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How Health Systems and Hospitals Can Help Solve Homelessness

PURPOSE

Homelessness is a public health crisis that health systems and hospitals have both short-and long-term roles in addressing in ways that benefit patients, providers, and systems. This guidance is intended to help health systems and hospitals more effectively, collaboratively, and compassionately care for people experiencing homelessness. It is also applicable for people working in health more broadly, including public health departments, providers, and researchers.

BACKGROUND

Homelessness and health are inextricably connected. Having limited or no access to health care often worsens health, increases medical debt, and makes a person more likely to experience homelessness. The experience of homelessness then often exacerbates existing health conditions, causes new ones to develop, and makes engaging in care and health management more difficult. People without a home die 10 to 30 years earlier—and compared to people who are housed, they have higher rates of many acute and chronic medical conditions, including diabetes, hypertension, heart disease, mental health disorders, substance use disorders, traumatic brain injuries, and HIV. Meanwhile, people experiencing homelessness are seven times less likely to have health insurance and more likely to go to the emergency department, be hospitalized, experience longer hospital stays, and be readmitted after discharge. and be readmitted after discharge.

Caring for the health of people experiencing homelessness can be challenging. Health Care for the Homeless (HCH) programs have been providing primary care, behavioral health, and supportive services for 40 years. In 2014, the Affordable Care Act prompted a wider range of hospitals, health systems, primary care and behavioral health providers, and other health organizations to become more engaged in caring for people experiencing homelessness. Their scope of work has expanded to include patient screening and data-sharing, medical respite care, wraparound services, partnerships with legal and/or housing systems, and investment in affordable and supportive housing. This increased engagement has been a response to 1) the need to improve health outcomes and reduce health costs; 2) the increased attention on health care's role in social determinants of health; and 3) the growing acknowledgement of the disproportionate impact of homelessness on people of color and people with disabilities.

OVERVIEW

To inform this guidance, USICH reviewed the current literature and conducted more than a dozen interviews on health system and hospital efforts to help solve homelessness. The following six strategies advance *All In: The Federal Strategic Plan to Prevent and End Homelessness*:

1. **Deliver Care Outside Traditional Medical Facilities**
2. **Partner With Non-Health Organizations**
3. **Improve Data Systems and Data-Sharing on Housing and Homelessness**
4. **Promote Supportive and Affordable Housing**
5. **Engage in Homelessness Prevention**
6. **Advance Health Equity**

For each strategy, this guidance provides practical resources for implementation. **For help implementing the following strategies in your community, contact your USICH Senior Regional Advisor.**

While this guidance offers examples of how health systems and hospitals can help solve homelessness, they should engage with community partners and people who have experienced homelessness to inform what interventions are most needed and what roles they can play in their communities.

Deliver Care Outside Traditional Medical Facilities

Health care must meet people experiencing homelessness where they are located—which often means shelters, encampments, or on the street. People without housing face many barriers to visiting hospitals and clinics. Logistically, they may lack transportation or the means to pay for it. Many health conditions make it difficult to schedule, remember, or travel even short distances to appointments. There are many ways to make health care accessible to people, including street medicine, mobile care, and outreach services through Health Care for the Homeless programs. While most Health Care for the Homeless programs include physical clinics, they also often include street medicine and/or mobile care that delivers on-site care to people living in tents, vehicles, or other places not meant for human habitation. Medical respite offers post-acute recuperative care for people experiencing homelessness who are too sick or injured to survive on the streets or in traditional shelters but do not require ongoing hospitalization. Palliative and hospice teams often provide end-of-life care to people experiencing homelessness where they are. Many health organizations provide care in places where people experiencing homelessness sleep (such as shelters) and in permanent supportive housing, where people who previously experienced homelessness live and are recovering from the traumatic experience. These programs

demonstrate that it is possible to provide a full spectrum of care—from primary to post-acute medical care—outside traditional medical facilities. For maximum effectiveness, services should have flexible scheduling (such as walk-in or same-day availability) and integrated, team-based care with providers that can meet the medical, behavioral, and social needs of their unhoused patients. For traditional medical facilities with none of the aforementioned programs, let them be examples of what can be established with time, resources, and collaboration.

Technical Assistance and Other Resources:

- How to Start a Health Care for the Homeless Program (National Health Care for the Homeless Council)
- Medical Respite Care Toolkit (NHCHC's National Institute for Medical Respite Care)
- Street Medicine Resources (Street Medicine Institute)
- Standards for Shelter-Based Care: Outreach, Engagement, Providing Services (Chicago Homelessness and Health Response Group for Equity)

Partner With Non-Health Organizations

Neither health nor housing and homeless service providers can alone address the complex health and housing needs of people experiencing homelessness. Homelessness represents the breakdown of multiple systems, and each system must acknowledge their role, then invest time, energy, and funding to collaboratively, meaningfully, and sustainably address this crisis. Health care-housing partnerships are vital collaborations that can set the clearest path for housing and health-care connections and referrals. Another common collaboration is medical-legal partnerships, which bring legal expertise into health-care settings to help patients obtain critical documents (e.g., IDs and birth certificates) and prevent and/or deal with eviction notices, housing discrimination, benefit denials, and other housing-related legal concerns. Connections with community-based organizations can also be beneficial. These include Centers for Independent Living and Area Agencies on Aging, which provide non-medical services and support for people with disabilities and older adults. Community-based organizations can also manage hospital referrals and funding from different sources to deliver services to people experiencing homelessness.

Technical Assistance Resources:

- Bringing Lawyers Onto the Health Center Care Team to Promote Patient & Community Health Toolkit (National Center for Medical Legal Partnership)

- The Academic Medical Center as Collaborative Partner: Six Strategic Questions for a Reinvention (New England Journal of Medicine Catalyst)
- The Housing and Services Resource Center (HHS ACL)
- The Health Care Guide to Contracting With CBOs (Aging and Disability Business Institute)

Improve Data Systems and Data-Sharing on Housing and Homelessness

We cannot treat what is not known. Not all health departments, hospitals, health insurance plans, and coroners collect information on the housing status of patients. Health systems can and should systematically screen patients for housing status and homelessness risk. It is vital to not only collect this information but also share it with health-care organizations and non-health partners to ensure that a follow-up protocol exists to respond to expressed needs. Some of the resources below cite examples of successful data-sharing agreements that demonstrate how to share information between multiple health systems and Continuums of Care (which coordinate local homelessness services) while protecting patient privacy.

Technical Assistance Resources:

- Homelessness and Health Data Sharing Toolkit (U.S. Department of Housing and Urban Development)
- Data-Sharing Toolkit and Data-Sharing Agreement Example (Community Solutions)
- How to Share Data: A Practical Guide for Health and Homeless Systems of Care (Homebase)
- Ask and Code: Documenting Homelessness Throughout the Health Care System (NHCHC)

Promote Affordable and Supportive Housing

Housing is the primary solution for homelessness. The United States has a major shortage of housing, especially for people with low incomes, previous experiences of homelessness, and disabilities. That shortage is worsened due to the fact that public and affordable housing are often located in areas vulnerable to climate change. Based on USICH's review of the literature, health-care organizations have invested approximately $1 billion in the last five years in affordable housing that is expected to create more than 7,500 new homes—some of which will be designated for low-income older adults or youth at high risk of homelessness. Many health-care organizations engage directly with permanent supportive housing—which is built for people exiting homelessness—by providing wraparound services located in or near supportive housing. It is necessary to

conduct impact evaluation and research on health outcomes associated with affordable and supportive housing. Furthermore, health care has a strong political voice that can be used to advocate for affordable and supportive housing and other policies to prevent and reduce homelessness.

Technical Assistance Resources:

- Affordable Housing Investment: A Guide for Non-Profit Hospitals and Health Systems (Urban Institute)
- Making the Case for Hospitals to Invest in Housing (American Hospital Association)
- Supportive Housing Quality Toolkit (CSH)
- Resources to Support Housing-Related Services for People Experiencing Homelessness (HUD)

Engage in Homelessness Prevention

Similar to many public health issues, homelessness will continue to exist until more is done to prevent it in the first place. Health systems and providers have not historically been significantly engaged in homelessness prevention, but they can play a vital role in it. For example, some people are discharged from hospitals and treatment facilities with no place to go. For others, medical debt can lead to housing instability. To prevent homelessness as well as worsening health, health systems should assess and strengthen their discharge plans and inform patients about services, supports, and housing options available to them. Universal screening for social determinants of health allows providers and health systems to identify people at risk of homelessness and highlight other unmet needs. Other prevention strategies that have been developed and explored in health-care settings include: medical-legal partnerships targeted at eviction prevention; case management focused on emergency departments and hospitals; and predictive tools for homelessness. Investing time and other resources to prevent homelessness can also prevent the negative health outcomes associated with homelessness and reduce the strain that responding to homelessness puts on the health-care system.

Technical Assistance Resources:

- Preventing Homelessness: Evidence-Based Methods to Screen Adults and Families at Risk of Homelessness in Los Angeles (California Policy Lab)
- Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE)
- The Accountable Health Communities Health-Related Social Needs Screening Tool (Centers for Medicare & Medicaid Services)
- Transitions Out of Institutions (HHS ACL)

Advance Health Equity

It is critical to identify and ensure every person's health needs are met—regardless of housing status, race, ethnicity, sexual orientation, gender identity, or religion. People experiencing homelessness are among the most medically underserved in the country. Other medically underserved populations (including people of color, people who identify as LGBTQI+, and people with disabilities) experience homelessness at disproportionately high rates. Health systems should provide trauma-informed care, options for substance use treatment, adequate behavioral and neurological health services, and telehealth access for people experiencing homelessness**.** For the best outcomes, equity must be considered when prioritizing how to use and distribute resources.

Technical Assistance Resources:

- Equity Impact Review Tool (UW Medicine)
- King County Equity Impact Awareness Tool (King County)
- Health Equity Tool (Big Cities Health Coalition)

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