



HOUSING IS HEALTH

A Report on the
Relationship between
Housing and Healthcare



THE IMPACT: IN THEIR OWN WORDS

We asked our clients who have secured stable housing with help from Crossroads to share in their own words how housing has improved their health, and their lives. Out of respect for their privacy, we did not include their names.

“On the street, most of the time I didn’t even know what day it was. When I went to the clinic, doctors didn’t take me seriously. People stole my medications, and it was hard to get to a clinic or hospital to get new ones. If I stashed my stuff during the day, when I came back, sometimes it had been thrown away.”

“When I was on the street, every day was a struggle to survive. It takes so much energy to get through a day.”

“When I was homeless, I never talked to anyone. I always felt disrespected. Now, I am excited to tell people what it is like to be homeless and what we go through. I am ready to talk about homelessness.”



“We never had primary care for the most part. We went to the hospital for emergencies. It is a struggle to keep medications. You look away for a minute, and your backpack with all your meds and personal stuff is just gone.”

FROM THE PRESIDENT



Dear Friends,

I am proud to present our fifth report on a particular segment or issue impacting the homeless. In these reports, we present information associated with the issue on a national, state and local level, and this year's report focuses on the impact housing has on one's health.

Homelessness and health concerns go hand in hand. Poor health is closely associated with homelessness. For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction.

Housing is a key component of health and health care. For people who are chronically homeless, the intervention of permanent supportive housing provides stable housing coupled with supportive services – a cost-effective solution to homelessness for those with the most severe physical health, mental health, and substance abuse challenges.

It is my hope that this report will not only raise awareness of the issues we face around homelessness as a nation, state and community, but also present positive solutions as to how we move forward together to end each individual and family's experience with homelessness as safely, respectfully and effectively as possible.

This is my first year in the leadership role at Crossroads Rhode Island, and I am deeply committed to continue providing high quality, effective services and programs to our state's most vulnerable residents. Crossroads is often the place of last resort for struggling individuals and families who have lost their homes – and in many cases, their dignity. Crossroads is a place where they can feel safe, respected and supported while working towards ending their homelessness.

The evidence demonstrates that housing is both the only way to end homelessness and the most cost-effective intervention. Research and practice has continually shown that once a person or family is housed, their chances of becoming successful at finding and maintaining employment, getting medical attention, treating addictions, and improving other aspects of their life are exponentially better. Additionally, providing housing for the chronically homeless saves tax-payer money long-term, as it is less expensive than emergency shelter, and results in reduced medical costs, emergency room visits, and in many cases a gradual reduction of overall support needed.

Helping homeless families and individuals secure stable housing is the mission of Crossroads Rhode Island. Improving the physical and mental health of the people we serve through secure housing is just one of the many benefits of helping to end their homelessness. Housing is not just a roof and four walls; housing is security, housing is peace of mind, and housing is health.

Thank you for taking the time to read this report and for continuing to support our mission of securing stable homes. Together we can take the lead and end homelessness for individuals and families in Rhode Island.

A handwritten signature in black ink that reads "Karen A. Santilli".

Karen A. Santilli
President
Crossroads Rhode Island



THE ISSUE: IMPACT OF HOMELESSNESS ON HEALTH STATUS

Chronic and Family Homelessness

Homelessness contributes to poor health outcomes for everyone who experiences it, from infancy into old age. A stable home is a predictor of childhood development, adult well-being, and one's health status in later years. Expectant mothers who are homeless experience mental and physical stress that can negatively affect their children during prenatal development. Homelessness during early childhood may contribute to changes in brain and body development that negatively impact a person's health over a lifetime.

Children Without Homes Are...

- 2X** more likely to go hungry
- 5X** more likely to have intestinal problems
- 4X** more likely to have asthma
- 2X** more likely to get an ear infection
- 5X** more likely to get a respiratory infection
- 4X** more likely to have emotional and behavioral problems

...than their peers with homes.

Children who are homeless are sick far more often than their housed peers, suffer from poor nutrition, have a high rate of obesity, and often live sedentary lives because they have no safe place to play. Homeless children often experience homelessness as adults. The negative effects of childhood homelessness carry over to adult homelessness.

Most chronically homeless adults struggle daily with chronic diseases, mental illness, depression, addiction, poor oral health, foot problems, and exposure to the elements, all of which are made worse by homelessness. Homeless men, women, and children are at increased risk for experiencing trauma.

Life on the streets is dangerous, and many suffer from multiple health problems that go undiagnosed and untreated until a health crisis leads to costly emergency room treatment. It is a cycle that is likely to continue as long as the person is homeless.

Getting Health Care While Homeless

For people experiencing homelessness, accessing basic health care is difficult. Lack of transportation, fear of losing all one's belongings, a history of trauma, or debilitating physical problems may deter a person from seeking medical assistance. When homeless people seek medical assistance, they commonly report an overall negative experience of feeling shamed and judged for their condition, and do not return when more care is needed.

Even when receiving treatment, homeless people have poorer health outcomes than housed people. Without a place to live, basic hygiene is difficult to maintain; there is no place to store medicines or keep a calendar of doctors' appointments; no way to prepare healthy meals; no safe place to sleep; no protection from the elements. These factors can cause new health problems or worsen pre-existing problems. Managing a chronic illness while homeless is an ongoing struggle.

People experiencing homelessness, especially chronically homeless adults, have intense needs, seldom have access to regular primary care that most people depend on to manage their health. Homelessness is itself an independent risk factor for mortality: without the stability of a home, a person can expect to die 26-37 years sooner than the average person who is housed.

Limited Mental Health Resources

People who are homeless suffer disproportionately from mental illness. It is estimated that 20-30% of the homeless population suffers from severe mental illness, compared to 6% of the overall American population.

People experiencing homelessness need mental health services, but limited resources are available to them due to their lack of insurance, transportation, and funds. Those who do receive mental health services may not be able to benefit fully from treatment. Depression, difficulty maintaining personal hygiene, physical illness, ongoing trauma and exposure to violence make it almost impossible for most homeless people to manage treatment on a regular schedule.

LIFE EXPECTANCY



**41-52
YEARS**

Homeless
Population



**78
YEARS**

General
Population

20-30%

of the homeless population suffers from severe mental illness compared to only

6%

of the overall American population.



Dependence on High-Cost Emergency Services

When people experiencing homelessness do not have access to regular healthcare, they often rely on costly ambulances and emergency room visits for treatment. This results in an expensive bill for taxpayers, in addition to ineffective healthcare for the patients. In some cases, patients utilize these expensive emergency services for health problems that either would not exist, or would not be as serious, if they had a home.

Homeless individuals are also more likely to have negative interactions with law enforcement for offenses such as loitering, public intoxication, sleeping outside or other activities that could be done within the safety of a home. In a home, these individuals would be at a much lower risk of harming themselves or others.

Numerous studies in cities throughout the country have proven repeatedly that the most effective and least-costly health intervention for people who are homeless is housing. A place to live with the supports needed to survive, heal, and maintain their health is the best long-term health plan for someone without a home.

“My health is so much better now that I am living in my apartment. I can keep my medicine safe, and I know when to take it. I get to my appointments regularly, and it is good to know I have a home to go to afterwards.”

From the Desk of Michelle Brophy

Director of Policy and Planning, Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, Chair of the RI Continuum of Care

The Rhode Island Continuum of Care, the policy body that represents constituents, providers, advocates and state officials, made a commitment in 2000 to move from a state that “shelters” to a state that “houses” our most vulnerable residents. Over the past 15 years, we have built the capacity of our system and created the vehicles to sustain our movement. The state created a sustainable funding stream for housing vouchers and we are closer than ever to creating a housing stabilization service that will become part of the mainstream Medicaid benefits package.

This is a critical shift in Medicaid policy. Rhode Island is part of a national movement to view housing as healthcare. Through long term studies and Medicaid data matching, we are able to show the effect of a safe, decent, affordable housing on mental health and well-being. The implementation of supportive housing as the solution to homelessness affects not only the health and wellbeing of the individual housed but has a positive impact on reducing unnecessary emergency services.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals applied for and received a \$5.4 million Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that will begin towards the end of the year. The initiative provides service dollars to integrate housing, health and behavioral healthcare. Our goal is to increase access to housing and services to 150 individuals who are experiencing chronic homelessness (including veterans and individuals cycling through the prison system) and increase access to treatment and recovery supports to an additional 150 individuals currently living in permanent supportive housing.

Through this initiative we are also responsible to implement statewide systems that will ensure housing and services are available to quickly move individuals and families into housing, because “housing creates healthy people, healthy communities and a healthy state.”

THE SOLUTION: HOUSING

Housing Saves Money and Lives

Time and time again, research and experience have proven that the Housing First model works to improve the health and quality of life of our clients. When paired with home-based case management for long-term success, homeless clients who are placed into housing as quickly as possible have improved health and cost less overall – both for Crossroads and for taxpayers.

It is not as simple as just placing someone in an apartment: continued care is the foundation for success for chronically homeless people to be successful in permanent housing.

At Crossroads, our dedicated case managers continue to work with clients even after they are no longer homeless. Intensive home-based case management means that we come to the clients in their own homes to help them adjust to being housed. Our case managers help our clients learn to maintain their new homes, and get access to additional resources such as health care, employment or education training, or substance abuse programs. Each of these measures helps to ensure their long-term housing success.

How does the cost of Rapid Re-Housing for homeless families compare to other interventions?

\$6,578	Rapid Re-Housing
\$13,832	Housing First
\$16,829	Emergency Shelter
\$32,557	Transitional Housing



**Cost per family. Data provided by National Alliance to End Homelessness, July 2015 and Crossroads Rhode Island..*

Over time, many of our clients may progress to living fully independent lives. Others will need to remain in supportive housing to avoid further homelessness. In either case, taxpayers save money and there is less strain on emergency systems of care that people over-utilize when homeless.

As a result of ending their homelessness, our clients report an overall better quality of life, and reconnection to friends, family, and society. As their physical and mental health improve, so too do their opportunities for employment and education. Among other things, they learn to cook healthy foods for themselves and their families. It is not uncommon for our newly housed clients to express a desire to do something to better their community and help others who are currently experiencing homelessness.

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I was in and out of hospitals, especially during the last two years I was homeless. I suffer from extreme anxiety, and I would self-medicate with drugs or alcohol. Someone would call for an ambulance, and I would be taken to the emergency room. Sometimes I did not get any treatment, and the medical staff would act like I was just looking for a place to stay.

"I am so much better now that I have a safe place to stay. I have a doctor to talk to, and I feel respected when I go to get health care. They treat me so much better now that I have a home."

"We mostly ignored health problems because it was so embarrassing to try to get help."

"When I was homeless and had to go to a hospital, I was treated like a bum. People are so judgmental. They acted like I was there just to get warm or rest. Now I feel like I am treated more like other patients."



"I have heart problems, liver problems from drinking. I was constantly in and out of the hospital because of passing out in the street intoxicated. I went to the ER 387 times during the year before I was housed. Sometimes the ambulance picked me up more than once a day."



"I am getting treatment for my alcoholism. I have access to a gym and work out often. I am getting better, sober for over three months now."

"I feel safe now, not like when I was on the streets where there is a lot of crime and abuse from people who are homeless or not. My mental health is so much better."

"We remember when we were on the street and how hard it was. We know people are hungry. We try to help people now when we can."

“When I got so sick that I knew I needed help, I went to the emergency room. At the hospital they might give me some medicine, but always sent me back to the street at 5 AM, even when I had pneumonia. They treat you differently if they know you are homeless.”

"While I was living outside, I would spend the day making rounds to warm up, eat. It was hard to keep appointments. People kept stealing my phone, so I didn't even know what time it was or if I was supposed to go somewhere. Every day I had to hide the cardboard I was sleeping on and the bedding so I could stay warm at night."

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National Health Care for the Homeless, www.nhch.org

- The National Health Care for the Homeless Council is a network of more than 10,000 doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness.

SAFETY.

We promote an environment free from physical and emotional harm and ensure a feeling of security and comfort for all.

RESPECT.

We acknowledge the intrinsic worth of every person.

EFFECTIVENESS.

We deliver services and manage the organization with efficiency, professionalism, innovation and accountability.

