

The Impact of Housing the Homeless on Healthcare costs

Blueprint for Health, OneCare Vermont Conference
Monday, October 19, 2015

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100,000 homes campaign

**Greater Burlington Area
Vermont Edition**

Homes for the Homeless

100,000 homes campaign

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Registry Week
October 20-22, 2014

- 74 volunteers and team leaders did survey shifts
 - Collective volunteer time: 435 hours
 - Total value \$9,300 at \$21.57 per hour
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Survey Results



Participant Information

- 210 total respondents:
- 180 individuals
- 25 families
 - 18 have children present

Participant Information

- 124 male
- 63 female
- 3 transgender
- 139 from Vermont
- 10 military veterans
- 50 have been in foster care
- 55 have a physical disability
- 51 have previously received federally subsidized housing

History of housing and homelessness

Chronic homelessness:

- 163 respondents (78% of total) have been homeless for more than 6 months
- 141 respondents (67%) have been homeless for over one year

Impact on community resources

- 66 individuals (31%) have visited the Emergency Room more than once in the last six months
- 85 individuals (40%) have had interactions with the police in the last six months

Risks of being homeless

- 73 individuals (36%) have been attacked since becoming homeless
- 38 individuals (19%) have engaged in risky behavior in the last six months

Sleep locations

- 24 respondents sleep in a car (13%)
- 7 respondents sleep in a beach, riverbed or park (4%)
- 38 individuals sleep in a street, sidewalk or doorway (20%)
- 56 individuals/families sleep in shelters (30%)
- Other (e.g. tent, encampment, etc.): 64 respondents(34%)

Socialization and daily functions

- 93 respondents (46%) said they do not have daily activities other than surviving that bring them happiness and fulfillment

Health and wellness (morbidity)

- 52 respondents (25%) have kidney disease, history of hypothermia, liver disease or HIV/AIDS
- 130 respondents (62%) have some other chronic health condition(s)

Health and wellness (morbidity)

- 126 respondents (60%) have a history of substance abuse
- 164 respondents (78%) have problems with mental health

Tri-morbidity

- Definition: co-occurring psychiatric, substance abuse, and chronic medical condition
- 95 respondents (45%) are tri-morbid

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Prioritizing homeless people for housing by mortality risk

VULNERABILITY INDEX

Vulnerability Index

- Mortality risk
- Specific health conditions that cause homeless individuals to be most at risk for dying
- Practical application of research into causes of death of homeless individuals conducted by Boston's Healthcare for the Homeless organization

Vulnerability Index

- Ranking allows those with the most severe health risks to be identified and prioritized for housing and other support
- Scores:
 - 0-4: Recommended for a Housing and Support Assessment at this time
 - 5-9: Recommended for a Rapid Re-Housing Assessment
 - 10 +: Recommended for a Permanent Supportive Housing/Housing First Assessment

Vulnerability Index

VI SCORE	NUMBER OF PEOPLE	PERCENTAGE
0-4	35	18.62
5-10	91	48.4
10-15	61	38.25
16+	1	0.53

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What does the word “home”
mean to you?



100,000 Homes Model

- Housing First
- Know who is out there
- Track your progress
 - Goal: House 2-3 of the most vulnerable each month until everyone is housed
- Improve Local Systems
 - Best practices, client-centered, measure program's impacts

The Case for Home

- Los Angeles county began a program to house the most chronically homeless
- Costs \$2897 /month for each homeless person
- \$605 when housed
- Accounting for rent subsidies, and costs of developing more house estimated savings of \$1190/month

Cost per Year

- Jail \$40,000
- Street \$33,000
- Home \$14,000

Average Monthly Public Costs for Persons in Supportive Housing and Comparable Homeless Persons



Source: 279 Matched pairs of supportive housing residents and homeless General Relief recipients. Costs shown in 2008 dollars.

The Case for Home

- Montefiore Health Network
- Most successful Pioneer ACO
- Per Capita costs 20% higher than average
- 80% Medicare and Medicaid population
- Excellent tools to manage variation within the hospital system
- 120 protocols

Montefiore Housing at Risk program

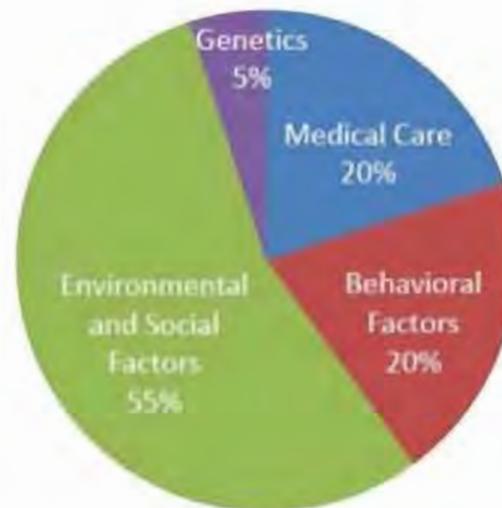
- Started in 2009
- Designed to identify and support patients who have unstable housing.
- Typically identified in the ED.
- Team helps patients get housing or maintain the housing they currently have.
- Team follows patients in the community.

Montefiore Housing at Risk program

- Montefiore rents post hospitalization beds for patients who don't have a place to go after they are ready for discharge.
- Saved \$400 million over 2 years

The Determinants of Health

For too long, we have equated health almost exclusively with the amount and quality of medical care





Vermont Data

VERMONT 2015

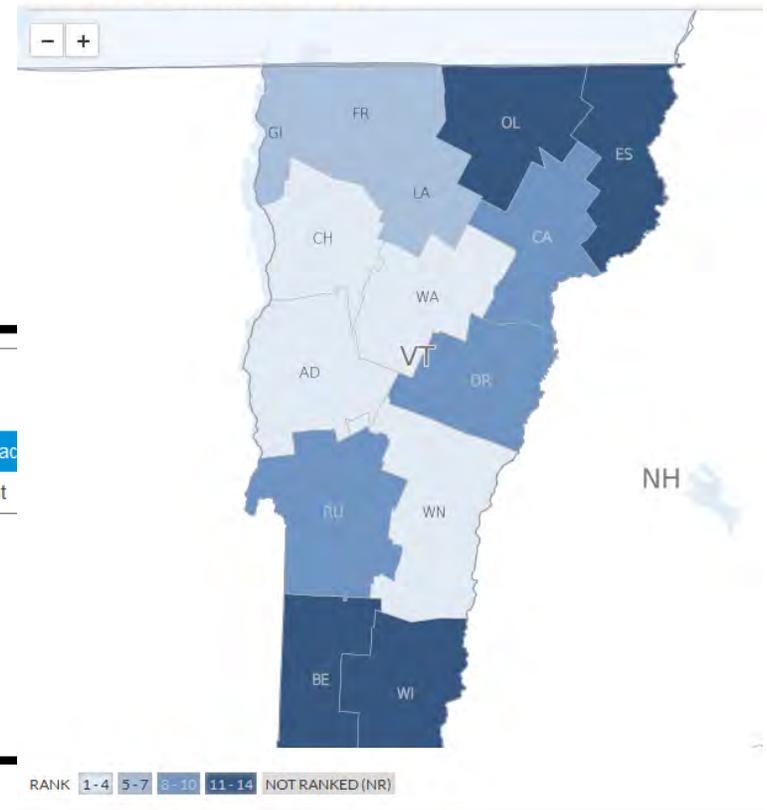
Overview | Rankings | Measures | Downloads | Compare Counties | Select a county | Print | Help

Find out how healthy your county is and explore factors that drive your health

Overall Rankings in Health Outcomes | Overall Rankings in Health Factors

Find tools and guidance to help improve the health of your community

Social & Economic Factors



Pre housing services (in the 12 months prior)		
	Encounters	Direct Cost
Emergency Room	113	\$18,299
Other Services	713	\$151,083
Total	826	\$169,382

Post housing services (any time after)		
	Encounters	Direct Cost
Emergency Room	29	\$4,682
Other Services	123	\$17,680
Total	152	\$22,362

Through May, 2015

Post housing services (any time after)		
	Encounters	Direct Cost
Emergency Room	38	\$6,235
Other Services	141	\$19,548
Total	179	\$25,783

Through June, 2015

Post housing services (any time after)		
	Encounters	Direct Cost
Emergency Room	46	\$7,598
Other Services	180	\$26,631
Total	226	\$34,230

Through July, 2015

Questions?