HOPWA – Best Practices Training: Working with Homeless and Chronically ILL Populations

Impact of Supportive Housing on Health Care Service Utilization and Client Health

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Presentation

• Description - Research Design
• Participants: Who Were They?
• Description - Intervention Design
• Critical Time Period in Intervention
• Outcome Results
Chicago Housing for Health Partnership

- CHHP
- 4 year research and demonstration project
- September 2003 – December 2007
- 405 participants
- First demonstration project of Chicago’s Plan to End Homelessness
Research Design

- Random Control Trial
- Recruitment and Consent at hospitals as inpatients
- Random assignment at hospital
- Track participants for 18 months
CHHP Participants
June 30, 2006 – Final Enrollment

- Intervention: 201
- Usual Care: 204
- TOTAL: 405
Usual Care

- Usual service and discharge by hospital social work department
- Some go to shelters
- Some to nursing homes since there is no other adequate discharge option
- Others to the streets
Intervention Design

• Supportive Housing – variety of models
• Intensive Case Management – 15:1 ratio
• “Housing First” approach
• “Low Demand” models
Long-Term Homelessness

- Long-Term Homelessness (HUD) - 70%
- Short-Term Homelessness - 30%
Substance Use History

- Assessed with Long Term History - 71%
- Estimated with Long-Term History - 86%
Mental Illness History

- Diagnosed with Long Term History - 31%
- Estimated with Long-Term History - 46%
CHHP Project Design

- Hospital
- Respite Program
- Permanent Housing
Systems Integration Team of Case Managers

Serving the Intervention Group

- Hospital: 2 case managers
- Respite Programs: 3 case managers
- Housing: 11 case managers
- Coordination: 1 coordinator
How Many Housed?
18 months / Intervention Group

- Placed in supportive housing: 145 - 72%
- Disengaged after intake: 26 - 13%
- Did not reach housing: 30 - 15%

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- Engaged participants housed: 83%
Housing Stability
1\textsuperscript{st} participant housed in Dec. 03 / last in Nov. 06

- On Jan. 07, 102 participants were still housed
- What happened with the other 43?
  - 16 had died while permanently housed
  - 9 were in a nursing home
  - 6 were in prison or jail
  - 5 had moved in with family
  - 7 had left the city or disengaged
Case Management Services

![Bar chart showing monthly service encounters for Case Management Services with categories for Face, Phone, and Collateral contacts. The chart displays data for months 1 to 17.]
Intensive Case Management

- Case managers had a worker/client ratio of 10:1
- Face to face, telephone, and collateral interventions occurred at least weekly during the first 3 to 6 months
- For the majority of the participants, the intensity of interventions significantly declined after the first 6 months
Total Cost for Intervention

1 participant @:

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
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</thead>
<tbody>
<tr>
<td>Housing:</td>
<td>$7,200</td>
</tr>
<tr>
<td>Services:</td>
<td>$4,715</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$11,915</strong></td>
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How did we get the information (data)?

• Interviews at baseline (enrolled in hospital)
• Follow-up interviews at 1, 3, 6, 9, 12, and 18 m
• Hospital electronic records (study hospitals)
• Medical records (outside hospitals, 66 hospitals)
• Internet data bases (incarceration, deaths)
Hospital Days

- **Intervention Group:** 2.7 fewer days than the Usual Care Group
Emergency Room Visits

• **Intervention** Group: 1.2 fewer visits than the Usual Care Group
Nursing Home Days

- **Intervention Group:** 37%
- **Usual Care Group:** 63%
HIV Outcomes: Hypothesis

Providing permanent housing and intensive case management to hospitalized HIV+ homeless patients will improve their survival with an intact immune system one year later.
HIV Outcomes: Methods

• Inclusion: CHHP enrolled at Stroger Hospital and HIV+
• 1 year later - CD4 count & Viral load
• 1º Endpoint – Survival with intact immunity
  – Alive with CD4 > 200 and Viral Load < 100K
Survival with intact immunity

Survival with CD4 > 200 and VL < 100K

- Intervention: 55%
- Usual Care: 34%

P = 0.04
Viral Load (Mean)

Overall mean viral load is significantly lower in the intervention group (39K) compared to the usual care group (69K). The difference is statistically significant (P = 0.03).
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Intervention</th>
<th>Usual Care</th>
<th>P-Value</th>
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</thead>
<tbody>
<tr>
<td>Survival with intact immunity</td>
<td>55%</td>
<td>34%</td>
<td>0.04</td>
</tr>
<tr>
<td>CD4 Counts (mean)</td>
<td>271</td>
<td>246</td>
<td>0.23</td>
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<tr>
<td>Viral Loads</td>
<td>39K</td>
<td>69K</td>
<td>0.03</td>
</tr>
<tr>
<td>Undetectable VL</td>
<td>40%</td>
<td>21%</td>
<td>0.051</td>
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Conclusions

Permanent supportive housing impacts:

• By increasing significantly the health of the homeless living with a chronic illness
• By decreasing significantly health care utilization costs
• By increasing survival with intact immunity and lowering viral loads
• By supporting much better access to appropriate health care services
Key to HOPWA Providers

- Establish a strong partnership among key stakeholders
- Use multiple sources of funding
- Keep track of measurable outcomes