

HEALTHCARE FOR THE HOMELESS AND ENDING HOMELESSNESS

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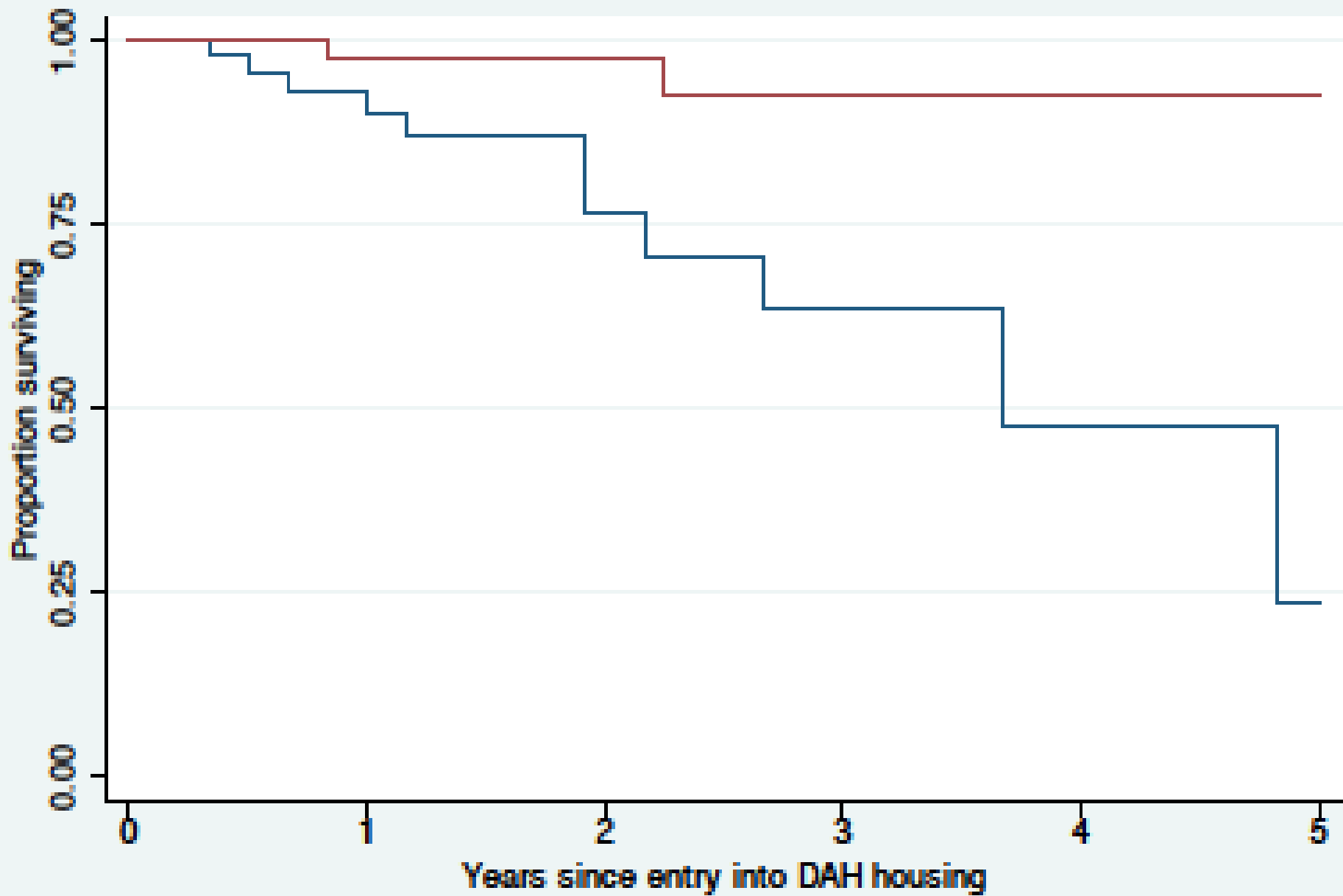
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Outline

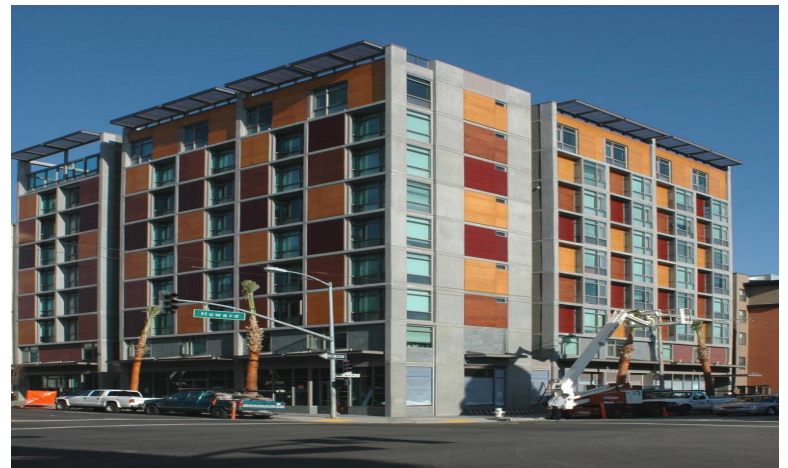
- Housing reduces mortality for homeless people with AIDS
- For high users of healthcare system, it is cheaper to be housed than homeless
- Not all housing is the same
- Characteristics of communities on track to end homelessness
- Leadership role of HCH clinics

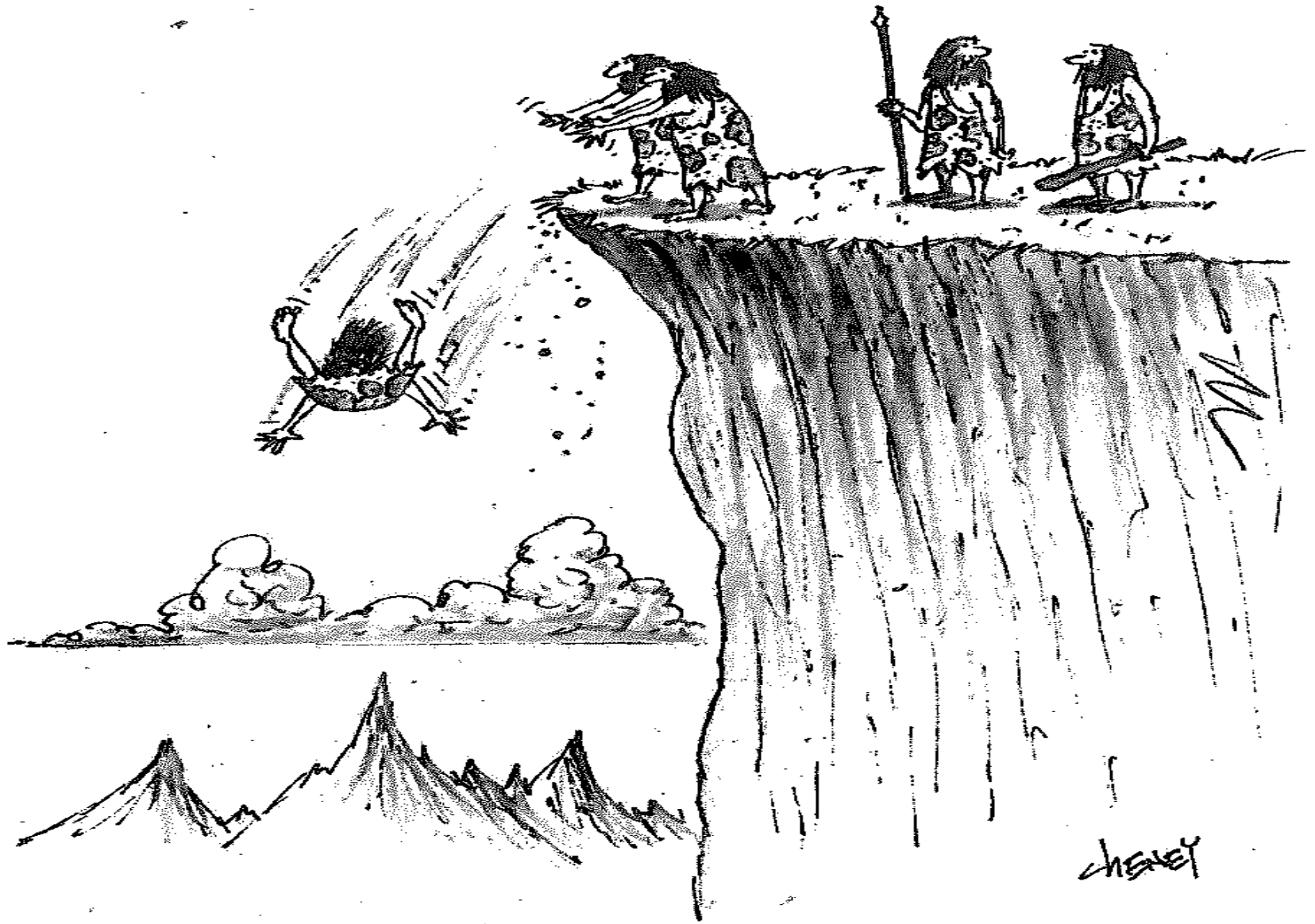


Entered DASH housing Remained homeless

Plaza High Utilizer Study

- 106 Chronically homeless adults
- Cost year before housing: \$3,132,856
- Cost year after housing: \$906,228
- Reduction in healthcare costs: \$2,226,568
- Cost of program: \$1.1million/year
- Reduction in public cost in first year: \$1.1 million
- More than 90% of reduction among 15 tenants who cost more than \$50,000/year prior to being housed





"It's the only treatment option he has under his current health plan."

The more beautiful the housing the better the outcome



The more beautiful the housing the better the outcome- Windsor



The more beautiful the housing the better the outcome- Plaza



The more beautiful the housing the better the outcome- Mission Creek



The more beautiful the housing the better the outcome- Richardson



The more beautiful the housing the better the outcome- Kelly Cullen Community



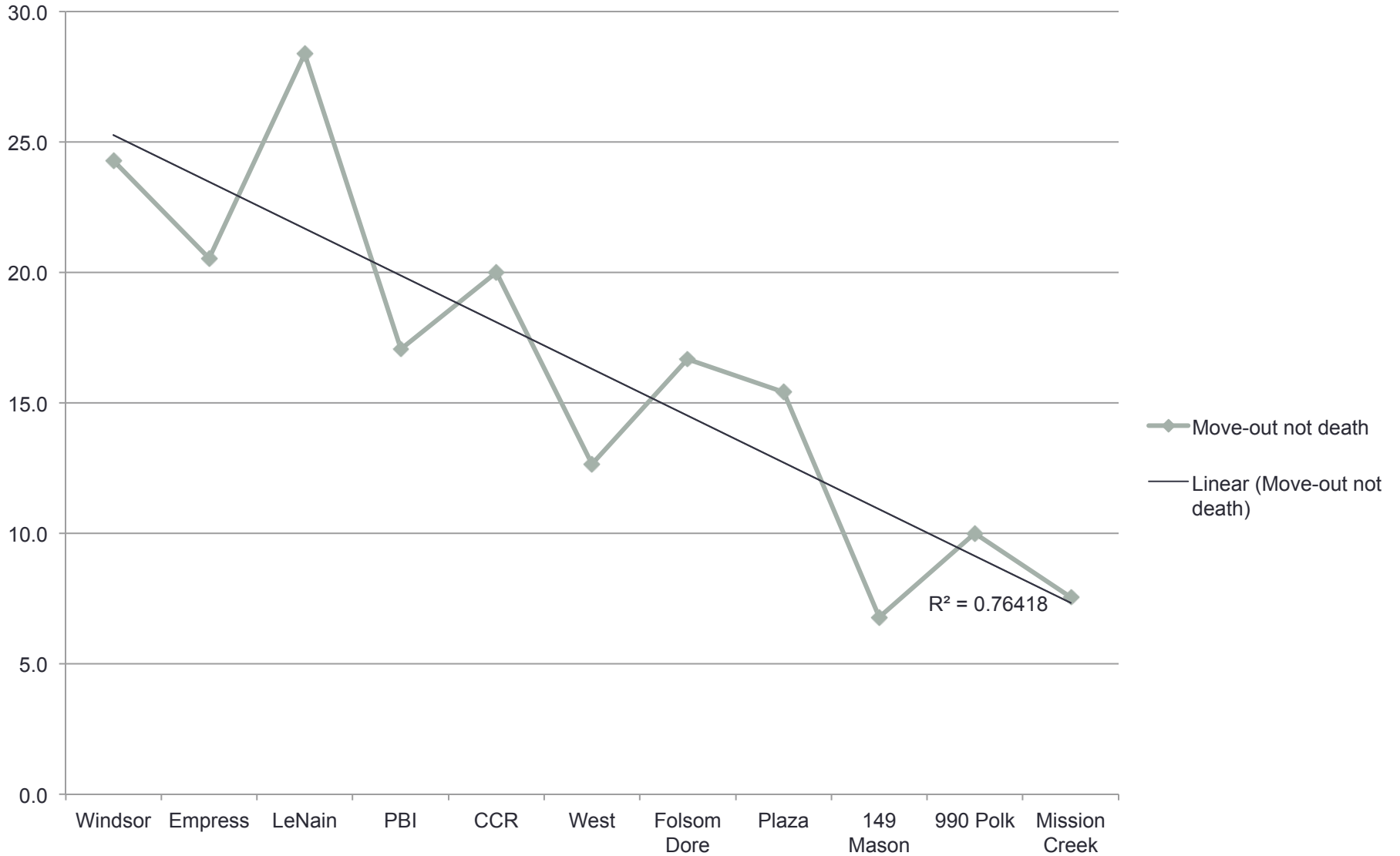
The more beautiful the housing the better the outcome- Kelly Cullen Community



The more beautiful the housing the better the outcome- Kelly Cullen Community

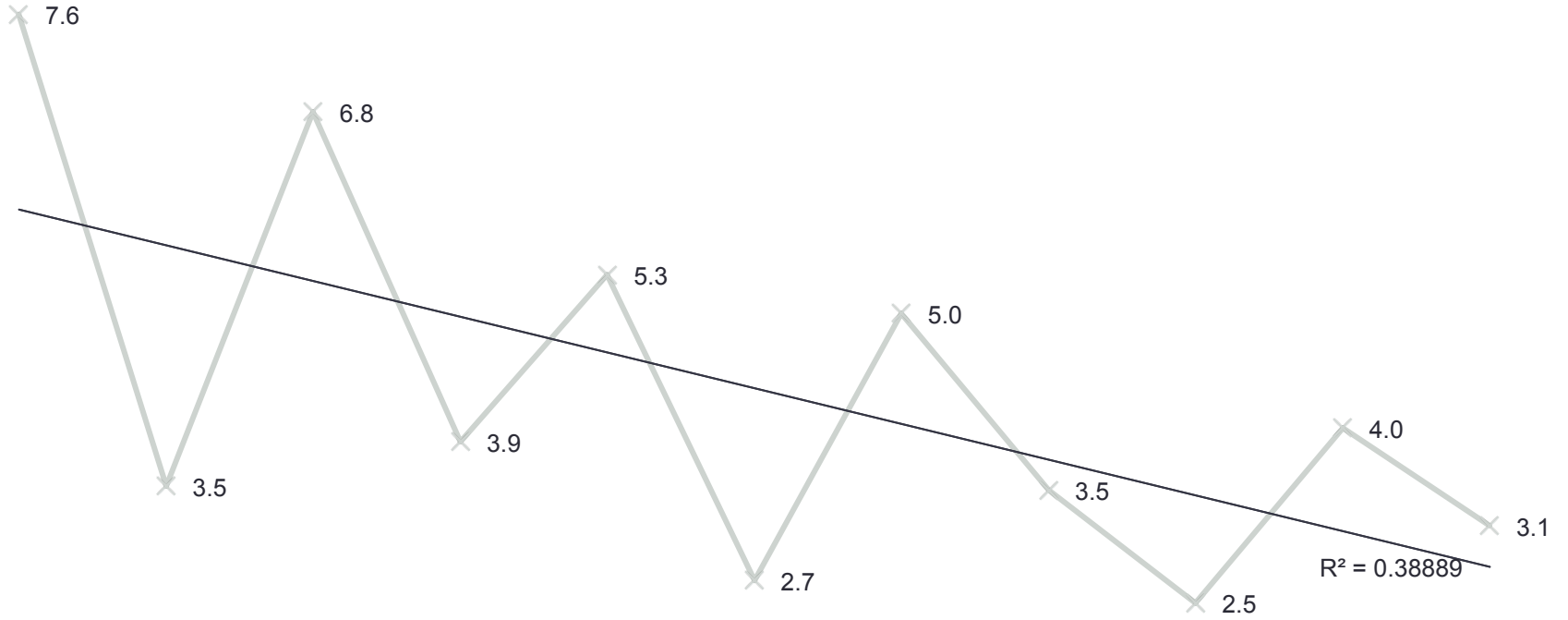


Move-out not death



Death by Quality of Housing

—x— %death



Windsor

Empress

LeNain

PBI

CCR

West

Folsom Dore

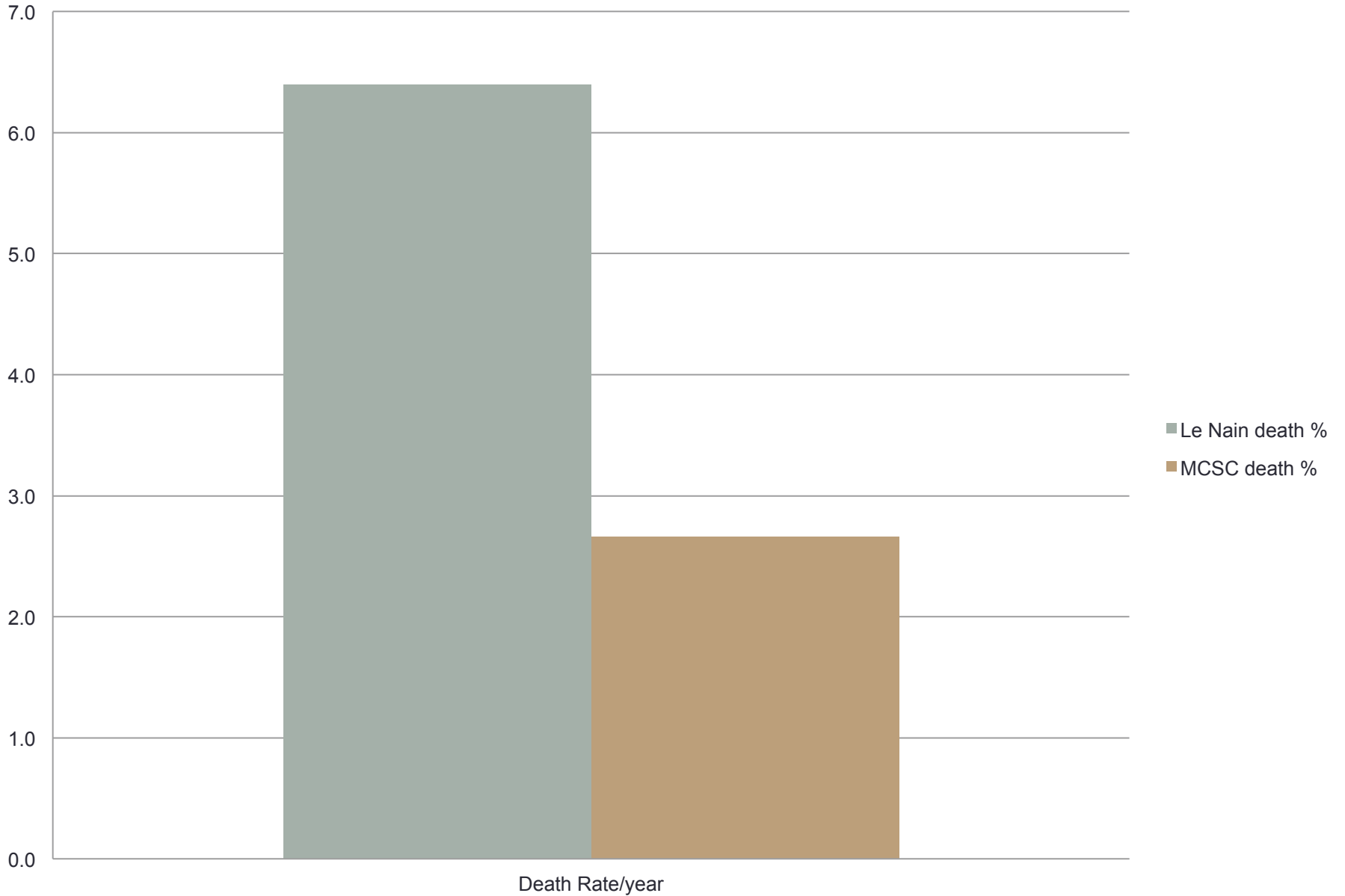
Plaza

149 Mason

990 Polk

Mission Creek

Death rate Le Nain vs. Mission Creek 2006-2011



Case #1

- 48 y/o man w/ many year h/o homelessness
- Experience rectal trauma in 2011
- Colostomy and colostomy repair, complications
- H/o alcoholism and cocaine use
- Multiple stays in medical respite
- Placed in supportive housing in 2012
- Chronic back and leg pain with radiographic abnormalities
- First visit to me in 2013 after switching from another clinic
- Reports cocaine use at first visit, “just for my birthday.”
- Refuses utox next visit: “I am not on parole.”
- Denies cocaine use, makes threats to staff

Case #2

- 67 y/o depression, speed use, alcoholism, afib.
- Evicted from supportive housing in 2010
- Unrelenting stimulant use and alcoholism
- Repeated hospitalization for A. Fib and CHF
- Conserved as gravely disabled
- Placed in locked facility. Released from locked facility
- Drunk and in A. Fib on second day out
- 1 year of being on streets, in and out of hospital
- Hospitalized and held for grave disability

~~00000000~~ ~~00000000~~, ~~00000000~~
DOB: ~~00/00/00~~ 67 Years Male

07-Mar-2013 03:57:01

Dept: ER

Oper: GC

HR 167 . ATRIAL FIBRILLATION WITH RAPID V-RATE
. REPOLARIZATION ABNORMALITY, PROB RATE RELATED

PR
QRSD 80
QT 288
QTc 481

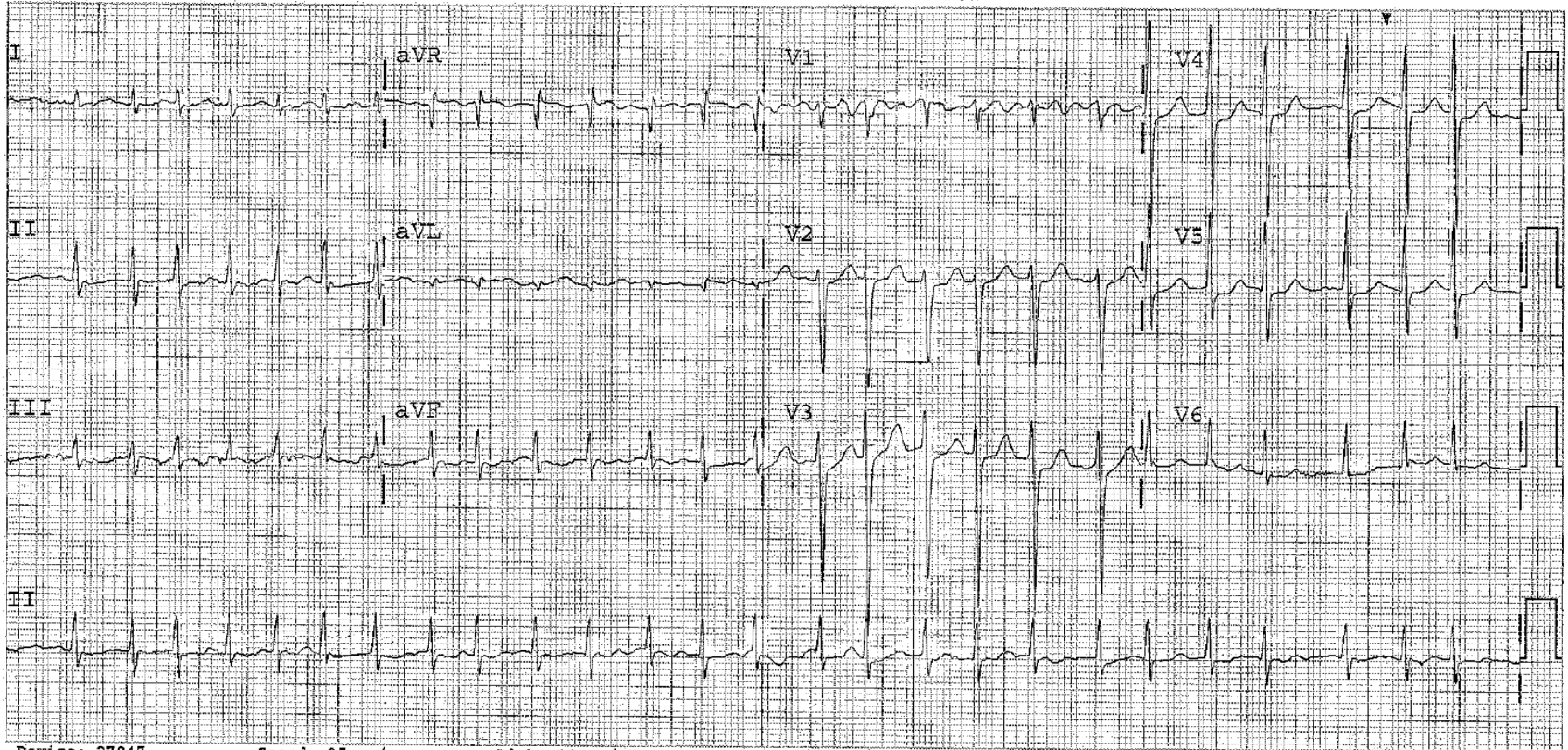
-- AXIS --

P
QRS 65 - ABNORMAL ECG -
T -29 Previous ECG:25-Feb-2013 18:54:59 - Abnormal Unconfirmed

Standard 12

San Francisco General Hospital - SFGH (1-00-10)

Not confirmed



Device: 27947

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

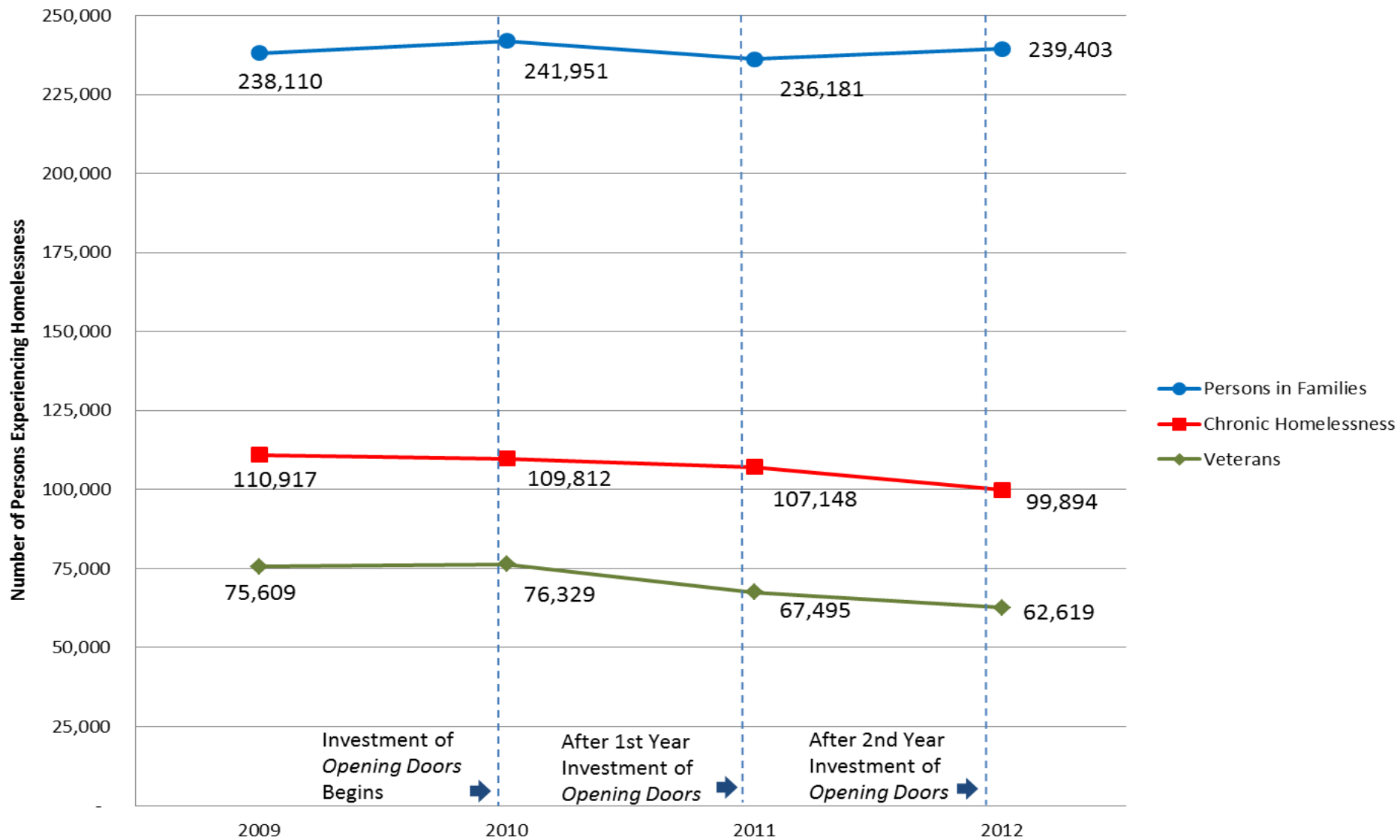
F 60-0.5-100 Hz W

PH090A CLP?

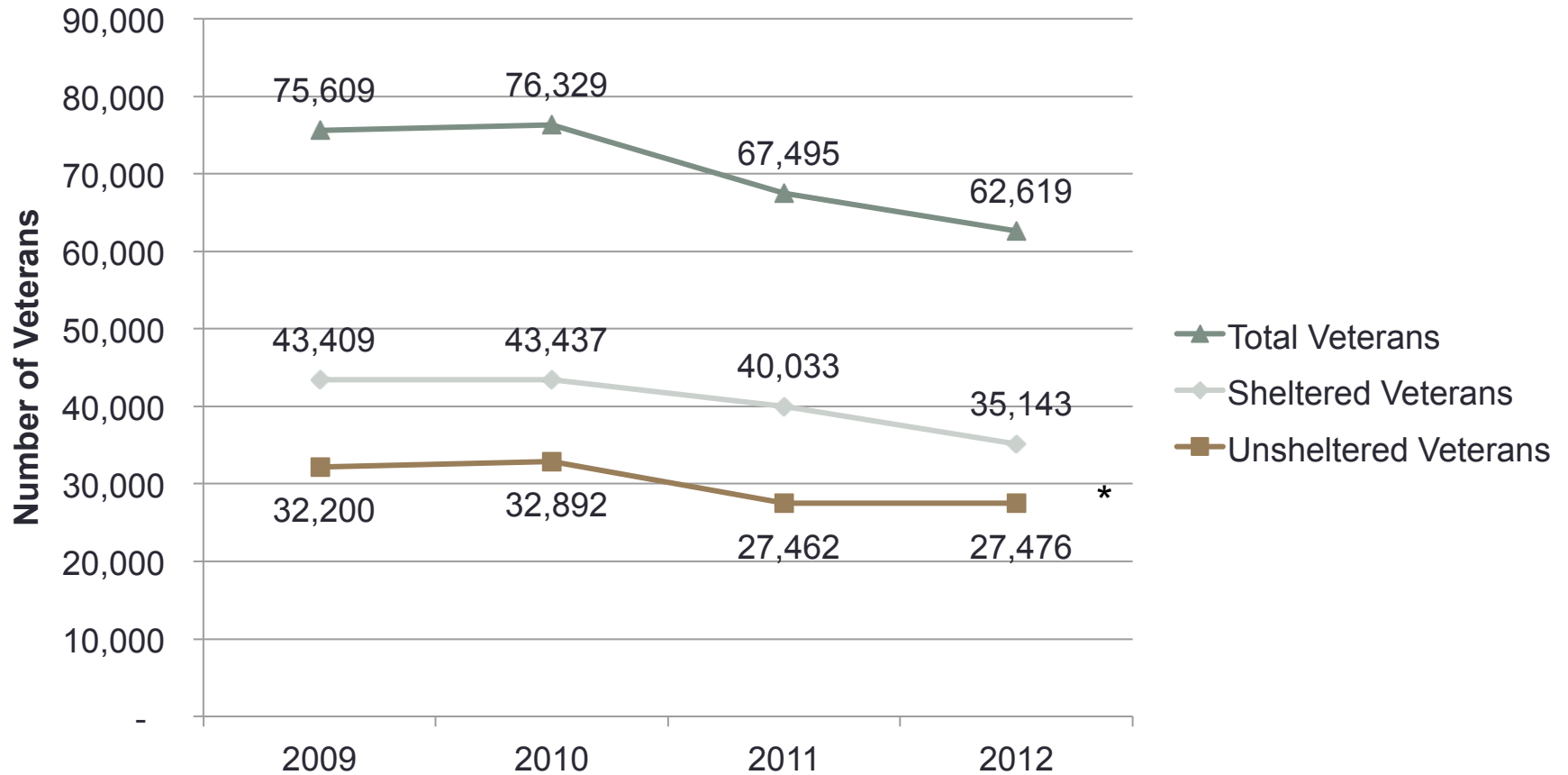
POSITIVE OUTLIERS

Characteristics of communities on track to
end homelessness

Annual Point-in-Time Count Trends 2009-2012



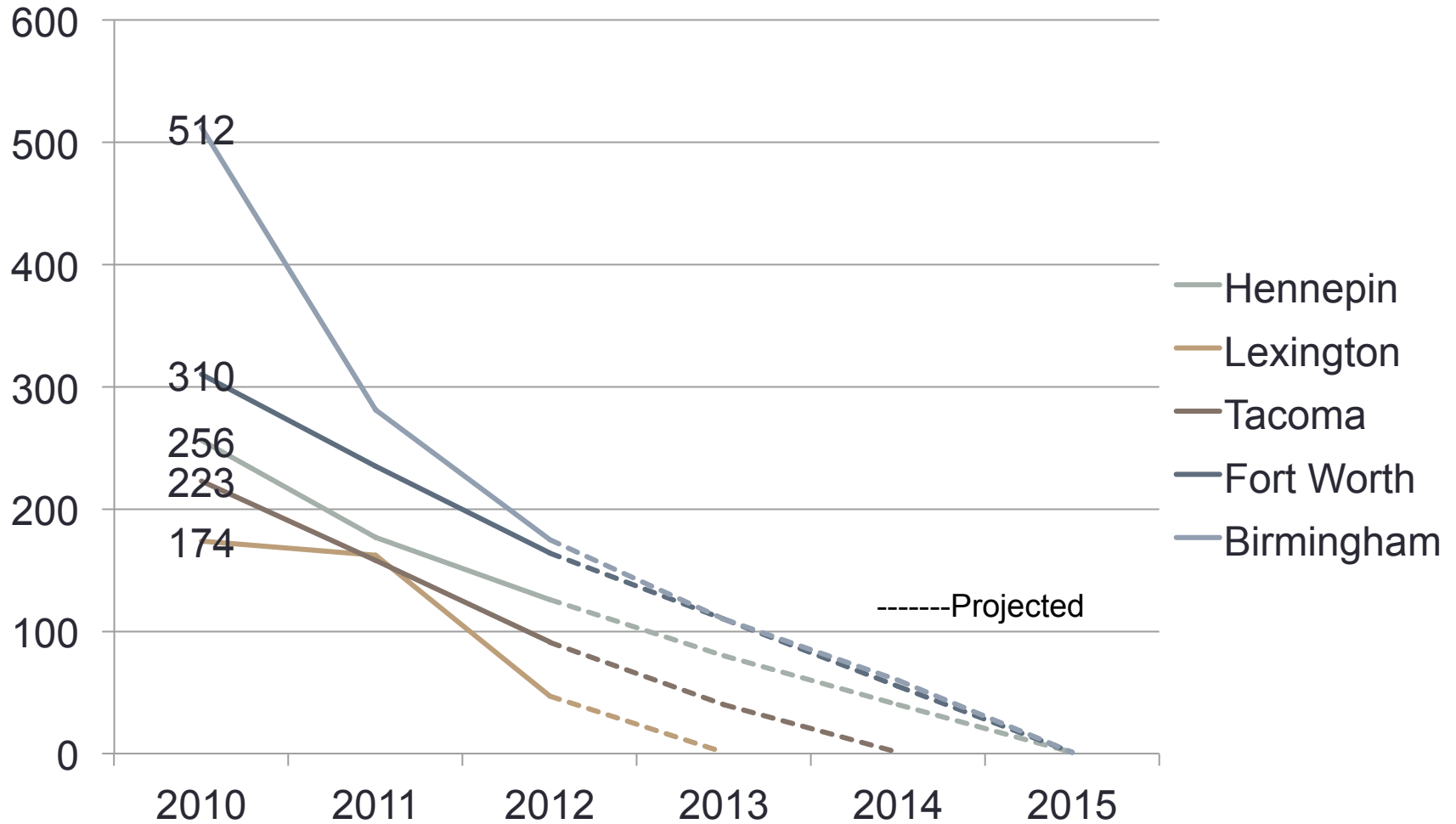
Veteran PIT Counts, 2009-2012



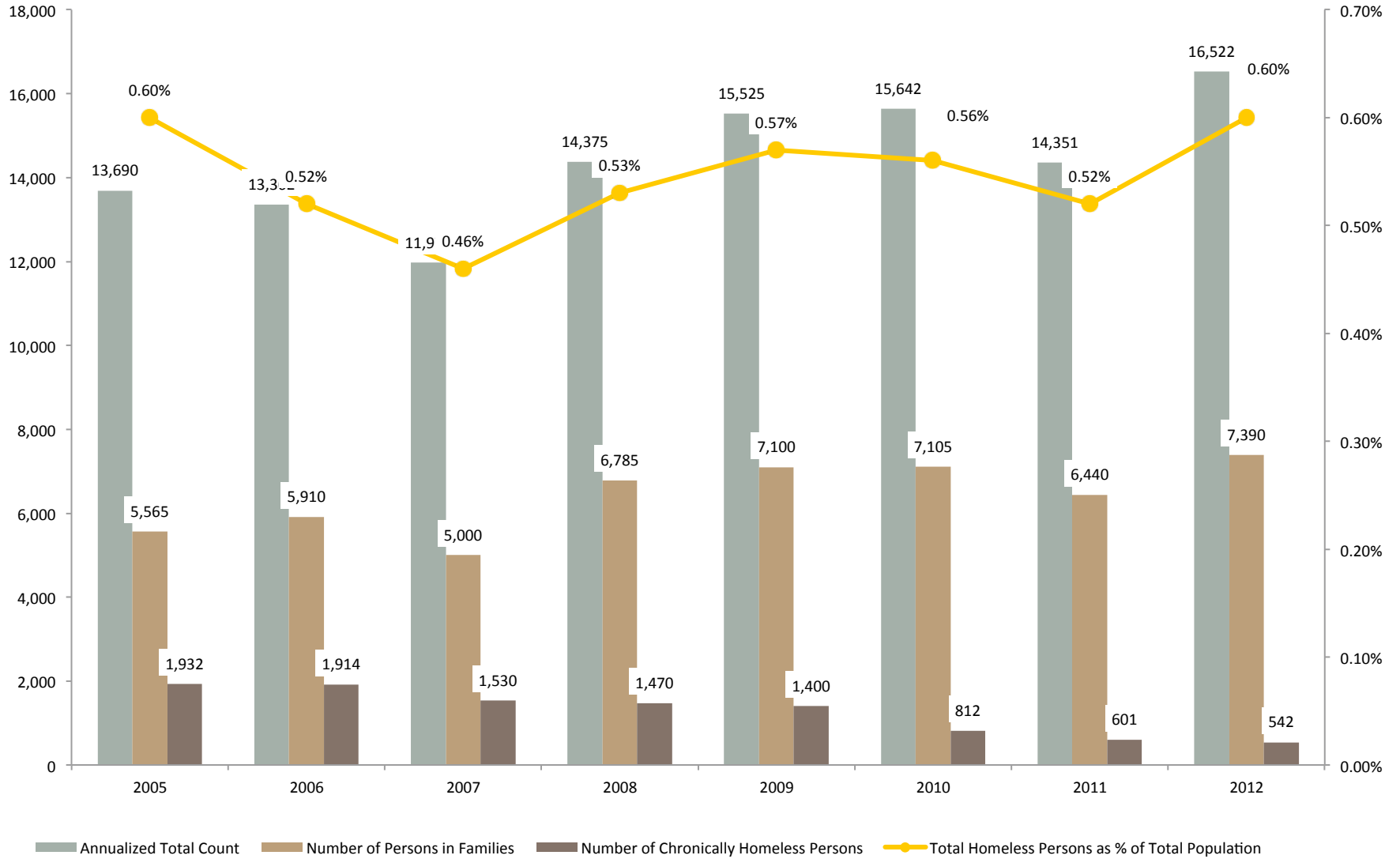
* CoCs only required to conduct a new count of unsheltered homelessness in odd numbered years; in 2012, only 32% of CoCs opted not to do a new unsheltered count, providing an incomplete picture of trends in the number of unsheltered homeless Veterans

Source: PIT data, 2009 - 2012

Number of Homeless Veterans in 5 Communities with Greater than 40% reduction 2010-2012

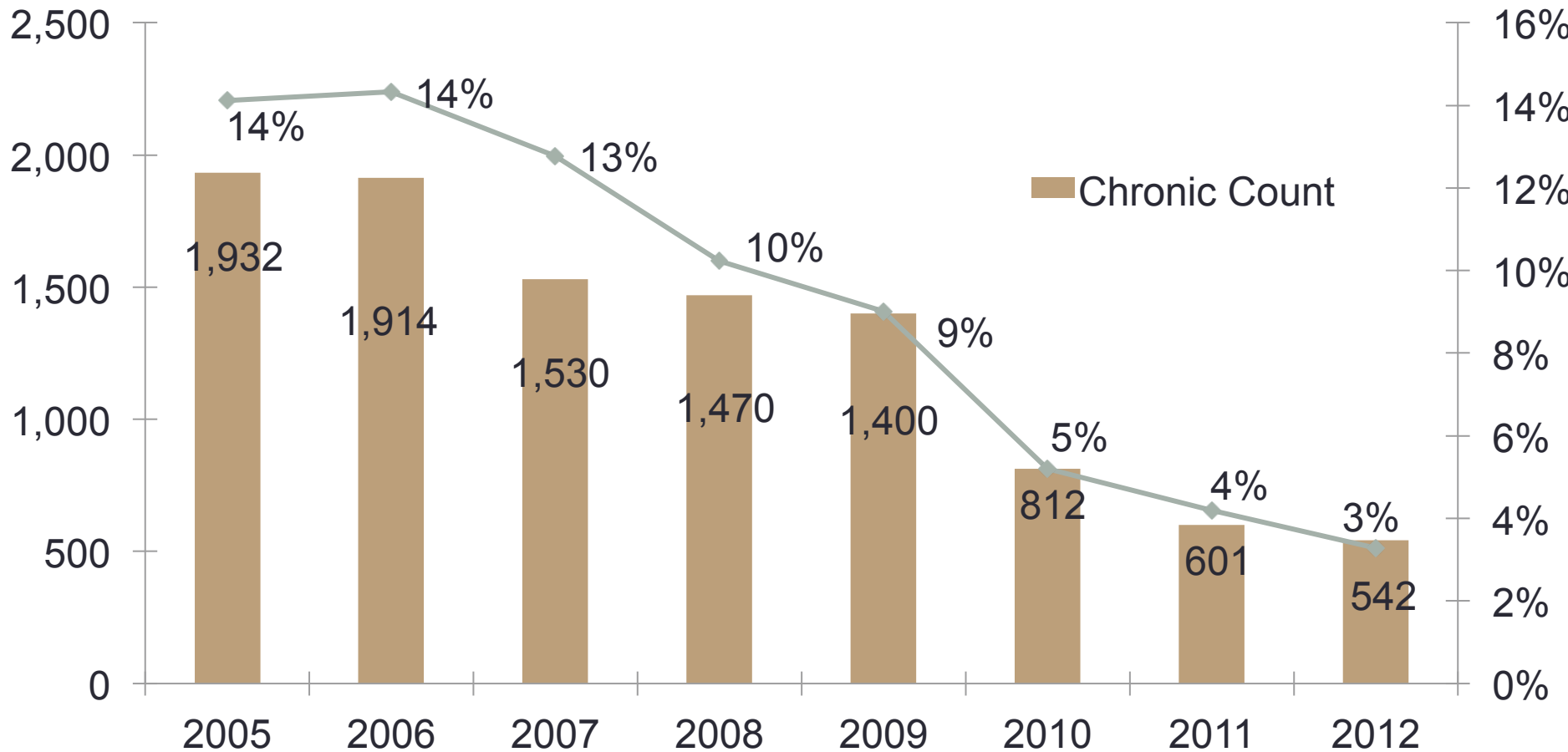


Utah Homeless Point-In-Time Count: 2005-2012



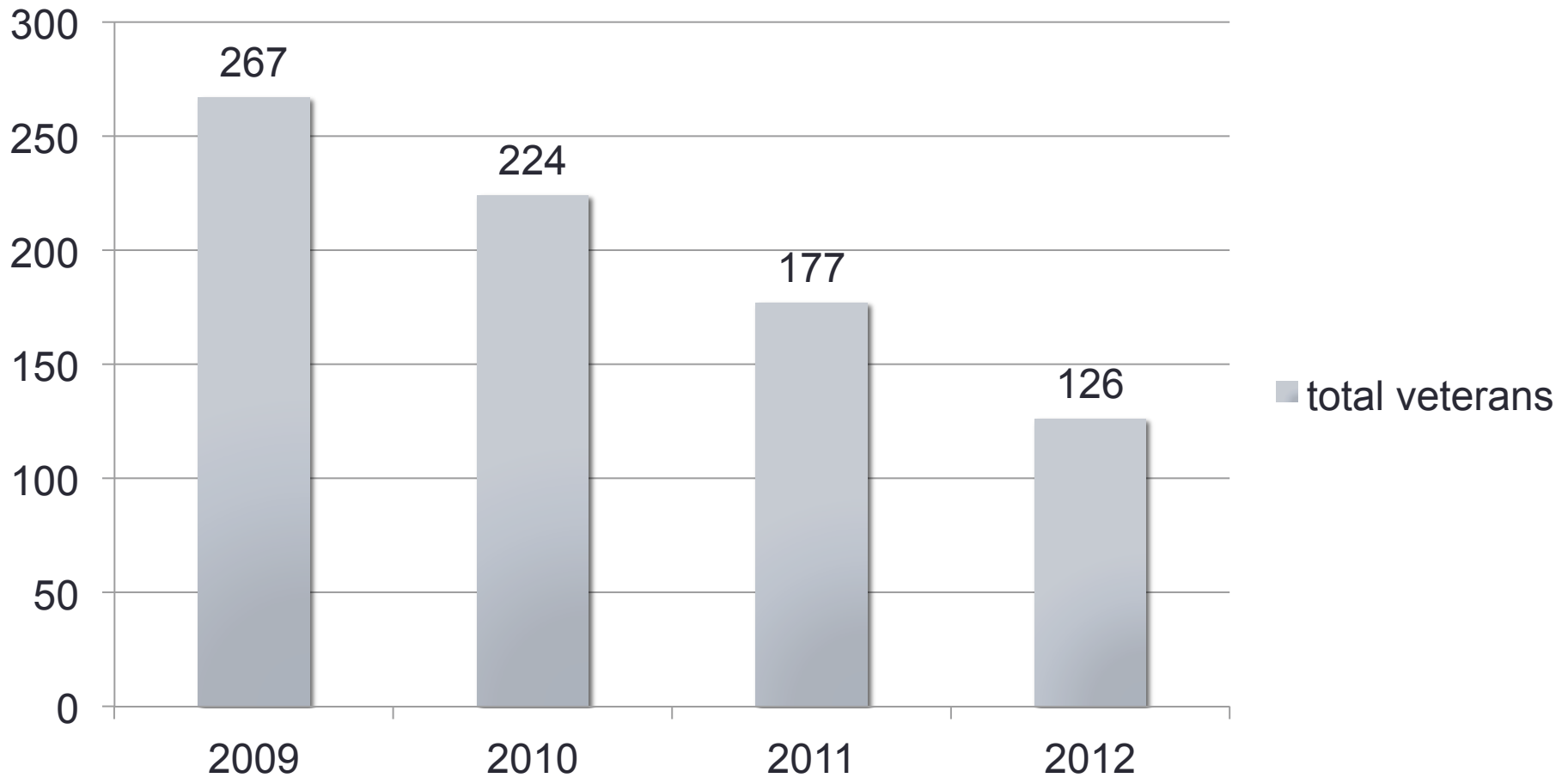
Source: 2012 Annualized Utah Homeless Point-In-Time Count

Utah Annualized Chronic Homeless Count: 2005-2012

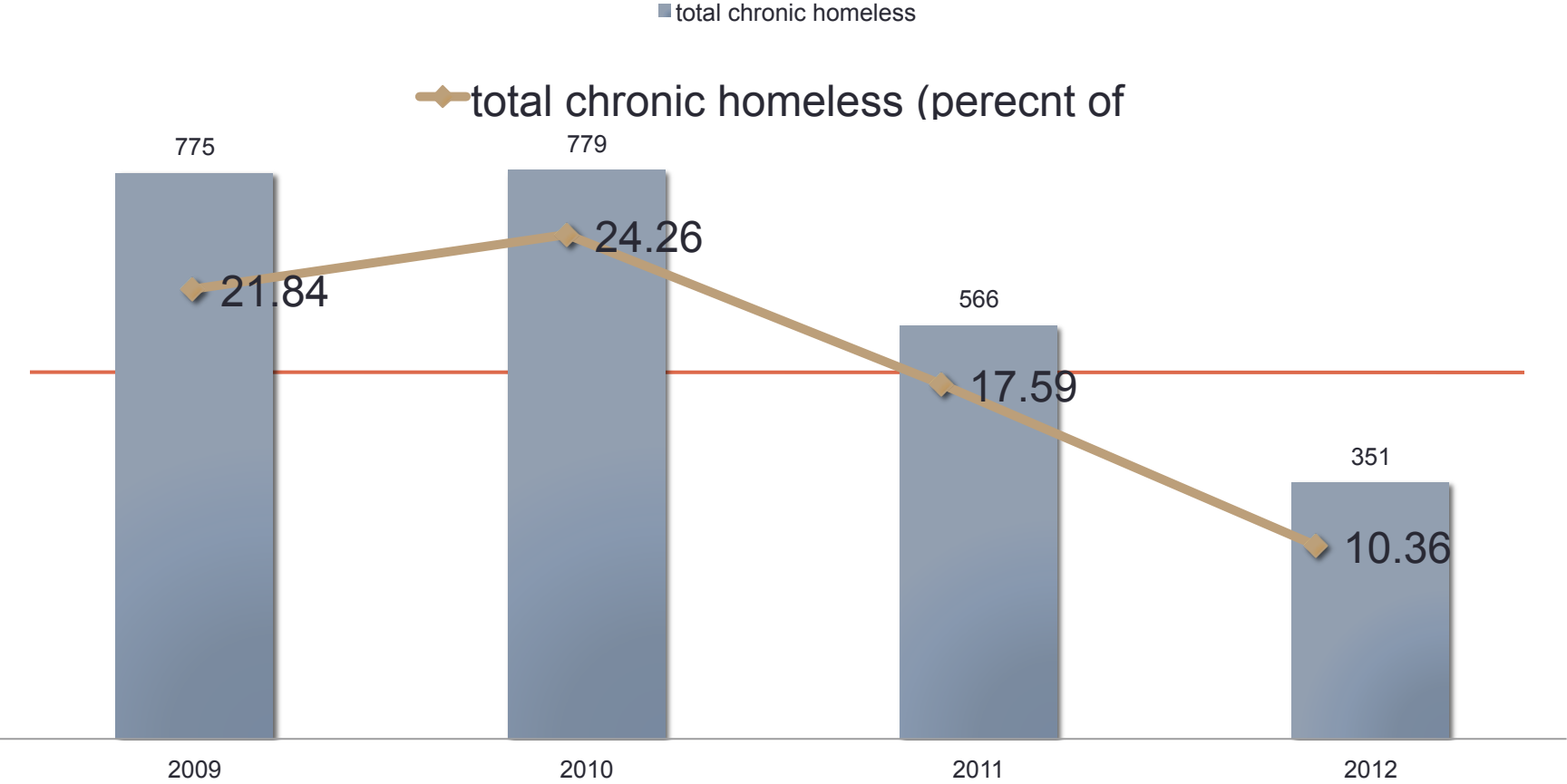


Source: 2012 Utah Homeless Point-In-Time Count

Veterans in Minneapolis/Hennepin County 2009 - 2011



Point-in-time count for Minneapolis/Hennepin County Continuum



Characteristics of Positive Outliers

- High level of communication and collaboration across different pillars of homeless services
 - Continuum of care
 - Healthcare for the homeless
 - Housing Authority
 - VA
- Strong and dynamic leadership
- Commitment to similar philosophy
 - Housing First and Harm Reduction

Characteristics of Positive Outliers

- Use of data to inform policy
 - SMART (Specific, Measurable, Attainable, Relevant, Time-sensitive)
- Targeted intervention
 - Chronically homeless = Permanent supportive housing
 - Episodic homeless = Rapid re-housing, homeless prevention



SAY YOU HAVE A BUCKET.
AND A FAUCET.



THE BUCKET IS LIKE A CITY.

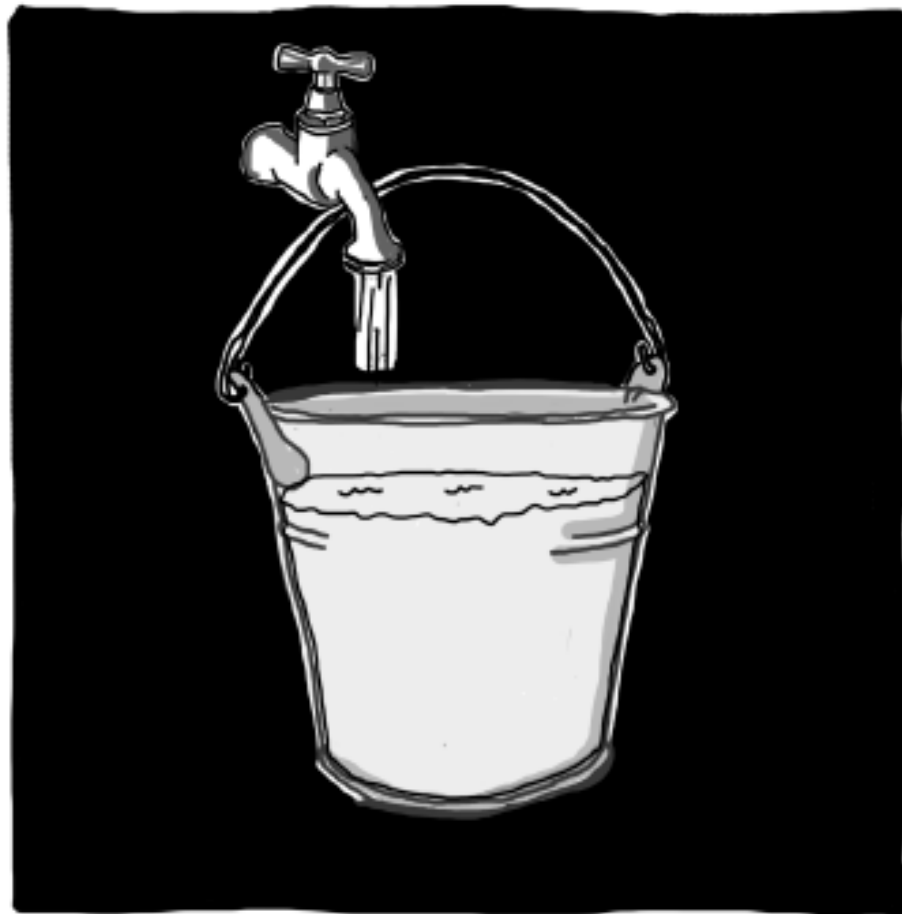


WHEN YOU TURN ON THE FAUCET,
PEOPLE COME OUT.
THEY'RE ALL HOMELESS. SOME WILL BE
HOMELESS FOR A LONG TIME. SOME ARE
ONLY HOMELESS OFF-AND-ON.



THE CITY STARTS TO HAVE A LOT OF HOMELESS PEOPLE IN IT.





SOME PEOPLE DECIDE THEY NEED TO
EMPTY THE BUCKET.



THEY START TO EMPTY THE BUCKET WITH A LADLE, BUT THE FAUCET IS ALWAYS ON. THEY CAN'T SEEM TO EMPTY THE BUCKET FAST ENOUGH.

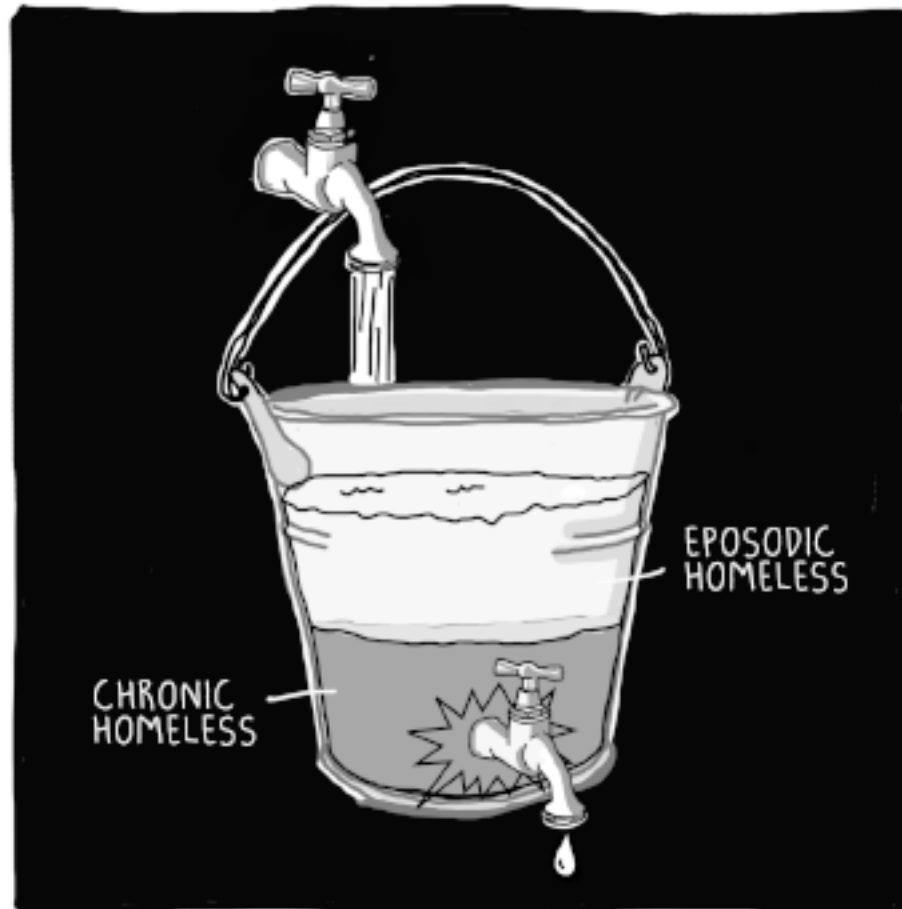
THEY NOTICE THAT THE LADLE HAS A
MIXTURE OF PEOPLE IN IT.



IF YOU LET THE BUCKET SIT FOR A
MINUTE, IT STARTS TO SETTLE...



LIKE OIL AND WATER.



PEOPLE FIGURED OUT THAT IF YOU DRAIN THE BUCKET FROM THE BOTTOM, YOU REDUCE THE AMOUNT OF HOMELESS PEOPLE.



Role of HRSA in Leading HCH Towards Ending Homelessness

- Limited by congressional mandate
 - Performance measures already burdensome and difficult to change
- HCH as part of Community Health Centers
 - Healthcare for homeless should be held to same standards as other health centers
- Opportunity for HCH to take lead

Recommendations

- Establish connections across the sectors
- Position HCH as necessary to evaluate who goes into housing.
- Position HCH as necessary to serve people in supportive housing
 - Opportunities for revenue with ACA
- Establish measureable goals, provide real time feedback
- Take credit for success
- Repeat.....

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