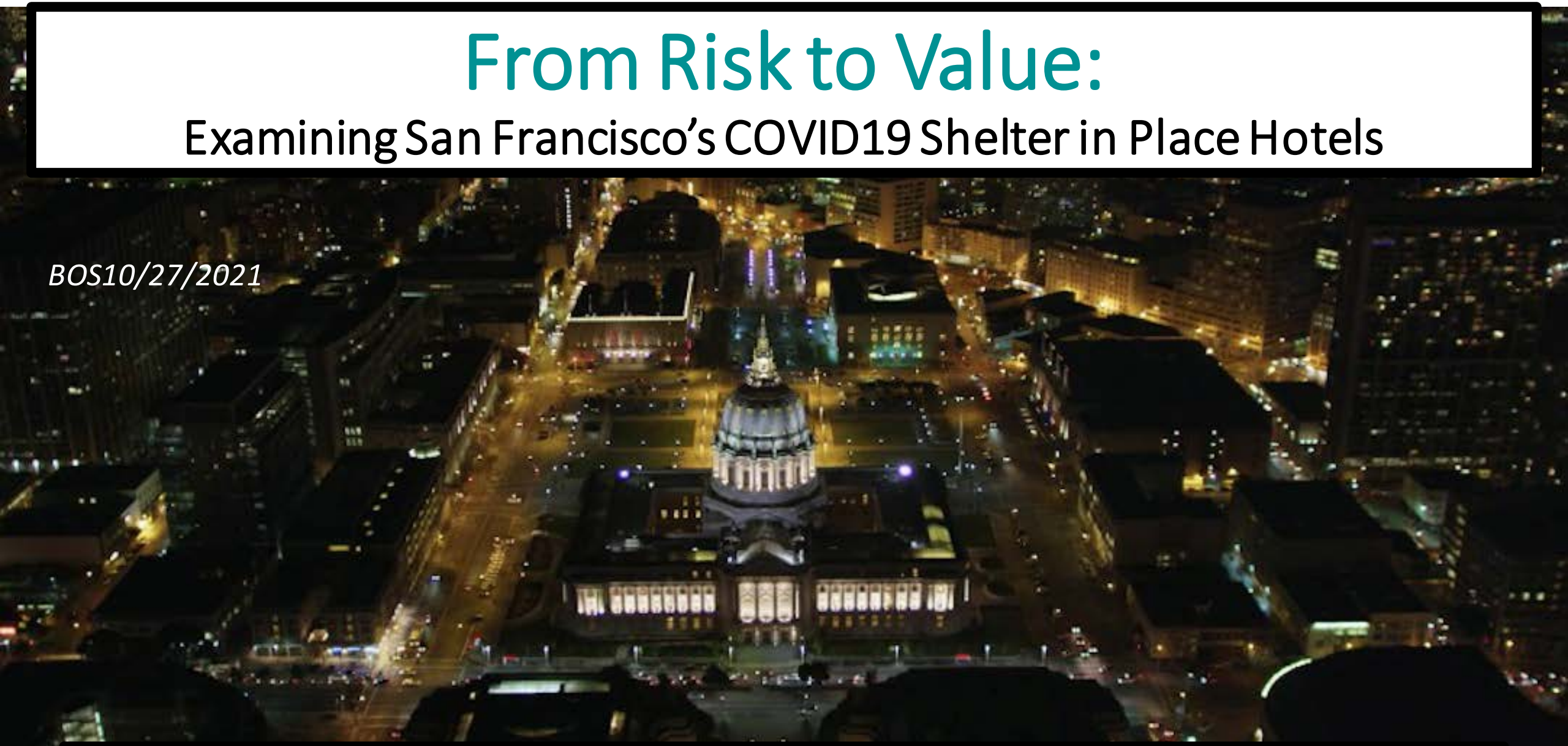
From Risk to Value:

Examining San Francisco's COVID19 Shelter in Place Hotels

BOS10/27/2021



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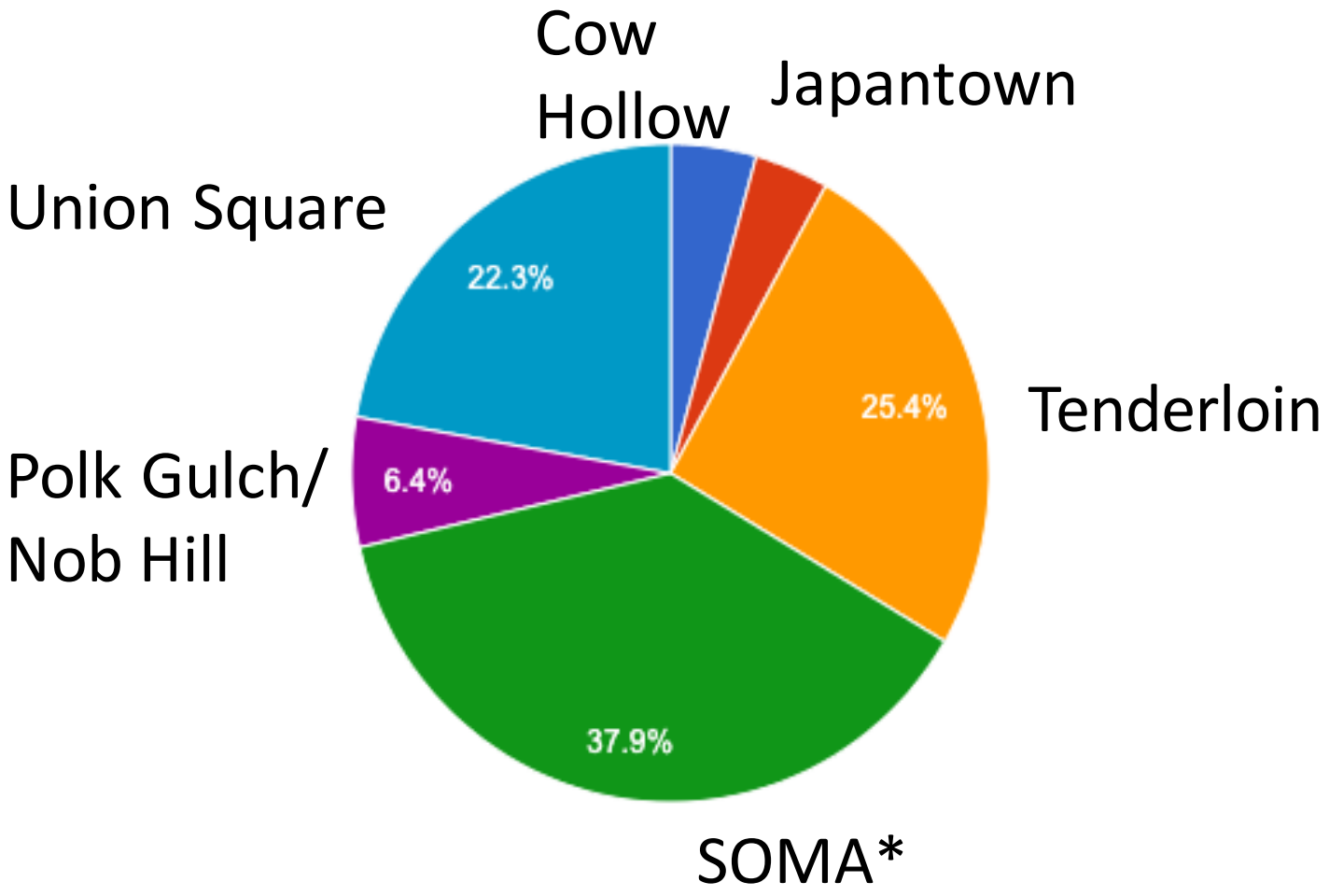
Homelessness Impacts Health and Community

- People experiencing homelessness (PEH) often forced to choose between immediate survival needs vs. healthcare
- Research on Housing First models
  - Improves quality of life and community function
  - reduce (psych) ED visits[3]
  - increase preventative care utilization[1, 2]

Can temporarily (and at times chaotic) COVID-forced housing provide similar “value”?

[1]Kushel et al. (2001). *Jama*, *285*(2), 200-206.
[2]Weiser et al. (2013). *Journal of general internal medicine*, *28*(1), 91-98.
[3]Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020) *Health services research*, *55*, 797-806.
[4]Kessell et al. (2006) *Journal of Urban Health*, *83*(5), 860-873.

Distribution of SIP Hotels/Motels



N = 346

* Includes largest SIP site

What is a SIP hotel/motel?

- 25 hotels/motels leased by the city
- Each site associated with a Community Based Organization
- Healthcare staffing at all sites (mostly SFDPH, one Healthright 360)
- Limited case management (including housing assessment)
- Homebridge in-home health worker support (as needed)

Results: Quantitative Sample

Demographics (n = 346)

- **Age:** mean 52, median 54 years
- **Sex**: 69% male
- **Race**: 43% Black, 35% white, 7% mixed/other, 6% Asian
- **Years homeless (n = 345)**: mean/median 10 years (range 0-24*)

Medical Complexity (n =305)

12% (41) no known medical history

Top 5:

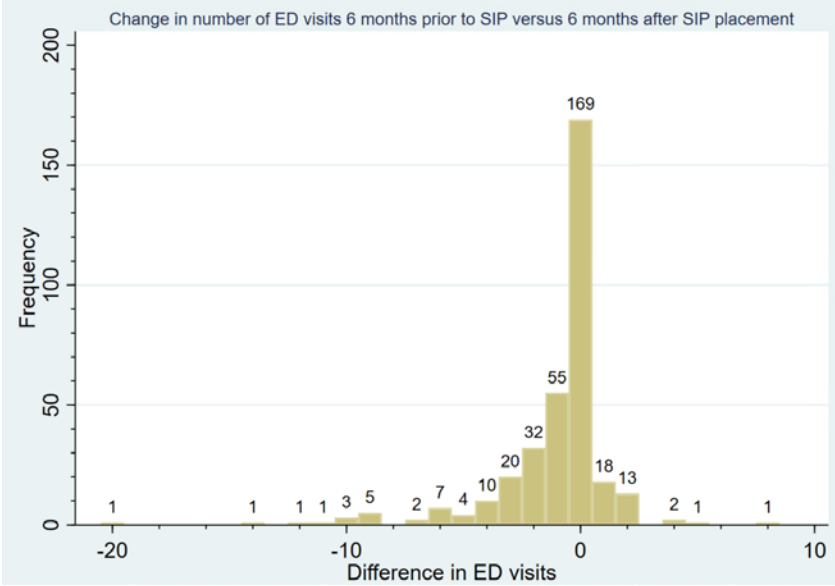
1. Drug use disorder (59%)
2. Depression (47%)
3. Hypertension (37%)
4. Psychosis (30%)
5. Alcohol use disorder (27%)

Mean number of medications = 5 (SD 4.7)

SIP stay associated with reduced ED use

Number of ED visits	Mean	Range
6 months **PRIOR** to SIP	1.95	(0-55)
0-6 mo **AFTER** SIP	0.82	(0-49)
6-9 mo **AFTER** SIP	0.39	(0-21)

Difference in ED visits (6 months prior vs 6 months after SIP): p-value = <0.0001



SIP stay associated with increased outpatient care

	Any Encounter in System	Provider Encounter in System
6 months PRIOR to SIP (%)	55%	43%
0-3 months AFTER SIP (%)	**88%**	**72%**
3-6 months AFTER SIP (%)	73% (2% N/A)	50% (2% N/A)
6-9 months AFTER SIP (%)	62% (15% N/A)	41% (17% N/A)

***Takeaway**: best opportunity for high engagement in first few months*

*N/A = not in SIP long enough at time of data entry or exited from SIP by date

Qualitative Themes
Perspective from in-depth Interviews with SIP Residents and Staff

- **A "Chance to LIVE, not just SURVIVE"**
  - *Plan for the future, attend to health*
- **Decrease in substance use**
- **Persistent efforts at engagement from site nurses and staff with the residents with chronic illness pays off in improved health and well-being**
- **Private bathrooms generate significant sense of dignity- offers of PSH with shared bathrooms do not align with SIP residents' well-being and health needs.**
- **Uncertain SIP hotel end dates and transitions cause distress, diminishing the respite of SIP**

James: A chance to get things straight.

"It afforded me that opportunity to get all of my medical appointments…It's been great experience. **I had the chance to get things straight, and organize, keep appointments... It's hard to keep appointments, and be on time, and do things when you're homeless.** It would be definitely a struggle. I might not have accomplished some of the things I have."

Ray: Sick in SIP: What Comes Next?

“The thing is the pressure that they put on a lot of people right now. They closing this. People wondering, "What I'm going to do if I'm going to be homeless?" Where I'm going to go?

Some of the nicest staff that I've ever seen. It just hurt me to see that they ain't going to have no job, we ain't going to have no house**. I'm worried that I don't end up on the street. Especially sick like I am, I don't need to be in no shelter…. How are you going to keep [my insulin] in the refrigerator? My [blood sugar is] going to shoot sky-high. I'm going to be dead. They ain't got to worry about me because I'm going to be gone**. “

Conclusion

- SIPS **reduce** the burden on the healthcare system
- Those who have complex medical-psycho-social needs **benefit** from hands-on supported units with: bathroom, food, and medical staff
- Majority of SIP residents are Black/African American: SIP can contribute to efforts to advance health equity and racial justice
  - While labor intensive, this allows people experiencing homelessness (often BIPOC) to live with dignity and rebuild trust in our healthcare system

Thank You!

To our team:

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UCSF/Tenderloin Partners Monday Call

-Faithful Fools, especially Sam Dennison

-Code Tenderloin

-Skywatchers

-UCSF Center for Community Engagement esp Paula Fleisher

-Kelly Knight, PhD

-Mike Vuong, SF Boys and Girls Club, OCOH TL Group

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References

- Culhane, D., Treglia, D., Steif, K., Kuhn, R., & Byrne, T. (2020). Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality. *UCLA: Campuswide Homelessness*

- Raven/Kushel et al (2020): randomizied control study of providing perm supportive housing in Santa Clara Valley reduces psych ED visits and increased outpatient care (less impact on medical ED/hospitalizations) amg high healthcare utilizers; 86% remained in housing

- Kessell, E. R., Bhatia, R., Bamberger, J. D., & Kushel, M. B. (2006). Public health care utilization in a cohort of homeless adult applicants to a supportive housing program. *Journal of Urban Health*, *83*(5), 860-873.

Harm Reduction = Health Improvement

My diabetes, yes. My blood pressure, yes it's been better. I'm using drugs right? Sometimes Crack-cocaine, sometimes fentanyl. I'm trying to get off of it real bad, because I've been doing pretty good since I've been here (in SIP)…I'm trying to do what I need to do to get me and my wife in a better situation…. When I was on the street, there was no telling, and it was so bad. (Here,) them checking on us. The awareness. Making sure I get up. If I've got something to do, I do it, and trying to do better than what I was. It takes time getting used to living inside from being on the street. You've got to bathe, keeping yourself up, you've got to stay neat, clean. That's just living on the inside. You've been outside so long, people don't know how to live inside.

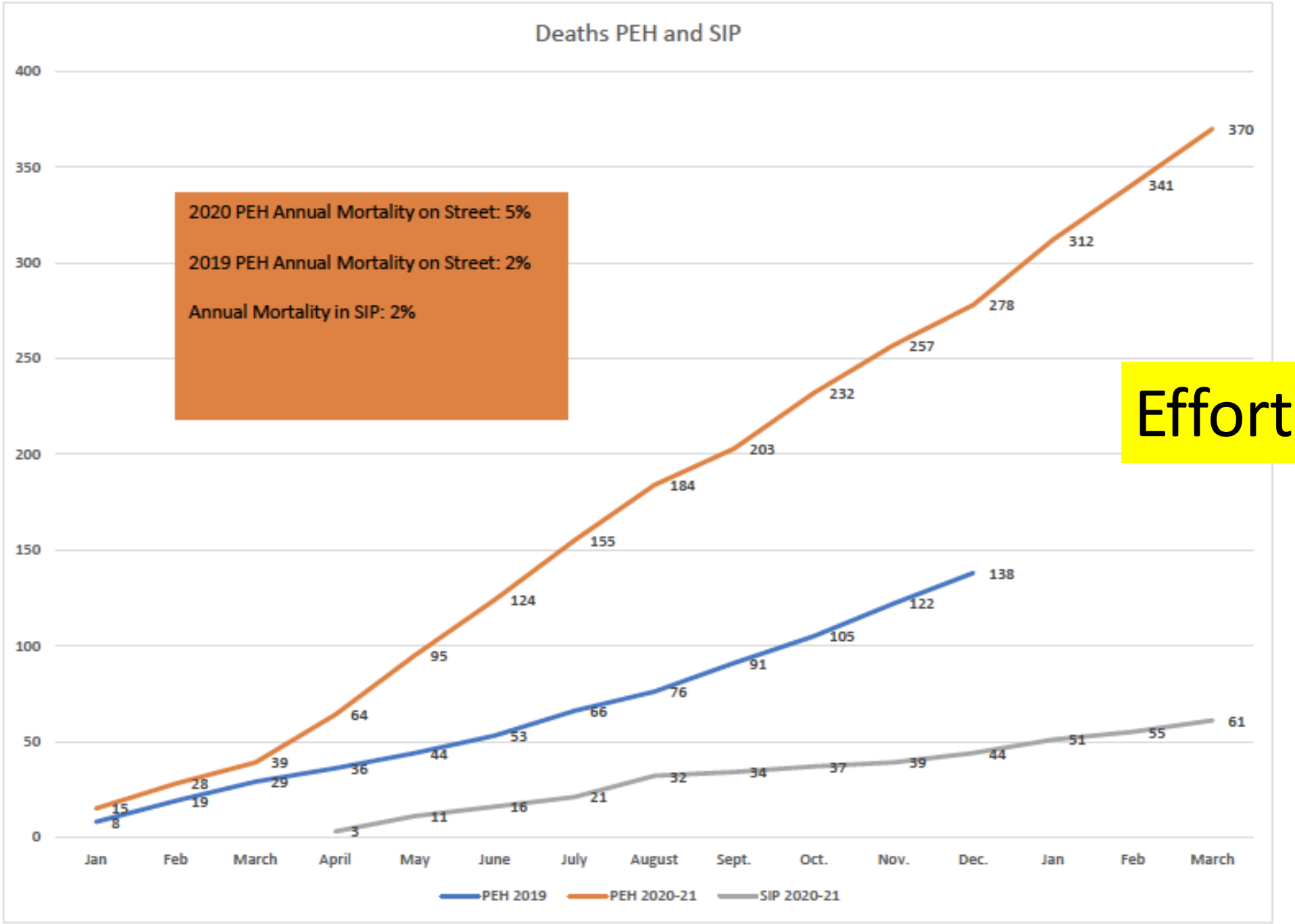
More Outpatient Care Connections, Less ED

"We have a client who has severe alcohol use disorder and is a homeless client, high utilizer of systems and calls 911 all the time prior to being in SIP and actually, **being in SIP dropped his calls by over 50% and has somewhat stabilized in a way that he can live somewhat in this hotel setting**. It's better than being on the street and he's more comfortable and can sleep in a bed. I consider that a win, and he's engaging with us and engaging with staff and there's still things always to work on, but he's doing a lot better."

-Laura, SIP Hotel RN

Care Connections Take Time to Build Trust

“It has taken months for me to grow these relationships. My partner nurse and I we every week try to just meet people where they're at. We try not to force them into care, we try to support them with whatever their needs be, whether that's harm reduction or setting up an appointment or going to pick up their medications.We try to go to them and say, "What are the things that you need from us?" Instead of forcing them into like, "You need to get your blood pressure under control." We try to meet them where they're at and say, "How can we support you in getting this accomplished?"
-Monica, SIP Hotel RN



Efforts paid off!