Boston Health Care for the Homeless Program:

Picture of a Practice
and
Impact of Payment Reform

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BOSTON HEALTH CARE *for* the HOMELESS PROGRAM

September 10, 2024

Outline

- Picture of a practice
- The world is changing; realities and opportunities
- Implications for BHCHP care model

1984
- We begin.
- RWJ Grant
- Consumers matter

BHCHP Basic Goals 1984

- **Establish a health services care delivery model to provide continuity of care from shelter and street to hospital;**

- **Provide care through multidisciplinary outreach teams;**

- **Establish the capacity to meet the needs of homeless individuals for home-type respite care**

1980s
- Street Team
- Outbreaks
- HIV Team

1980s
- Comprehensive primary care Multi-disciplinary teams
- We become an FQHC

2000s

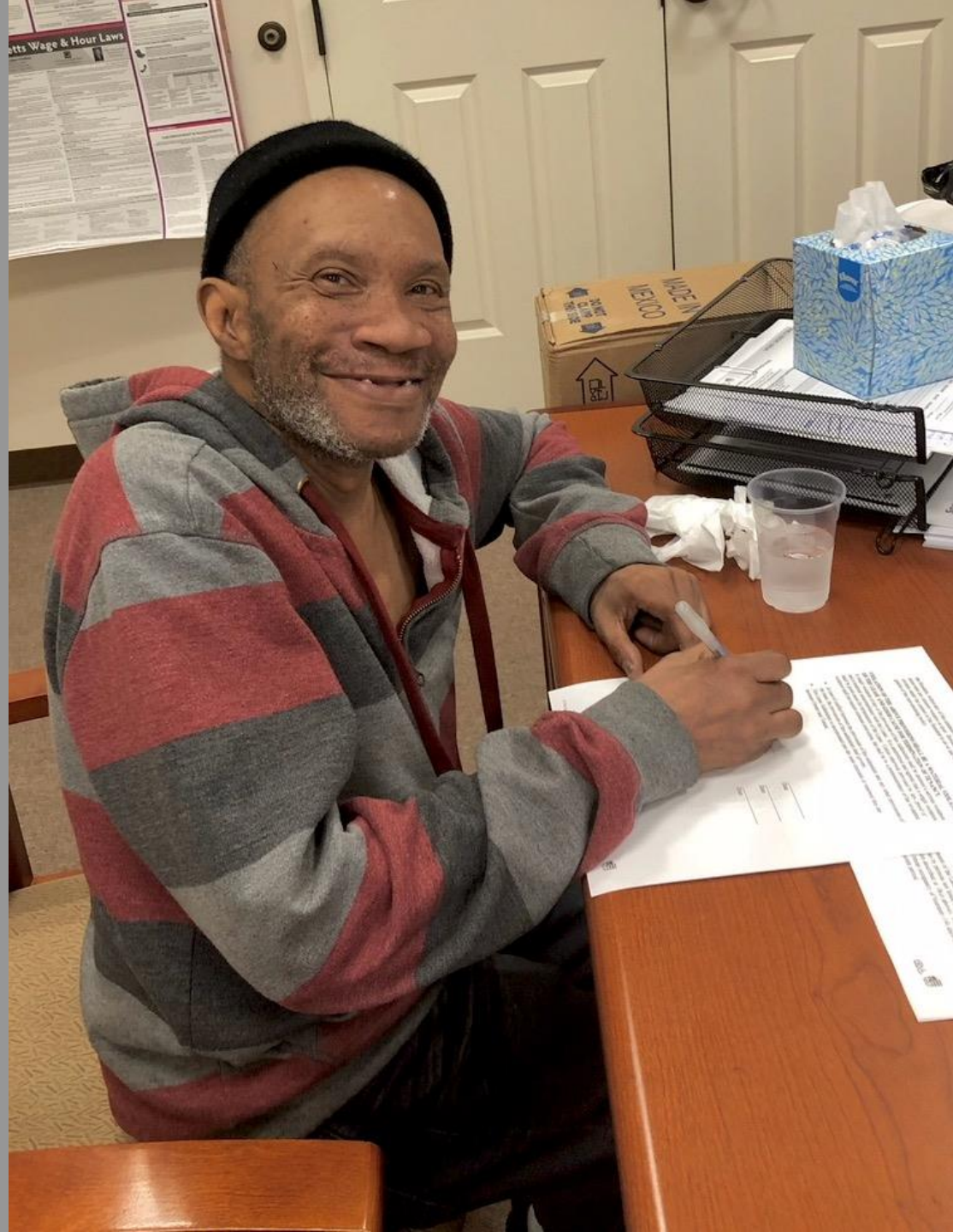- We open Jean Yawkey Place at 780 Albany
- MA passes Chapter 58 of the Acts of 2006

2010s

Stacy Kirkpatrick House
SPOT
ACA passes
Triple Aim
NCQA PCMH
MassHealth ACOs launch

2020s

Covid pandemic

New 1115 waiver

Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009

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RESULTS Of 445 unsheltered adults in the study cohort, the mean (SD) age at enrollment was 44 (11.4) years, 299 participants (67.2%) were non-Hispanic white, and 72.4% were men. Among the 134 individuals who died, the mean (SD) age at death was 53 (11.4) years. The all-cause mortality rate for the unsheltered cohort was almost 10 times higher than that of the Massachusetts population (standardized mortality rate, 9.8; 95% CI, 8.2-11.5) and nearly 3 times higher than that of the adult homeless cohort (standardized mortality rate, 2.7; 95% CI, 2.3-3.2). Non-Hispanic black individuals had more than half the rate of death compared with non-Hispanic white individuals, with a rate ratio of 0.4 (95% CI, 0.2-0.7; $P < .001$). The most common causes of death were noncommunicable diseases (eg, cancer and heart disease), alcohol use disorder, and chronic liver disease.

CONCLUSIONS AND RELEVANCE Mortality rates for unsheltered homeless adults in this study were higher than those for the Massachusetts adult population and a sheltered adult homeless cohort with equivalent services. This study suggests that this distinct subpopulation of homeless people merits special attention to meet their unique clinical and psychosocial needs.

Housing Boston's Chronically Homeless Unsheltered Population

14 Years Later

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Tyler J. VanderWeele, PhD,‖¶ and James J. O'Connell, MD#

Objective: The long-term outcomes of permanent supportive housing for chronically unsheltered individuals, or rough sleepers, are largely unknown. We therefore assessed housing outcomes for a group of unsheltered individuals who were housed directly from the streets after living outside for decades.

Methods: Using an open-cohort design, 73 chronically unsheltered individuals were enrolled and housed in permanent supportive housing directly from the streets of Boston from 2005 to 2019. Through descriptive, regression, and survival analysis, we assessed housing retention, housing stability, and predictors of survival.

Results: Housing retention at ≥ 1 year was 82% yet fell to 36% at ≥ 5 years; corresponding Kaplan-Meier estimates for retention were 72% at ≥ 1, 42.5% at ≥ 5, and 37.5% at ≥ 10 years. Nearly half of the cohort (45%) died while housed. The co-occurrence of medical, psychiatric, and substance use disorder, or "trimorbidity," was common. Moves to a new apartment were also common; 38% were moved 45 times to avoid an eviction. Each subsequent housing relocation increased the risk of a tenant returning to homelessness. Three or more housing relocations substantially increased the risk of death.

housing retention and poor survival. Housing stability for this vulnerable population likely requires more robust and flexible and long-term medical and social supports.

Key Words: unsheltered, rough sleepers, chronically homeless individuals, permanent supportive housing

Homelessness in the United States is a complex public health issue intersecting many areas of society. In January 2019, an estimated 567,715 people in the United States were experiencing homelessness.[1] Thirty-seven percent were unsheltered individuals or "rough sleepers," who sleep outside or in areas not meant for human habitation, an increase of 9% from 2018.[1] Nearly two-thirds of adults who are homeless for a year or longer are unsheltered, and have worse health outcomes, experience homelessness longer, and have higher mortality rates than those who are sheltered.[1-6]

Permanent supportive housing (PSH) combines af-

Long-term Outcomes of Permanent Supportive Housing for Chronically Unsheltered Individuals

14-year longitudinal study (2005-2019)

Open-cohort design

73 chronically unsheltered individuals

Medicaid-funded scattered-site PSH program in Boston

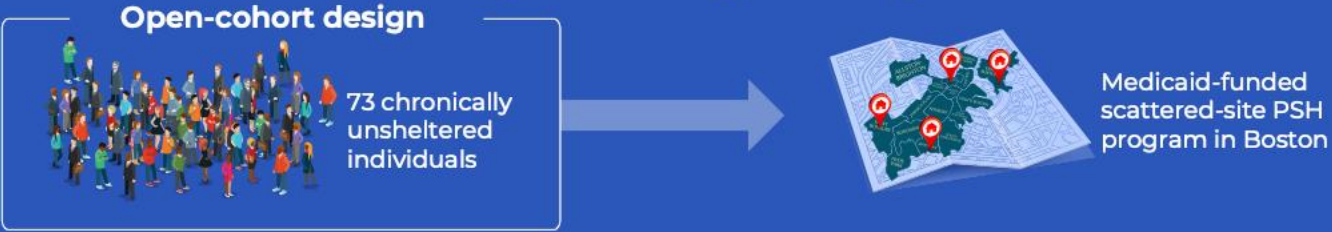Homelessness is a complex public health issue in the US

Around **567,715** people were homeless in 2019

Permanent supportive housing (PSH) aims to improve the health and living conditions of the homeless population:

✓ Affordable housing   ✓ Range of health and social services

What are the housing retention, stability, and participant survival outcomes for unsheltered individuals in a PSH program in Boston?

Housing retention

At ≥1 year   **82%**
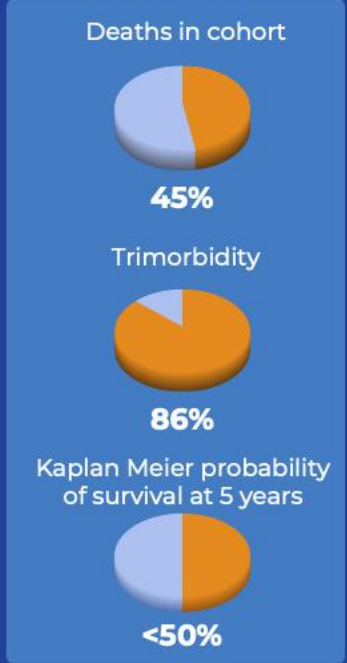
At ≥5 year   **36%**

At ≥10 year   **12%**

Housing stability

Number of persons evicted   8

Number of tenants moved   28

Total number of moves   45

Survival characteristics

Deaths in cohort

45%

Trimorbidity

86%

Kaplan Meier probability of survival at 5 years

<50%

A Medicaid-funded scattered-site PSH program for chronically unsheltered individuals in Boston found high mortality, low housing stability, and poor long-term housing outcomes

Housing Boston's Chronically Homeless Unsheltered Population: 14-years later

Discussion