Partnering With Hospitals to End Homelessness

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People who experience homelessness often access hospital services in ways that are costly and avoidable and do not resolve their underlying health crises. Many hospital leaders understand that housing is an important social determinant of health, and that housing stability is an essential foundation for achieving better health outcomes for people who have disabilities and chronic health conditions.

New approaches to financing health care create both opportunities and strong incentives for hospitals to work with community partners to invest in improving the health of patients and communities, and to reduce avoidable emergency room visits, hospital stays, and readmissions.

Here are some of the ways hospitals can work with you to help prevent and end homelessness and improve health and access to effective care for people who experience homelessness:

Help people enroll in Medicaid if they are uninsured. Hospitals that implement presumptive eligibility programs can immediately enroll patients who are likely eligible under a state's Medicaid eligibility guidelines for a temporary period of time, based on information provided by the individual. Hospitals can also implement or partner with benefits advocacy services, such as SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) program, to assist patients with establishing eligibility for Medicaid, as well as other benefits like SSI/SSDI.

Identify patients who are experiencing homelessness or a housing crisis. Hospitals should recognize housing/homelessness status as a "vital sign" that should be integrated into routine screening when vulnerable patients visit a hospital. Nationwide, the VA has implemented a routine screening for all Veterans who receive care at VA medical facilities to help identify persons who are experiencing or at imminent risk of homelessness. Hospitals can encourage the consistent use of the ICD-10 (International Classification of Diseases, Tenth Revision) diagnosis code for homelessness (Z59.0) in medical records, making it easier to use hospital data to identify patients who experience homelessness, plan for appropriate discharge and care coordination, and better understand the needs, costs, and patterns of service use for these patients.

Identify people who are frequent users of emergency and/or inpatient care and collaborate with community partners to engage them in case management services linked to housing. Health care costs are extraordinarily high for some people with complex health needs who experience homelessness. Partnerships that include hospitals and providers in the homelessness assistance system can offer housing as a platform for engaging people in more appropriate care for their health and social support needs. As CSH's FUSE Resource Center documents, these collaborations can achieve better outcomes at lower costs for people who are the most frequent users of crisis and inpatient care.

Collaborate with medical respite/recuperative care programs. As described in this National Healthcare for the Homeless Council fact sheet, medical respite care (or recuperative care) is acute and post-acute medical care and supportive services delivered in a short-term residential setting for people experiencing homelessness who are too ill or frail to recover from illness, injury, or surgery while living on the streets but are not sick enough to be in a hospital. Hospitals can support these programs with funding and in-kind support, including medical and support staff, donated space, laundry or food services, administrative support, and access to diagnostic services and specialty care.

Understand the local homelessness assistance system and establish protocols for linking patients to systems of coordinated entry. Health care and homelessness assistance systems speak different languages, and there are important differences in how these systems offer help to people in need. Hospital leaders, social workers, and discharge planners need to get to know and understand how to collaborate with providers of supportive housing and homelessness assistance. When communities prioritize the most vulnerable people and those experiencing chronic homelessness for housing assistance, hospitals and health care systems can partner with coordinated entry systems to connect their most vulnerable patients to housing options.

Address homelessness and housing needs with hospital community benefit funds. Non-profit hospitals are required to demonstrate that they pay for activities that benefit low-income patients and communities. Hospitals meet these community benefit obligations by delivering free or subsidized care to low-income patients, or by funding other activities that address needs that have been identified in a community health needs assessment. As more Americans have gained insurance coverage through implementation of the Affordable Care Act, there is significantly less need for hospitals to provide free care for uninsured patients, particularly in states that have expanded Medicaid eligibility. As the National Healthcare for the Homeless Council explains in a recent policy brief, this expands opportunities for hospitals to use community benefit funds for other purposes. For example, hospitals can make contributions to create or renovate supportive housing, or commit staff or funding to support street outreach, mobile health teams, medical respite care, or shelter-based clinics.

Consider opportunities to convert hospital buildings to supportive housing, medical respite, or other housing options that respond to community needs and priorities. In many communities, some hospitals are closing or consolidating, or building new facilities when older buildings no longer meet current standards or needs. In some cases, older hospital buildings can be converted to supportive and/or affordable housing, or used for medical respite or other types of facilities that will serve people who experience homelessness.

Are you working with hospitals in your community to prevent and end homelessness? USICH would like to learn from you!