The Promise of Service-Enriched, Hotel-Based Housing as an Alternative to Congregate Shelters for High-Need Persons Experiencing Homelessness

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Fleming and colleagues\(^1\) provide new evidence documenting the importance of providing service-enriched, noncongregate housing alternatives to traditional congregate shelters for people experiencing homelessness (PEH). The availability of comprehensive administrative data tracking the service use and needs of PEH in San Francisco, California, enabled the authors to assess a natural policy experiment triggered by COVID-19 pandemic shelter-in-place orders that permitted use of emergency federal funding for reducing occupancy density in homeless shelters.

At first read, the findings of this study\(^1\) are somewhat unsurprising, given what we already know about the critical role of housing as a social determinant of health.\(^2\) Still, it provides important insights. The city and county of San Francisco responded to the availability of resources from the Federal Emergency Management Agency by offering hotel placements for high-need PEH who would otherwise be unsheltered or staying in congregate emergency shelters. High-density shelter environments presented risks to vulnerable shelter stayers’ health and safety even before the pandemic, and high rates of often poorly managed chronic conditions among of people experiencing long-term homelessness threatened extraordinary risk of COVID-19–related morbidity and mortality.

Fleming et al\(^1\) report large reductions in hospital emergency department and inpatient utilization among PEH with hotel placements compared with a matched comparison group. The magnitude of these reductions was greater than prior studies of permanent supportive housing (PSH) for high-need PEH,\(^3\) suggesting that the San Francisco experiment provided more than just safe, noncongregate housing with access to care-as-usual supportive services.

The design of the study by Fleming et al\(^1\) does not support inferences about which components of the intervention made the difference, but strong hypotheses emerge. First, accessible medical services were colocated at each of the hotel sites, including on-site nursing clinics and medical staffing. Supportive housing programs typically include case management with referrals made to off-site medical care. The results of the San Francisco natural experiment suggest that the integration of on-site medical and nursing services is likely an effective supplement to existing PSH models for reducing utilization of hospitals, at least for some high users of avoidable acute care services. Second, fewer than 1 in 4 PEH (97 of 440 PEH) left their placement within 90 days.\(^1\) This suggests that the PEH found the placements acceptable. Restrictive and paternalistic rules, inaccessibility to transit, and the temporary nature of housing options offered by many homeless services programs may be less attractive to PEH than living on the street or in a tent or car.\(^4\)

The promising findings about the San Francisco experience raise some important questions that the authors were not able to address.\(^1\) Most notable is the short-term nature of their study. Outcomes were observed over 90 days and 180 days, so we do not know the sustainability of reductions of hospital resource use. Although it is reasonable to infer from the availability of extensive on-site medical services for PEH placed in hotels that access to necessary ambulatory services improved, the study found no increase in use of community-based services in the placed population. Furthermore, although utilization patterns appeared to improve, the study could not examine health outcomes such as chronic disease control, management of serious mental illness, or recovery from substance use disorders.

The authors\(^1\) correctly note that their analysis does not establish causality. The comparison population may have been different from those receiving hotel placements in ways that could not be
controlled for. The brief preplacement baseline period precluded examination of preintervention trends in hospital use. If PEH receiving hotel placements were more likely than comparison PEH to have experienced a transient spike in emergency department use before the public health emergency, then their favorable outcomes may be explained, at least in part, by differential regression to the mean. Future studies should use longer baseline periods that enable tests of differential preintervention trends between groups and make any necessary adjustment to rule out possible bias in estimated effects.

Although, as noted, fewer than 1 in 4 of the PEH receiving hotel placements left the program before 90 days, it is plausible that those who did not make the 90-day mark may also have been less likely to reduce hospital use. This exclusion could put an upward bias on favorable service use findings. Using an intent-to-treat analysis (ie, including all placed individuals in the outcome analysis) might yield more modest results.

Despite these limitations, Fleming et al make a very important contribution to the literature. They found a large reduction in avoidable hospital use in a cohort of high-need PEH. This work strongly suggests that coupling noncongregate housing with colocated medical and support services can make an important difference in the lives of unhoused people. This is a timely analysis of a natural policy experiment, enabled by the availability of comprehensive administrative data.

More research is needed to identify optimal models of service integration across housing and health sectors. Despite a large body of research on PSH showing promising impacts on housing stability and limited health outcomes, most of those studies do not examine the effects of variations in services offered or the role of health service integration. Moreover, except for evidence that PSH improves health outcomes among individuals with HIV/AIDS, there is little published research demonstrating that PSH improves health outcomes or reduces health care spending. Increasingly, community clinics and large health systems are looking for ways to address social determinants of health, and the experience in San Francisco suggests that they would be wise to seek opportunities to collaborate closely with homeless services organizations. How housing and health systems learn from this natural policy experiment of pandemic-related hotel placements remains to be seen. Some localities are already adopting hotel-to-housing conversions as an ongoing strategy for addressing the affordable housing crisis. The promising findings from this study suggest that that is a step in the right direction.

ARTICLE INFORMATION

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REFERENCES


