



Chicago Housing for Health Partnership (CHHP)

Lessons From Our
Our Five-Year Journey

Commitment to Community

Founded 1919 as a kosher hospital

- 1st Chicago Hospital training Eastern Europe Jews as MDs
- Created medical school
- Created nursing school



Board
considered
moving in
1970's

Community in 2009

Split African-American & Latino, Highest incidence of formerly incarcerated young men, high infant mortality rate, asthma, diabetes, renal disease, cardiovascular disease and obesity rates, low high school graduation rates, high unemployment, undocumented immigrants, & low property values.

Illinois' Largest Hospital Partner

<u>Patient Source</u>	<u>Percent of Total</u>	<u>Percent of Cost</u>
Medicare	20%	94%
Medicaid	60%	74%
Self Pay	12%	0%
Commercial	8%	125%

75% of Sinai's cash comes from the State of Illinois

- **Mount Sinai Hospital**
 - 431 beds, 22,000 admits, 4,000 deliveries, 2,200 Level One traumas, 60,000 ED visits, 16,000 Behavioral Health encounters, 376,000 outpt visits
- **Sinai Children's Hospital**
 - Level 3 NICU
- **Schwab Rehabilitation Hospital**
 - 1762 admits, 129,159 therapy units, 125 beds, ***Deaf Access, In My Shoes***, Brain & Spinal Cord Injury, Amputees...
- **Sinai Medical Group**
 - 200 Specialty Physicians
- **Sinai Community Institute**
 - Work force development, job readiness training, job creation, 2nd Pregnancy Avoidance, Violence Prevention, Faith Community Council, Community Computer Lab, Elder Abuse, WIC, ...
- **Sinai Urban Health Institute**
 - Largest door to door health status survey, Evidence based community interventions: Breast Cancer, Asthma, Smoking, Diabetes...via \$14 million in grants and contracts.



January 2002

The Way We Were

- Homeless population with disproportionately high ED visits and hospitalization
- Large volumes of homeless patients with chronic as well as acute medical conditions, unable to be safely discharged
- Long hospital stays for homeless patients
- Only one Respite facility with 24 hour access (Interfaith House) and a long waiting list
- Hospital Social Workers with heavy case loads and homeless patients scattered between them



January 2002

The Way We Were

- Social Workers with varying degrees of knowledge and relationships with housing, respite and shelter providers
- Long waits and many requirements to get into a housing unit
- Most housing units require 6 months+ sobriety
- High frustration with lack of resources for housing and/or safe discharge

2003 - CHHP

- Private grant funding to support leadership, process, researchers, case managers
- Federal funding for housing
- Design of Systems Integration Team (SIT)
- Housing First/Low Demand approach
- The hunt for partners (respite and housing)
- Education, Team Building, Challenging Paradigms

3 Stages of CHHP

- Stage 1 – Hospital
 - Patient identification and screening
 - Intake and randomization for research
 - Expedited hospital discharge
 - Intensive case management begins
 - Education on disease management
 - Assignment of PCP if necessary

3 Stages of CHHP

- Stage 2 – Interim Housing
 - Psychosocial assessment
 - Respite care services
 - Intensive case management
 - Housing First strategy implementation

3 Stages of CHHP

- Stage 3 – Supportive Housing
 - Wrap-around case management services
 - Rental assistance
 - Skills training
 - Linkages and referrals to health services
 - Advocacy services

The SIT Process

- Case managers with very low case loads at each stage (around 10)
- Weekly meetings of all case managers
- Coordination and integration of services across the three stages
- Ongoing education of the team
- Annual peer review meetings with national speakers

A Bit About the Research

- Randomized control trial
- 405 homeless adults with chronic medical illness
- (ex: stroke, HIV, hypertension, diabetes, cancer)
- Followed monthly from Sept 03 through May 06 with follow-up through Dec 07
- 201 intervention, 204 usual care
- 78% men, 78% AA, median duration of homelessness of 30 months
- Hospitalizations, hospital days and ED visits were measured

Research Results

- Intervention group
 - 24% fewer ED visits
 - 29% fewer hospitalizations
 - 3 times more likely to achieve stable housing at 18 mo. Follow-up (66% v 21%) and had fewer housing changes
 - Unintended finding of much lower use of nursing home days

Research Results

- Small HIV Sub-Study
 - 55% of intervention group was alive with intact immune system vs 34% of usual care group
 - Study showed that with the intervention participants were more likely to have a low or undetectable viral load (40% v 21%)

2009

The Way We Are Now

- Research results generating national interest and hopefully policy change
- Case Managers have remained grant funded with low staff-patient ratios
- Continue to have one SW (with trained back-up) who handles only homeless patients
- Sought out the control group participants to engage in housing process
- SIT continues to meet
- Federal funding for housing has increased but is still not enough
- Continue to need housing that can accommodate Housing First approach