

Supportive housing program

▶ Intervention in brief

High risk:	Supportive housing programs subsidize or offer free places for patients to live temporarily or permanently, through a provider/community organization partnership. The goal is to eliminate housing insecurity, which makes it hard for patients to access services and leads to avoidable and costly acute care stays.
Strength of evidence	 Medium <p>Intervention has not been frequently studied within the past ten years. Recent evidence based on case study findings.</p>
Impact	<ul style="list-style-type: none"> • Decreased cost (wide range): 16-67% decrease in costs, \$6,307-\$9,339 decrease in costs per patient; 74% decrease in Medicaid and shelter costs; 1.08x increase for adults, 1.14x increase for children; \$500,000 decrease in costs • Decreased utilization: 24-60% decrease in ED use; 29-68% decrease in hospitalizations; decreased share of adults/children with any ED visits (18.9% and 8.6% respectively); decreased share of adults/children with any hospitalizations (33.3% and 22.9% respectively) • Improved quality, clinical outcomes: 3-6% improved mental health score; 87% of participants had stable housing in two years • Increased access: Not demonstrated • Improved stakeholder satisfaction: Insignificant change to 98% of participants indicated an improvement in quality of life
How to succeed	<p>To create an effective housing program:</p> <ul style="list-style-type: none"> • Start small by prioritizing most vulnerable patients and retaining a manageable number of units based on existing resources and partner capabilities • Evaluate efficacy of owning, operating, or funding services through a partner organization • Select partners with a shared strategic vision and complementary resources • Develop comprehensive screening protocols and referral infrastructure to flag patients experiencing homelessness <p>To learn more about providing supportive housing, check out our How to Close the Housing Gap Through Strategic Partnerships whitepaper here.</p>

▶ Demonstrated impact

Literature review summary

Title: Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care
Publication: Health Services Research Journal
Date: 2012
Type: Randomized controlled trial
Study population: 407 patients suffering from homelessness and chronic medical illnesses at two hospitals in Chicago, Illinois who were referred by hospital social workers
Major findings: Patients in the intervention group generated \$6,307 in savings per patient per year compared to usual care. Subgroups of the intervention population including those suffering from chronic homelessness and HIV resulted in higher savings (\$9,809 and \$6,622 per person per year, respectively).
Source: Full article [here](#).

Supportive housing program

Title: Health Care Utilization and Expenditures of Homeless Family Members Before and After Emergency Housing

Publication: American Journal of Public Health

Date: 2018

Type: Case-control study

Study population: Families on Medicaid receiving emergency housing assistance between July 2008 and June 2015

Major findings:

- Increased expenditures (1.08x increase for adults, 1.14x increase for children)
- Reduced share of participants with any ED visits (18.9% decrease for adults, 8.6% decrease for children)
- Reduced share of participants with any hospitalizations (33.3% decrease for adults, 22.9% decrease for children)

Source: Full article [here](#).

Title: How to Close the Housing Gap Through Strategic Partnerships

Publication: Advisory Board

Date: 2017

Type: Case study compilation

Study population: Patients suffering from transitional, episodic, or chronic homelessness

Major findings:

- Cost savings: \$500,000 cost savings; 16% to 67% costs
- Reduced hospitalizations: 34%–68% decrease in inpatient stays
- Reduced ED use: 42% decrease in ED visits

Source: Full article [here](#).

Title: 2015 Home & Healthy for Good Progress Report

Publication: Massachusetts Housing and Shelter Alliance (MHSA)

Date: 2015

Type: Case study

Study population: Patients suffering from homelessness with at least one disabling condition (e.g., mental health illness, substance abuse disorder) enrolled in the Home & Healthy for Good (HHG) program

Major findings: The program resulted in \$9,339 cost savings per patient. Comparing pre- and post-housing, MHSA estimates that Medicaid and shelter costs decreased 74% (\$33,446 to \$8,639 per person). Annual ED visits decreased by approximately 60% and hospitalizations by 50%. Also, 98% of patients report an increase in quality of life. From 2006 to 2015, 813 patients received help from HHG. Of those, 31% are still in HHG housing while 37% moved on to permanent housing.

Source: Full article [here](#).

Title: Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults

Publication: Journal of the American Medical Association

Date: 2009

Type: Randomized controlled trial

Study population: Homeless and chronically-ill patients in Chicago, Illinois

Major findings: Patients offered housing and case management had 24% fewer ED visits and 29% fewer hospitalizations after 18 months. The mean physical functioning and mental health scores were insignificantly higher in the intervention group (53.6 vs. 52.2 and 57.0 vs. 54.0 on 100-point scale).

Source: Full article [here](#).

Supportive housing program

Title: Health Outcomes of Obtaining Housing Among Older Adults

Publication: American Journal of Public Health

Date: 2015

Type: Cohort study

Study population: 250 older adults encountering homelessness

Major findings: Patients who obtained housing used acute care 52% less compared to the participants who remained homeless (2.5 vs. 5.3 visits per year). Adjusted Patient Health Questionnaire score for those experiencing homeless was significantly higher than housed individuals (7.6 vs. 6.0).

Source: Full article [here](#).

Title: Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families

Publication: Health Services Research

Date: 2018

Type: Case-control study

Study population: 966 heads of families part of a New York City housing program targeted to families experiencing homelessness with physical or behavioral health needs

Major findings:

- Reduced preventable ED visits (40% less likely)
- Increased housing stability after two years (87% of tenants)

Source: Full article [here](#).

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Appendix

- Basu A, et al., “Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care,” *Health Services Research Journal*, 47, no. 1 (2012): 523-543, <https://www.ncbi.nlm.nih.gov/pubmed/22098257>.
- Clark E, et al., “Health Care Utilization and Expenditures of Homeless Family Members Before and After Emergency Housing,” *American Journal of Public Health*, 108, no. 6 (2018), <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304370>.
- “How to Close the Housing Gap Through Strategic Partnerships,” Population Health Advisor, The Advisory Board Company, https://www.advisory.com/research/population-health-advisor/studies/2017/how-to-close-the-housing-gap-through-strategic-partnerships?WT.ac=Inline_PHA_ResRep_x_x_x_CTC_2018May15_Eloqua-RMKTG+Blog.
- “2015 Home & Healthy for Good Progress Report,” Massachusetts Housing and Shelter Alliance (MHSA), <http://www.mhsa.net/sites/default/files/January%202015%20HHG%20Report.pdf>.
- Sadowski, et al., “Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults,” *JAMA*, 301, no. 17 (2009): 1771-1778, <https://jamanetwork.com/journals/jama/fullarticle/183842>
- Brown RT, et al., “Health Outcomes of Obtaining Housing Among Older Adults,” *American Journal of Public Health*, 105, no. 7 (2015): 1482-1488, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458186/>.
- Lim S, et al., “Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families,” *Health Services Research*, 53, no. 5 (2018), <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.12849>.