RECOMMENDATIONS TO ADDRESS UNSHELTERED HOMELESSNESS FOR

Healthcare Leaders

Addressing health care needs through collaborative partnerships reduces unsheltered homelessness. The results are promising—improved health outcomes, reduced health care costs, and enduring solutions.

HEALTH AND HOMELESSNESS ARE INTEGRALLY LINKED

Poor health and health conditions can precede homelessness, and homelessness can have negative health consequences for unsheltered individuals, including acute illness, injuries, and premature death.

BENEFITS OF PARTNERSHIPS

BETWEEN HEALTHCARE ORGANIZATIONS, HOMELESS SERVICES PROVIDERS, AND HOUSING ORGANIZATIONS

- Improved health outcomes for people who are at risk of or experiencing homelessness
- Reduced costs associated with excess utilization of healthcare
- Reduced public health outbreaks

Engage an array of healthcare organizations

- Health care systems
- Hospitals
- Community health centers
- Behavioral health organizations
- EMS
- Health plans
- Managed care organizations
- Public health departments
- Other treatment providers

ADDRESSING UNSHELTERED HOMELESSNESS

There are four required components to successfully address unsheltered homelessness.

Reducing Inflow	Crisis Response	Housing Stabilization	Public Space Management
RESPONSIBILITY: **Public Systems**	RESPONSIBILITY: **Homeless Assistance System**		RESPONSIBILITY: **City & County Government**
Justice Anti-Poverty Prevention Health, including behavioral health Child Welfare System Affordable Housing	Continuum of Care Outreach Emergency shelter & temporary housing Housing providers First responders Health, including behavioral health providers		Mayor/city manager Code enforcement Public health Law enforcement Parks Outreach Libraries Businesses and business organizations Faith-based organizations
Use data to identify how people are becoming homeless and target prevention strategies and policies to these areas.	Investment in housing stabilization capacity will make crisis response more effective and efficient.		To reduce expenditures, increase efforts to reduce inflow and expand homeless assistance system.

THE CYCLE OF HOMELESSNESS

DRIVES EXCESS HEALTHCARE COSTS

The high cost of healthcare-related to homelessness is most often associated with a relatively small group of individuals with complex, unmet needs who repeatedly cycle through systems. The cycle begins when an individual is living unsheltered. The individual seeks services through an emergency department and then may be admitted for inpatient care. Once discharged, the individual ends up unsheltered once again, starting the cycle over. Readmission to the hospital and repeated emergency department visits are common. The aging of the homeless population raises additional challenges for the health care system.

A relatively small group of individualswith complex, unmet needs repeatedly cycle through healthcare systems to homelessness and back again.

Homeless patients, compared to non-homeless Medicaid patients, are seven times more likely to return to the emergency department within 30 days and over 11 times more likely in two years.

Health conditions related to homelessness

- Chronic diseases
- Physical disabilities
- Trauma-related disorders
- Substance use
- Mental illness

Frequent homelessness-related EMS calls

- Violence
- Crisis health issues
- Chronic health conditions
- Exposure to extremes of temperature
- Overdoses
- Extreme intoxication

Public health outbreaks often associated with homelessness

- Tuberculosis
- Hepatitis A and C
- Typhus
- Other infectious diseases

ROCKFORD, IL:

EMS PARTNERSHIPS

The Rockford Fire Department recently partnered with the Swedish American Healthcare System to implement Mobile Integrated Healthcare (MIH). This innovative model of healthcare provided by Emergency Medical Services (EMS) uses patient-centered, mobile resources in the out-of-hospital environment. The MIH model was developed to address the needs of individuals with chronic and complex medical conditions. In Rockford, there is an EMT focused on people who make frequent contact with 911 and the emergency department. Often this will include homeless people. The MIH program will make healthcare connections, provide health education, and make a link to the coordinated entry system for homelessness if lack of housing is an issue.

TO DO

Foster collaboration across sectors with a full range of partners

- Business owners and business organizations
- Fire and emergency medical response teams
- Health care and behavioral health systems
- Homeless assistance system providers
- Housing developers and property owners/managers
- Justice systems including corrections, law enforcement, and courts
- Local government, health, housing and human services
- Philanthropy and civic organizations

Use data to inform policy and practices

Data-informed decision making is critical to developing and implementing effective strategies to reduce unsheltered homelessness. Data analysis is important to identifying approaches to reduce racial disparities. Integrating data across local government with data available through HMIS (Homeless Management Information System).

- Review data and practices on discharge to identify and reduce inflow into homelessness
- Analyze data to determine frequent users

Provide training on engaging with those living unsheltered

Train healthcare and public health professionals to identify and effectively engage with people who are unsheltered to 1) actively connect homeless patients to local resources as part of discharge planning, and 2) on ways to modify treatment plans for adherence while living in unsheltered conditions.

- Homelessness 101—create awareness of the need for compassion for the situations of those living unsheltered, reasons for homelessness, and local homeless assistance system
- Housing First
- Problem solving
- Motivational interviewing
- Trauma-informed care
- Culturally appropriate practices
- Non-punitive methods

Partner and invest in proven solutions

Partner and invest in medical respite care (also called recuperative care), which is short-term residential care for individuals experiencing homelessness who need a safe place to recover from illness or injury and to access medical care and other supportive services. This can be provided in standalone settings or as part of nursing homes, shelters, or transitional housing. For more about medical respite care, see National Health Care for the Homeless Council.

Partner and invest in permanent supportive housing (PSH): Health care organizations can provide funding for services or provide them onsite and can invest in the development of housing. PSH benefits healthcare systems through:

- Reduced readmissions
- Improved patient outcomes
- Reduced overcrowding in emergency departments
- Meeting other obligations (i.e., community benefits and community services requirements)

5 Adapt public health and health care practices to advance health in unsheltered settings

Adapt policies and practices to screen for homelessness and housing instability then actively link at-risk patients to resources to prevent discharge into homelessness. Promote and use harm reduction and Housing First approaches to respond to substance use disorders and overdoses for people who are living unsheltered. Since homeless people age faster than the general population of housed people, adjust protocols to recognize this vulnerability.

Adopt models for patient-centered care to occur in the field. Street medicine provides critically needed, mobile, medical services — wound care, primary care, behavioral health care, and medications — on foot, vans, or fully equipped mobile medical units. Partner with local "Health Care for the Homeless" providers (federally funded programs).

Advance public health policies and practices that promote health, hygiene, and sanitation, and prevent infectious disease outbreaks. Provide access and services:

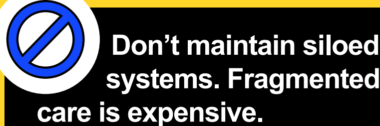
- Hand washing stations
- Restrooms and showers
- Trash disposal
- Support appropriate nutrition and safe food storage
- Systematic health screening
- Vaccination for infectious diseases
- Safe needle disposal

6 Communicate about what is working

- Build understanding about the causes of and successful strategies to reduce homelessness
- Advance information about the cost benefits of addressing the housing needs of people who are unsheltered by providing permanent supportive housing, which reduces the utilization of high-cost emergency and institutional care
- Speak out against proposals to punish the conduct of necessary, life-sustaining activities in public, even when people who are unsheltered have no other options and face negative health consequences as a result of these punitive actions
- Communicate progress

DON'T DO

These approaches have low return-on-investment. They do not reduce unsheltered homelessness.



Don't maintain siloed systems. Fragmented care is expensive.

Don't implement discharge policies that rely on referrals to emergency shelters alone.

Don't over-invest in temporary crisis responses at the expense of providing a path out of homelessness to housing for better long-term results.

Don't ignore homelessness as a contributor to excessive healthcare costs and poor outcomes. Healthcare systems and providers should review their data to understand the intersections with homelessness.

TALKING POINTS

- Housing is healthcare.
- Health care partners play critical roles in ending homelessness by investing in permanent housing and ensuring that people aren't discharged into homelessness.
- Housing First and harm reduction are proven practices.
- Creating more permanent housing options is essential.
- Stopping inflow from major systems that contribute to homelessness is imperative.
- Partnership, collaboration, and coordination are required for success.
- Punitive practices, like arrest, citations, or move-along orders are ineffective and harmful.

KEY TERMS

Housing First

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This means eliminating or reducing the use of treatment preconditions, behavioral contingencies, and other barriers or requirements before housing or as a condition for continued tenancy in housing.

Harm reduction

Harm reduction focuses on reducing risks and negative impacts associated with substance abuse and other addictive behaviors. Interventions and policies focus on individual and community needs, including reducing injuries, preventing and treating overdoses, and minimizing the spread of diseases. Recipients of these services may be encouraged, but not required, to reduce their consumption of harmful substances. Practices may include needle exchanges and other equipment distribution programs and safe injection and utilization sites.

RESOURCES

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- **National Health Care for the Homeless Council.** https://nhchc.org/clinical-practice/adapted-clinical-guidelines/ https://nhchc.org/clinical-practice/medical-respite-care/ https://nhchc.org/directory/ https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

SOLUTIONS BASED ON EVIDENCE

Arnold Ventures (AV) is a philanthropic organization with the mission to invest in evidence-based solutions that maximize opportunities and minimize injustice. AV supported a study to identify practices and policies that promote alternatives to using punitive and enforcement-based measures as the primary responses to unsheltered homelessness. Project investigators conducted a three-day visit in spring–summer 2019 to each of nine sites for an in-person review of community-specific initiatives. The sites represent the major regions of the U.S. and include cities of different sizes as well as rural, suburban, and tribal areas and provide an array of different socioeconomic contexts and present different local housing market configurations.