Lessons Learned

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Chicago's homeless count compared to other US Cities

<table>
<thead>
<tr>
<th>City</th>
<th>Homeless Count</th>
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<tbody>
<tr>
<td>Los Angeles City &amp; County</td>
<td>34,000</td>
</tr>
<tr>
<td>San Bernardino County</td>
<td>6,691</td>
</tr>
<tr>
<td>San Diego City &amp; County</td>
<td>3,540</td>
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<tr>
<td>San Francisco City &amp; County</td>
<td>1,865</td>
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<tr>
<td>Oakland</td>
<td>3,200</td>
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<tr>
<td>San Jose</td>
<td>1,950</td>
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<tr>
<td>Phoenix</td>
<td>1,215</td>
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<tr>
<td>Portland</td>
<td>8,220</td>
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<tr>
<td>Seattle</td>
<td>14,988</td>
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<tr>
<td>Combined Cook County &amp; Chicago, IL</td>
<td>8,115</td>
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The Process: From a Hospital to a Home
An interdisciplinary, interagency process that uses the Housing First model

- Identification: 575
- Intake: 60
- Outreach: 27
- Care Coordination: 26
- Permanent Supportive Housing
- Case Worker
- Outreach Worker
- Homeless Patient
Our partner, the Center for Housing & Health, promotes the coordination, research, evaluation and policy development of housing and health programs that serve vulnerable populations in the Chicago Metropolitan Area.

UIH pays CHH $1,000 per month per patient housed up to 12 months.

Healthcare

- Rush University Medical Center
- Swedish Covenant
- Northwestern
- Cook County Health
- 27 Supportive Housing Agencies

Housing

- Outreach Worker
- 4,000 scattered site units
- 125-150 Vacancies
- 3 Single Room Occupancy (SRO) Hotels

To Date

- November 2015 to present
- 48 transitioned into permanent supportive housing from UIH
- 91 total from all five hospitals
- UIH leadership commitment to fund through FY2023

First Cohort Retention, Cost & Utilization

- 31% mortality rate
- 47% housing retention (of 17 survivors)
- 21% cost reduction
- 57% drop in IP Utilization
- 67% drop in ED Utilization
Lesson # 1:
Homelessness is a dangerous health condition.

Life Expectancy & Mortality

The average life expectancy is 27.3 years less than the average American

Unsheltered Homelessness have 3.6x Mortality Risk Compared to Sheltered Homeless
Very high rates of severe mental illness, substance abuse, chronic & infectious diseases, and cancer:

- 12%
- 19%
- 23%
- 19%
- 42%
- 57%
- 77%
- 23%
- 77%
- 38%
- 73%
- 15%

Lesson #2:
The homeless are invisible in healthcare.

In 2015, only 48 homeless patients had been identified by ED & Psych staff interviews.

Underreporting of a dangerous condition:

- 2015 Count: 1,240 Homeless
- FY2018 Count: 1,000 Homeless

A Natural Language Processing (NLP) project is currently underway in order to identify homeless patients from over twenty million clinical notes. Preliminary results will be reported in the Spring of 2019.
Lesson # 3:
The chronically homeless have exorbitant healthcare costs & utilization.

Impact on Cost & Utilization: Hospitals

- Excess cost of $2,559 per admission
- 2.32 days longer length of stay
- Strikingly higher re-admission rates (50.8% vs. 18.7%)
- 48% of top 100 / 32% of top 300 ED visitors are homeless

Sources:
3) UI Health BHH program evaluation.
Lesson # 4:
More alignment, coordination & resultant collective impact is needed among healthcare, payors and other public sectors.

Collective Impact: The Flexible Housing Subsidy Pool

A public-private partnership, led by the Chicago Department of Public Health (CDPH), the Department of Family and Support Services (DFSS) and the Corporation for Supportive Housing (CSH), is implementing a model from LA County called the Flexible Housing Subsidy Pool.

- Mitigates the “Wrong Pocket Problem” by including together subsidies, grants and investments into a common funding pool.
- $1.9m commitment from CDPH, DFSS, DPD
- Attracts investment from non-traditional funders (hospitals, insurance companies)
- Facilitates capacity building: more apartments to come online

750 MORE APARTMENT UNITS
Final Lesson:
How to collaborate with healthcare

- In Medicaid expansion states, cost savings are important, but may not be the primary reason for hospitals.
- In non-Medicaid expansion states, hospitals can reduce losses.
- Insurance companies are jumping in.
- It is a devastating health condition.
- Non-profit hospitals can demonstrate community benefit.
- A step into ACA population health.
- Opportunity for capacity-building through collective impact with other hospitals.

"It was the right thing to do."
Dr. Avijit Ghosh, former CEO UI Health

Questions?

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EDs have been revolving doors

Fragmentation of Care: Healthcare’s Role

Treat & Release
Injury, Public Nuisance, Intoxication, Psychiatric Crisis

ED Workup or Psych Admission

Transport To ED by police & fire

Breaking the Cycle

For patients who have untreated severe mental illness who cycle through EDs, EMS and police.

Patients placed on long-acting injectables and monitored by the courts

Assisted Outpatient Treatment
Suboxone, Methadone or Vivatrol for Opioid Use Disorders, coupled with trauma-informed psychotherapy

Medication Assisted Therapy
Psychiatric Stabilization Centers, Sobering Centers, Reentry healthcare for patients exiting jail & prison

Diversion Strategies