

# Improving Lives, Saving Money: Housing Solutions for Substance Use Disorders

Justin Grant, LCSW, MPH, Clare McGinley, BA, Jeané Tyler, LCSW, LAC, QMAP, Matthew Bustos, BA, CAS, Sean Hansen, MS, Lia Dwyer, BSW, Ashley Curry, MD (Authors have no disclosures)

## BACKGROUND

- ✓ People experiencing homelessness (PEH) and with substance use disorders (SUDs) frequently rely on emergency departments (EDs) and withdrawal management (WM) services to receive care.
- ✓ High utilization of these services have been associated with the experience of homelessness, which is a barrier to maintaining care and meeting basic needs. Housing First initiatives have been implemented to address the needs of the growing number of PEH in the United States.
- ✓ Studies have shown that individual housing placements for PEH with SUDs result in a reduction in ED and WM service utilization over time.

## SPOTLIGHT ON HOUSING PROGRAMS

### Federal Housing Choice Voucher (HCV)

**Mr. A**  
Recipient of a federal HCV with the support of Colorado Coalition for the Homeless (CCH) Native American Services.  
  
Funded by U.S. Department of Housing and Urban Development Office of Public and Indian Housing.

### Colorado Statewide Supportive Housing Expansion (SWSHE)

**Mr. B**  
Eligible for the SWSHE program due to ongoing homelessness and complex health and SUD-related barriers to housing.  
  
SWSHE was a short-term housing initiative funded through the American Rescue Plan Act in collaboration with CCH.

### Denver Housing Authority (DHA)

**Mr. C**  
Accessed transitional housing through DHA collaboration with Denver Health.  
  
This program consists of 14 single-room occupancies, designated for post-inpatient discharge with the goal of transitioning into permanent housing.

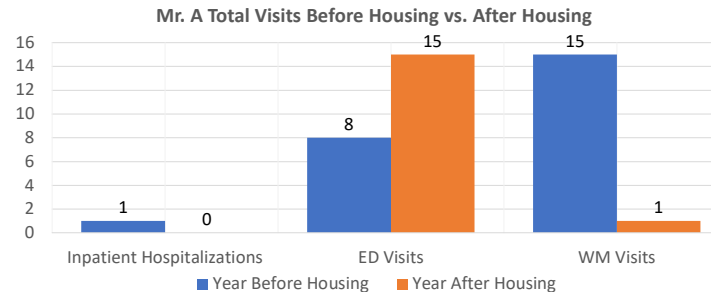
## METHODS

The case report examines shifts in healthcare utilization for three patients with severe substance use disorders who frequently used ED and WM services before securing housing.

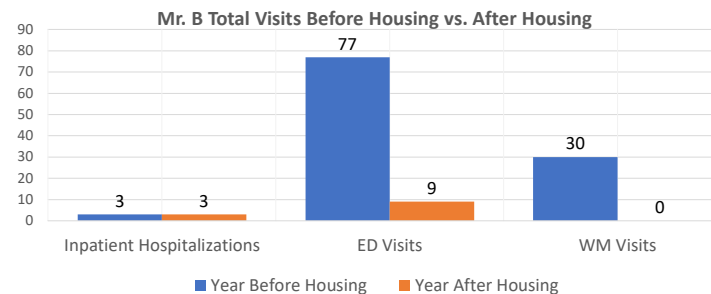
- ✓ All patients were part of an intensive case management team focused on individuals with severe SUDs and high ED/WM utilization patterns.
- ✓ To be eligible for the program, patients had to have 18 combined ED, WM, or inpatient hospitalizations within a six-month period.
- ✓ Each patient was offered housing through a different initiative in Denver, Colorado, but the housing was not connected to their involvement with the case management team.
- ✓ The report compares healthcare utilization (ED, WM, and inpatient services) before and after patients secured housing.

## CASES

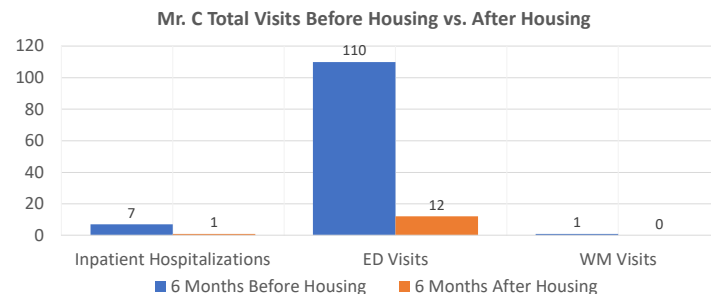
**Mr. A** is a 58-year-old Native American man with a history of involuntary and voluntary treatment for severe alcohol use disorder (AUD). Securing housing was complicated by a felony record, and he moved into housing 11 months after receiving the voucher.



**Mr. B** is a 60-year-old Native American man with a history of involuntary treatment for severe AUD. He did not voluntarily seek care for AUD other than overnight stays in WM. He spent several years living in a car or sleeping in a wheelchair on the street.

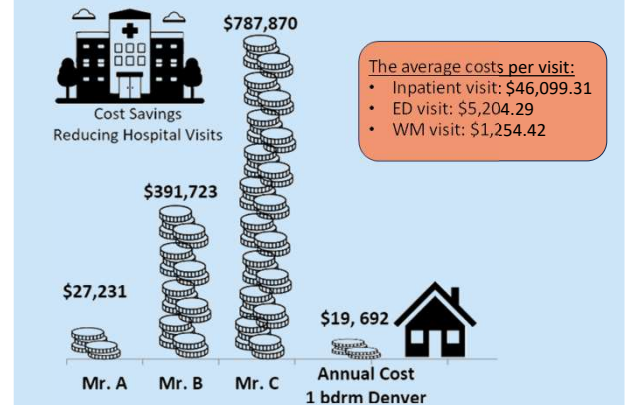


**Mr. C** is a 67-year-old Hispanic and Native American man with severe AUD who has consistently been pre-contemplative about changing his alcohol use. He reported using emergency departments as a form of shelter.



## CONCLUSIONS

Housing individuals with severe Substance Use Disorders (SUDs) can reduce healthcare costs by decreasing inpatient hospitalizations, ED visits and WM utilization.



All three patients were supported by intensive case management provided by Denver Health's **Access Transformative Outreach Program (ATOP)**.

Housing First programs *along with* integrated supports for SUDs are effective and worth exploring as a public health intervention.

All three patients experience severe Alcohol Use Disorder (AUD) which contributes to higher utilizations and comorbidities.

## LIMITATIONS

- ✓ Larger studies are needed to further support the relationships between housing, substance use and health care savings.
- ✓ While patients primarily received care in our health system and we share records with other systems, we may not account for all utilizations.

## REFERENCES

- Colorado Behavioral Health Council. (2023, August). *Statewide supportive housing expansion project updates* [Fact sheet]. Colorado Behavioral Health Council. [https://www.cbhc.org/wp-content/uploads/2023/08/SWSHE-Project-Updates-Fact-Sheet\\_August-2023.pdf](https://www.cbhc.org/wp-content/uploads/2023/08/SWSHE-Project-Updates-Fact-Sheet_August-2023.pdf)
- Davidson, C., Neighbors, C., Hall, G., Hogue, A., Cho, R., Kutner, B., & Morgenstern, J. (2014). Association of Housing First implementation and key outcomes among homeless persons with problematic substance use. *Psychiatric Services*, 65(11), 1318-1324.
- Doran, K. M., Rahal, N., McCormack, R. P., Milian, J., Shelley, D., Rotrosen, J., & Gelberg, L. (2018). Substance use and homelessness among emergency department patients. *Drug and alcohol dependence*, 188, 328-333.
- Miller-Archie, S. A., Walters, S. C., Singh, T. P., & Lim, S. (2019). Impact of supportive housing on substance use-related health care utilization among homeless persons who are active substance users. *Annals of epidemiology*, 52, 1-6.
- Petrovski, L. (2022, March 1). *Denver Housing Authority and Denver Health collaborate on Rx for unsheltered patients*. Denver Housing Authority. <https://www.denverhousing.org/denver-housing-authority-and-denver-health-collaborate-on-rx-for-unsheltered-patients/>
- U.S. Department of Housing and Urban Development. (2022, February 23). *Emergency housing vouchers: Frequently asked questions (FAQ) v.8*. U.S. Department of Housing and Urban Development. <https://www.hud.gov/sites/dfiles/PIH/documents/EHV%20FAQ%20v8%20Final.pdf>

## ACKNOWLEDGEMENTS



This program was made possible through a grant from Colorado Access.