Medical News & Perspectives

Hospitals Turn to Housing to Help Homeless Patients

Bridget M. Kuehn, MSJ

A 3-year experiment in providing housing to frequent emergency department patients at the University of Illinois Hospital in Chicago has been so successful that in 2018, the hospital decided to double the housing program's size. Now, it's looking for ways to expand the program even further.

The Better Health Through Housing pilot project was launched in 2015 and initially provided housing for 25 patients with severe and chronic health problems. The hospital chipped in $1000 per month to house each patient, which was combined with federal housing subsidies to cover housing costs. The Chicago Center for Housing and Health, a local social services nonprofit, provided a case manager, health care coordination, and other support services to participants. Health care costs in the University of Illinois system for that initial cohort fell by 18% from about $5879 per month to about $4785 per month after entering the program, according to the program's director Stephen Brown, MSW, LCSW, director of preventive emergency medicine at the hospital.

"Health care costs plummet pretty dramatically," Brown said. "Just the stability of having housing allows people the mind space to begin to think about managing their lives." For example, they are able to see their primary care and specialist physicians regularly, take medications or preventive health measures that may be impossible while living on the street, apply for social security or other benefits, or look for a job.

The program is one of a growing number of housing projects being supported by hospitals and health systems across the country grappling with the effects of a national housing crisis. The trend builds on a substantial body of evidence that permanent supportive housing can improve the health and well-being of people experiencing homelessness. They also aim to help hospitals meet payers' demands to provide more value-based care for patients and the communities they serve.

"We're learning more and more that without a place to live, it's nearly impossible for a person to take care of their basic health needs," said Bechara Choucair, MD, senior vice president and chief community health officer at Kaiser Permanente. Kaiser Permanente recently committed $200 million to reduce homelessness and boost affordable housing in the communities served by its hospitals.

Nowhere to Go

Initially, Brown and his emergency department colleagues identified 48 patients likely experiencing homelessness, but on closer examination that list has grown to more than 4600 likely homeless individuals. Some patients do not admit to being homeless, Brown noted, but the hospital has developed ways to use patient addresses or other information to identify those who are homeless.

"There were patients that were actually at our hospital 100 times in year," said Terry Vanden Hoek, MD, professor and head of emergency medicine at the University of Illinois at Chicago College of Medicine. Many were frequently seeking shelter or care at other area hospitals as well, he noted. "They were literally living in our hospital system."

Getting to know these patients shifted Brown and Vanden Hoek's perceptions about them. The patients they identified often had multiple comorbid medical conditions, including severe mental illness, substance abuse disorders, and chronic conditions like diabetes or heart failure. Many present with conditions like cellulitis that required urgent care, Vanden Hoek said. Homeless patients' ability to cope with their health conditions and the challenges of daily life are often complicated by their disproportionately high rates of mental illness, traumatic brain injuries, cognitive impairment, and histories of childhood abuse or sexual trauma, Brown noted. In fact, Choucair noted chronically homeless individuals have a median life expectancy that is nearly 30 years shorter than the average US life expectancy.

"They needed more than just a place to stay," Vanden Hoek said. "They needed care as well."

Caring for these complex patients in the emergency department and as inpatients can be costly. Brown identified more than 50 patients with costs exceeding $100 000 per year in their health system alone.

It can also put an enormous strain on a health system. Many homeless patients remain in the hospital even when they

no longer need immediate care only because there's no place they can be discharged, explained Mark Ghaly, MD, director of Community Health & Integrated Programs at the Los Angeles County Department of Health Services, which operates the county's safety net hospitals. "We keep them and that makes the whole system function poorly," he said.

Additionally, these circumstances make it harder for hospitals to meet quality goals or boost overall community health, noted Barbara DiPietro, PhD, senior director of policy at the National Health Care for the Homeless Council in Baltimore.

"Hospitals are desperate because now they're responsible for readmission rates," DiPietro noted. "They're responsible for care coordination. They're responsible for value-based payments and reducing lengths of stay. They're in a tight spot."

Many hospital systems have already banded together to create respite care housing in shelters or other settings with onsite medical services for those who are ready for discharge but still need follow-up care. DiPietro said there are about 80 such programs around the country. Now, many health systems are going a step further into permanent housing.

Housing *Is* Health

Building on the evidence of the health benefits of housing, the Los Angeles County Department of Health Services launched its Housing for Health program in 2013 in partnership with local social service nonprofits. Since then, more than 6000 individuals have been housed in permanent supportive housing with an astonishing housing retention rate of about 96%.

"Providing a house for someone who's struggling through health issues is one of the first and foremost aspects of getting them back to that place where they're able to participate in society in a productive way," said Ghaly.

The Los Angeles program uses a stepped approach starting with respite care. When people are ready, they move to interim housing before eventually being placed in permanent supportive housing. An evaluation of the program's first 2.5 years by Rand Corporation published in 2017 found reductions in participants' use of the emergency department (1.64 fewer visits per year) and inpatient care (4 fewer days) in the year after housing compared with the year before. The 890 participants also received less financial aid, were arrested less, spent fewer days in jail, and used fewer mental health services. All told, the costs of public services for participants declined 60% from an average of $38 146 in the year prior to housing to $15 170 during the first year of housing. When the costs of providing participants with permanent supportive housing were considered, the net savings were 20%.

"A health system can take this on, and it can be done in a large scale," said the evaluation's lead author Sarah Hunter, PhD, senior behavioral and social scientist at Rand.

Surveys of participants found no difference in self-reported physical health in the program, according to the Rand report. However, Hunter said that this isn't surprising because many of the participants are older and have multiple serious chronic conditions. In contrast, the survey did find substantial improvements in self-reported mental health.

Just stabilizing a patient's health and living situation can have a tremendous benefit and improve a patient's quality of life, DiPietro noted.

"While someone may still have diabetes, they are able to better manage their blood sugar because they are able to get better nutrition once they have their own kitchen and can fix their food," she said. "You're better able to monitor your chronic conditions and communicate with your care team."

Ghaly said he and his colleagues are working to systematically fine-tune the program to further improve participants' outcomes. He and his colleagues also hope to work with clients who've been stably housed for 4 or 5 years to help them find jobs and affordable housing, so they can eventually leave the program.

"The next frontier I think in this work is helping people thrive once they are housed," Hunter said.

Turning to Prevention

Some hospitals are beginning to shift their sights to preventing chronic homelessness. "It begs a prevention solution so that no one ever hits the threshold for becoming chronically homeless," Brown said. "It takes an incredible toll on the body."

In Portland, Oregon, a $21.5 million contribution to Central City Concern, a nonprofit homeless and addiction service provider, from 6 health care organizations is helping to build nearly 400 units of supportive, affordable housing. The participating hospitals provided support for the project using "community benefit" funds, which fulfill Affordable Care Act and federal tax exemption requirements. Rachel Solotaroff, MD, president and CEO of Central City Concern, noted that the affordable housing may help the health systems' own workforce who often struggle with rising rents in Portland and long commutes.

Two of the buildings opened late last year with 206 units for families making up to 60% of the median income. A third is scheduled to open in July 2019. That building will combine 80 units of transitional housing for individuals experiencing homelessness, about 50 medical and mental health respite care beds, about 20 units of permanent housing, and a palliative care unit with 10 beds. The first 2 floors will house an integrated clinic providing care for addictions, mental health, and physical health as well as housing and employment support.

Beyond Hospital Programs

Although hospital-led initiatives can help, hospitals won't be able to solve the housing crisis alone.

"Health systems can't pay for us to get out of our affordable housing crisis," Solotaroff said.

However, forging investment partnerships between the health care community and other sectors has proven difficult. Many experts, including Stuart Butler, PhD, a senior fellow at the Brookings Institution, argue that this challenge can only be overcome by addressing the "wrong pocket problem," where investments in affordable housing yield cost-savings benefits for hospitals but not other sectors such as housing. In a recent report, Butler suggests alternative strategies to support affordable housing initiatives, including tapping Medicaid dollars. Several states, including Hawaii, California, Oregon, Washington, New York, Massachusetts, and Maryland, have done this by getting Medicaid waivers to cover support services for homeless individuals, DiPietro said.

In Chicago, Brown has been working closely with other government agencies including emergency medical services,

police, the mental health care system, the jail, prisons, and public transit.

"Homelessness is a conflagration of a lot of broken systems, and so there's a lot of organizational and collaborative work going on around the city to build capacity to have more of an integrated system of care," Brown said.

Health systems can also recruit other funders and use their political leverage to support public funding for affordable housing and support services, Solotaroff said. Kaiser Permanente has joined Mayors & CEOs for Housing Investment, a group that advocates for federal policies and funding for affordable housing.

"When you think about the housing crisis that we're dealing with nationally, this is a very complex issue," Choucair said. "There's no silver bullet and no one entity can respond to those needs. Really the solutions need to be at all levels of government." ■

Note: Source references are available through embedded hyperlinks in the article text online.