



# HOMELESSNESS AND THE HEALTH CARE SYSTEM: HOW PROGRAMS CAN FUNCTION WHEN HOUSING IS SCARCE

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Maria Raven, MD, MPH, MS  
Associate Professor of Emergency Medicine  
University of California, San Francisco  
Consultant, San Francisco Health Plan

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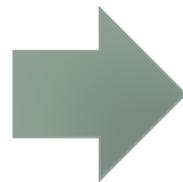
# Lessons from residency

- Trained in NYC in public hospital system
- Homeless patients suffered from conditions linked to living conditions
  - Cellulitis
  - Environmental exposure
  - Alcohol and other substance use
  - Trauma
  - Uncontrolled diabetes
  - Hunger



# The health system and homelessness

- Health care system designed to treat acute and chronic medical issues, not homelessness
  - Time, staff, training, and resources
- Homeless individuals often discharged to street/shelter only to return, or to high-cost sites of care (e.g. nursing facilities)
- How could this be changed?



## Research: disproportionate homelessness among frequent health system users

- Frequent use → high costs
- High-costs → financial incentive to provide housing for subset of high cost homeless individuals



# Government is taking notice

- Health Homes
  - Phase I: July 2017
- Whole Person Care pilots
  - 1115 Waiver: delivery system transformation
- Accountable Care Communities
  - Awareness, Assistance, Alignment

# Concept versus reality

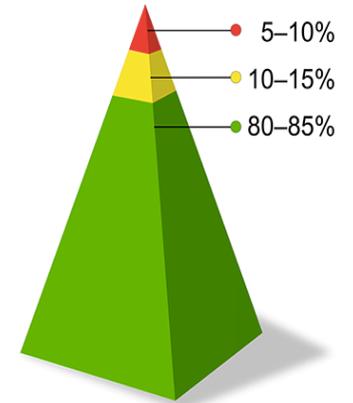
- Many counties have scarce access to subsidized housing or no housing at all
  - San Francisco's direct access to housing (DAH) waiting list re-opened after a long period of closure
- Homeless services agencies often do not talk to health care



# Examples of program integration with housing agencies and housing with health

# Barriers to Medicaid involvement in/payment for housing

- Who among the Medicaid-eligible population should be targeted for supportive housing?
- Many homeless individuals are Medicaid eligible, remain un-enrolled or have high “churn rates”
  - Who pays for housing if an individual churns off?
- Housing is an ongoing cost
  - Requires certainty that ongoing health care costs would remain high for individuals placed in housing
- Health plans and other payers don't war

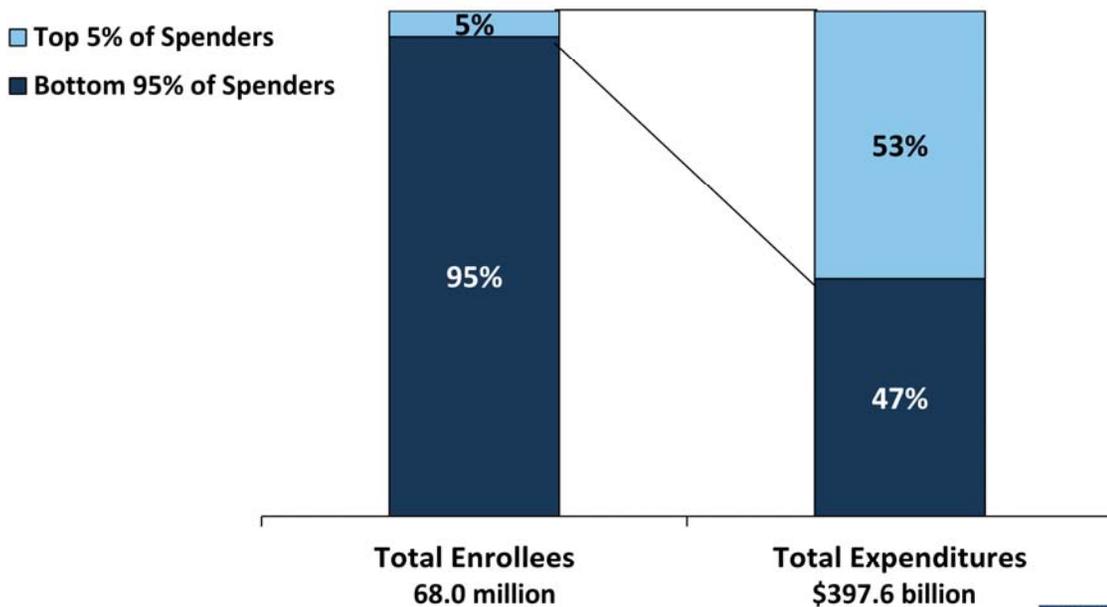


## Incentives for Medicaid's involvement in housing

- Mitigate financial risk
  - Targeted selection for housing may reduce costs
- Supportive housing=lower cost alternative to skilled nursing care
- Health plans can allocate funds creatively, in ways that other agencies cannot
- Improvement in health and well-being for homeless members

Figure 9

### Top 5% of Enrollees Accounted for More than Half of Medicaid Spending, FY 2011



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.

## Absent housing, what can staff focus on?

- Building trust and being honest up front
  - Housing market realities
- Data sharing with Homeless Services Agencies
- Gather data from program enrollees regarding housing status and risks for losing housing
- Funding housing coordinators
- Using the health system as a point of identification, enrollment, and repeated intervention
- Maximizing applications for housing
  - Accurate and complete diagnoses
  - Take advantage of all possible opportunities



# THANK YOU

- [maria.raven@ucsf.edu](mailto:maria.raven@ucsf.edu)