

Healthcare Financing to Expand Supportive Housing

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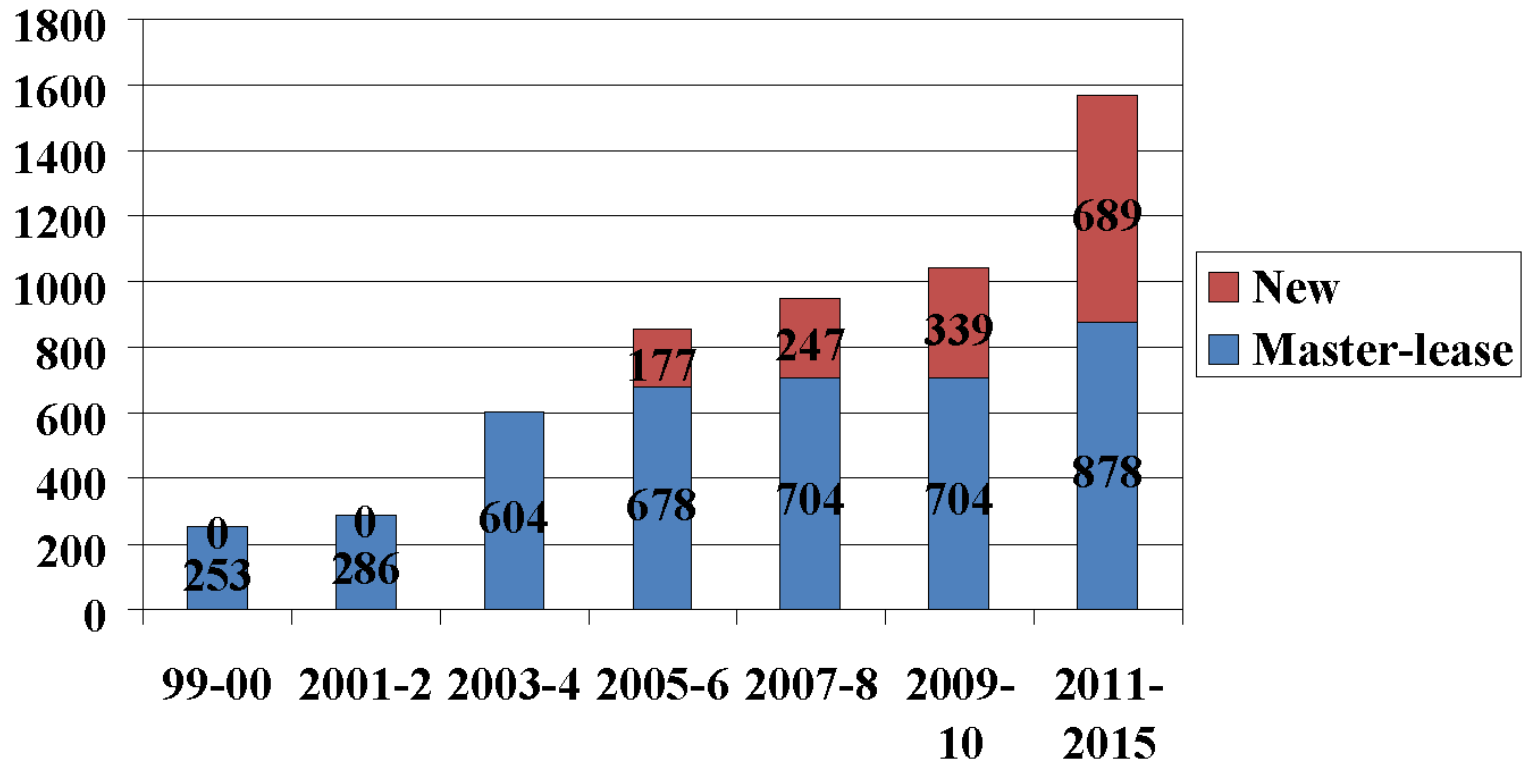
Healthcare Financing to Expand Housing Stock

1. Utilization of local new or prioritized funding for supportive housing
 - San Francisco, Salt Lake, VA
2. New allocation based on projected savings from reducing high end healthcare utilization
 - New York
3. New ACA funding that frees up existing local funding
 - Los Angeles

Direct Access to Housing

- Started in 1999 as a response to cycling in and out of hospital of homeless adults
- Funded with local tax dollars and affordable housing set aside
- Initially master lease SRO
- New building with capital cost from tax credit investments
- Limited targeting towards people high users of the healthcare system

Number of DAH units by year



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

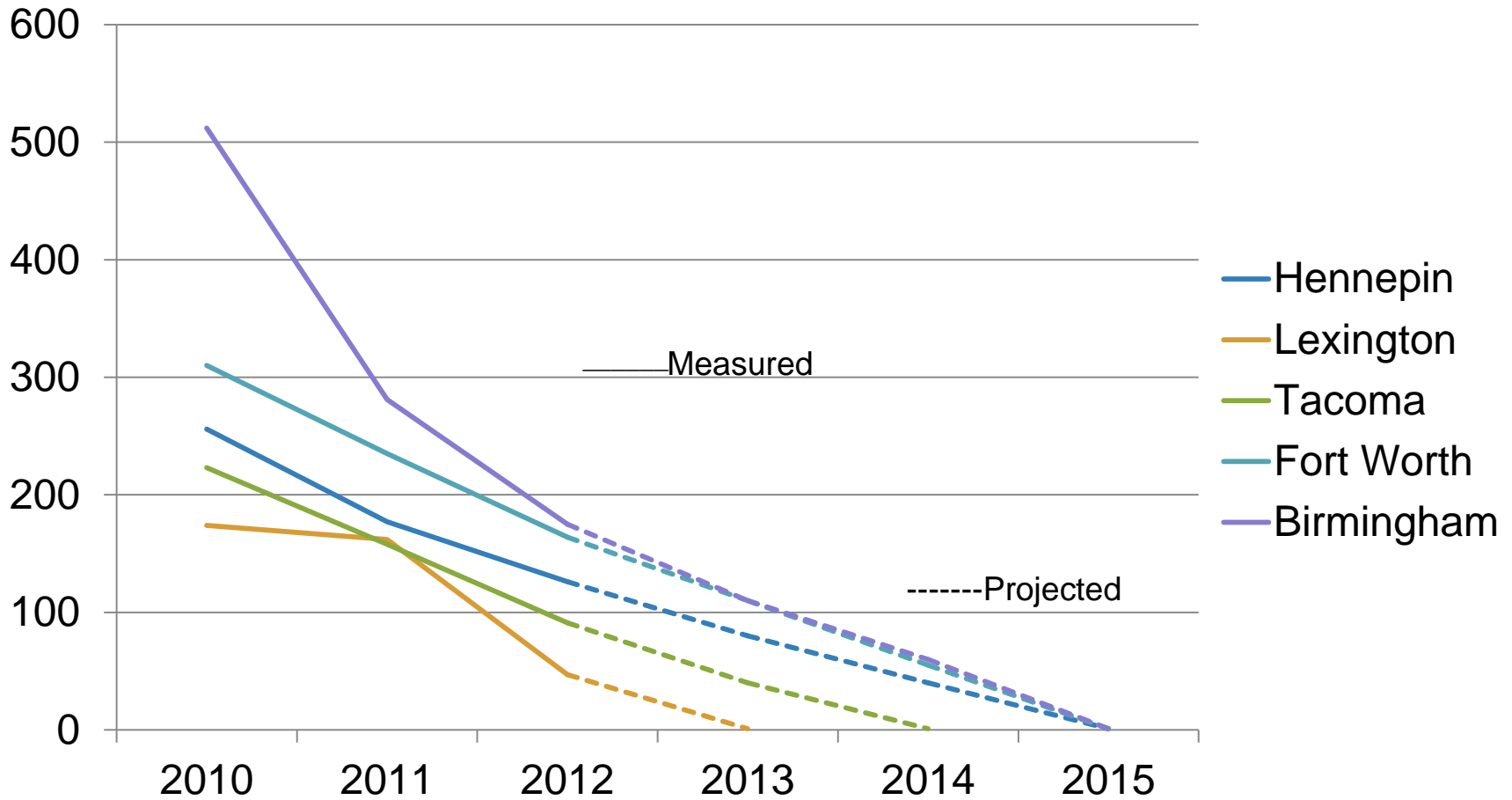
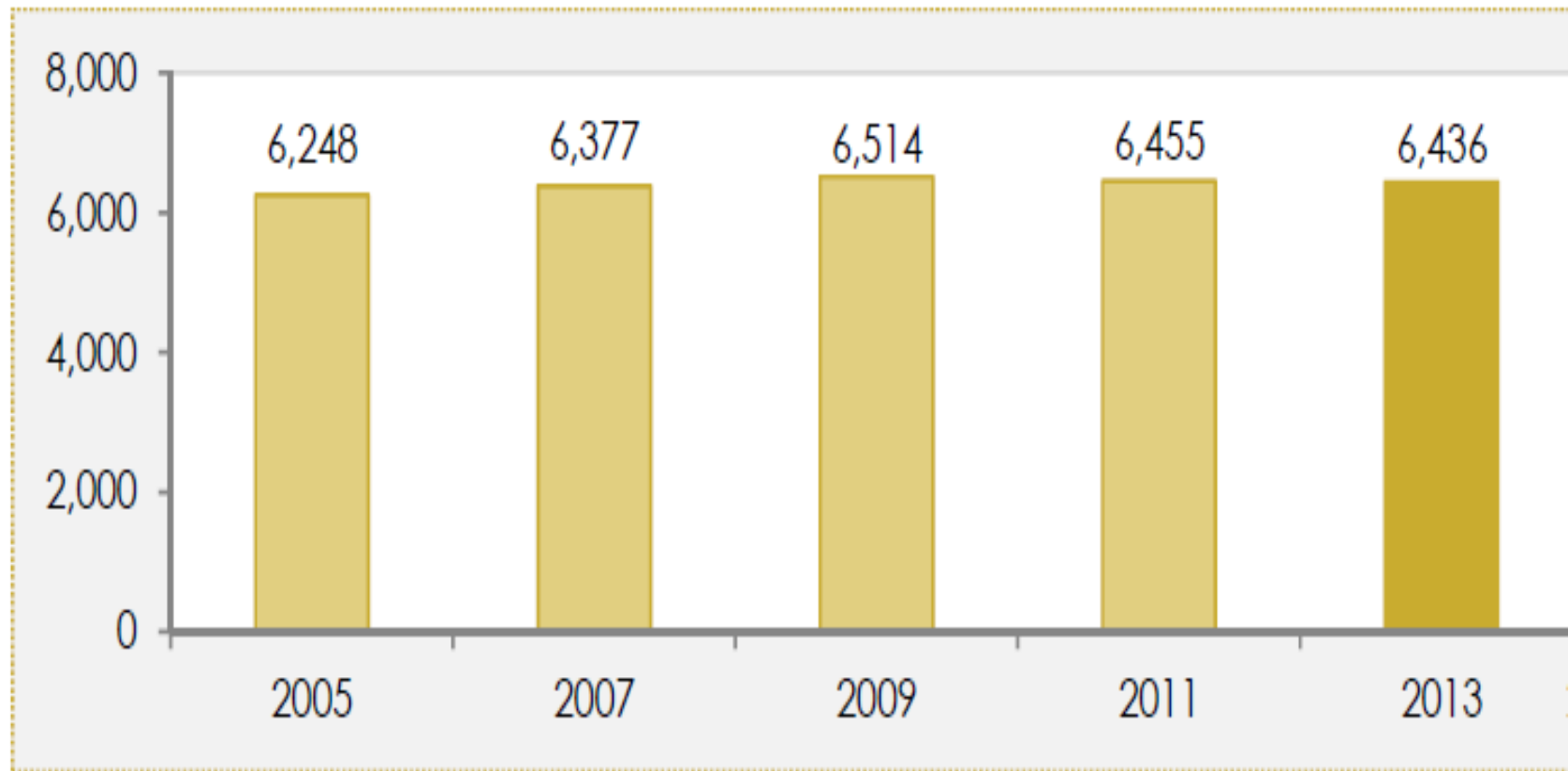


Figure 1. UNSHELTERED AND SHELTERED POINT-IN-TIME HOMELESS COUNT TREND



Source: Applied Survey Research. (2013). San Francisco Homeless Count.

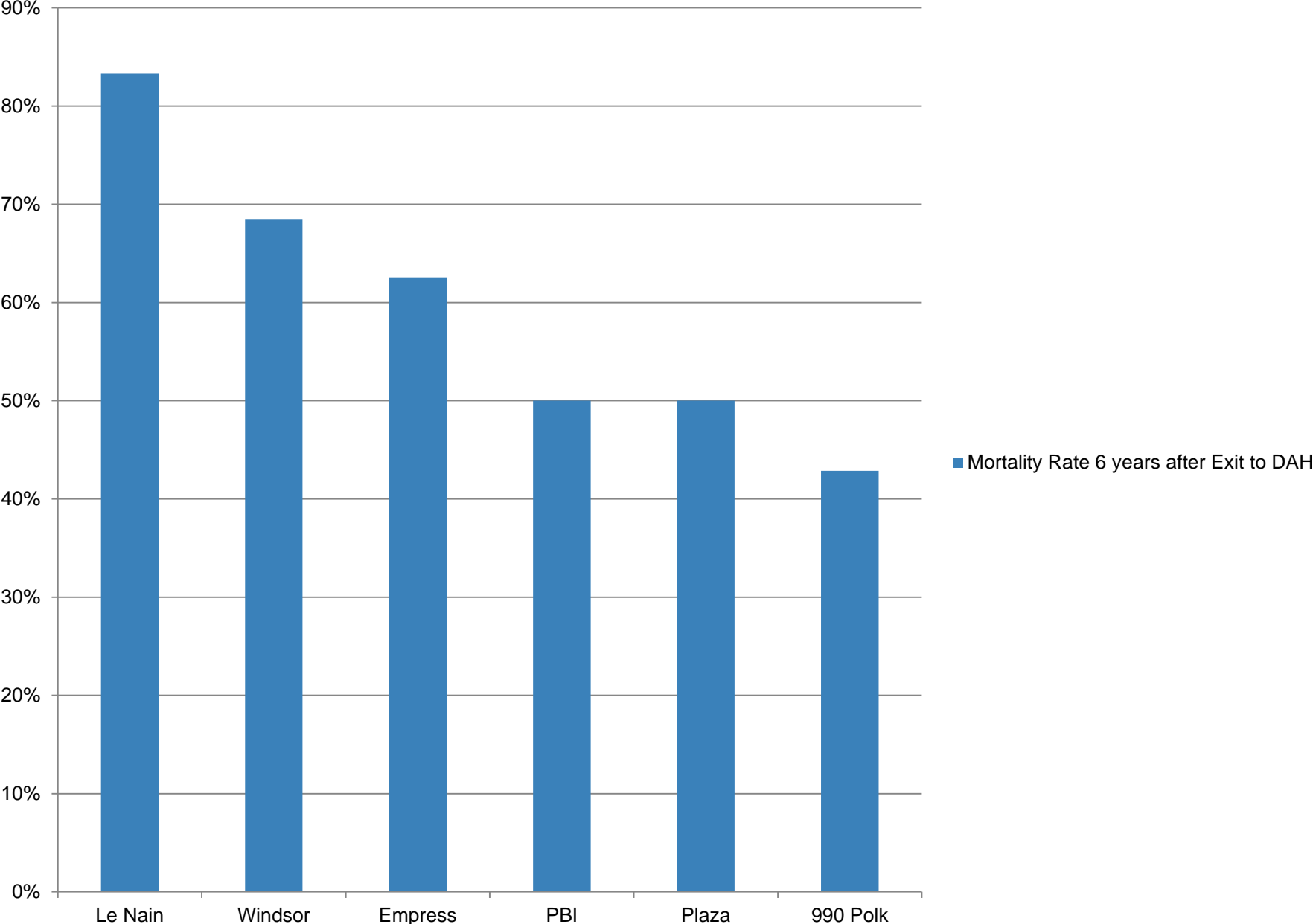
San Francisco Homeless Count 2005-2013

Olmstead Suit to Expand Housing Options

- Settlement of class action suit 2008-2013
- County funded housing and services
- Scattered site and project based housing
- 400 people served
- 220 placed in scattered site housing
- 180 placed in project based housing



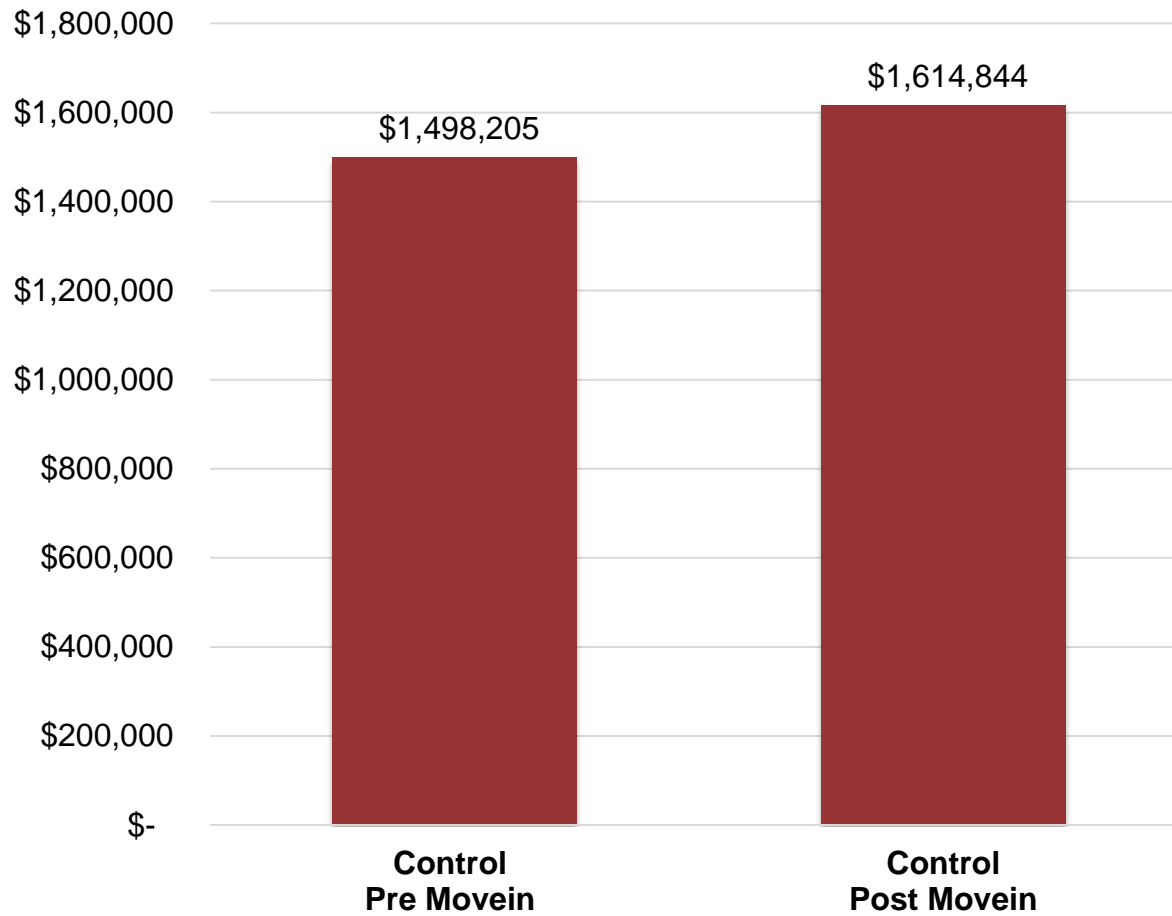
Mortality Rate 6 years after Exit to DAH



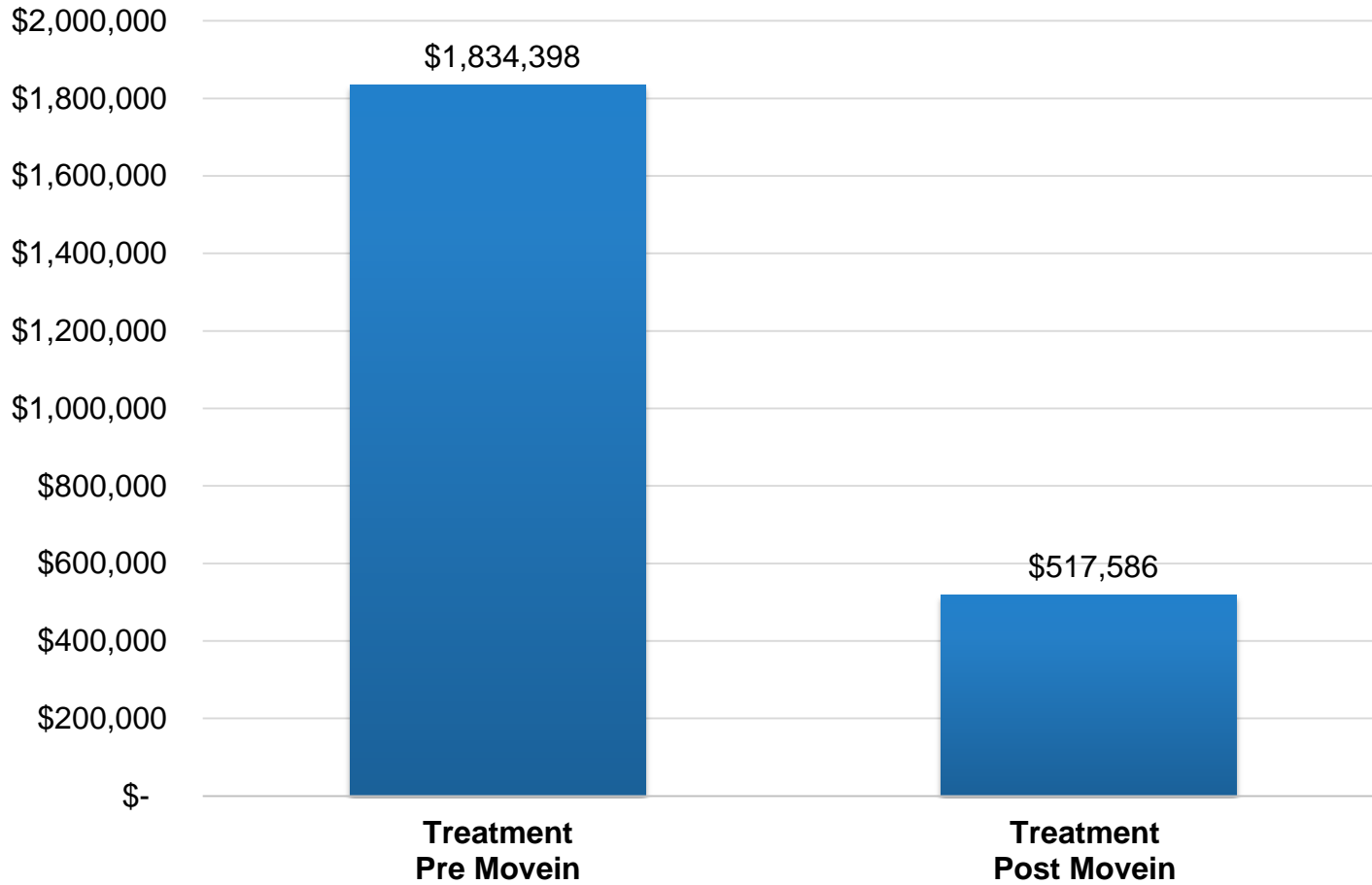
Randomized Trial of Supportive Housing in San Francisco

- Collaboration of Tenderloin Neighborhood Development Corporation and SF DPH
- Universe: 30,000 SF Health Plan members over the age of 18
- 180 people identified who were homeless high users (> \$3000/year)
- Randomized to treatment (offered housing) vs. control
- Subjects' homeless status verified by direct interview
- 50 people in treatment arm moved in to housing at Kelly Cullen Community
- Health care utilization 1 year prior vs. 1 year after move in

Control Group Total Healthcare Cost 1 Year Pre/Post Move-in



Treatment Group Total Healthcare Cost 1 Year Pre and Post Move in



Conclusion

- Targeting improves return on investment
 - Increases burden on intake agencies
- Better housing provides better outcomes
- Prioritizing housing towards high users of the healthcare system and people exiting nursing homes frees up resources for others
- Solutions must not rely on HUD and must expand both project based and scattered site stock