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All In Chicago: Hospitals Investing in Permanent Housing for the Homeless

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On any given night, about 5,657 homeless people are on the streets or staying in shelters in Chicago. This estimate, however, does not include those who are homeless but staying with family or friends, or those who spend the night in costly hospital beds.

A one-night stay in a hospital can cost as much as $3,000, and those who frequently return are often referred to as "super-utilizers" of the healthcare system. Many super-utilizers cannot afford to pay mounting hospital bills, but the University of Illinois Health and Hospital Sciences System (UI Health) has discovered that housing an individual can be a better alternative than treatment and release in the emergency room – in terms of health outcomes for the patient, as well as cost.

In 2015, UI Health partnered with the Center for Housing and Health and launched a pilot program initiative, "Better Health Through Housing," in which the hospital and federal housing grants paid for 26 chronically homeless individuals to have permanent residence in their own apartments. Stephen Brown, Director of Preventive Emergency Medicine at UI Health, spearheaded this initiative, which had great success in providing stable housing for those in need, which ultimately allows them to maintain better health and reduces overall costs for the hospital. The program has since expanded to other hospitals, including Rush University Medical Center and Swedish Covenant Hospital. UI Health recently committed to investing $250,000 to house an additional 25 homeless patients.

Stephen Brown was one of the keynote speakers at our annual All In™ Chicago event on November 8, 2017, presenting his ideas about how health care can address this need for housing to improve patients' health. He graciously agreed to continue the conversation by answering some of our follow-up questions since the event.

CommunityHealth: In your presentation on November 8, you stated, *"the homeless are invisible in healthcare."* **What more needs to be done to shine a spotlight on this growing challenge?**

Stephen Brown: There needs to be data infrastructure to interconnect health care and human service systems:

- Every large city and county has a Homeless Management Information System (HMIS) that is the single source of "truth" for who is homeless. It is possible to integrate this information into emergency room tracking boards to alert staff of a patient who may be housing insecure or homeless.
- Our research specialist is also developing a chart that compares homeless mortality against other deadly medical conditions. One of the strategies we've adopted is to educate our providers about the excessive disease burden caused by [homelessness], so we can integrate screenings in emergency rooms.
- We hope to encourage reimbursement for coding for homelessness through policy recommendations.

CH: How do we get hospitals to begin working together to address homelessness with a coordinated approach?

SB: There are incentives in the Affordable Care Act (ACA) that encourage hospitals to engage in "coopetition" – simultaneously competing and cooperating – on important issues of prevention and public health. A common touchpoint is the Community Health Needs Assessment (CHNA), a study that gauges the health of residents in a hospital's primary service area.

The Alliance for Health Equity is also a collaboration of Chicago and suburban Cook County hospitals that seek ways to demonstrate a collective impact.

CH: Beyond identifying hospitals as critical players in the plan to find solutions for the chronically homeless, what are other *"must have"* strategies that should to be top of mind here in Chicago?

Stephen Brown: The classic "wrong pockets" problem means that hospitals are not being compensated for their work housing the homeless, yet managed care organizations derive significant financial benefit in the form of steep drops in cost and utilization once a patient is stably housed. Thus, a consortium consisting of several city departments, the Corporation for Supportive Housing, the Center for Housing and Health, the Illinois Public Health Institute, University of Illinois Health, and Cook County Health and Hospital Systems created a Flexible Housing Pool that all stakeholder organizations will contribute to. We expect to be able to make up to 750 rental units available once the pool is established.

There is also emerging awareness of creating a continuum of care, matching supply with demand for the types of housing and supports needed across a spectrum of homelessness, from those that require less than a week of temporary housing to the chronically homeless who will require intense psychiatric care coordination in a project-based setting.

CH: What does being "all in" mean to you?

SB: To be "All In" means there is a shift in medicine from tertiary care (after the harm has been done) to primary and secondary prevention. We need to break the chain of generational poverty by moving upstream. Specifically, we need to intervene early in a child's life by preventing adverse childhood events, the origin of several chronic diseases, mental illness, and early mortality.

Stephen Brown, MSW LCSW, *is a faculty member of the Department of Emergency Medicine at the University of Illinois Hospital and Health Sciences System (UI Health), where he is the Director of Preventive Emergency Medicine. He earned his first degree in business marketing in 1984 from Northern Illinois University. During the next 13 years, he worked as systems engineer, a Regional Sales Manager and a Product Marketing Manager. In 1998 he went on sabbatical to complete a second degree in Psychology and a Masters of Social Work, with a career goal of establishing a private psychotherapy practice. However, during an internship as an Emergency Room social worker at the University of Chicago, he was struck by two things: how far behind health care IT was compared to other industries, and that the underlying drivers of health care utilization (what we now call the Social Determinants of Health) were largely being ignored. He stayed on in Emergency Medicine as the Director of Preventive Emergency Medicine.*

Stephen came to UI Health's ED in 2011 to establish a program to identify and manage health care super-utilizers. He is the Program Director for Better Health Through Housing, a demonstration pilot that is raising awareness in Chicago for the need to recognize homelessness as a dangerous social condition and to scale the nationally-validated Housing First model. The program has identified 27 chronically homeless individuals, many with severe mental illness, trauma history and substance abuse disorders, and transitioned them into permanent supportive housing.

His previous tech experience enables him to work with city, state and federal officials to break down data silos, and in doing so will empower better data-driven public policy. He is the co-author of a recent Health Affairs article entitled "Mr. G and the Revolving Door: Breaking the Readmission Cycle at a Safety Net Hospital."

What other questions or insights do you have? Let's continue the conversation about how we can all work together to ensure all Chicago residents have access to the right health care, in the right time, in the right place. To learn more please visit www.allin-chicago.org

Together, we can build a healthier Chicago. #AllInChicago