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

Lessons from Mission Health System in Asheville, NC

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.

Focus of this case study	This case study describes a partnership between the health system and homelessness services system in Asheville, North Carolina, that led to improved identification of people experiencing homelessness, in-reach, discharge planning, medical respite services, and additional supportive housing opportunities for this population. 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.
Can you describe the relationship between hospitals/health care systems and supportive housing in your community?	Historically, the hospital and supportive housing communities in North Carolina functioned separately, but the provider incentives and penalties in the Affordable Care Act (ACA) prompted many hospitals to focus on more high-use, high-cost factors related to the social determinants of health, namely housing instability, and the role of supportive housing in addressing it.
How did this relationship develop into the partnership you have today?	After the passage of the ACA, which incentivized hospitals to focus on long-term outcomes through the Hospital Readmissions Reduction Program, Mission Health created a new position, Director of Vulnerable Populations, to focus on building relationships with stakeholders, make the business case for these relationships to the hospital system, and find creative ways to address issues specifically related to people experiencing homelessness and those with lower incomes. Additionally, there was an increased number of individuals experiencing homelessness who were showing up in the emergency room with high readmission rates. Community benefit funds also allowed the hospital to support community agencies to provide in-reach services and case management to improve discharge practices; medical respite services; and in-kind donations that ranged from physical infrastructure, such as buildings, to health care services provided at clinics. Executive leadership advocated for the use of ICD-10 Z Codes within the hospital to prove numbers and locate individuals in need of housing. Data has shown that identifying individuals who lack stable housing and coordinating care can lower costs

	to the community and in turn allows the hospital to focus more of its community benefit funds toward supportive housing services. For this reason, the hospital now also interacts directly with supportive housing services providers through the FUSE model (Frequent Users Systems Engagement) that identifies frequent users of jails, shelters, hospitals and/or other crisis public services, and tries to improve their health and well-being through supportive housing.
As you developed this partnership, who were the most important stakeholders to have at the table? **What strategies were the most effective in engaging them?**	Important stakeholders included: ● The Chief Medical Officer and other executive leadership at Mission Health ● The Chamber of Commerce ● City and County Government ● The Department of Health and Human Services ● The Housing Authority ● Supportive housing providers ● Local Continuum of Care ● Health Care for the Homeless (HCH) designated Federally Qualified Health Center (FQHC) Educating hospital staff about the lack of affordable housing in Asheville and the connection between stable housing and health was a vital first step, as was building relationships between agencies that had not previously worked closely together. As the hospital became more involved in community health programs for people experiencing homelessness, these relationships developed naturally. Medical staff also were more aware of their impact. For instance, a doctor could write a letter supporting a patient's eligibility for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), which in turn would help them find stable housing and lower their readmission rate. It was also important to make the business case for why the hospital and other businesses should invest in supportive housing.
What prompted the hospital/health care systems to get involved in supportive housing?	The passage of the ACA created more pressure and incentives for hospitals to focus on broader community health needs. Additionally, the Center for Medicaid and Medicare Services had issued new recommendations for discharge protocols and primary care that prompted Mission Health to shift its focus on permanent housing as a social determinant of health. The hospital also needed to relieve pressure on the emergency department and decrease the financial impact of providing non-emergency services in a higher-cost setting by providing individuals with other options for care. In addition, data was available from a housing and health care collaboration model in Oregon (see Central City Concern case study for more information) that showed lower readmission rates and lengths of stay were a result of providing more coordinated care. Medical respite programs had also shown cost savings.

What challenges did you have to overcome to develop and implement this partnership?	Mission Health did not have many pre-existing relationships with agencies in the broader community. Building those relationships from scratch was difficult, especially when the case first had to be made internally. Communication processes and relationships needed to be developed, so both the hospital and outside agencies could learn more about the other's role and the connection between housing and health. Without community relationships, it's difficult to support vulnerable populations to become stable. Asheville is a small city with low vacancy rates. There is a severe shortage of available housing, making it difficult to identify rental units. At times, silos within hospital organizations also made it difficult to implement creative solutions, specifically to discharge planning policies.
Looking back, what would you do differently? What advice would you give to others?	Our advice is: ● Have a firm grasp on hospital policy and regulations and a baseline knowledge of community politics before you jump in. ● Gain the support of hospital leadership – if they are champions for the partnership, then that will spread throughout the hospital system. ● Push to get programs up and running quickly, because the results will speak for themselves. ● Look into available land and housing opportunities from the beginning and encourage local government to get involved in creating incentives for affordable and permanent supportive housing development. ● Have a designated person whose role it is to build the relationships between the hospital and supportive housing agencies. ● Education is key – the more educated people are, the more involved they get, and the more they can become advocates and spread the message. ● Make the business case – the return on investment has been proven, so not only is it the right thing to do, but it is a solid financial investment. ● Provide education on the importance of addressing homelessness and coordinating care in order to advance the goals of Population Health standards. For example, orient new staff on population health priorities.
How are you planning for sustainability?	Financially, it has been difficult for the hospital to grow and sustain this partnership due to low reimbursement rates and strict regulations on hospital funds. Mission Health is looking into options for how to address those issues. This type of program is a hot topic among the industry and has received community support in Asheville. A healthy relationship between the community and hospital is vital for continued success.

What is the role of this type of partnership in helping to address and end homelessness?	Hospitals are a hub, and the more you can work with patients to address their needs while they are in-house, the greater the benefit to both their health and the community. This type of coordinated care model (where community, housing, and homelessness agencies work hand-in-hand and housing status becomes part of the medical record) is universally applicable. That collaboration can decrease hospital readmissions and length of stay, improve people's health and hospital finances, while helping end homelessness.