



Connecting Supportive Housing and Health Systems to End Chronic Homelessness among People with Disabilities

Lessons from University of Illinois Hospital & Health Sciences System in Chicago, IL (UI Health)

To end chronic homelessness among people with disabilities, we must work together across the public and private sectors to expand the supply of supportive housing opportunities for people with the most intensive needs and connect individuals to the health and behavioral health supports necessary for promoting their housing stability. This and the other case studies in this series were developed to highlight innovative community partnerships between the homelessness services system and health systems.

<p>Focus of this case study</p>	<p>This case study describes a partnership between a major hospital and supportive housing providers in Chicago, Illinois, that led to a \$250,000 annual investment by the hospital in rental assistance and supportive services for super-utilizers of the emergency department. This case study also highlights important stakeholders who made it possible, what brought the health sector to the table, and the role that partnerships between health and housing systems play in ending homelessness in America.</p>
<p>Can you describe the relationship between hospitals/health care systems and supportive housing in your community?</p>	<p>The University of Illinois Hospital entered into a partnership with the Center for Housing and Health (CHH) in 2015 to begin addressing the needs of super-utilizers of the emergency department (for example, individuals who make more than 25 emergency room visits in a year) who were also experiencing chronic homelessness.</p> <p>CCH serves as the “quarterback” for facilitating housing connections, coordinating with more than 25 supportive housing agencies that have over 4,000 market rate apartments in their collective portfolio. During any given month, 125-150 units are available. CCH also provide bridge housing by having units available in three single room occupancy hotels (SRO).</p> <p>The hospital invests \$250,000 annually to subsidize rental assistance and supportive services for up to a year for each individual connected to the program. Hospital staff also sit on the panel that determines eligibility for the program. Since housing demand outweighs supply, they are tasked with selecting patients with complex medical conditions who would most benefit from supportive housing.</p>
<p>How did this relationship develop into the partnership you have today?</p>	<p>Prior to this partnership, there was no organizational relationship between the University of Illinois Hospital and the supportive housing community. CHH had received a Department of Housing and Urban Development (HUD) Continuum of Care grant and was interested in bringing on a health care partner. At the same time, the hospital was going through a strategic planning process where the decision was made</p>

	to focus more heavily on health equity and population health. One of the board members at CHH also happened to be a vice chancellor at the University, and they facilitated the connection.
As you developed this partnership, who were the most important stakeholders to have at the table?	<p>Important partners included:</p> <ul style="list-style-type: none"> • City of Chicago • CSH • Cook County Health • Center for Housing and Health, a subsidiary of the AIDS Foundation of Chicago • HUD • Heartland Health for the Homeless, an organization that provides outreach to people experiencing homelessness and is instrumental in finding and developing relationships with individuals experiencing homelessness in the community • Multiple supportive housing agencies operating within Chicago
What strategies were the most effective in engaging them?	Not all hospitals believe that there is a rational business case for partnering with supportive housing programs. However, many mission-driven hospitals want to participate because they know it is cheaper and better for the community to be a part of the solution by advancing stable housing as a social determinant of health. Data and education both help make that point. It was also important to focus on the hospital's role in promoting stable housing as a partner within the community, not as a stand-alone entity.
What prompted the hospital/health care systems to get involved in supportive housing?	Affordable Care Act regulations mandated that nonprofit hospitals create a community health needs assessment. The assessment helped the hospital decide to take part in collective impact strategies to address chronic disease and population health. The hospital's strategic planning process also illuminated a desire to focus on health equity and population health, and this partnership, designed as a pilot project, was a baby step toward that goal.
What challenges did you have to overcome to develop and implement this partnership?	<p>Within the first cohort, there was a high rate of serious mental illness among individuals participating. The program initially accepted individuals without understanding the need for or having the appropriate level of services in place to provide support to these individuals with high needs.</p> <p>Another challenge was that hospital staff were not familiar with the process to use ICD-10 diagnosis coding specifically for homelessness, which required work to educate them on how and why to do so. In addition, the housing supply did not meet demand, which meant that individuals sometimes had to wait a considerable amount of time for placement. As many of the participants had mental health conditions, it also took time for the outreach staff to build relationships that would encourage them to accept assistance.</p>

<p>Looking back, what would you do differently? What advice would you give to others?</p>	<p>Organizations need to:</p> <ul style="list-style-type: none"> • Recognize that people experiencing homelessness are often invisible in health care. Implement sustained education on how housing impacts health, so that coding for homelessness as a medical condition becomes a matter of practice across hospital systems. • Collect better data. Before the partnership began, the hospital estimated there were 48 super-utilizers experiencing homelessness, but tracking revealed there are over 1,200 patients annually who are experiencing homelessness. • Incorporate the Level of Care Utilization System (LOCUS) mental health assessment. This assessment helps determine the level of services in supportive housing individuals need based on their behavioral and mental health conditions and substance use disorders. • Engage in policy-focused dialogue sooner. Hospitals can band together and influence the city's decisions on supportive housing, homelessness policy, and housing for individuals with severe mental illness. Being part of the overall policy and planning process will help move individuals out of the health care system. • Ensure there is a housing partner to take lead. CCH had pre-existing relationships with multiple housing agencies and community resources, which allowed individuals placement options and access to support services.
<p>How are you planning for sustainability?</p>	<p>Sustainability is always a challenge. Hospital staff are writing a non-quantitative methods paper about the process they undertook in order to help other hospitals (both in and out of Chicago) that are interested in the model. It will be vital for the city to implement collective actions that will properly support and connect individuals with chronic disease, especially those with severe mental illness, including lowering barriers to emergency shelter to ensure that people have a safe place to stay while housing is being secured.</p> <p>In addition, the hospital is working with the city to create a flexible housing pool where other hospitals and organizations within Chicago can direct money to collectively address the issue.</p>
<p>What is the role of this type of partnership in helping to address and end homelessness?</p>	<p>Ideally, the city of Chicago could help bring together community organizations and hospitals to better collaborate and fund models such as this. If each nonprofit hospital in Chicago agreed to fund housing for ten super-utilizers this year, there is the potential to reduce chronic homelessness in the city by 25-30%.</p> <p>Ending chronic homelessness can be done by aligning health and housing resources and priorities. Chicago could even enter a friendly competition with other cities with the ultimate goal being to end chronic homelessness overall.</p>