Health Care for the Homeless

Delivering "whole person" care

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History of Health Care for the Homeless

- One of 19 original Robert Wood Johnson Foundation projects

- Leveraging resources to deliver integrated care

- Medicaid expansion and health reform

- Current strategic direction

  - 100% access

  - Sustainable business models

  - Improved health outcomes

Behavioral Health System Collaborations

Evolution of engagement

- Mental health outreach

- Addiction treatment programs

- SSI/SSDI Outreach, Access & Recovery (SOAR)

  – Clinic based

  – Community collaborations

  – Statewide training

- SOAR housing collaboration

Housing is Health Care

- Current supportive housing work

- Growing recognition of housing/health connection

- Preliminary health system data

- Medicaid supportive housing waiver

  – Assistance in Community Integration Services

  – 300 Statewide; 100 in Baltimore

  – Recent request to double

HCH PROGRAMS NATIONALLY

300 programs, 2,000 locations, ~1 million patients

FQHCs (and others) with comprehensive care

Integrated care model focused on **access** for most vulnerable

HOMELESSNESS IN THE U.S.

- 553,742 homeless on a single night in Jan 2017—of these, 20% report an SMI (111,902) (this is a conservative estimate)

- 1.4 million use shelters/housing programs over the course of a year (this is a conservative estimate)

- Mental health ⟷ homelessness

- Homeless services system may not serve vulnerable populations well

Point in Time:
People with SMI

Street, 48%
Shelter, 36%
Trans housing, 16%
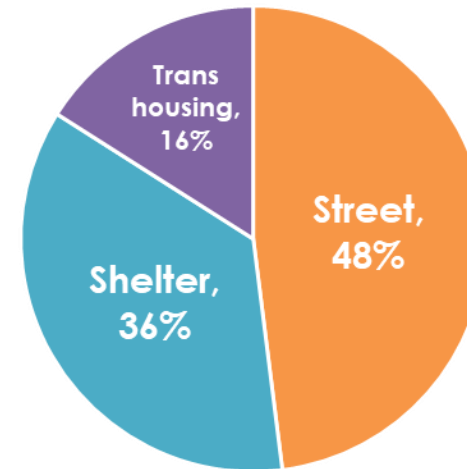
HOUSING IN THE U.S.

- Homelessness is the result of extreme poverty & lack of housing

- Only 1 in 4 low-income people who qualify for housing assistance are able to receive it

- 8.3 million households pay more than ½ their income toward rent

- 28% of low-income renters couldn't pay full rent in last 3 months

- 3.7 million evictions in 2017

AFFORDABLE HOUSING

...AND IT'S ONLY $500 PER MONTH!

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Great resource on state-level housing costs:
National Low Income Housing Coalition report:
*Out of Reach: The High Cost of Housing*

WHY THIS ISSUE FOR SMHAs?

- More frequent use of high-end services (inpatient, emergency, outpatient, etc.) = high costs & poor outcomes

- Harder to achieve (or retain) recovery without housing; poorer health & increased mortality

- Identified as a priority by ISMICC (and others in the field)

- SMHAs have influence over funding & services, Medicaid & other health programs, hospital protocols & contractual requirements for community providers

- SMHAs have relationships across health care, housing, education, labor, social services & criminal justice

- SMHAs have a voice with Governors & legislators

HEALTH CARE

- Expand **Medicaid** & ensure assertive outreach/enrollment

- Promote Medicaid **waivers** to cover more services

- Support **integrated care** models

- Promote **harm reduction** and **trauma-informed** approaches

- Implement **EBPs** like ACT and CTI
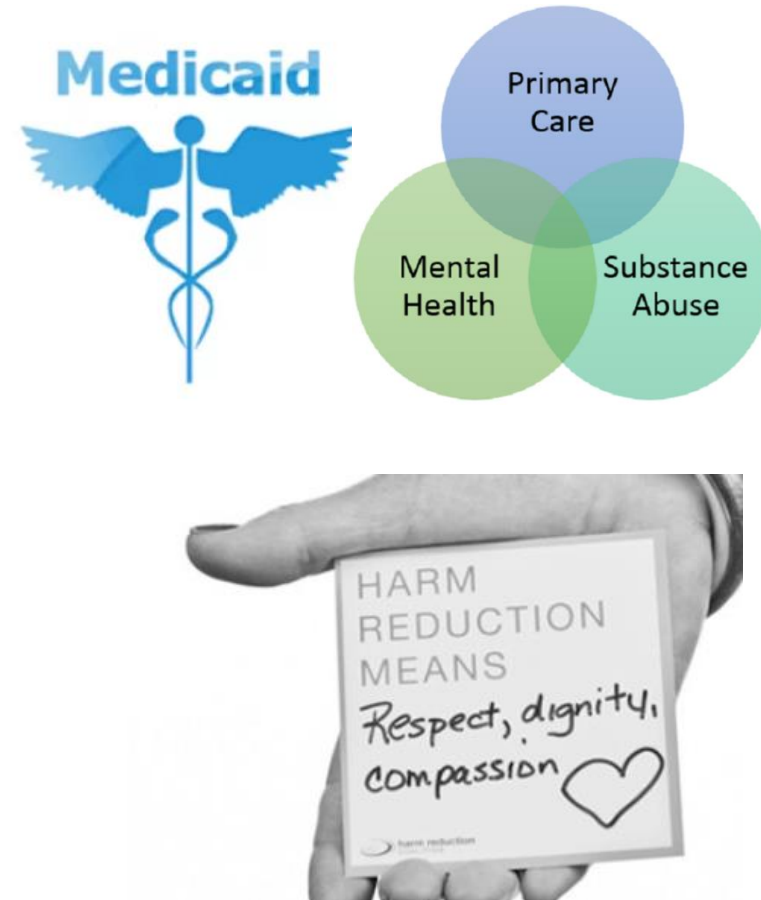
HEALTH CARE

- Improve & standardize institutional **discharge processes**

- Promote **medical respite care** programs as a discharge option

- Increase community **capacity** along continuum of care

- Ask about housing status and **code Z59.0** in patient records

- Increase **workforce** development and **training**

HOUSING

- Promote supportive **housing** programs

- Allocate funding for **rental assistance** directly to providers

- Consider unused **state property** for homeless services/housing

- Partner with state housing authorities to develop a **housing plan**

- **Advocate** for additional affordable housing—*at the lowest income levels*—at federal, state & local levels

INCOME & SUPPORT SERVICES

- Support **SOAR** programs

- Support **rep payee** services

- Promote supported **employment** programs

- Advocate for **higher SSI benefits** (or a state supplement)

- Support street **outreach** and intensive **case management**

- Develop **peer specialists**, CHWs and other support roles

CRIMINAL JUSTICE & CHILDREN/YOUTH

- Increase **diversion** activities

- Ensure coordinated, high-quality **care** while in detention

- Improve **discharge** policies

- Promote **school-based clinics** that can screen & treat early

- Increase **capacity** in the system for children/youth services

- Link support services to the **entire family**

FINAL THOUGHTS

- Need for leadership and vision

- Need for a "champion" for population that is not often the priority

- Everyone will have different opportunities to pursue solutions

- Ending homelessness goes beyond "cost-effectiveness" and "more efficient systems" ➤ this is **a moral imperative**