Health and Homelessness: Frameworks for Collaboration
Ben Bradley, Community Solutions, Inc.
Taj Brown, Community Solutions, Inc.

A special thanks to our Presenting Sponsor:
Health and Homelessness: Frameworks for Collaboration

June 12, 2024
Introductions

Ben Bradley
Public Health Lead

Taj Brown
Director
Upstream Strategies
Community Solutions & Built for Zero
We work for a lasting end to homelessness that leaves no one behind. We envision a more equitable society where homelessness is never inevitable, inescapable, or a way of life.
HOMELESSNESS IS SOLVABLE

Communities in the Built for Zero movement are proving it.

105 communities are participating in Built for Zero

156,000+ individuals housed by Built for Zero communities since 2015

14 communities have functionally ended homelessness for a population

64 communities have achieved quality real-time data

44 communities have achieved a measurable reduction
Health & Homelessness
People experiencing homelessness are generally sicker than their housed counterparts and more prone to death.
A homeless individual is...

3-4x more likely to die prematurely
2x as likely to have a heart attack or stroke
3x more likely to die of heart disease if they are between 25 and 44 years old
The average life expectancy of a person experiencing homelessness is just 48 years.
Homelessness Deemed A Public Health Crisis In Connecticut

Homelessness declared public health crisis in CT, mental health services expanded

Connecticut Public Radio | By Abigail Brone
Published October 2, 2023 at 2:01 PM EDT
We are here.

Our destination.
Our destination.
Replicable Models
After reviewing the complex medical needs for individuals on their By-Name List, a collaborative group of partners from health & homelessness came together to address these special cases.

Within seven months of conceptualization, the Alaska community was able to open the doors of a complex care shelter for their unhoused neighbors who are medically fragile.

Through targeted, preventative care, clinic staff aim to reduce calls for emergency services, ED visits, and eliminate the barriers to access that prevents many individuals from seeking healthcare.
The Cook County Department of Public Health (CCDPH) is providing funding to five CoC partner agencies to pay for salary and supplies for street outreach staff through their CDC Health Equity Grant.

The long-term goal is to have representatives from Cook County Public Health Department join street outreach staff to provide medical services in the field.

Although the community is in early phases of thinking through what that would look like, it’s a budding partnership where communication and collaboration is already paying off.
Utah is working with the medical examiner's office to create a **mortality report for people who died while experiencing homelessness.** They are using ICD-10 codes to classify mortality data from death certificates.

Their team plans to also examine Medicaid claims data to understand what other interactions people experiencing homelessness have with healthcare systems.

Eventually they hope to create a **unified statewide definition of homelessness and housing insecurity** so that healthcare systems use more accurate data to identify and provide services for PEH.
Data Sharing across Healthcare and Homeless Systems.

Washington County, OR

A data sharing agreement has been signed and executed between Washington County (homeless CoC), Kaiser Permanente and Providence Health.

This allows for cross-sector case conferencing of individuals prioritized by both homeless response and healthcare.
In Fairfax, the local health department provides Nurse Practitioners to serve as care coordinators in shelters.

NPs work to refer individuals to the appropriate provider within the healthcare system locally.

They also provide care directly and are colocated with the system’s emergency shelters and street outreach programs to help make access to care and assistance as convenient as possible.
Health Departments at both the state and local level are continuing to add dedicated capacity to focus on social determinants of health such as housing and rough sleeping.

Minnesota has embedded a Senior Advisor on Health, Homelessness, and Housing on at their DOH. Alaska has added a multi-person department with similar responsibilities.

These roles liaison directly with CoCs, public health leaders, health systems, and more to address cross-sector challenges.
Community Trends

1. Shared Vocabulary & Goals

In order for cross-system work to happen, it’s critical that project participants understand one another’s terminology, goals, and limitations.
Frameworks for Collaboration
Cross-Sector Projects

Who's going to drive this thing?

Where should I sit?

Are we lost?

Who is buying the gas?
What’s your wicked problem?

Too many people are dying on the streets from fentanyl overdoses.

There’s no available respite beds in our community.

There’s no communication between hospitals & Shelters.

Our Unsheltered folks need basic medical attention like wound care, etc.
What’s your WICKED problem?

There’s nowhere for individuals with complex medical needs to safely recover & rehabilitate.

Complex Care Shelter (Anchorage, AK)
Who should come along for the ride?

We have a great contact at our local hospital.

Our local congresswoman has been passionate about this work.

A board member has a connection to the Medicaid Office.

A local foundation is looking to support street medicine.
Who should come along for the ride?

- Local Homeless Service providers
- Respite bed supervisors
- Health systems & Hospitals
- Health Department (State & Local)
- Foundations & Philanthropy

Complex Care Shelter (Anchorage, AK)
Who should drive?

Our CANTeam is best suited to move this forward.

The ball is in the hospital’s court, so we need them to take the wheel.

The local FQHC is really well-positioned to help.
Who should drive?

- Local Homeless Service providers
- Respite bed supervisors
- Health systems & Hospitals
- Health Department (State & Local)
- Foundations & Philanthropy

Complex Care Shelter (Anchorage, AK)
Where might resources come from?

Maybe a foundation or local organization would find this appealing.

Our local congresswoman has been passionate about this work.

This community-based org has been clamoring for work in this arena.

There's national & State Funding we could explore here.
Where might resources come from?

- Hospital Community Benefit Funds
- Local Foundations
- Medicaid/ Medicare/ Insurance
- Housing Vouchers & supports
How long will this take? Will we take stops?

This is a guess but... maybe a year?

It will take us six months just to get this meeting on the books.

I have no idea. Maybe I shouldn't drive... Maybe we push this for a year, then evaluate how it's been going.
How long will this take?

- 12-month review & Evaluation
- Contingent on Funding

Complex Care Shelter (Anchorage, AK)
What steps can we take today?

I’ll have my team send an email to schedule a meeting with person X.

I’m going to start researching other models tonight.

I’m going to bring this to our board in our next meeting.

I’m going to text my friend at the hospital to grab coffee.
What steps can we take today?

- Look for other models around the country & locally that could be adopted
- Connect with hospital staff on our board
- Explore goals of local health dept
Things you should know.
Quick Wins are great.
Meaningful change takes a while.
Informal influence isn’t always recognized.
Hack existing power structures & dynamics. It’s easier than trying to change them.
Be thoughtful about assuming point of view is shared. Ask orgs/partners what THEY care about.
The people you are trying to influence spend 98% of their day overwhelmed by business as usual.
Listen & share your vision – somebody in this very room might be climbing the same mountain.
Learn more at Community.Solutions

**Case Studies | Health: Homelessness**

**HEALTH SYSTEMS WORK TOGETHER TO HELP END CHRONIC HOMELESSNESS**

In Sacramento, California, four regional health systems are part of an innovative pilot program aimed to reduce chronic homelessness.

*September 21, 2022*

**Research & Evaluation | Health**

**LEARNING BRIEF: HOW ARE PUBLIC HEALTH AND HOMELESSNESS SYSTEMS COLLABORATING?**

Six Built for Zero communities offer insights on collaboration and engagement between the homeless response and public health systems.

*Andil Broffman, Ben Bradley, Hannah Chinowitz | January 20, 2023*

**Contact Ben:**

bbradley@community.solutions
Thank you for attending this workshop!

A special thanks to our Presenting Sponsor: