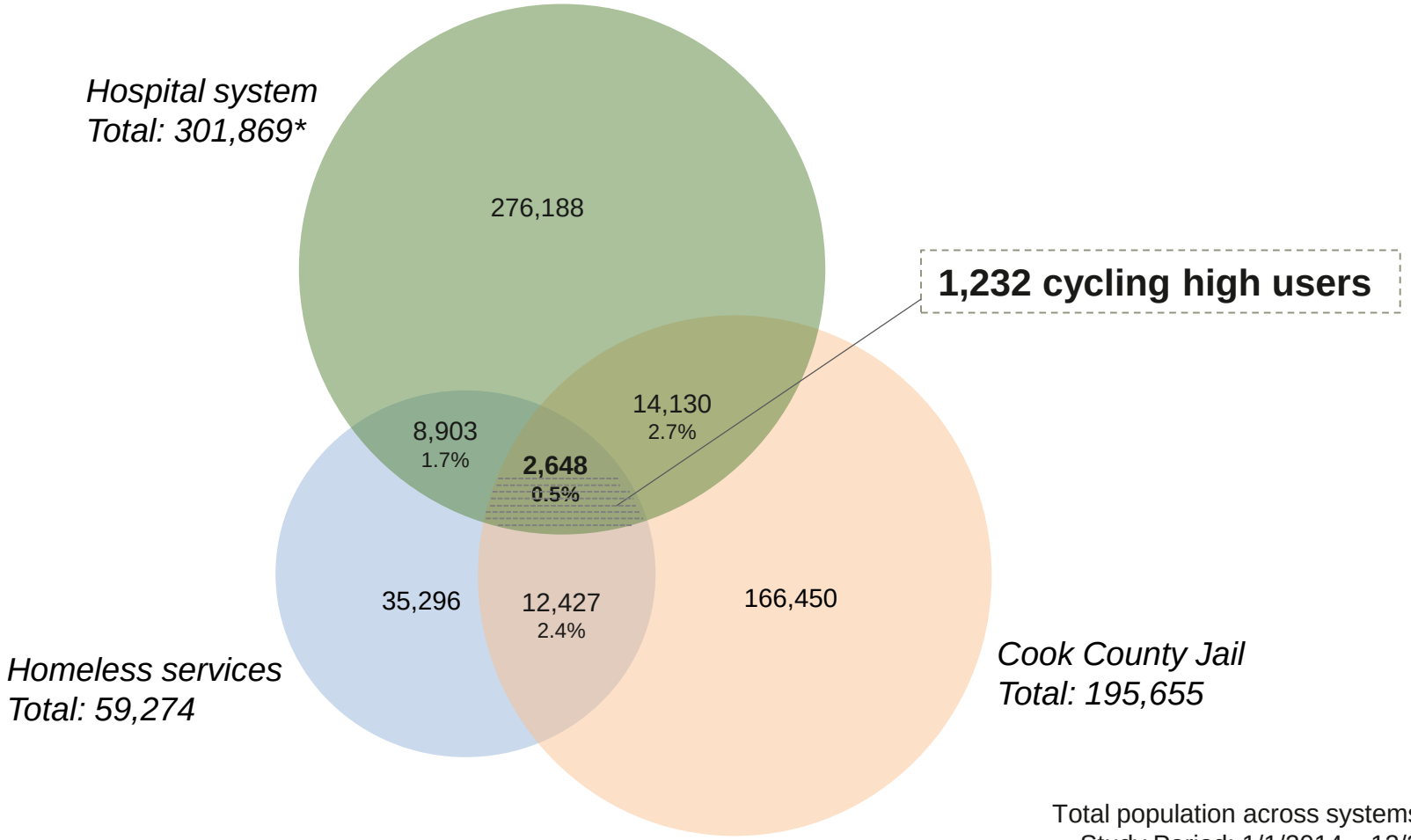
Note: The definition that the HL set for “high users” of the health sector differs from the internal definition that IDPH set. We examined service utilization patterns across four years, as opposed to just one year. IDPH’s internal definition of a health high user was at least 7 ED stays in one calendar year.

Fewer than 3,000 people interacted with all three – just over 1,200 of them as “cycling high users”



Total population across systems: 516,042
Study Period: 1/1/2014 – 12/31/2017

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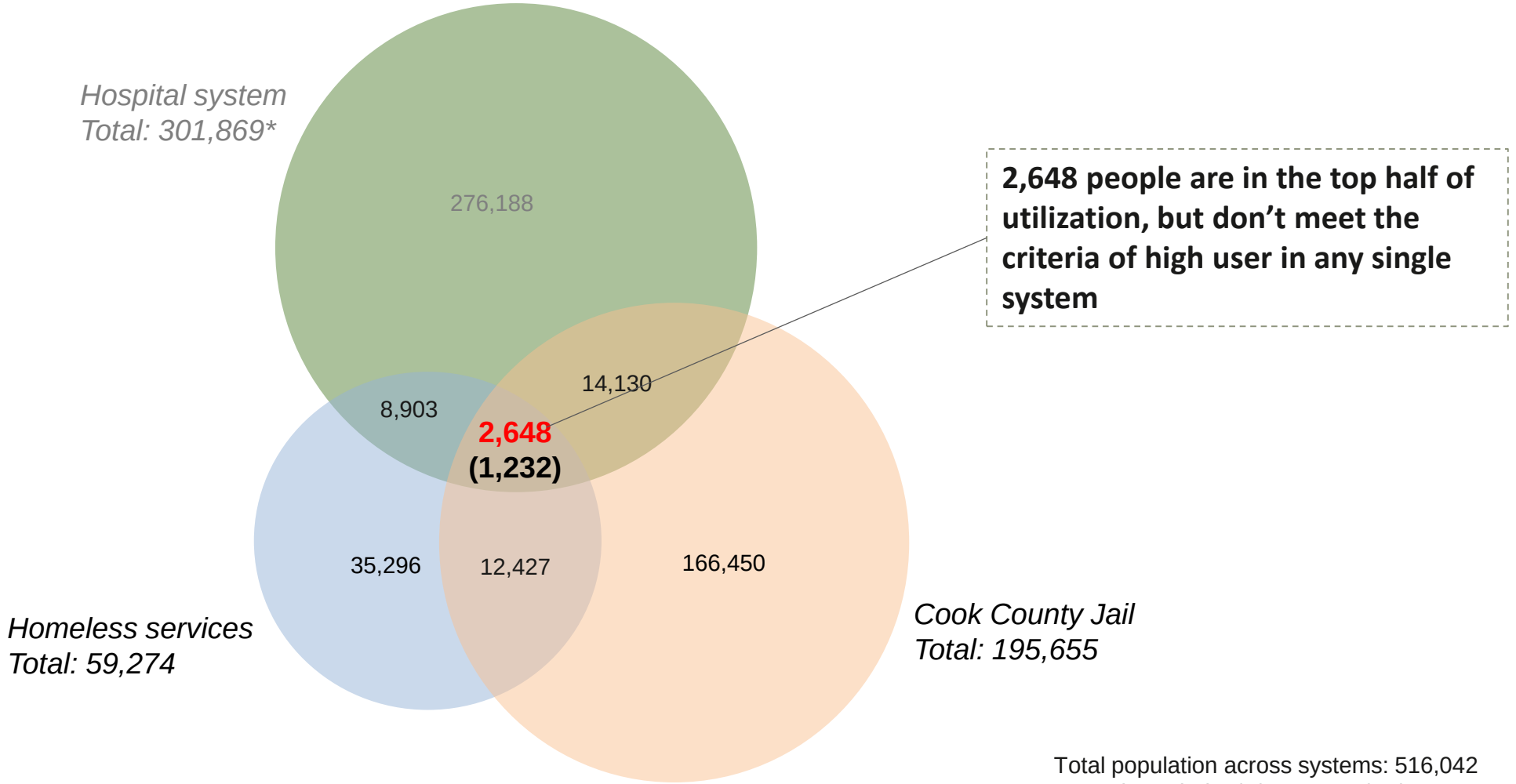
* IDPH only shared records for people who met its own internal definition of a high user or who had at least one stay in the Cook County Jail or accessed homeless services during the study period

We also identified 2,648 people cycling across all three systems, who did not meet the “high user” definition



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Phase I: Lessons Learned

- **A persistent but small population cycles across our crisis services**

  Previous studies have shown that these individuals are far costlier to assist, but also that the assistance available often does not match their needs.

- **Systemic racism is pervasive in our systems**

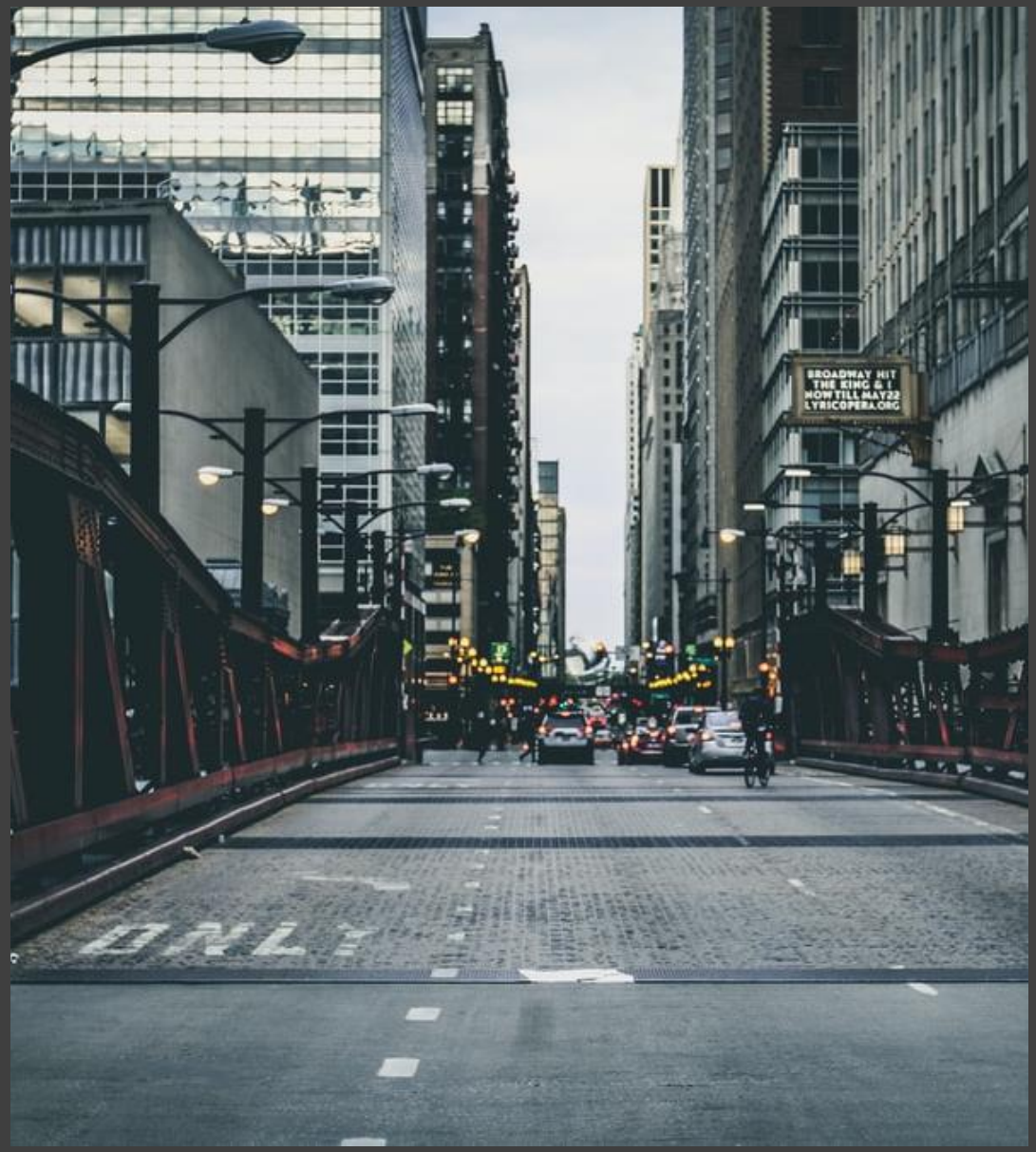
  High users are disproportionately Black, male and older.

- **Substance use disorder is the primary health condition among high users**

  Of those persistently cycling, a significant portion needed detox or behavioral health services.

- **Lack of flexible services denies high users “on-ramps” to stability**

  The “treatment or nothing” approach creates a services gap. No funding exists to pay for cross-system navigation supports and sequencing of services across providers.



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The “treatment or nothing” paradigm leads to costly cycling while not providing this population the services they need. Our data documented the scope and recurring patterns of the problem.

The next step – Phase II – would be to work with partners to identify what missing services could help break the pattern of cycling.

For more information and to get involved:

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