HOMELESS WORKING GROUP
Draft Outline

Homeless statistics from LAHSA Homeless Count report 2016

"Amidst Los Angeles' challenging economic climate, which has a less than 3% housing vacancy rate in Metropolitan Los Angeles, a Los Angeles County housing-indexed poverty rate of 27% and an affordable housing gap of 500,000+ units, the data indicated the following:

- Homelessness in Los Angeles County increased 5.7% to 46,874 in 2016 from 44,359 in 2015, including LA CoC and neighboring CoCs of Glendale, Long Beach, Pasadena
    - 74% of homeless population is unsheltered in LA County (12,347) vs 26% Sheltered (34,527)
- 43,854 people were found to be homeless in January 2016 in the LA Continuum of Care (CoC), an increase of 2,680 people, or 6.5% from 41,174 in 2015
    - Revised Youth Count methodology in the LA CoC provides more representative results over 2015
    - Youth Count figure of 2,388 homeless individuals ages 18-24 adds majority of Countywide increase
    - 20% increase in most visible form of homelessness in the LA CoC – encampments, tents and vehicles"

Housing for Health

Recommendation: The City of Los Angeles provide support to expand the County Housing for Health Program.

https://documents.lahsa.org/Communication/2016/2016HomelessCountResultsRelease.pdf

Housing for Heath is L.A. County Housing First Program:

Definition of Housing First Model

Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed. This approach prioritizes client choice in both housing selection and in service participation.

Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible;
- A variety of services delivered to promote housing stability and individual well-being on an as-needed and entirely voluntary basis; and
- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

Retention/Success rates for Housing First

- "… only 23% (26 of 111) of participants returned to homelessness during the 2-year period, and afterward, 24% (7 of 26) of these individuals returned to the same housing project." http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969126/

- 85% housing retention rates across many cities and programs [Tsemberis effectiveness (2004); HUD Pearson 6 cities (2007); VA Rosenheck 11 cities (2007); Larimer, cost (2009)]. https://www.hudexchange.info/resources/documents/HousingFirst_Presentation.pdf

Legislation (SB 1380) and Utah model/ *w/* success

- Savings associated with Housing First model; $20,000 - $30,000 in Los Angeles
- Passage of SB1380 – becomes law January 1, 2017. Will place the State of CA on a Housing First model.

Housing for Health

- History: "In February of 2014, HFH launched a new supportive housing rental subsidy program called the Flexible Housing Subsidy Pool (FHSP)." http://file.lacounty.gov/dhs/cms1_217171.pdf
- C3 Program - (County, City, Community)
- Eligibility (Visit County Hospital or clinic 2 twice in one year and have a chronic medical condition).
- Housing Programs: Master Leasing and Vouchers – No waiting list
  - Master Lease
    "Real estate leasing: Controlling lease under which a lessee can sub-lease the property for a period not extending the term of the master lease."
    http://www.businessdictionary.com/definition/master-lease.html

    "A lease between the owner of property and its direct tenant, with all other leases subject to the first one. A tenant may sublease or assign part or all of its space on its own terms and conditions, but the parties will always be bound by the master lease because they are subordinate to it." http://financial-dictionary.thefreedictionary.com/master+lease

  - Vouchers: Awarded to homeless individuals for a place to reside.

    - The Housing Authority of the City of Los Angeles (HACLA) has committed permanent supportive housing (PSH) assistance to more than 16,800 households of formerly homeless and chronically homeless individuals and families through the following rental assistance subsidy programs:
      Waiting List Limited Preference: Homeless Program
      The goal of the program is to provide permanent affordable housing for homeless individuals and families while insuring them access to supportive services to maintain independent living. The Homeless Program's allocation of 4,111 housing choice vouchers, targets homeless individuals and families living in transitional housing, emergency shelters, and the streets.
      http://www.hacla.org/homelessinitiatives
- Recuperative Care

  defined by the Health Resources and Services Administration as "*short- term medical care and case management provided to persons (generally homeless) recovering from an acute illness or injury, whose conditions would be exacerbated by living on the street, in a shelter or other unsuitable places. This unique set of clinical and non-clinical services, often referred to as a recuperative care program, is offered to treat patients with conditions that have an identifiable endpoint of care for discharge from a facility/setting designed for such purpose*."
  http://www.nhchc.org/wp-content/uploads/2011/09/standards_public_comment.pdf

- Success Stories – Number housed since inception over 1,700.
- Recommendation of Health Commission for the City to provide financial and other support to the Housing for Health program
    - http://clkrep.lacity.org/onlinedocs/2015/15-0538_rpt_CLK_12-23-2015.pdf

AFFORDABLE HOUSING

Recommendation: Expand homeless housing, prevent affordable housing developers from excluding homeless population in application process

Background:

- Housing barriers – rental applications (Photo) / vacancy rates for Los Angeles/ number of affordable housing units needed
        - LA rents: Vacancy rate falls to 2.7 percent as area's rental market tightens further **Josie Huang** January 28 2016
    - Approximately 43,854 affordable housing units needed based on
        - Total homeless count: 43,854; 11,073 Sheltered, 32,781 unsheltered; 37,601 individuals, 6,128 family members, 125 unaccompanied minors

Sobering Centers

Recommendation: City of Los Angeles support the expansion of County sobering centers

Purpose/ Definition

Sobering Centers are facilities that provide a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober. Sobering centers provide services for alcohol-dependent individuals that may have secondary problems such as drug abuse/dependence, mental illness and/or medical issues. Stated goals for sobering centers include:

- Provide better care for homeless alcohol-dependent persons and improve health outcomes
- Decrease the number of inappropriate ambulance trips to the emergency department (ED) for homeless alcohol-dependent individuals
- Decrease the number of inappropriate ED visits for homeless alcohol-dependent individuals
- Create an alternative to booking individuals arrested for public inebriation

Fire Department statistics on runs/services specific to homeless living on the street (these stats may only be available from the fire station that services Skid Row - and stats may have been part of presentation to the County Supervisors when they approved the new sobering center on skid row.) (Audio file for Fire Department Presentation to Health Commission)

- Resources tied up on medical responses**. 90% EMS calls mostly in Public health challenges, 1% Fire response, 9% other**. Less than 5% of those are on life-threatening emergencies.
- Lifesaving care is a small proportion of what Fire Dept Actually does.
- Frequent users/EMS Super Users call 911 several times a year
    - Personnel used on mental health issues instead car accidents, fire, etc.
    - Called over 2,000 times last year
    - Majority are typically homeless, male, and have chronic alcoholism. Many South LA individuals are untreated or underdiagnosed with diabetes, hypertension, COPD and sometimes a combination of substance abuse and mental health issues.
- New efforts to remedy EMS superusers:
    - Fast Response Vehicle (FRV) carries two paramedics with supplies who provide on-scene triage and available to next call very quickly. One is downtown other is in SFV Sylmar area. Canceling about 1.5 resources per response.

- Nurse Practitioner Response unit (1 year pilot)- new concept; hired EMS nurse practitioner to proactively address non-emergency calls rather than send out fire engines and other resources. House fire station 64 in Watts. Funded my LA mayor's innovation fund. Proactively helping people with ongoing needs
- Sobering Center
  - High proportion of homeless population suffers from mental health issues, substance abuse, chronic alcoholism. Chronic abuse/health issues.
  - Majority of calls are non-life threatening; are regarding chronic conditions (e.g. mental health).
  - Fire dept partnering with City to open Sobering unit Center consisting of Specially trained substance abuse social workers and medics to transport serial public inebriates
  - 35-40 beds.
  - Costs $250,000 for a full-time social worker, a paramedic, and equipment.
  - Approximately 25% of beds in ERs are tied up by psych patients waiting to be transferred. In the meantime, ER can't help patients with basic life emergencies. This initiative would help mitigate this issue.

- LA LPS certified social worker partner with nurse practitioner to open up emergency resources for their purpose. LAFD Mobile Mental Health unit in lieu of ambulances and fire engines to transport clients to psychiatric units and other appropriate clinics.
  - Opens up resources for time-critical emergencies (e.g. car accidents, fires).
- Cost of sending fire trucks to Skid Row
  - Smallest district (one square mile) of county received the largest number of calls in 24-hour period. Engine company nine averages 30 calls per day, which is not sustainable. Call load went up 18% between 2014-15.
  - Two paramedic ambulances full-time & EMT ambulances
  - Cost of an ambulance is $1 million in terms of salaries; engine companies even more.
  - Paramedic ambulance $1,750 for paramedic and $850 for EMT transport
  - Call load went up 14% last year, while it has historically only gone up 2-3% each year. This unheard of growth can be attributed to the explosion of the homeless population.
  - There are a number of other areas in LA that could use similar services.

  http://lacity.granicus.com/MediaPlayer.php?view_id=46&clip_id=15535

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Veterans

Recommendation: Expand access to housing and medical services and expedite service connections .

Background:

Veteran homelessness fell 30% to 3,071 veterans in 2016 from 4,362 in 2015. **Unsheltered veterans decreased by 44%** to 1,618 in 2016 from 2,889 in 2015

https://documents.lahsa.org/Communication/2016/2016HomelessCountResultsRelease.pdf

Homeless Working Group agreed to combine Veterans issues workgroup to Homeless workgroup and focus on Veteran Homelessness.

- Need research on specific healthcare needs of homeless veterans to make recommendations.
    - Substance Use Disorders (SUD), mental illness and multi-morbidities were more common in both homeless Veteran groups (Veterans Affairs Supportive Housing [VASH], homeless) than for housed (low income, other). Department of Housing and Urban Development (HUD) HUD-VASH Veterans had the highest % reporting ≥ 1 of the following: SUD (31%, 16%, 6%, 3%), mental illness (54%, 28%, 19%, 23%), chronic physical illness (70%, 38%, 57%, 52%), tri-morbidity (20%, 6%, 2%, 1%), respectively. Controlling for demographics, HUD-VASH Veterans had higher odds of drug disorders (AOR = 8.78) and alcohol disorders (AOR = 6.07) than general housed Veterans

    http://ac.els-cdn.com/S0376871614007418/1-s2.0-S0376871614007418-main.pdf?_tid=2d0d42da-7a23-11e6-b19c-00000aacb35e&acdnat=1473820398_6e5bb19417b4eb164d5635b3e25b5c39

    - California has the highest number of homeless veterans, representing 24% of the total population of homeless veterans, followed by Florida (9%), Texas (5%), and New York (5%) (HUD, 2014). Many homeless veterans have mental health problems, alcohol and/or substance abuse issues, and other co-occurring disorders (NCHV, n.d.). TBIs were found in 47% of homeless veterans who sought services at a VA hospital (Russell et al., 2013).
    - The main causes of veteran homelessness are poverty, mental health issues, substance abuse, disabilities or other physical ailments, and a lack of support from family and friends › Veterans are twice as likely as other Americans to become chronically homeless › Homelessness among female veterans is rising. Women veterans are 4 times more likely to be homeless than non-veteran women (Hamilton et al., 2012). Homeless female veterans are more likely than homeless male veterans to be thinking about suicide (48.7% versus 44.4%) and to have attempted suicide in the past 5 years (36.5% versus 26.7%) (Benda, 2005b) › Homelessness is linked with high rates of hospitalization and age-adjustedmortality › Homeless veterans have higher incidences of suicide attempts and self-harming behavior when compared to veterans with housing. In one study 47% of homeless veterans were found to have attempted suicide versus 27% of domiciled veterans; 33% had self-harmed or engaged in reckless behavior in the previous 2 weeks compared to 18% of domiciled veterans (Lee et al., 2013) › Street outreach is still considered to be an important way to reach homeless veterans. Veterans living on the streets who normally avoid shelters and medical assistance are more likely to be chronically homeless than those veterans who are referred by a medical provider or who are self-referred (Tsai et al., 2014)
    https://www.ebscohost.com/assets-sample-content/Homeless_Veterans_US.pdf

    - Clinicians and researchers who work with homeless populations may benefit from knowledge about health care utilization patterns among Housing First program participants. This study suggests that currently homeless Veterans underuse many VA services relative to housed Veterans and that HUD-VASH addresses this disparity through housing and primary care referrals. Though we hoped that HUD-VASH case management led to less acute care (ED and inpatient) and preventable hospitalizations, we found no such effects. Future studies are needed to explore longitudinal changes in utilization with HUD-VASH participation, incorporating non-VA services. Differences in health outcomes among Veterans by housing and income status are also important for study, along with barriers and facilitators to acute, primary, and other ambulatory care use for Veterans in these groups.
    http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4714600/pdf/nihms751057.pdf

- **Seventy-three percent of the respondents reported at least one unmet health need**, including an inability to obtain needed medical or surgical care (32%), prescription medications (36%), mental health care (21%), eyeglasses (41%), and dental care (41%).
    - Travis P. Baggett, James J. O'Connell, Daniel E. Singer, and Nancy A. Rigotti. The Unmet Health Care Needs of Homeless Adults: A National Study. American Journal of Public Health: July 2010, Vol. 100, No. 7, pp. 1326-1333. http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.180109

Health Access

Recommendations: Support Shuttle system to County Hospitals and Clinics, expand transportation vouchers, expand access to consultants and other medical providers in areas with large homeless populations.

Barriers to accessing medical care specific to homeless population

"… heightened exposure to communicable diseases and parasites easily spread in crowded conditions, such as shelters. For example, untreated lice infections and insect bites frequently lead to serious, even life-threatening, systemic infections such as cellulitis among people who are homeless. Lack of permanent housing complicates basic self-care and treatment adherence. For example**, inability to store medications** makes it difficult to keep pills intact or meet refrigeration requirements. **Limits on shelter stays** during the daytime and competing needs to seek food and **employment also interfere with regular administration of medication as prescribed, as well as scheduled follow-up visits with health care providers.** On the whole, "Poverty remains a powerful social determinant of poor health, and persons struggling to survive without stable housing are particularly vulnerable."[49](pxxix)

- Tangible access barriers to doctors and clinics, such as limited hours, noncentral locations, and intake requirements of identification, insurance, and a permanent address and less obvious barriers, such as **disrespectful attitudes, apathetic treatment, and overt prejudices toward impoverished people**, all contributed to this substitution of the emergency department for the primary care provider.
    - Cheryl Zlotnick, Suzanne Zerger, and Phyllis B. Wolfe. Health Care for the Homeless: What We Have Learned in the Past 30 Years and What's Next. American Journal of Public Health: December 2013, Vol. 103, No. S2, pp. S199-S205. http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301586

County hospital discharge procedures and social work follow up (needs research)

- Dr. Sion Roy
    - Lack resources for inpatient discharge
    - Finding a safe place for discharged homeless sick
        - Those without family and at
    - Homeless patients typically need long-term care facility or a sub-acute nursing facility
    - Easier access to medical and quicker application process would save hospitals more money.
    - Warm handoffs – hospitals should no longer allowed to put patients into a taxi cab or give bus tokens to go to a shelter
        - Currently there is no legally necessary communication between the shelter and the hospital.

        - Patient may be assigned a caseworker, however they do not typically get an appointment with the caseworker due to lack of resources for that.
    - Need to more adequately transfer these patients from hospital to shelter.
        - In addition to going back and forth between follow-up appointments and pick up prescription medications. http://lacity.granicus.com/MediaPlayer.php?view_id=46&clip_id=15375 1:08:30-1:40:45
- In November 2015, the Centers for Medicare & Medicaid Services (CMS) released a proposed rule to modify hospital discharge requirements. The Council has submitted comments in response to these regulations, suggesting a number of steps that should be taken during the critical period of hospitalization to ensure that patients are not discharged into homelessness.

- https://www.federalregister.gov/articles/2015/11/03/2015-27840/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals#h-14

- https://www.nhchc.org/resources/clinical/tools-and-support/discharge-planning/

Recommendation: Shuttle program to County Hospitals

Diseases/ Health Impacts of Street Living

Look at prevalence and spread of disease (e.g. strain of strep on Skid Row)

- Evidence suggests that appropriate public health interventions can be effective in preventing and controlling the spread of numerous transmitted diseases among homeless persons, which is a public health concern both for the homeless and the larger population. These interventions should be tailored to the targeted populations and focused on areas where the homeless are more likely to reside.

- The prevalence of these transmissible diseases among the homeless varies greatly according to living conditions. Homeless persons who sleep outdoors in vehicles, abandoned buildings, or other places not intended for human habitation are mainly street youth, female street sex workers, and persons with mental health problems (1). These persons are frequently injection drug users (IDUs), and they often engage in risky sexual behavior, which exposes them to both blood-borne and sexually transmitted infections such as HIV, HCV, and HBV (6,9,10). Homeless persons sleeping in shelters are mainly single men, but they also include single women, families with children, and mentally ill persons (1). The primary health concerns for this population are the overcrowded living conditions that expose them to airborne infections, especially TB (7), and the lack of personal hygiene and clothing changes that expose them to scabies, infestation with body lice, and louse-borne diseases (5). Homeless persons using single-room hotels or living with friends and family show a high prevalence of illicit drug use and risky sexual behavior that increases the risk for infections transmitted by blood and/or sex (6), and they also frequently live

- Homeless populations face many barriers to accessing healthcare systems; these factors contribute to increasing the spread of infections (1). Implementing efficient strategies to survey and prevent the spread of communicable infections among the homeless is a public health priority. Strategies reported to be efficient for controlling or preventing communicable infections in the homeless are targeted interventions that focus on areas where homeless people are more likely to reside and are conducted with a mobile team that

includes outreach workers (8,16–19). In this review, which concentrates on the primary communicable infections commonly associated with homelessness, we summarize the main intervention measures reported to be efficient in controlling and preventing these infections.

- Source: https://wwwnc.cdc.gov/eid/article/14/9/pdfs/08-0204.pdf

RESTROOMS

Recommendation: Expand the number of bathrooms available in areas with large homeless populations:

- **/ ACCESS TO FOOD and POTABE**
- Skid row has often been subject to public health concerns attributed to unsanitary living conditions. In 2012, the Public Health Department found the City of Los Angeles in violation of county health code after an inspection in which 90 piles of human waste were found in a 10-block radius encompassing skid row. The conditions there have been linked to outbreaks of tuberculosis, meningitis and staph infections, all of which can be fatal.

- The World Health Organization recommends a minimum of 1 toilet per 25 users to maintain a sanitary environment. Taking into account only the homeless population, who have no option besides public restrooms, there are between 8,000-11,000 people living downtown. By WHO's recommendation, there should be about 400 toilets; there are five available around the clock.

Effects of living on the streets with no access to potable/ drinking water and Healthy Food

- Homeless people have to eat whatever is available. Their meals are irregular, with limited or no dietary choice. Many food programs are high in fat, starch, salt and sugar, which increases the risk for complications associated with diabetes and cardiovascular disease, health problems commonly seen in homeless individuals. People living in shelters or on the streets who lack easy access to potable water are at risk for dehydration, especially in warmer climates.

- Source: http://www.cdc.gov/healthywater/drinking/

Effects on mental health

- Of the 870 participants, 750 (86%) indicated that they had a usual source of care and responded that at the time of program entry they either had a Primary Care Provider (PCP) or used the Emergency (ED) as their usual source of care. These participants' mean age was 45.0 years. The sample was 74.1% male and 48.4% African American; 23.2% were veterans. Their mean lifetime number of years homeless was 8.2. More than half of the participants (54.4%) reported a drug use disorder**. The rate of serious mental illness was high: 35.6% of the participants reported a diagnosis of either schizophrenia or bipolar disorder.**
    - Lydia Chwastiak, Jack Tsai, and Robert Rosenheck. Impact of Health Insurance Status and a Diagnosis of Serious Mental Illness on Whether Chronically Homeless Individuals Engage in Primary Care. American Journal of Public Health: December 2012, Vol. 102, No. 12, pp. e83-e89.
      Read More: http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.301025

Drug Addiction Deaths

Recommendation: Expand the availability of Narcan to First Responders and Non-Profit agencies servicing areas with large homeless populations.

Background:

Narrative:

Homeless individuals with stories that help illustrate examples of barriers and, in some cases, success in overcoming these barriers.