



Healthcare & Housing Profile: *Direct Access to Housing* San Francisco, CA

Overview

Established in 1998, the San Francisco Department of Public Health's (SFDPH) Direct Access to Housing (DAH) program provides permanent supportive housing with on-site services for approximately 1,200 formerly homeless adults, most of whom have concurrent mental health, substance use and chronic medical conditions. DAH is a "low threshold, housing first" program that accepts single adults into permanent housing directly from the streets, shelters, acute care hospitals or long-term care facilities. The program targets "high-utilizers" of the public health system.¹ Currently, the DAH program has 27 housing sites ranging in size from 33 to 106 units. The housing sites take a variety of forms including: one licensed residential care facility (RCF); master leased single room occupancy (SRO) hotels; capital units; and units that are set aside for DAH use in larger residential buildings owned by nonprofit providers.² While residents have access to 24-hour staff and voluntary on-site services, each tenant lives independently in his/her own unit.³ Approximately 650 more units are expected to be in use by 2013.

Medical and Behavioral Health Services

Medical services: All DAH sites have some medical staff on site, ranging from once-a-week public health nurses to full-time nurses, psychiatrists and part-time nurse practitioners. Most on-going care is provided at the Housing and Urban Health (HUH) clinic. Located on the ground floor of one of DAH's supportive housing sites, the HUH clinic is the primary care provider for most DAH tenants. The clinic serves approximately 1,100 clients a month, 10% of which are home visits at supportive housing sites.⁴ The HUH clinic is a Federally Qualified Health Center with a per visit billable rate of approximately \$202 as of August 2010. The clinic is staffed primarily by advanced practice clinicians (nurse practitioners and physician assistants) but also supports three full- and part-time psychiatrists and a full-time medical director. At DAH's residential care facility (RCF) there are around-the-clock nursing services. Medical staff from the HUH clinic and all supportive housing sites meet at least monthly with the medical director for the DAH program to assist with medical treatment plans and to strategize on how to access appropriate medical and psychiatric care in the community.

Case management services: All supportive housing sites have between three and six on-site case managers as well as a site director. Case managers help residents obtain and maintain benefits, provide individual case management for substance use and mental health problems, life skills and family counseling, assist in accessing medical and behavioral health treatment, assist with accessing food and clothing and interface with property management to assist in preventing eviction.

Behavioral health services: The HUH clinic works closely with behavioral health specialists serving DAH residents. Additionally, the HUH clinic has partnered with the Citywide Behavioral Health Roving Team, made up of at least three behavioral health specialists, serving residents of the Human Service Agency (HSA) Housing First Program by engaging them onsite and then providing ongoing care in the clinic. The primary goal of the Roving Team is to prevent eviction resulting from exacerbation of mental health and substance use disorders. In order to do this, the team is available five days a week for rapid intervention and placement of residents in off-site mental health and/or substance use residential treatment. During the time of residential treatment, the tenant's permanent housing is held for them.

¹ Direct Access to Housing & Housing Urban Health (HUH), *Direct Access to Housing: A Project of the SF Department of Public Health*, April 2004: <http://www.sfdph.org/dph/files/reports/StudiesData/Homeless/HomelessSvcsRpt1022004AppendC.pdf>

² San Francisco Department of Health (SFDH): Direct Access to Housing (DAH), *DAH Housing Sites*: <http://www.sfdph.org/dph/comupg/oprograms/DAH/housingSites.asp>

³ San Francisco Department of Health (SFDH): Direct Access to Housing (DAH), *DAH Housing Sites*: <http://www.sfdph.org/dph/comupg/oprograms/DAH/housingSites.asp>

⁴ San Francisco Department of Health (SFDH): Direct Access to Housing (DAH), *Supportive Services*: <http://www.sfdph.org/dph/comupg/oprograms/DAH/sptSvcs.asp>

Outcomes⁵

- The Housing and Urban Health Clinic serves 1,100 clients a month, three-fourths of whom have Medicaid. Improved health outcomes include glucose control among diabetics, adherence to antiretroviral and antipsychotic medication, and lipid panels among people taking psycho-active medications.
- Since 1999, approximately half of residents have retained stable housing in the DAH program. Housing stability was greatest in buildings with the highest quality architecture and on-site nursing services.
- Of the half of residents who have left the DAH program:
 - 50% moved to other permanent housing.
 - 12% were evicted from DAH housing, most often because of repeated non-payment of rent, violence, or destruction of property.
 - 12% have died as a result of complex medical histories.
- In a study of the Plaza Apartments, a 106-unit supportive housing development for DAH residents completed in 2006, the total annual health care costs for the 106 residents. dropped from approximately \$3 million the year prior to being housed to \$1 million the year after housing placement.
- Among HIV positive people housed in DAH projects, there was an average annual reduction of \$14,000 in healthcare costs after being housed in DAH.
- Among people with AIDS housed in DAH, there was an 80% reduction in mortality compared to a matched sample of people with AIDS who remained homeless.⁶

Engaged Partners

- *Non-profit housing development and property management agencies*
 - Mercy Housing, Tenderloin Neighborhood Development Corporation, DISH (Developing Innovations in Supportive Housing)
- *Non-profit behavioral health agencies*
 - Conard House, Catholic Charities CYO, Glide Church and Lutheran Social Services.
- *Other local governmental agencies*
 - Mayor's Office of Housing, Human Services Agency and San Francisco Redevelopment Agency.

Major Funding Sources

- San Francisco city/county tax revenues.
- State dollars targeted toward mentally ill adults who are homeless / at-risk of homelessness.
- HUD McKinney funds and a specific HUD grant supporting housing for chronic alcoholics.
- Medi-Cal (California's Medicaid system) reimbursement for a portion of the medical and mental health services provided by the HUH Clinic.
- Rent: DAH also generates revenue from tenant rent. All DAH tenants pay part of their monthly income toward rent; the portion they pay depends on the funding restrictions associated with the DAH site in which they live.

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⁵ SFDPH: Direct Access to Housing: Tenant Housing:
<http://www.sfdph.org/dph/comupg/oprograms/DAH/tenantOutcomes.asp>

⁶ Schwarcz SK, Hsu LC, Vittinghoff E, Vu A, Bamberger JD, Katz MH. Impact of housing on the survival of persons with AIDS. BMC Public Health 2009, 9:220 doi:10.1186/1471-2458-9-220.