

Solutions to Homelessness

Sharon Rapport, CSH
Senate Transportation & Housing
Committee Informational Hearing
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Our Mission

Advancing housing solutions that:



Improve lives of
vulnerable
people



Maximize public
resources



Build strong,
healthy
communities

Different Housing Models for Different Needs

Most Families, People w/o Barriers

Rapid Re-Housing

- Housing search assistance
- Assistance with security deposits, back utility payments, etc.
- Rental assistance for 3-24 months, but no limit on length of stay
- Short-term case management



Supportive Housing

- Long-term rental assistance
- Long-term *voluntary* intensive case management to—
 - Promote housing stability (working with landlords to avoid eviction, money management training, etc.)
 - Coordinate care

People w/Barriers to Hsg Stability

Affordable Housing

Decent, safe, permanent housing affordable to people in poverty. Scattered-site or single-site.

Homelessness is Expensive, Supportive Housing Reduces Costs

Public Service Reduces Placement of Homeless Mental Illness in Supportive Housing

Dennis P. Culhane, Stephen J. University of Pennsylvania

Abstract

This article assesses the impact of less persons with severe mental illness in New York City between 1998 and 2002. The study found that the placement of public shelters, public and private supportive housing, and psychiatric hospitals was not matched to the needs of the population.

Regression results reveal that the number of persons with severe mental illness in shelters use, but not in public shelters, declined by 440,451 per person per year. The reduction in services use is estimated at \$17,277, for a 10% reduction in services use.

Keywords: Homelessness, mental illness, supportive housing, public shelters, psychiatric hospitals, New York City

Introduction

Placing homeless persons in permanent supportive housing reduces their use of psychiatric hospitals, public shelters, and inpatient psychiatric hospitals. This study reveals that the placement of public shelters, public and private supportive housing, and psychiatric hospitals was not matched to the needs of the population.

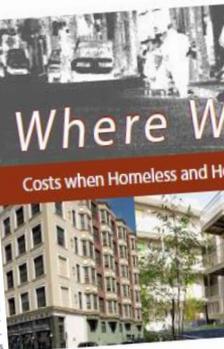
ORIGINAL CONTRIBUTION

Effect of a Housing Program on Emergency Department Admissions and Hospitalizations of Homeless Adults: A Randomized Trial

Laura S. Sobowki, MD, MPH
Romina A. Kee, MD, MPH
Tyler J. VanderWeele, PhD
David Buchman, MD, MS

ADDRESSING THE HEALTH NEEDS of the homeless population is a challenge to physicians, health institutions, and federal, state, and local governments. Homelessness is pervasive in the United States, and an estimated 3.5 million individuals are likely to experience homelessness in a given year.¹ To address this problem, 860 cities and counties have enacted 10-year plans to end homelessness, and 49 states have created Interagency Councils on Homelessness.²

Rates of chronic medical illness are high among homeless adults. With the exception of obesity, stroke, and cancer, homeless adults are far more likely to have a chronic medical illness such as human immunodeficiency virus (HIV), hypertension, and diabetes mellitus and more likely to experience a complication from the illness because they lack adequate housing and regular, uninterrupted treatment.^{1,4} Homeless adults are frequent users of costly emergency department and hospital services, largely paid for by public dollars.^{1,4} The combination of chronic medical illnesses and poor access to primary health care has sub-



2009

Underwritten through County of Los Angeles The Califon

For editorial comment see p 1822.
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Raven et al. BMC Health Services Research 2011, 11:270
http://www.biomedcentral.com/1471-2901/11/270

RESEARCH ARTICLE

An intervention to improve care for high-risk patients with frequent admissions: a pilot study

Matis C. Raven^{1*}, Kelly M. Doran², Shannon Kostrowski¹, Colleen

Abstract

Background: A small percentage of high-risk patients accounts for a disproportionate share of hospital admissions in the United States, which has become an urgent policy issue. Our objective was to evaluate an intervention for high-risk patients with frequent hospital admissions to reduce costs.

Methods: Community and hospital-based care management and case management teams identified high-risk patients with frequent hospital admissions. Enrolled patients were evaluated using qualitative and quantitative methods to determine barriers to care. A community housing partner initiated housing applications and facilitated appropriate discharge plans then worked closely with the case management team.

Results: Nineteen patients were enrolled; all were male, 18/19 patients had a total of 64 inpatient admissions in the 12 months prior to enrollment. Post-intervention, there was a 37.5% reduction in hospital admissions compared to the prior year. Overall ED visits and clinic visits increased. Nearly steady hospital Medicaid reimbursement.

Conclusions: A pilot intervention for high-cost patients who are currently expanding our model to serve more patients at a replicated.

Trial registration: ClinicalTrials.gov Identifier: NCT01292096

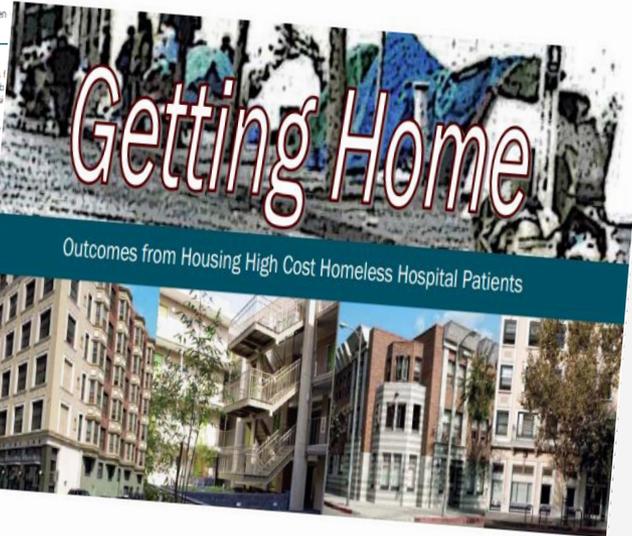
Background

A small percentage of Medicaid patients, many of whom are affected by multiple chronic diseases including mental illness and substance use, account for a disproportionate share of emergency department (ED) and inpatient visits and costs [1,2]. Overall, 4% of Medicaid patients account for nearly half of Medicaid spending, around \$8.8 billion in 2001 [3]. These high-cost cases

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2013

Economic Roundtable

Randomized, control-group, pre-post, pilot evaluations

2002

2008

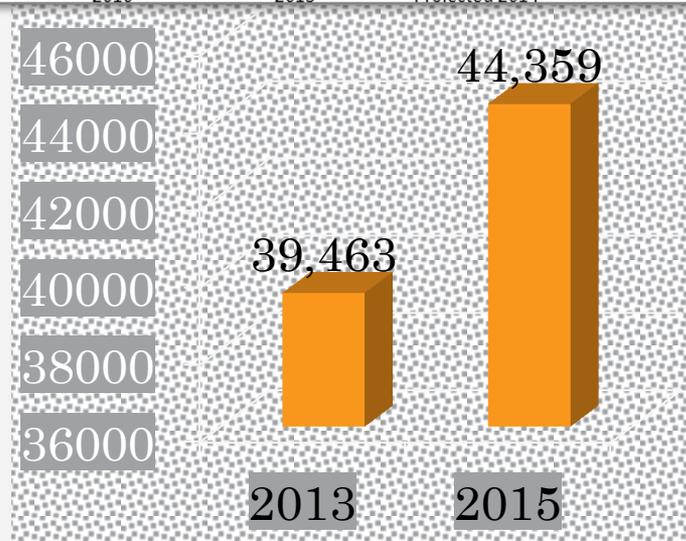
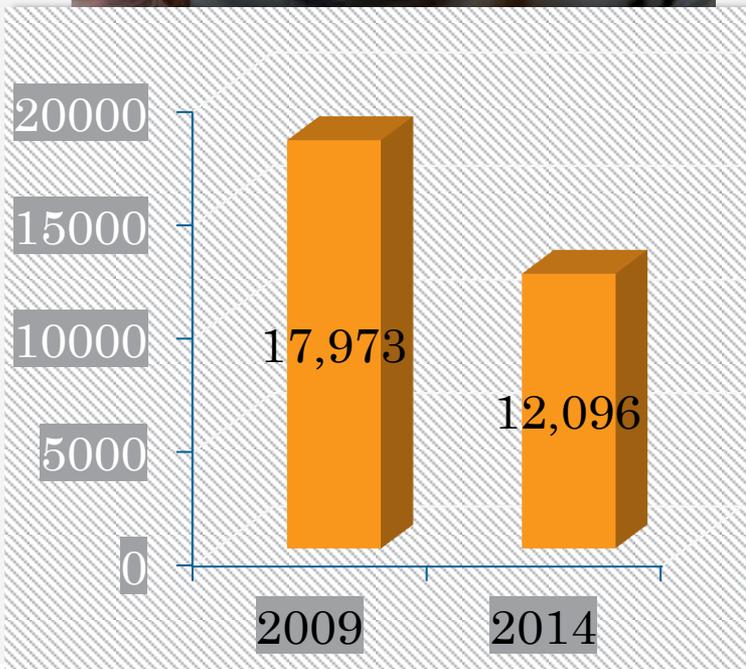
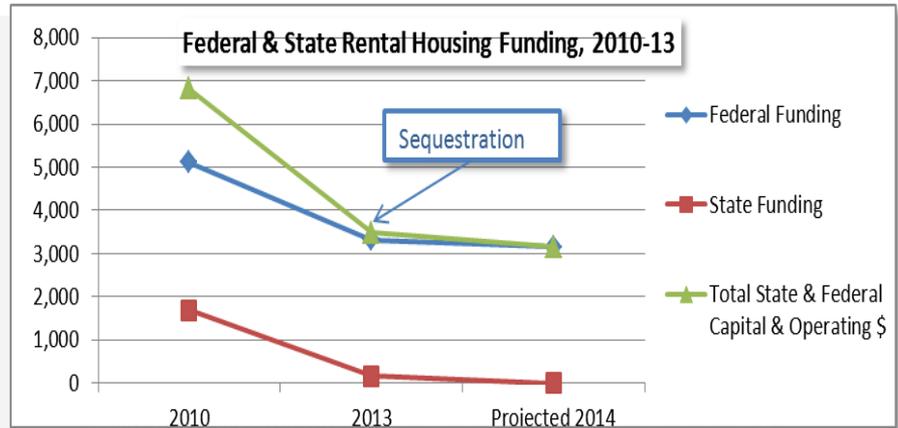
2009

2011

2013



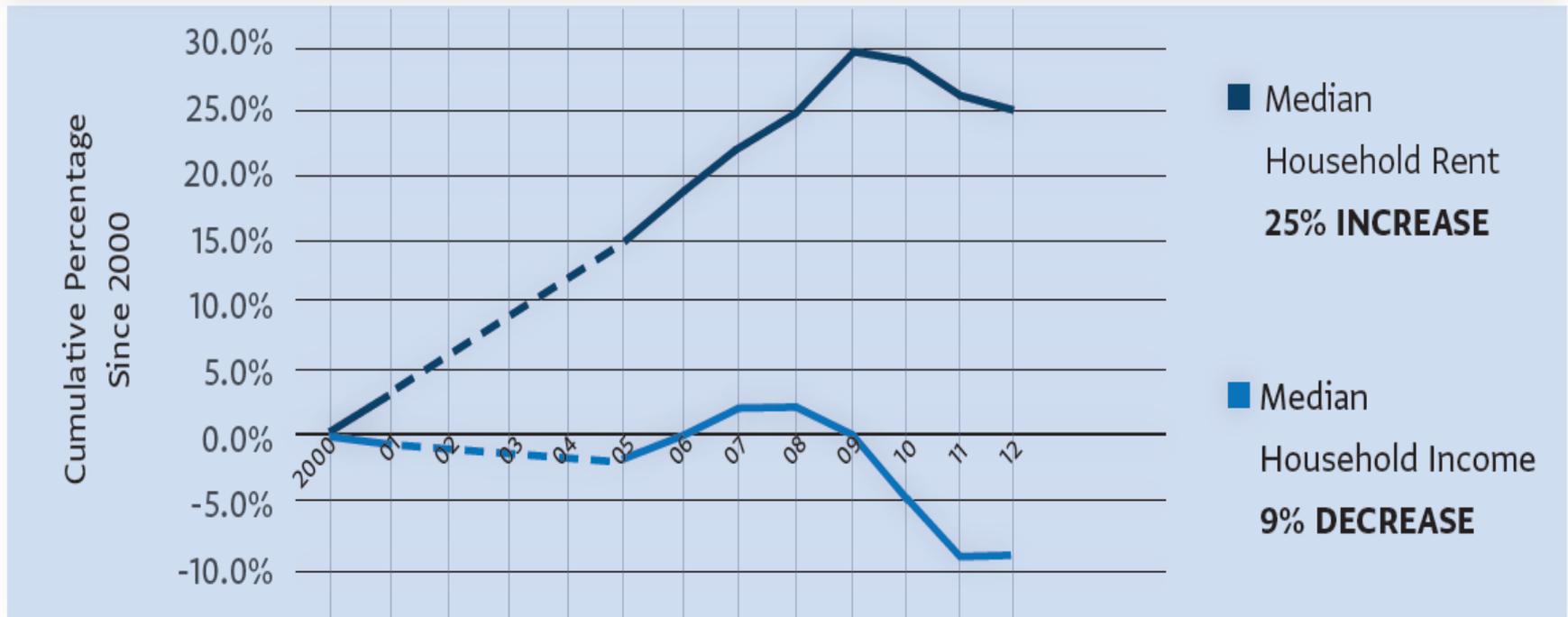
Resources Make a Difference



Homelessness in LA

Incomes Decreasing, Rent Increasing in L.A.

FIGURE 3 : CUMULATIVE PERCENTAGE CHANGE IN INFLATION-ADJUSTED MEDIAN INCOME AND MEDIAN RENT IN LOS ANGELES COUNTY 2000 TO 2012



SOURCES: US Census 2000; American Community Survey 2005-2012. Median rents and incomes from 2001-2004 are estimated.

State Legislative Strategies: Pass AB 1335

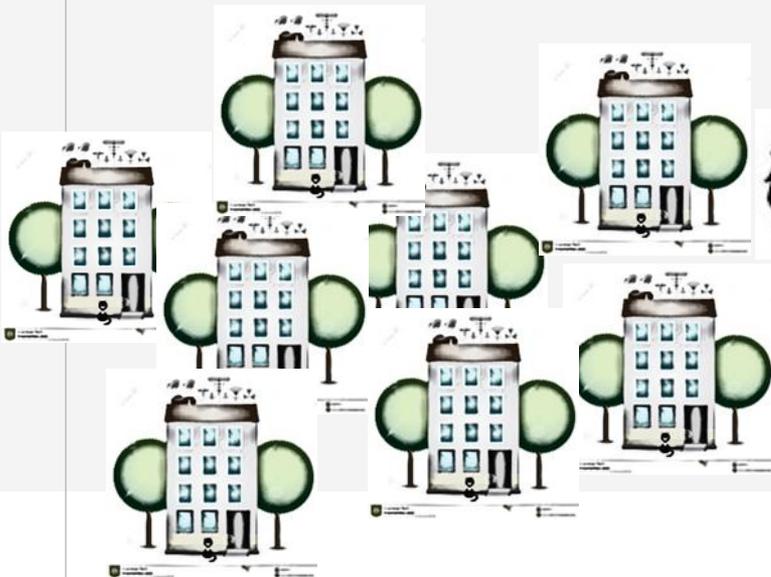


Sustainable

29,000 New Jobs

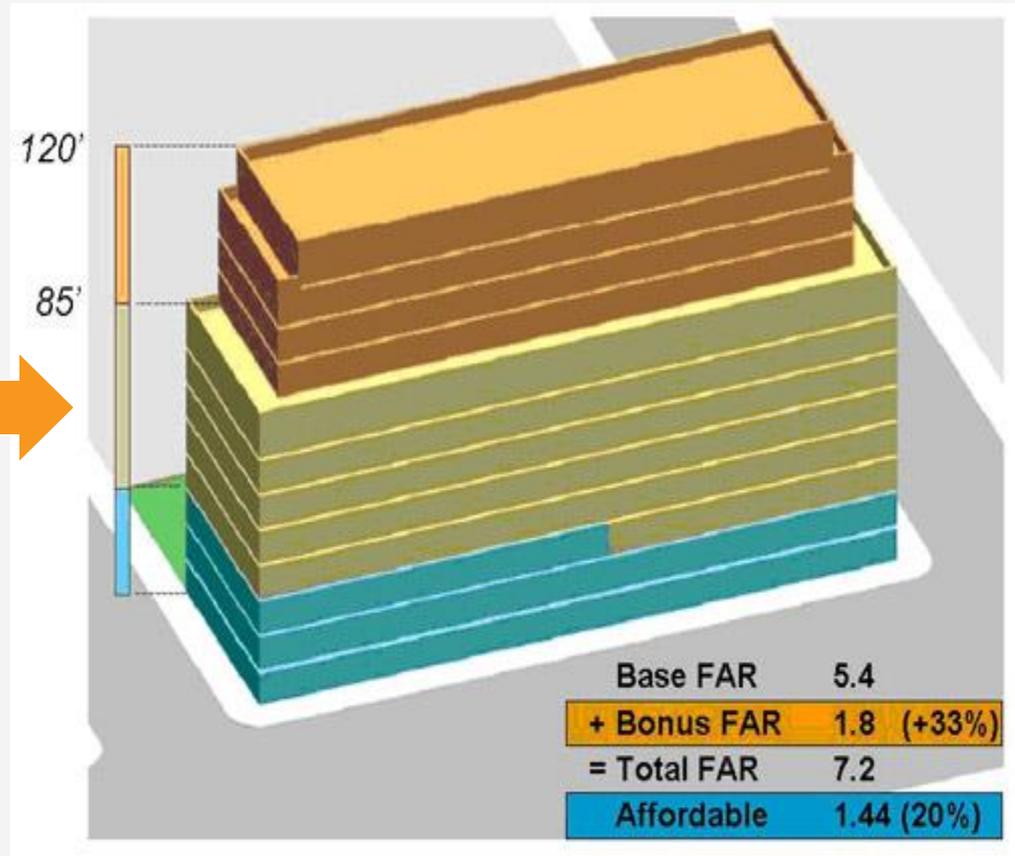
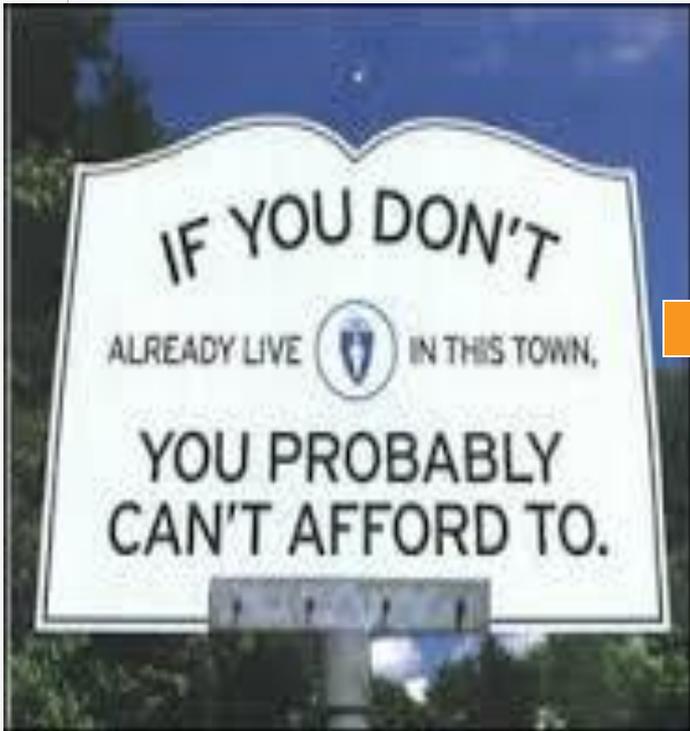


\$2.89B Leveraged

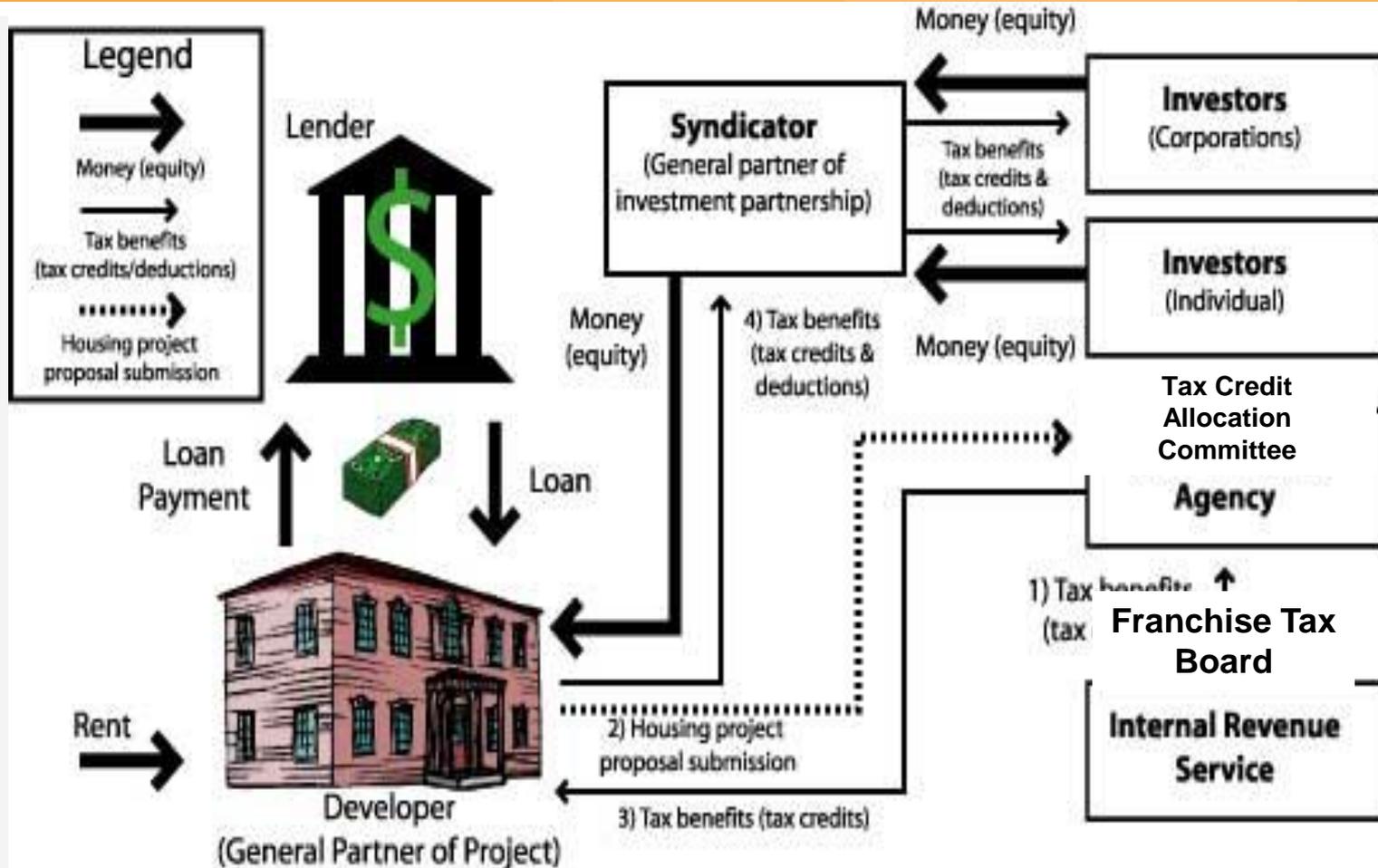


10,000 Households Living in Affordable Homes

State Legislative Strategies: Fix *Palmer*



State Budget Strategies: Increase State Tax Credits



State Budget Strategies: Include Bringing Families Home in Budget

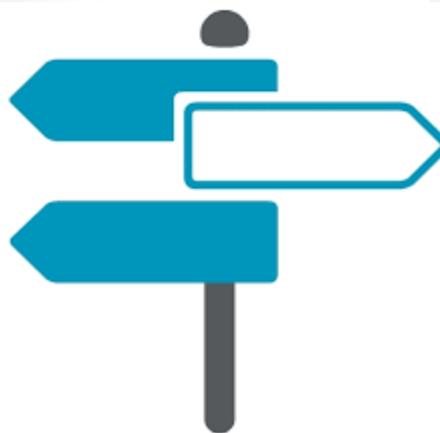


\$10 million=
About 700 Families Exit
Homelessness

State Budget Strategies: Seed Money for CES Development

Rapid Re-Housing

- **Housing search assistance**
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