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## **Pilot Programs Reduce Emergency Room Use, Promote Better Health** *Initiative Releases Evaluation of Project Targeting Frequent Users*

**Oakland, CA (October 21, 2008)** – A report issued today, *A Dollars and Sense Strategy to Reducing Frequent Use of Hospital Services*, provides evaluation data from six California counties demonstrating that programs that provide services to “frequent users” of emergency rooms decrease costly emergency room visits and hospitalizations for many patients.

Evaluation results prepared by The Lewin Group, an independent healthcare policy research and management consulting firm, show a 61 percent decrease in emergency department (ED) visits and a 62 percent decrease in inpatient days for clients enrolled in programs that address the medical and social services needs of frequent users for two years. For those clients on Medi-Cal at enrollment, ED visits decreased by 60 percent and inpatient days decreased by 69 percent after two years in the programs.

The California HealthCare Foundation and The California Endowment created the Frequent Users of Health Services Initiative (the *Initiative*) in 2002. The *Initiative* included six pilot programs that provided or connected frequent users to medical and mental health care, substance abuse treatment, transportation, housing, and benefits. Pilot programs were located in Alameda, Los Angeles, Sacramento, Santa Clara, Santa Cruz, and Tulare counties. Ultimately, the *Initiative* aimed to relieve pressure on overburdened systems and to promote more effective use of resources.

“Frequent users usually end up in emergency departments as a result of health and psycho-social problems that are not being well-managed,” said Jan Eldred, Senior Program Officer for the California HealthCare Foundation. “EDs do not have the capacity to assist these patients with their real needs – housing, primary care, mental health services, substance abuse treatment, and coordination of care. Providing coordinated, multi-disciplinary care in less expensive settings is a rational, right and smart approach.”

Across California, many hospital emergency departments are treating individuals who visit hospitals multiple times a year, often because of their complex physical, mental, and social needs. Known as “frequent users of health services,” these individuals experience chronic illness, mental health and substance abuse disorders, and homelessness.

“I found myself with no where to turn for help. I was uninsured, on dope, and I have a seizure disorder, so the only place I could go was the emergency department,” explained Gilbert, a client served by the Bridge, the pilot program located in Tulare County. “One day a social worker heard me say that I needed some help getting my life back together and she referred me to the Bridge.”

Data show that frequent users’ multiple visits account for disproportionate costs and time for emergency departments, increase anxiety in waiting rooms and among emergency department staff, and drain state and county health care resources. In 2003, a study showed that California spent 60% of all Medi-Cal expenditures on services for 5% of enrollees, many of whom are frequent users.

“I was going to the emergency room at least once a month for cellulitis. I was homeless and in and out of jail for drugs and shoplifting food,” said Bob Rompelman, a participant in Project RESPECT, the pilot program in Alameda County. “Because of the help I received from Project RESPECT, I am able to keep proper hygiene, I don’t use drugs, my health is better, and I now receive SSI and Medi-Cal. I don’t visit the emergency room anymore and haven’t been to jail since.”

The *Initiative* pilot programs were successful in reducing ED visits and inpatient stays because program staff systematically worked with hospitals and service providers to identify and locate frequent users and then meet their needs. They reached out to potential clients using a variety of engagement strategies, including offers to help with immediate, basic needs, such as food and shelter. Once in the program, staff worked with clients to understand why they were visiting the emergency department repeatedly, assessed their medical and social needs, and helped link clients to needed services.

The lessons learned by the *Initiative* pilot programs are summarized in the toolkit, *Meeting the Needs of Frequent Users: Building Blocks for Success*. The toolkit, also released today, will be valuable for communities attempting to replicate the successes of the *Initiative* pilots.

“Not only do frequent user programs decrease expensive hospital visits in the short-term, in the long run, they can prevent this population from becoming permanently disabled and in need of more intensive and expensive care,” said Carole Chamberlain, Program Officer for The California Endowment, which also funded the *Initiative*. “Replication of these programs across the state could result in long-term health care cost savings and improved care, which is particularly relevant as the state and nation look for ways to reduce health care costs and improve care.”

The positive impact of the pilot programs in reducing hospital visits and health care costs for Medi-Cal beneficiaries spurred the Corporation for Supportive Housing, which housed the *Initiative*’s program office, to sponsor legislation that would allow California to access additional federal funds for frequent user pilot programs. SB 1738, authored by Senate President pro Tempore-elect Darrell Steinberg, was recently vetoed by Governor Schwarzenegger. In his veto message the Governor expressed a commitment to working with stakeholders to develop strategies to ensure frequent users receive the most effective care at the right time in the most appropriate settings.

For more information about the *Initiative* and to view evaluation results, visit [www.frequenthealthusers.org](http://www.frequenthealthusers.org) .