



Supportive Housing's Role in Positive Health Outcomes for Residents

Jordan Press

**Second
Chance Act
Grantees
Conference**

**February 25,
2010**

Corporation for Supportive Housing



CSH is a national non-profit organization that helps communities create permanent housing with services to prevent and end homelessness.

CSH advances its mission through **advocacy, expertise, innovation, lending, and grant-making.**

CSH's Geographic Reach and Organization

Field offices in 14 states and localities:

- Rhode Island
- Connecticut
- New York
- New Jersey
- District of Columbia
- Ohio
- Illinois
- Indiana
- Minnesota
- Texas
- Michigan
- Northern California
- Los Angeles
- San Diego

National Programs:

- Federal Policy
- Project Development and Finance
- Communications
- Innovations and Research
- CSH also provides targeted assistance to other communities and states through our Consulting Group

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CSH helps communities create permanent housing with services to prevent and end homelessness.

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Corporation for Supportive Housing

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Corporation for Supportive Housing Read Deb's blog post on Huffington regarding how Housing First can help honor our homeless veterans this Memorial Day.

Honoring our Veterans can Begin With Housing

www.huffingtonpost.com

Creating permanent supportive housing for veterans, utilizing "Housing First" and other models, is not only the smart thing to do, it's the right thing to do.

May 28 at 9:51am · Comment · Like · Share

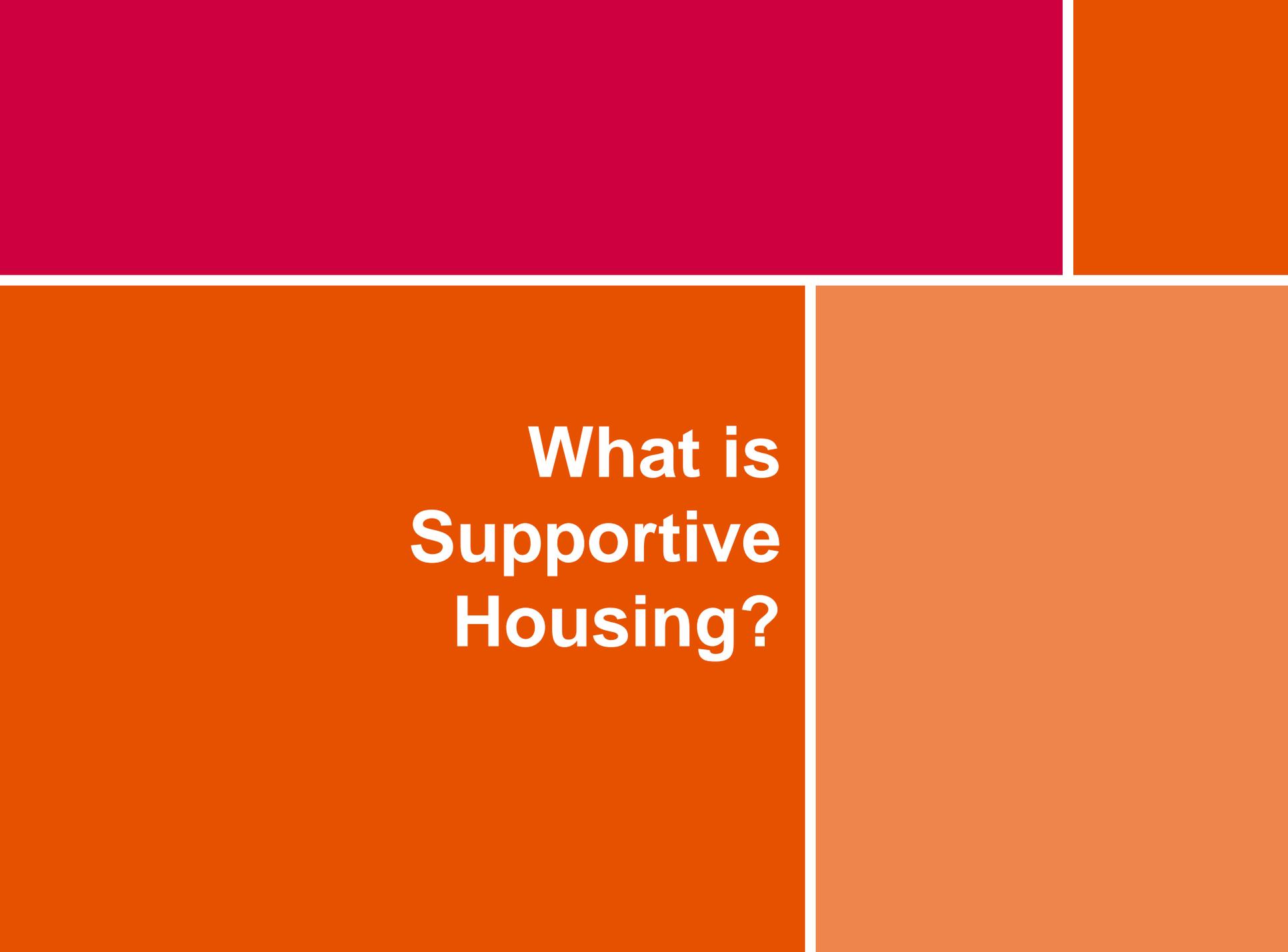
Taryn Boland likes this.

Write a comment...



Corporation for Supportive Housing is urging you to contact your representatives in Congress and ask them to move forward on the National Housing Trust Fund! It is more important than ever for members of Congress to hear from constituents that they should pass the "tax-extender" bill and be sure to include funding for the National Housing Trust Fund. ...

See More



What is Supportive Housing?

Defining Supportive Housing

Supportive housing is
permanent, affordable housing
combined with
a range of **supportive services**
that help **people with special needs**
live stable and independent lives.

Essential Features

■ Housing

- **Permanent:** Not time limited, not transitional.
- **Affordable:** To very low income people (due to financing with minimal to no conventional debt coupled with rent subsidies)
- **Independent:** Tenant holds lease with normal rights and responsibilities.

■ Services

- **Flexible:** Responsive to tenants' needs. Focused on housing stability.
- **Voluntary:** Participation not condition of tenancy

Basic Types of Supportive Housing

- **Single-site:**
Apartment buildings exclusively or primarily housing individuals and/or families who are formerly homeless and/or have chronic health challenges.
- **Scattered-site:**
Rent subsidized apartments leased in open market (scattered-site).
- **Integrated:**
Apartment buildings with mixed tenancies, but with units set-aside for formerly homeless.



What Makes Supportive Housing Work?

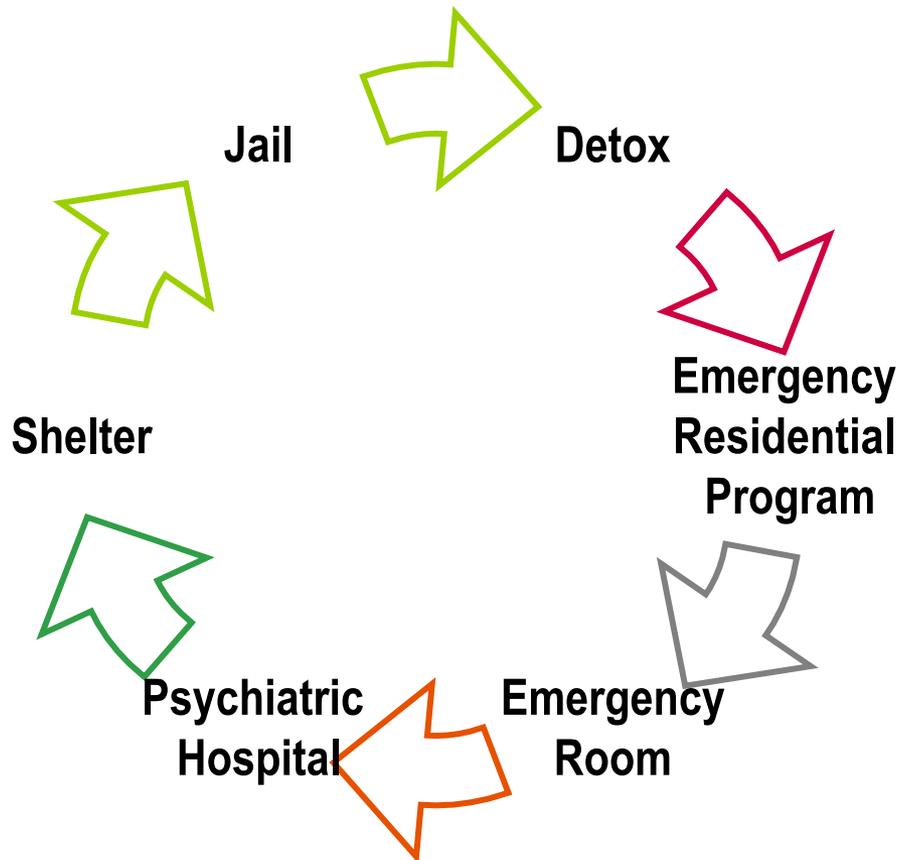
- Combination of safe affordable housing with housing-based flexible and comprehensive service supports
- Role of services is to help tenants:
 - Regain independent living skills
 - Access and coordinate needed health and mental health care
 - Navigate service systems
 - Troubleshoot housing challenges and barriers
 - Connect with employment opportunities

Supportive Housing is a Solution to Multiple Policy Problems



- In addition to increasing housing stability for people who are homeless, supportive housing is also a solution for:
 - Reducing incarceration rates for people with chronic health challenges
 - Improving family functioning and decreasing child welfare involvement
 - Promoting health, wellness, and access to recovery-oriented services and healthcare

The Institutional Circuit of Homelessness and Crisis



- High utilization of crisis services in one public system is often part of a larger “institutional circuit” (Hopper and colleagues, 1997)
- Institutional circuit pattern:
 - Indicates complex, co-occurring social, health and behavioral health problems
 - Reflects failure of mainstream systems of care to adequately address needs
 - Demands more comprehensive intervention encompassing housing, intensive case management, and access to responsive health care

Studies, Studies, Studies

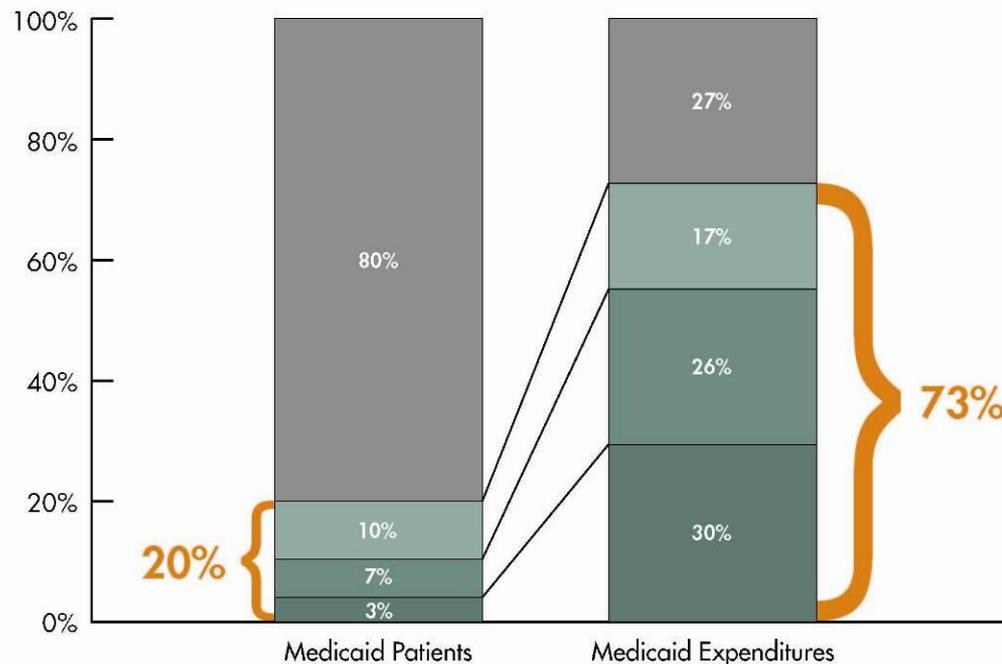
- Wealth of data on *housing* outcomes for formerly homeless in supportive housing.
- More recently we're thinking in new ways about role housing plays in health outcomes and importance of looking at those outcomes.
- Given what we know about prevalence of mental illness, substance abuse and histories of homelessness among those re-entering, *and what we know about cost*, we need to connect dots between housing and health outcomes.

The connection between homelessness and complex health conditions

- Medicaid and health systems incur substantial costs providing care to homeless people— often without achieving good outcomes
 - Costs of serving homeless people with serious mental illness up to \$40,000 / year or more— mostly in health care systems
 - \$28,000 annual costs in Maine— mostly health care in hospitals
 - \$28,000 average annual health costs for Boston street dwellers
 - Health care costs for public inebriates exceed \$8,000/year
 - \$46,700 average Medicaid charges prior to move-in for homeless chronic alcoholics in Seattle (1811 Eastlake)
 - Homeless people with complex, co-occurring health, mental health and/or substance use disorders are most frequent users of emergency room care
 - 45% of participants enrolled in CA programs for frequent users of ED were homeless (up to 60% in urban projects)

High Utilizers of Health Services with Poor Health Outcomes

High Cost Utilizers of the New York State Medicaid Program



Billings' (2006) analysis of NYC Medicaid claims data found that:

- 20% of adult disabled patients subject to mandatory managed care account for 73% of costs
- 3% of patients accounting for 30% of all costs for adult disabled patients

Frequent Users of Health Services Initiative (FUHSI) - California

- Local hospitals and service providers collaborated in the development and implementation of more responsive systems of care to address unmet needs, produce better outcomes, and reduce unnecessary use of emergency services.
- 6 year demonstration project in 6 sites in California – Programs and Interventions diverse, almost all included linkages to housing

Alameda County – Project RESPECT

Los Angeles County – Project Improving Access to Care

Sacramento County – The Care Connection

Santa Clara County – New Directions

Santa Cruz County – Project Connect

Tulare County – The Bridge

FUHSI - California

- On average FUHSI participants experienced:
 - 8.9 ED visits each annually, with average annual charges of \$13,000 per patient
 - 1.3 hospital admissions annually
 - 5.8 inpatient days each, with average annual charges of \$45,000 per patient
- Additionally:
 - 65% chronic illness (diabetes, cardiovascular disease, chronic pain, cirrhosis & other liver disease, asthma & other respiratory disease, seizures, Hepatitis C, and HIV)
 - Small number of people with HIV were frequent ED users in communities where supportive housing is available to them
 - 53% substance use issues (alcohol, methamphetamines, crack/cocaine, heroin, prescription drugs)
 - 45% homeless, living on the streets
 - 32% mental illness (Axis I and II)
 - 36% have 3+ of these presenting conditions

Outcomes: Hospital Utilization & Charges

FUHSI Interventions Reduce Expensive Hospital Charges				
	One Year Pre-Enrollment	One Year in Program	Two Years in Program	% Change Over Two Years
Average Emergency Department Visits	10.3	6.7	4	↓61%*
Average Emergency Department Charges	\$11,388	\$8,191	\$4,697	↓59%*
Average Inpatient Admits	1.5	1.2	0.5	↓64%*
Average Inpatient Days	6.3	6.5	2.4	↓62%*
Average Inpatient Charges	\$46,826	\$40,270	\$14,684	↓69%*

How much does that cost?

- *FUHSI* found that each frequent user averaged \$58,000 a year in hospital charges (\$13,000 related to ED visits, \$45,000 related to inpatient days)
- A San Francisco General Hospital study found that total hospital costs per frequent user averaged \$23,000 per year
- A study of chronically homeless inebriates by the University of California, San Diego Medical Center found that 15 individuals averaged \$100,000 each in medical charges

Supportive Housing Increases Impact Of Multidisciplinary Care

- Homeless frequent users receiving services and connected to permanent housing
 - Reduced average ED visits 34%
 - Reduced average inpatient days 27%
 - Reduced average inpatient charges 27%
- Homeless frequent users receiving services but NOT connected to permanent housing
 - Reduced average ED visits 12%
 - **Increased** average inpatient days 26%
 - **Increased** average inpatient charges 49%

Chicago Study on Hospitalizations and ER Visits

- Chicago Study published in JAMA May 2009 (Sadowski, Kee, VanderWeele, Buchanan)
- Determine whether an intervention that provided housing and case management for homeless adults with chronic medical illness would reduce hospitalizations and visits to the emergency department.
- Sample size ~200 in study group and ~200 in control group.
- Hospital social workers referred for possible inclusion 24 hours before discharge if they were homeless, single (non-guardians), with a chronic health condition such as heart, respiratory, cancer, or liver disease or HIV. Control group had no follow-up.

Chicago Study on Hospitalizations and ER Visits

- Outcomes measured: number of hospitalizations, total hospital days, and number of ER visits during the 18-month follow-up period.
- Participants were interviewed at 1, 3, 6, 9, 12, and 18 months following enrollment
- The housing intervention was based on the Housing First model. The stable housing options were provided by 10 community agencies offering group living arrangements as well as apartments at single and scattered sites.

Chicago Study on Hospitalizations and ER Visits: Results

- Compared with the usual care group, the intervention group had a relative reduction of 29% in hospitalizations, 29% in hospital days and 24% in emergency department visits.
- At 18 months, 66 percent of the intervention group reported stable housing compared to only 13 percent in the control.
- For every 100 homeless adults (similar to those included in the study) offered the intervention, the expected benefits over the next year would be 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits.

Seattle Study (1811 Eastlake): Supportive Housing Outcomes for Chronic Inebriates



- Study published in JAMA April 2009 (Larimer, Malone, Garner; et al.)
- Evaluated association of a “Housing First” intervention for chronically homeless individuals with severe alcohol problems with health care use and costs.

Seattle Study (1811 Eastlake): Supportive Housing Outcomes for Chronic Inebriates

- Supportive housing for 75 homeless alcoholics who are high users of detox, treatment, health and corrections. Controversial because tenants are allowed to drink in rooms.
- Specific itemized data were obtained, including days in jail and number of jail bookings; sobering center visits; HMC emergency department, inpatient, and outpatient contacts, EMS calls and transports; use of the Downtown Emergency Service Center shelter; and publicly funded medical detoxification and inpatient drug/alcohol treatment.

Seattle Study (1811 Eastlake): Supportive Housing Outcomes for Chronic Inebriates

Average Unit Costs for Services

Service	Cost	\$ per unit
Sobering Center	\$142.50	Day
Detox	\$148.59	Day, booking
Jail	\$197.23	Booking
Jail	\$103.17	Day
EMS	\$714.00	Basic life support
EMS	\$776.00	Advanced life
EMS	\$601.00	Transport

Seattle Study (1811 Eastlake): Supportive Housing Outcomes for Chronic Inebriates

- In the year prior to intervention, \$8,175,922 in costs were accrued by the 95 individuals who received housing.
- Individual median costs per month drop notably after 6 months (\$1492) and again at 12 months (\$958), and total costs for the housed group for the year after enrollment in housing were \$4,094,291
- Housed participants had \$3569 less cost per month during the housed period relative to control participants. Per-person costs for the housing and services average \$1120 per month, yielding a total mean \$2449 per person per month.

Seattle Study (1811 Eastlake): Supportive Housing Outcomes for Chronic Inebriates

- Study also looked at alcohol use:
 - Despite being allowed to drink in rooms, median number of drinks dropped steadily, from 15.7 per day prior to housing to 14.0, 12.5, and 10.6 per day at 6, 9, and 12 months in housing.
- And jail use:
 - 45% reduction in jail bookings
 - 42% reduction in number of jail days

Maine Study in More Rural Setting: mainehousing.org

- **32% reduction in service cost** by providing permanent supportive housing to people with disabilities experiencing homelessness in rural areas
- **57% reduction on expenditures for Mental Health Services**, illustrating a shift away from expensive psychiatric inpatient care to less expensive outpatient community-based services
- Permanent supportive housing placements reduced service costs: **shelter by 99%, emergency room by 14%, incarceration by 95%, and ambulance transportation by 32%**
- \$1,348 per person cost avoidance
- \$219,791 six month cost avoidance total for all 163 tenants



For more information
visit www.csh.org

or contact

jordan.press@csh.org