

## **INTRODUCTION**

With the growing appreciation of housing as a social determinant of health, health center and housing partnerships are on the rise nationally. Recognizing the layers to developing a health and housing partnership, this Literature Review and Resource Bank is intended to provide background and data resources that can be used in grant applications or in conversations with potential funders in the effort to foster new health and supportive housing partnerships.

Included in this document are:

- [Topic Based One Pagers](#)
- [Additional Peer Reviewed Literature](#)
- [White Papers & Online Articles](#)
- [Data Resources](#)
- [Resources on Program Development](#)

## **TOPIC BASED ONE PAGERS**

These topic-based abstracts, created by CSH, pull from peer-reviewed literature and white papers to explore the effect of supportive housing on each of the identified populations and impact areas. These topic areas were chosen based on systems that are natural partners with both health centers and housing providers serving complex, vulnerable populations; emphasizing areas in which housing can make an impact for consumers and public systems.

### ***Super Utilizers a.k.a. Frequent Users***

Super utilizers, or frequent users, are individuals who are experiencing homelessness and have frequent, often costly, interactions with emergency services such as hospitals. Data matching shows that there is often overlap of individuals experiencing homelessness who frequently interact with the healthcare system and the criminal justice systems.

Providing housing and supportive services has been linked to improvement in housing stability, behavioral health outcomes, health system utilization, and fewer interactions with the criminal justice system.

- <http://www.csh.org/wp-content/uploads/2017/04/Population-sheet-Super-utilizers.pdf>

### ***Transition Aged Youth***

Transition aged youth are those who are ages 16-25 and are exiting the child welfare or juvenile justice systems. Studies have found that youth exiting the criminal justice and child welfare systems had higher rates of poverty and incarceration within 4 years of release. Linking individuals to housing and services was associated with positive outcomes related to stable housing, education and employment, healthcare, and criminal justice involvement.

- <http://www.csh.org/wp-content/uploads/2017/04/PFS-populations-Youth.pdf>

### ***Quality of Life Outcomes***

Studies have shown the impact that housing has on quality of life outcomes. This included positive improvements in social network size, choice in treatment, housing, employment, and satisfaction. This table breaks down results of 16 studies looking at the impact of supportive housing on quality of life using varied metrics.

- <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-QoL-Outcomes.pdf>

### ***Mental Health & Substance Use Outcomes***

This digest shows 18 studies exploring how supportive housing impacts mental health and substance use, including reductions in inpatient stays at substance use facilities, cost savings to the mental health systems, and fewer reports of impairment due to psychiatric symptoms.

- <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-MH-Outcomes.pdf>

### ***Housing Outcomes***

This summary lays out the impact of supportive housing on shelter utilization and housing stability. Overall, the 26 studies examined demonstrated that supportive housing results in fewer days in emergency shelter, a reduction in costs to shelters, and an improvement in the percent of individuals stably housed.

→ <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-Housing-Outcomes.pdf>

### ***Outpatient Healthcare Outcomes***

The 10 studies highlighted in this document show the impact of supportive housing on various outpatient healthcare metrics. These articles show that providing housing and services may lead to an increase in outpatient healthcare visits, as individuals shift to more appropriate care. One study showed cost savings for outpatient visits and another showed an increase in Medicaid-reimbursed visits.

→ <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-Healthcare-Outpatient-Outcomes.pdf>

### ***Inpatient Healthcare Outcomes***

This digest explores the impact of supportive housing on inpatient health outcomes as demonstrated by 21 articles. Overall, many found a reduction in emergency room utilization, hospitalizations, and inpatient days. This was coupled with evidence of cost savings related to changes in health system utilization.

→ <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-Healthcare-Inpatient-Outcomes.pdf>

### ***Criminal Justice Outcomes***

Recognizing the link between housing and criminal justice involvement, this table shows the impact of supportive housing on interactions. The 17 studies show that overall there is a reduction on arrests, incarceration days, contacts with police, and overall costs to the criminal justice system.

→ <http://www.csh.org/wp-content/uploads/2017/04/CSH-Lit-Review-CJ-Outcomes.pdf>

## **ADDITIONAL PEER REVIEWED LITERATURE**

In addition to the literature reviewed above, other peer-reviewed literature exists further exploring the link between supportive housing and health outcomes. This section includes articles and commentary from peer-reviewed journals that have been published 2012 – present and focuses on efforts in North America.

### ***Impact of Supportive Housing***

*“The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs.”<sup>1</sup>*

This editorial discusses the healthcare costs and utilization rates of individuals experiencing homelessness. The author asserts that addressing homelessness through housing can save healthcare costs and that housing is healthcare. Citing various sources, the editor notes the percentage of emergency room visits declined with housing, most emergency room visits were for preventable illnesses, and housing resulted in overall cost savings to the health system.

→ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046466/>

*“Single-Site Housing First for Chronically Homeless People.”<sup>2</sup>*

This case study explores “1811 Eastlake,” a single-site housing first program for individuals who have experienced chronic homelessness and have “severe alcohol problems.” The evaluation of this program shows that housing first programs are associated with a reduction in publicly funded services and costs. They have also found a reduction in bookings at the county jail and jail time, as well as a decrease in alcohol use.

→ <http://www.emeraldinsight.com/doi/abs/10.1108/HCS-05-2015-0007>

*“What Is ‘Support’ in Supportive Housing: Client and Service Providers’ Perspectives.”<sup>3</sup>*

This article explores information gained through interviews with 23 supportive housing residents and 10 service providers from several supportive housing programs in Connecticut. The analysis sought to understand the residents’

perception and experience with supportive housing programs. The researchers found “themes of independence, coercion, and choice” were prevalent in consumer experiences accessing services, representing a deeper need to understand how services are provided and accessed.

→ <https://www.ncbi.nlm.nih.gov/pubmed/25477620>

*“Permanent Supportive Housing: Assessing the Evidence.”<sup>24</sup>*

This article examines the evidence base for supportive housing for individuals with behavioral health conditions based on literature published between 1995 and 2012. The authors find supportive housing to be a promising intervention, but note that additional research is needed. Evidence shows that supportive housing reduces homelessness, increases time housed, and reduces emergency room visits and hospitalizations, as well as higher rates of consumer satisfaction compared to other interventions.

→ <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300261>

### **HIV/AIDS**

*“Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review.”<sup>25</sup>*

This review examined available evidence linking housing status, healthcare, and health outcomes among people with HIV. The authors examined 152 articles published between 1996 and March 2014. They looked at the impact on access and utilization of HIV medical care, adherence to medication, HIV clinical measures like viral load, “other health outcomes”, inpatient utilization, and risk behaviors. Overall, the studies examined showed that poor housing was associated with worse outcomes in each of these areas.

→ <http://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302905>

### **Other Physical Health Conditions**

*“Health Outcomes of Obtaining Housing Among Older Homeless Adults.”<sup>26</sup>*

This article reports on a study of 250 older homeless adults, comparing housing rates and the impact of obtaining housing on health status. Researchers found that housing reduced depressive symptoms and a reduced rate of acute care visits.

→ <http://ajph.aphapublications.org/doi/10.2105/AJPH.2014.302539>

*“Permanent Supportive Housing: Addressing Homelessness and Health Disparities?”<sup>27</sup>*

This commentary argues for improved access to the social determinants of health, such as housing. Recognizing a national move to increase access to supportive housing, the authors identify several priorities that push for integration of health and housing, including an increased research base. The priorities included studying the neighborhood and built environment on health with regard to where supportive housing was located.

→ <http://ajph.aphapublications.org/doi/10.2105/AJPH.2013.301490>

### **Behavioral Health**

*“A Review of the Literature on the Effectiveness of Housing and Support, Assertive Community Treatment, and Intensive Case Management Interventions for Persons with Mental Illness Who Have Been Homeless.”<sup>28</sup>*

This literature review examined 16 evaluations of housing and supports programs for individuals who have experienced homelessness with a mental health diagnosis. The review found that the best behavioral health outcomes were seen in programs that paired housing with supportive services, rather than services alone. The authors examined housing outcomes, percent of consumers with schizophrenia or substance use disorders, and history of homelessness and explored the results for possible policy and practice implications, as well as how it can inform future research.

→ <http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/0002-9432.77.3.350>

## WHITE PAPERS & ONLINE ARTICLES

In addition to the peer-reviewed literature on supportive housing, there are a variety of studies published outside the peer-review process that have demonstrated the impact of supportive housing on public systems, including healthcare. This section includes some of these reports and articles that provide additional insight that may not be addressed in available literature.

### ***Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health***

This report explores the connection between supportive housing, health and the strategies to improve the health of vulnerable individuals through housing. It expands on the concepts of supportive housing, health outcomes that have been linked to stable housing – improved mental health outcomes, reduction in substance use, and improvement in HIV viral load – as well as the cost reduction associated with supportive housing that helps to maximize resources.

→ [http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth\\_2014.pdf](http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth_2014.pdf)

### ***Reducing Homelessness, Incarceration and Costs Through Supportive Housing – The New York City FUSE Evaluation***

This report details a two-year evaluation of the New York Frequent Users Services Enhancement Initiative conducted by Columbia University Mailman School of Public Policy. The evaluation found that linking frequent users of crisis services to supportive housing resulted in a reduction in the utilization of crisis services like ambulance use and fewer days in a shelter or incarcerated. There was also a documented reduction in annual average cost per person enrolled.

→ [http://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final\\_Linked.pdf](http://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf)

### ***Where We Sleep: The Costs of Housing and Homelessness in Los Angeles***

This report, written by the Economic Roundtable, summarizes a study evaluating the costs associated with homelessness in Los Angeles County and the impact of supportive housing. The study found that costs to the public system are reduced when individuals are housed – especially costs associated with emergency health services, the costs and savings per individual varied by demographic characteristics and service need.

→ <http://economicrt.org/publication/where-we-sleep/>

### ***In Focus: Using Housing to Improve Health and Reduce the Costs of Caring for the Homeless***

This article by The Commonwealth Fund explores the business case for supportive housing as a health intervention and some of the approaches communities can take. One of the studies examined demonstrated a reduction in cost from over \$16,000 to over \$4,000 per year and another found monthly reductions from about \$4,000 per month to just under \$2,500.

→ <http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/october-november/in-focus>

### ***Supportive Housing Helps Vulnerable People Live and Thrive in the Community***

This report by the Center on Budget and Policy Priorities describes the characteristics of supportive housing, the evidence of its efficacy, and the financial impact of supportive housing programs for vulnerable individuals. The report expands on the idea that a small percent of individuals account for a disproportionate share of the cost to the public system, as well as how supportive housing can reduce healthcare costs.

→ <http://www.cbpp.org/sites/default/files/atoms/files/5-31-16hous.pdf>

## DATA RESOURCES

Understanding the context of the community through data is important for program design and for making the case to potential funders. This section includes links to online sources of health, housing, and homeless services data to inform a range of fields, i.e. program development, service delivery, partnerships and staffing. Organizations can also look into local community needs assessments conducted by hospitals, local government offices, universities, and other stakeholders.

### *UDS Mapper*

The UDS Mapper is a collaborative project funded by the Health Resources and Services Administration (HRSA) and directed by the Robert Graham Center. The tool can be used to explore community health metrics, service areas, and population indicators backed by UDS data.

→ <https://www.udsmapper.org/index.cfm>

### *Health Landscape*

Health Landscape is home to a variety of data visualization tools including mapping tools. Some of these mapping tools are listed below; however, other tools on population health, community health, and site performance (i.e. Patient experience, preventive health, patient safety, etc.) are available.

→ <http://www.healthlandscape.org>

→ [Project 500 Cities Mapping](#)

→ [The Social Determinants of Health \(SDOH\) Mapper](#)

### *Federal Annual Homeless Assessment Report (AHAR)*

The Annual Homeless Assessment Report (AHAR) is an annual report to the U.S. Congress summarizing findings from the Point in Time Count and the Housing Inventory Counts. The information in the report is primarily based on what is reported in the Homeless Management Information Systems (HMIS) across the country and includes data from the [Point in Time and the Housing Inventory Counts](#), conducted annually January.

→ <https://www.hudexchange.info/programs/hdx/guides/ahar/#reports>

→ [Point in Time Counts and Housing Counts Inventory by CoC and State](#)

### *American Housing Survey*

The American Housing Survey is a comprehensive national survey conducted by the U.S. Census Bureau with support from the U.S. Department of Housing and Urban Development. This data can be broken down by Metro area and includes information such as housing characteristics and demographics.

→ <http://www.census.gov/programs-surveys/ahs/data.html>

### *CSH Statewide Supportive Housing Needs Assessment Data Mapper*

This population-based map estimates the needs for supportive housing for each state and among different populations. The map can be viewed as the total need for supportive housing or can be viewed for a subset of populations.

→ <http://www.csh.org/data>

## RESOURCES ON PROGRAM DEVELOPMENT

Health centers and supportive housing providers are natural partners as they serve a similarly vulnerable population. Partnerships are an effective way to leverage limited resources for a larger impact. This section includes resources that are helpful when planning and building a partnership from scratch.

### ***Health and Housing Partnerships: Strategic Guidance for Health Centers and Supportive Housing Providers***

This guide walks through the various steps of developing cross-sector partnerships, exploring the value of both health centers and housing providers and how strategic partnerships can create a more efficient and effective system of care.

→ <http://www.csh.org/wp-content/uploads/2015/12/CSH-Health-Housing-Partnerships-Guide.pdf>

→ [\*Health and Housing Partnerships: Making it Work - Self-Paced Tutorial\*](#)

### ***Health Care for the Homeless (HCH) Costing Tool***

Economists and researchers at Brandeis University created the HCH costing tool to help providers use a data-driven approach to determine the benefit of programs and plan for the best use of resources through a cost-benefit analysis.

→ <https://www.nhchc.org/operations-management/hch-costing-tool/>

### ***Health Outreach Partners: Outreach Business Value Toolkit & Calculators***

This tool was designed to help health centers invest in outreach programs and calculate efficiency, the impact of alternative payment methods, and costs avoided through outreach at the organization level.

→ <https://outreach-partners.org/obv-toolkit/>

### ***National Center for Medical-Legal Partnership: Toolkit***

This toolkit was developed to help health centers and legal institutions develop a Medical Legal Partnership and coordinate care between the health and legal sectors, and includes a section on data sharing.

→ <http://medical-legalpartnership.org/mlptoolkit/>

### ***National Association of Community Health Centers (NACHC): PRAPARE Tool***

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) was developed by NACHC to assist health centers in collecting and understanding data related to the social determinants of health.

→ <http://www.nachc.org/research-and-data/prapare/>

### ***Additional CSH Resources***

CSH has pulled together resources addressing everything from care coordination to creative funding opportunities and resources. For more information, visit [www.csh.org/hrsata](http://www.csh.org/hrsata) or the [Supportive Housing Training Center](#).

### Disclaimer:

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- <sup>1</sup> Garrett, Daniel G. “The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs.” *American health & drug benefits* 5.1 (2012): 17–19. Print.
- <sup>2</sup> Malone, Daniel K., Susan E. Collins, and Seema L. Clifasefi. “Single-Site Housing First for Chronically Homeless People.” *Housing, Care and Support* 18.2 (2015): 62–66. Print.
- <sup>3</sup> Owczarzak, Jill et al. “What Is ‘Support’ in Supportive Housing: Client and Service Providers’ Perspectives.” *Human organization* 72.3 (2013): 254–262. Print.
- <sup>4</sup> Rog, Debra J. et al. “Permanent Supportive Housing: Assessing the Evidence.” *Psychiatric services* 65.3 (2014): 287–294. Print.
- <sup>5</sup> Aidala, Angela A. et al. “Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review.” *American journal of public health* 106.1 (2016): e1–e23. Print.
- <sup>6</sup> Brown, Rebecca T. et al. “Health Outcomes of Obtaining Housing Among Older Homeless Adults.” *American Journal of Public Health* 105.7 (2015): 1482–1488. Print.
- <sup>7</sup> Henwood, Benjamin F., Leopoldo J. Cabassa, et al. “Permanent Supportive Housing: Addressing Homelessness and Health Disparities?” *American journal of public health* 103 Suppl 2 (2013): S188–92. Print.
- <sup>8</sup> Nelson, Geoffrey, Tim Aubry, and Adele Lafrance. “A Review of the Literature on the Effectiveness of Housing and Support, Assertive Community Treatment, and Intensive Case Management Interventions for Persons with Mental Illness Who Have Been Homeless.” *The American journal of orthopsychiatry* 77.3 (2007): 350–361. Print.