The title of a January 2016 Health Affairs article reports that “Formerly Homeless People Had Lower Overall Health Care Expenditures after Moving into Supportive Housing.” Bill Wright and colleagues at the Center for Outcomes Research and Education at Providence Health and Services, in Portland, Oregon, say the reduction comes “primarily” from reduced emergency care and inpatient care. Even though expenses for their care were lower, formerly homeless respondents to a survey reported better access to care and “stronger primary care connections.”

In a November 2015 report, the US Department of Housing and Urban Development (HUD) stated that, per its point-in-time estimate, 564,708 people in the United States were homeless on a given night in January 2015.

Plenty of military veterans lack homes: HUD said that on a single January 2015 night, 47,725 vets were homeless. Reporter Jen Fifield stated in a December 21, 2015, article on the Pew Charitable Trusts’ Stateline.org website that the federal government’s “push” to house veterans “encourages” the use of a housing-first approach before addressing underlying reasons for homelessness, such as substance use or mental illness. (A housing-first program, according to the National Alliance to End Homelessness, usually delivers needed services following a housing placement.)

In June 2015 the Centers for Medicare and Medicaid Services (CMS) issued a bulletin clarifying “the circumstances under which Medicaid reimburses for certain housing-related activities” to help people “experiencing chronic homelessness” and others. One example of such activities is helping people apply for housing. A useful November 20, 2015, Stateline.org article by Mike Ollove, titled, “States Freed to Use Medicaid Money for Housing,” noted that “thus far, no opposition has surfaced to using Medicaid money this way.”

Housing-first programs include many supportive housing services that are now covered by CMS. For example, the programs “generally provide coordinated health care” to those being helped, such as assisting them with taking their prescription medicines, the article noted.

Another reason to help the homeless find a place to live is the public cost of homelessness. In May 2015 the Destination: Home program and Santa Clara County, California, released Home Not Found. Using data compiled by the Economic Roundtable, this report reveals the cost of homelessness in Silicon Valley, an area that many people associate with the wealthy. Between 2007 and 2012, Santa Clara County spent more than $3 billion to provide services for 104,206 homeless residents, according to a press release about the report. “Medical diagnoses and the associated health care services” needed were the biggest component of this population’s overall public cost. Destination: Home is a program of the Health Trust (a charitable foundation created as a result of the sale of three nonprofit hospitals). The program is funded by numerous entities, including the David and Lucile Packard and Silicon Valley Community Foundations.

Following are a few examples of foundation funding related to health care and homelessness.

Grants

In December 2015 the Episcopal Health Foundation (EHF) awarded a $100,100 grant to Casa Marianella to provide access to physical and mental health care for homeless immigrants and refugees in Austin, Texas. The grantee also will offer medical case management for this population. The City of Austin and the Travis County Medical Alliance are cofounders of this effort. The EHF also provided $215,000 in September 2015 to Healthcare for the Homeless Houston, the only federally qualified health center in that city “that exclusively treats the homeless population with comprehensive, integrated care,” including behavioral and dental services, said an EHF spokesperson.

Healthcare Georgia Foundation awarded a $50,000 grant to Innovative Solutions for Disadvantage and Disability, a research and community services organization founded by Leslie Rubin, a pediatrician. The funding is for the organization’s Healthcare Without Walls program, which aims to address the needs of homeless children in metropolitan Atlanta by providing them with a medical home. The program works with several partners, including the Morehouse School of Medicine, Emory University’s Rollins School of Public Health, and the Mary Hall Freedom House. Other current funders include the Health Resources and Services Administration, Georgia Health Foundation, and Georgia Baptist Health Care Ministries.

CSH’s five-year Social Innovation Fund initiative works in Ann Arbor, Michigan; Los Angeles and San Francisco, California; and Connecticut to “end homelessness among individuals with complex health needs and housing instability who also turn to high-cost emergency and crisis health services on a regular basis,” CSH’s Sarah Gallagher explained in a January 2016 blog post. The aim is to provide these highest-cost users of publicly funded crisis services with supportive housing connected to coordinated health services. As of January 2016, 573 people nationwide had received housing, Gallagher reported. Core components of this national demonstration are the use of data to target and identify these superutilizers, intensive outreach to and engagement with them, a housing-first approach, access to both physical and behavioral health care, and care coordination by a community health worker or patient navigator.

The initiative aims “to build credible evidence” as to the effectiveness of sup-
porteive housing for improving health status and cutting public costs for the superutilizers, raise public awareness of this approach, and create a plan for scaled replication, according to the first in a series of initiative papers.

The initiative currently receives major support from the Conrad N. Hilton Foundation, Hartford Foundation for Public Giving, Kresge Foundation, Melville Charitable Trust, and the federal government’s Corporation for National and Community Service. Researchers at New York University are evaluating the initiative. Other initiative funders over the years have included the Aetna, Connecticut Health, Robert Wood Johnson, Jacob and Valeria Langeloth, and San Francisco Foundations. Approximately $8.6 million in public and private funds has been awarded thus far to the initiative, a CSH spokesperson told Health Affairs.

In January 2015 the Missouri Foundation for Health (MFH) announced its Show Me Healthy Housing program, which aims to offer supportive housing for people with health conditions. It awarded four grants focusing on “combating homelessness and improving quality of life,” according to a press release. For example, one project focuses on helping people with serious mental illnesses. Bob Hughes, MFH president and CEO, said in the release, “We think this holistic strategy really has the opportunity to pull people out of a cycle of insecurity, both from a financial and health perspective.”

In 2015 the Dorothy Rider Pool Health Care Trust, located in Allen-town, Pennsylvania, awarded a $200,000 grant to Lehigh Valley Health Network for its street medicine program. The grant goes to support the efforts of more than 100 program workers and to promote interest in street medicine. The funds will also help the program develop new ways to provide behavioral health services to some 10,000 homeless people in the Lehigh Valley region “who generally are overlooked or out of sight,” according to a press release. Brett Feldman, a physician assistant, runs the program. Examples of his activities include helping winterize a homeless camp in the woods and providing primary care to needy people in a soup kitchen. “By helping the medically frail homeless to access care through six free, on-site clinics in shelters and soup kitchens,” Lehigh Valley Health Network saw thirty-day hospital “readmission rates drop from 50.8 percent to 21 percent” in the program’s initial six months, according to the release.

### Outcomes

The Conrad N. Hilton Foundation released a December 2015 evaluation report on its Chronic Homelessness Initiative in Los Angeles County, California. The evaluation, prepared by Abt Associates, sought to answer this “overarching question”: Is the initiative, which started in 2011, “an effective strategy to end and prevent chronic homelessness?” Thus far, the Hilton Foundation has awarded more than $56.7 million in multiyear grants under the initiative to twenty-nine nonprofits working in Los Angeles.

Among the ways that the initiative identifies the most vulnerable homeless people is by working with hospitals. For example, the Hilton Foundation and UniHealth Foundation gave funds to the CSH and the Economic Roundtable to develop a triage tool, which hospitals can use to identify the subpopulation of homeless patients who have the highest need and highest costs. According to the Hilton Foundation’s website, sixteen hospitals use the screening tool, and community partners then connect these patients to needed services. Later, in 2014, the Hilton Foundation partnered with the Los Angeles County Department of Health Services to launch a locally funded supportive housing rental subsidy program, which targets such housing to the most frequent users of the county’s health system. The Hilton Foundation has been funding solutions to homelessness since 1992.

### Key Personnel Changes

**SHAWN BISHOP** has been named vice president for cost control and Medicare at the Commonwealth Fund. She will manage its Controlling Health Care Costs program, which concerns public and private-sector spending, and the Advancing Medicare program, which determines how the federal program can better serve its beneficiaries and “best perform as a testbed for health system improvement,” according to a January 2016 press release. Most recently, Bishop was a health policy consultant.

**SARA KAY** concluded her work at Atlantic Philanthropies in January 2016. She had been head of advocacy and health equity programmes and noted in an e-mail that it had been “an honor and a pleasure” to work at Atlantic for the past three years. In March 2016 Kay is to begin a one-year fellowship at Planned Parenthood Federation of America. Atlantic “is a limited life foundation that will complete grantmaking in 2016,” according to its website.

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Compiled and written by Lee L. Prina, senior editor