Understanding Your Homeless and Higher Use Populations

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Homelessness and Hospitalizations: Myths, Facts, and Solutions

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Federal Definition of Homelessness (HEARTH Act)

- **Individuals and families** who:
  - Lack a fixed, regular, and adequate nighttime residence (includes a subset for individuals who resided in an emergency shelter or a place not meant for human habitation, or who is exiting an institution where he or she temporarily resided);
  - Will imminently lose their primary nighttime residence (within 14 days) [Court ordered eviction notice, OR notice to quit or terminate lease]; or
  - Are fleeing, or are attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
Federal Definition of Homelessness (HEARTH Act) (cont.)

- **Unaccompanied youth and families** with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition.

“The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.”

- Maya Angelou
Myth #1

Homelessness is caused by substance use and mental health problems.
Why are people homeless?

Homelessness is an interaction between:

- **Structural Factors** (i.e. affordable housing, jobs for low wage workers, income inequality)
- **Individual vulnerabilities** (i.e. mental health disabilities, substance use disorders, adverse childhood experiences)

And the **presence or absence of a safety net** (i.e. income support, safety-net healthcare, subsidized housing)

The less favorable the structural factors and availability of safety net is, the fewer individual vulnerabilities one needs to become homeless.

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California has 22 units available for every 100 extremely low-income households.

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The Gap: A Shortage of Affordable Homes NLIHC

Fewer than 1/4 low-income at-risk households receive rental assistance; 1/3 of elderly (low income, at risk) households do.

HUD funding to California is decreasing.
Loss of funding preceded homelessness rise.

ELIMINATION OF REDEVELOPMENT & LOSS OF STATE BOND FUNDING FOR HOUSING FORESHADOWED A 14% RISE IN HOMELESSNESS IN 2016-17

- Redevlopment
- State Funds
- Homeless

Source: CHIC analysis of 2006-2011 Annual California Departments of Housing and Community Development (HCD) Redevelopment Housing Activities Report; 2006-2016 annual HCD Financial Assistance Programs Reports; Housing and Urban Development (HUD), PPS and HIC Data Since 2007. Note fiscal years are indicated by second half of fiscal year (e.g. FY 2006-2007 is presented as 2007).

Homelessness is a racial justice issue.

- Housing primary means of wealth-building
- Discrimination in home ownership
  - Segregated neighborhoods
  - Redlining—restricted access to mortgages in segregated neighborhoods
  - Wealth gap 63x
  - Predatory lending
- Discrimination in rental market
- Criminal justice, employment and educational discrimination
- Black Americans at 3-4-fold increased risk of homelessness
How many people are homeless in the U.S.?

- 2.3 – 3.5 million people homeless in a year (1996 U.S. estimate)
- 553,000 people experiencing homeless on a single night in 2017
- 130,000 people homeless single night in 2018 in CA
- In 2016, 4.6 million people in poor households were doubled up with family and friends, a common precursor to becoming homeless

- The 2018 Annual Homeless Assessment Report (AHAR) to Congress
- Urban Institute, The: A New Look at Homelessness in America.

Myth #2

“People move to California because it is a great place to be homeless.” (NOT TRUE!)
The homeless population is aging; health is getting worse

Proportion of single homeless adults ≥50 in San Francisco:
- 1990 11%
- 2003 37%
- Today ~50%
- Median age increased 0.66 years for every calendar year 1990-2003

Generational Effect

Americans born in the second half of the baby boom (1955-1965) have had elevated risk of homelessness throughout their lifetime.

44% with first episode of homelessness after age 50.
Homeless Typology

- “Household” structure
- Duration/Pattern
- Living situation

Chronic Homelessness: Federal Definition

- Homeless for one or more years OR 4 or more separate occasions in prior three years that together are > 1 year AND
- A disabling condition (diagnosable substance use disorder, cognitive impairment, mental health problem, traumatic brain injury, disabling condition, or chronic physical illness)
All forms of homelessness are associated with worse health outcomes.

Go to www.menti.com and use the code 52 52 05

Which has a higher prevalence of homelessness?
Different Proportion Unsheltered

- NY ~5% of homeless population unsheltered
- CA 68% unsheltered

- NY has right to shelter
- ~$30K per year per person to shelter

Homeless persons report worse health status than US or poverty populations* (worse now as population ages!)
Overall Poor Functional Status

“50 is the new 75”

Median age of sample: 57

Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s.

Alcohol and Drug Use Problems are Common

- 65% with moderate or greater severity of drug use symptoms
  - Cocaine (43%), cannabis (39%), and opioids (13%) moderate or severe use symptoms

- 26% moderate or greater severity alcohol use symptoms
  - 15% severe symptoms
Mental Health Problems are Common

- Depression (moderate-severe): 35%
- PTSD: 35%
- Psychiatric hospitalization ever: 15%
- Psychiatric hospitalization last 6 months: 5%

Elevated Age-Adjusted Mortality Rates of Homeless Adults; Causes Vary by Age

- **Age 25 to 44**
  - Drug overdose, heart disease, substance use disorders, HIV
  - Mortality rates 9x-10x higher than general population
- **Age 45 to 84**
  - Cancer, heart disease
  - Mortality rates 4x-5x higher than general population

Health Care Utilization

- High rates of ED use and hospitalizations by homeless
  - 40% report ED visit in past year, compared with 11% general population
  - Homeless over 50: even higher (~50% of HOPE HOME participants had visited an ED (confirmed) in prior six months)
  - Small group (<7%) account for over half of all ED visits
    - High utilizers
    - High rates of substance use, mental health problems, violence/victimization
- Low rates of non-ED ambulatory care

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People who are frequent utilizers are LESS likely to have a primary care provider?

0 True 0 False
How Homelessness Affects Health Care Utilization

- More frequent hospital stays
- Longer hospital stays
  - More hospitalization for potentially preventable causes
  - Lowered admission thresholds
  - More difficult to discharge
  - Homeless were 3x more likely to be readmitted (22.2% versus 7.0%)

What can health care providers do?

Screen for and document homelessness and risk of homelessness
National Association Community Health Centers Screening Tool: PRAPARE*

- What is your housing situation today?
  - I have housing
  - I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
  - I choose not to answer this question
- Are you worried about losing your housing? (Yes, No, Choose not to answer)
- What address do you live at? (include street and zip code)

*ZSFG has chosen this to incorporate into EPIC

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VA Screener

1. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (“No” indicates homelessness.)

2. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (“Yes” indicates risk.)

Answer to either requires follow-up

My questions:

- Ask questions to assess both homelessness and risk of homelessness
- Do not ask “are you homeless?”
  - “Many of our patients are finding it difficult to have a regular place to stay.”
  - “Have you been without a regular place to stay in the past month? Have you stayed in a shelter/outdoors/car?”
  - If staying with friends/family ask: “Can you stay there as long as you would like? Do you stay the same place every day?”
Code it! But Be Sensitive to Stigma

- Housing Circumstance Affecting Care Z59.9
- Homelessness Z59.0

Myth #3

We cannot solve homelessness.

Fact: Of course we can. The solution to homelessness is housing.
Effective Solutions

- House people as quickly as possible
- Divert people from imminent homelessness as quickly as possible
- We must design solutions to be anti-racist

Role of Shelter?

- NOT a destination (shelter ≠ housing)
- Part of the process to get people housed
- Shelter is LOW barrier
  - Pets, partners, possessions, privacy
- Staffed appropriately to get people into housing
- Length of stay short; no returns to homelessness
Coordinated Entry

- HUD mandated way to prioritize who is at highest risk
- Uses different risk scores
  - NOT validated

Extremely Low Income (ELI) Housing

- Expand and preserve affordable housing
- ELI (extremely low income) housing: target towards those who make <30% AMI
  - Cutbacks in HUD threaten development
  - Good sources of information for national legislative efforts:
    - National Low-Income Housing Coalition CA

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<td>OR 22%</td>
<td>shortage of rental homes affordable and available for extremely low income renters</td>
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<td>Renters households that are extremely low income</td>
<td>Annual household income needed to afford a two-bedroom rental home at 30% AMI in the U.S.</td>
<td>76%</td>
<td>Percent of extremely low income renter households with severe cost burden</td>
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Housing Assistance

Housing Choice Vouchers:

- In Family Options Study, Vouchers outperformed every other option
- Estimate would cost $31B a year to fully fund vouchers (US spends $12B a year in shelter, even though large proportion unsheltered)

Prevention

- Not enough effort on preventing homelessness
- Prevention efforts need to be both EFFICIENT and EFFECTIVE
- Some increased action on eviction protection
- Individuals without a lease are at highest risk
  - HOME BASE in NY
- HOME SAFE
  - Targeting prevention funds for APS involved older adults in CA
- Most benefit is to target those at highest risk!
To be efficient—target those at highest risk

ED and hospital use peak immediately before episode of homelessness: Role for hospitals in prevention?

Day of shelter entry: 28.1 ED visits and 15.4 hospitalizations per 1,000 entrants (1 year before: 2.72/0.67; week before 7.6/1.9

Treglia et al Health Affairs 2019
Emergency Housing Assistance

- Families who called when housing assistance available
  - 76% less likely to enter shelter at six months
    - Absolute decrease 1.6%
- One-time payments up to $1500
- Average cost per caller referred $720; cost of homeless spell averted $10,300
- Limiting to very low-income callers reduce cost per episode averted to $6800

Rapid Re-Housing

- Connects families and individuals to permanent housing via tailored package of assistance. Can serve as bridge to longer-term support (i.e. rental vouchers)
  - Time-limited rental assistance
  - Targeted supportive services
    - Housing identification
    - Rent and move-in assistance (typically 6 months or less)
    - Case management and services
- Expand concept to use for problem solving, early intervention to shorten homelessness episodes
Myth #4

You can’t house people with substance use disorder before you treat the disorder.

FACT: You CAN and you MUST

Permanent Supportive Housing

- Permanent supportive housing for those with chronic homelessness/disabling conditions:
  - Subsidized housing
  - Linked supportive services that are voluntary
  - **Housing First** model – start with the housing
  - Shown to be highly effective at keeping people housed
  - Need to adapt for needs of older adults
Challenges: Affordable Housing and Prevention

- Enormous shortage of deeply affordable housing
  - Difficult to build for those most at risk

- Need to stop in-flow into homelessness
  - Difficult to target resources

Challenges: Aging Population

- Loss of residential care facilities throughout CA
  - “Board and Care”

- PSH faced with providing services for aging population
  - Provision of personal care
    - Homebridge
    - ?PACE programs aligned with PSH
  - Advance Care Planning
  - Dementia Care
What Can Health Care Providers/Systems Do?

- Advocate
  - Understand the underlying structural factors that create and sustain homelessness
  - Push back against individual narrative
    - We know how to treat SMI!
  - Use your voice to advocate for real solutions
    - Health effects of homelessness
    - “There is NO medicine as powerful as housing”
Concluding thoughts…

- Crisis
- Suffering immense
- High prevalence morbidity and mortality
- Chaotic use of healthcare system
- Homelessness caused by longstanding policy failures, disinvestment in affordable housing, and structural racism
- Healthcare providers and systems have important role to play in ending crisis

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Questions?

Raise your hand or submit a question at www.menti.com and enter code 63 94 7

Thank You

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