Housing Improves Health Outcomes & Reduces Costs

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The Issue

- **Homeless frequent users present complex, co-occurring social, health and behavioral health problems.**
  - Chronically ill homeless individuals bounce in & out of high-cost services, yet health outcomes do not improve
  - Mortality rates among homeless adults are 3 or more times greater than that of the general population. ("State of Homelessness in America 2012," National Alliance to End Homelessness and Homelessness Research Institute)
  - Require more comprehensive, integrated interventions encompassing medical and behavioral health care, intensive case management and housing

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Opportunity

- **ACA:** comprehensive solutions needed to effectively bend health care cost curve and improve quality of care
- Across country, leading hospitals, FQHCs, housing developers and homeless service providers are **collaborating in innovative ways** to improve health outcomes of identified high users of public systems and effectively address social & economic complexities of homelessness

The Solution: Health AND Housing

- **Integrating care management and supportive housing** stabilizes most chronically ill homeless patients, reduces use of ED and inpatient readmissions, health care cost savings, *and* inspires communities to work together

- High utilizing individual becomes a tenant in supportive housing, average hospital cost savings are $3,022 per patient per month, **or 88% of prior costs.** (*Crisis Indicator*, Economic Roundtable. August 2011)

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The Solution: Improved Health Outcomes

- In Denver, 50% of tenants placed into SH improved their health status, 43% improved mental health outcomes, and 15% reduced substance use (Perlman and Parvensky, 2006)

- In Seattle, a 30% reduction in alcohol use among chronic alcohol users in SH (Larimer et. al., 2009)

- In San Francisco and Chicago, significantly higher survival rates for individuals with HIV/AIDS in SH compared to control groups (Martinez & Burt, 2006; Sadowski et. al., 2009)

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FUSE Initiatives

Project	Description	Outcomes
Project 25: San Diego	SH, services and discharge program to Top 35 chronically homeless - and some of most frequent users of ERs and other public resources	$4.2m (2010); $1.8m (2011). 55% reduction in ER visits, in- patient hospitalizations, ambulance transports and arrests
The Frequent Users of Health Services Initiative (FUHSI) six-year, $10 million	TA for new approaches to address comprehensive health & social service needs of frequent users of EDs & decrease avoidable ED visits & hospital stays. Six 3-year SH pilots.	- 61% decrease in ED visits - 62% decrease in inpatient days - 59% decrease in ED charges - 64% decrease inpatient admits
DESC: Seattle	Targets frequent users of hospitals, jails and other institutions; 75 per year in SH; Vulnerability Assessment Tool	Systems Costs prior to SH: $8.16m ; after one year housing : $4.08m • 56% of this in Medicaid payments • County jail bookings down 45% • Jail days down 48% • Sobering center usage down 91% • Shelter usage down 93%

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