NMCHIR Healthcare and Homelessness:

Ten things we've learned. Ten things you can do. Tools you can use.

Our work has been the result of a human-centered research, service design and communication design process. Throughout, we've convened and learned from clients that were homeless or at risk, providers in homelessness services and physical/behavioral health. As we've proposed and prototyped concepts and tools, we've shared these "small bets" that improved the system even as we've been learning and adapting.

The link between homelessness and appropriate medical care is still missing. We've made strides toward addressing gaps between the systems, and our work in 2020 will add to our baseline knowledge so that we'll be better prepared to build connections in the future.

Ten things we've learned:

1. **Homelessness is a health issue.** All of our local research demonstrates the truth of this assertion, and multiple studies from other communities verify this as well.

2. **We all know we can do better.** We've seen the passionate concern that everyone brings to this work, but understand that none of us can fully resolve the issues of homeless clients without coordination. With skilled facilitation, cross-sector groups have been able to freely share challenges, information and solutions. Even though these systems are complex, by taking a relatively small number of defined, somewhat complicated actions, we can improve experiences and outcomes for those at risk.

3. **Available day shelter options** where people are safe, have access to supportive services and are able to meet their basic needs such as toilet and laundry facilities, food and if possible, primary care services; each of these must be part of the solution.

4. **People experiencing homelessness tend not to seek routine care,** wait too long, then go to the local Emergency Department. While acute health challenges are met there, our interview group reported mixed experiences:

   "Mostly when you are homeless, they rush you in there [the hospital, if an acute condition is presenting]. As soon as you start moving around and stuff, they rush you out of there."
   — Grand Traverse County resident experiencing homelessness

5. **Behavioral issues exacerbate health issues.** We've heard that individuals have been released because of unsafe behaviors. Without a safe place to sleep, an individual's condition will become more acute. It's critical to increase access to behavioral health referrals, as well as crisis deescalation training for healthcare workers.

6. **Behavioral health, substance use and physical health are interrelated, but tend to be disconnected.** For instance, Health advice tends to center on detox or rehab when patients with Substance Use Disorder are discharged to the exclusion of other contributing factors. Access to mental health services is a particular problem due to capacity and qualification issues:

   "I have depression and anxiety. When those crop up it gets in the way of me taking care of my other health issues. I completed an intake interview over the phone ... I just want to sit down and talk to somebody, but they told me they have no room. No, they did not suggest any other alternatives." — Grand Traverse County resident experiencing homelessness

7. **Many clients have health insurance** as a result of being connected to a local health department or Community Connections, but more training is required to support homelessness prevention providers in verifying insurance and/or enrolling clients in Medicaid.

8 **Elective procedures are unavailable** for clients who would be released into unsheltered homelessness; cancer, heart procedures, gall bladder surgeries, etc. as well as preventative care are often considered elective. Lack of appropriate care following discharge puts the client at high risk for readmission. This in turn increases overall cost to the healthcare system as readmissions are not reimbursed and sometimes result in penalties or fines.

9 **If someone experiencing homelessness is discharged** from a medical service, it may be more difficult for them to receive follow-up care. Although there is an available motel vouchering program to temporarily shelter patients, medical resources to care for those patients may not be available if the patient does not meet criteria and/or if insurance coverage is a barrier.

10 **Health providers want to know all available options** for connecting their patients to homelessness support services. These services vary widely by county, so we've created several print and electronic decision trees to convey the differences. This takes the guesswork out of the equation beyond scheduled trainings and when staff turnover happens.

Ten things you can do:

1 **Pre-arrange ROIs** (releases of information) between providers to easily manage handoffs. *See "site-based healthcare provider resources" on page 3.*

2 **"Where did you stay last night?"** Ask this question of all clients, then complete the Community Connections HUB Social Determinants of Health Screening process. The HUB worker will connect a client with appropriate housing support.

3 **Create an open forum for discussion** that centers on joint responsibility for the client and their needs; and share your experience, knowledge and solutions with your peers.

4 **Remember that it's ALL of us, working together** to house those at risk of homelessness. It's not a situation of "us vs. them."

5 **Foster coordination** between United Way 2-1-1, Community Connections and the Coalition to End Homelessness Coordinated Entry System at 844-900-0500.

6 **Promote targeted cross-training opportunities** with healthcare and homelessness prevention staff to teach shelter diversion, behavior deescalation, an understanding of behavioral health issues and to better connect clients to homelessness response resources.

7 **Maintain/expand access to integrated physical, dental and behavioral healthcare** to literally homeless clients: shelters, free meal locations and other locations where clients seek services.

8 **Update discharge procedures** to assure proper follow-up care for individuals being released from physical and behavioral health settings. *See "site-based healthcare provider resources" on page 3.*

9 **Advocate to procure funding to write prescriptions for emergency housing**.

10 **Build awareness and trust among landlords** that rental assistance programs could represent dependable rental income, especially with the coming economic downturn. Coalition partners support both tenants and landlords with housing-based case managers.

We know that ultimately the solution for homelessness is to develop more available housing stock. Governments have funded ad-hoc mechanisms to keep our clients safe: had those dollars been allocated earlier for low-income housing development, we would now be saving tens of thousands of dollars a week. We know that a chronically homeless person costs taxpayers an average of $35,578 per year. Costs are reduced by 49.5% when they are placed in supportive housing, which costs on average $12,800, making the net savings $4,800 per year.

Research and Project Summary Documents

Locally-developed and tested tools you can use

NMCHIR Instructional Video Links:

Initial Problem Statement: a quick concept video describing the challenges of those who move between the healthcare and homelessness systems.

System Metaphor: illustrating the thinking behind the "Belt and Pulley" metaphor we've developed to describe the experience of those who move between systems.

Catherine's Story: using the example of a real person's experience (Catherine is not her real name), we apply our System Metaphor to illustrate her challenges, and those of providers in each system, as they work to establish housing where she can safely manage her health.

Capstone Summary: the process, findings, outcomes and recommendations from our work in 2019.

CHIR Health Care and Homelessness Response System Integration Executive Summary

January 2020 by Woody Smith, Avenue ISR (Microsoft PowerPoint Document)

CHIR Health Care and Homelessness Response System Integration Full Report

January 2020 by Woody Smith, Avenue ISR (Microsoft PowerPoint Document)

Intersection of Health and Homelessness Survey Results Report: Stakeholders

Survey research summary and recommendations. January 2020 by Erin Edgerton, MPHI

Site-based healthcare provider resources

Addiction Treatment Services

Policy & Procedure Documents

Digital decision Tree prototype

Munson Healthcare Cadillac ER, Inpatient and Outpatient

Policy & Procedure Documents

Decision Tree PDFs

2019 Healthcare and Homelessness Partners: