



Improving the Homeless Response System: The Intersection of Healthcare and Homelessness - System Overview and Approaches to Problem-Solving

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Through funding from the Michigan Department of Health and Human Services (DHHS), the Northern Michigan Community Health Innovation Region (CHIR) and the Northwest Michigan Coalition to End Homelessness (NWCEH) are under way with several projects designed to improve coordination of services between healthcare providers and the homelessness response system.

Project Goals and Approach

The goals and approach of the “Improving the Homeless Response System” project were developed in partnership with 40 unique healthcare and community groups from Northwest Lower Michigan.

Project Goals:

- 1) Systematically address current barriers to ensuring that individuals and families experiencing homelessness can be housed quickly and permanently.
- 2) Use a human centered service design process to inform intake and discharge policies, including handoffs between service providers.
- 3) Foster a culture change involving system-wide coordination of healthcare and housing throughout the 10-county NMCHIR Region.

Approach:

- Conduct Two Coordinated Discharge Pilot Studies: in each of two pilot studies assess current practice, identify alternatives, establish new policies and develop decision trees for staff to widely implement the new policies
 - Substance Use Disorder Treatment Provider – Addiction Treatment Services (Traverse City, MI)
 - Primary Care Provider – Munson Healthcare Cadillac Hospital (Cadillac, MI)
- Human Centered Service Design Process
 - Conduct interviews and “shop-alongs” with 10 literally homeless and 3 formerly homeless individuals; conduct interviews with 10 healthcare and homelessness response system leaders
 - Field a survey with 102 healthcare, homelessness response and social service practitioners
 - Assess the entire system for strengths, weaknesses and opportunities for improvement
 - Create a series of training videos and presentations to document core learnings from the process

Outcomes and Opportunities for System Improvements

Under the Coordinated Discharge Policy initiative, the following general approaches were incorporated into each of the discharge plans developed, along with other specific policies:

1. **Ask about a patient's housing status at intake using the phrase "Where did you stay last night?" of all patients.**
2. **Change policies to allow more proactive releases of information between the healthcare and homelessness response systems.**
3. **Recognize patients' homelessness or housing instability early so that this can be addressed as part of a treatment plan.**
4. **Implement guidelines and/or decision trees specific to each organization and community so that all health workers know where to refer clients experiencing homelessness or housing instability.**

The following overall opportunities for system improvements were identified over the course of the entire project:

System Capacity Opportunities

1. **Increase housing options for homeless individuals.** – There are significant capacity constraints and local leaders have the ability to advocate for change.
2. **As a safety net, expand shelter capacity.** Ideally all homeless individuals would be housed in permanent supportive housing; in the interim, alternatives for year-round day and night shelter need to be developed in many Northwest Northern Michigan that current lack options.
3. **Improve access to behavioral health.** Overall system capacity, service navigation and coordination with other entities could ensure a better behavioral health safety net.

Systems Practice Opportunities

1. **Enhance coordination between 211, Community Connections and 844-900-0500.** 211 and Community Connections both are conceived to address a wider variety of needs, but hours of operation and capacity are constrained.
2. **Improve alternatives to releasing clients into homelessness.** Providers could implement organization-wide approaches to divert clients from homelessness and/or connect clients to homelessness response resources.
3. **Promote critical training for healthcare workers.** Survey results show that many in the health care system are unsure of how to work with homeless clients and what resources exist to support these clients. This project has begun the process of developing training through online videos and other resources. This work should continue.
4. **Maintain/Expand primary care outreach to literally homeless individuals.** When homeless individuals have contact to a primary care provider, system efficiency (e.g. reduced ED visits) and health outcomes improve. Outreach at shelters, free meal locations and other places where homeless individuals seek services could be of huge benefit.
5. **Replicate Coordinated Discharge Policy process across system.** The two pilot studies implemented through this project identified practical solutions that can efficiently lead to meaningful change. Other providers and provider systems could achieve similar results by following a similar facilitated process.