

NO. 11: IMPROVING INTEGRATED CARE AS CRISIS PREVENTION FOR PEOPLE EXPERIENCING HOMELESSNESS

Medical respite, which costs less than a tenth of a hospital bed, is a proven cost-effective intervention.

Background

People experiencing homelessness are more likely to suffer from a serious mental illness compared with people who are stably housed. In addition, people experiencing homelessness have poorer medical health compared with their housed peers. Data over time reveals an older and more medically vulnerable population experiencing homelessness today compared with ten or twenty years ago. It is therefore no surprise that homelessness is strongly associated with a greater likelihood and frequency of hospital emergency department visits as well as increased return to the ED within 30 days. Hospital discharge for these patients is often delayed due to lack of a safe discharge plan. It is more important than ever before for states to develop strategies that meet both the physical and behavioral health needs of people experiencing homelessness instead of continuing the current approach, in which physical and behavioral health diagnoses are handled in separate facilities.

Priority Areas for the Integration of Care

Street Medicine as a Tool for Engagement

Health Care for the Homeless-designated Federally Qualified Health Centers work successfully with their high-acuity patient population by meeting them where they are. People experiencing homelessness face many barriers to accessing medical care including competing demands (such as shelter, food, and hygiene), lack of transportation, lack of medical insurance or co-pay funds, low health literacy, difficulty keeping medications, and more. Meeting patients in the same place they are already accessing services – in shelters and day centers, for example – creates easy access to clinics for those who choose to seek medical care. Street medicine goes even further by taking the first step to initiate the patient-doctor relationship with people who often have understandable mistrust of the health care system due to prior negative experiences. Street medicine improves follow-up by bringing medical care to patients; building trust over time, providers can not only engage people in care for chronic medical conditions such as diabetes and high blood pressure, but can assist with behavioral health by providing low-barrier, on-demand medication-assisted treatment (MAT) for opioid use disorders. Employing peer outreach workers and partnering with street outreach teams improves trust-building. Given the stigma associated with mental illness and the fact that people with mental illness often lack insight into their condition (known as anosognosia), meeting with medical providers can be an easier first step toward interacting with the medical system. That said, strong relationships with behavioral health specialists, Assertive Community Treatment teams, and the crisis response system are critical for effective treatment and coordination of care.



The NASMHPD - TTI Knowledge Bites [webinar series](#) was produced by the [National Association of State Mental Health Program Directors](#) in 2023. Each webinar is accompanied by a Knowledge Bite summarizing recommendations, community examples, and resources.

Medical and Behavioral Health Respite as Crisis Stabilization

Medical respite is a place where people can get recuperative care when they are too sick to be in a shelter or on the street, but not sick enough to be in the hospital. People experiencing homelessness utilize hospital services more frequently than the housed population, and discharges for this population are often delayed due to lack of safe placement options. Medical respite, which costs less than a tenth of a hospital bed, is a proven cost-effective intervention that shortens hospital lengths of stay, reduces hospital readmission rates, and avoids hospital admissions altogether. In addition to referrals from medical facilities, street medicine providers and outpatient clinic providers can refer patients to medical respite, especially models that support behavioral needs in addition to providing physical health care. Medical respite also provides an opportunity to connect with the individual at a time of need, developing a therapeutic alliance to engage them in medical adherence as well as services such as housing.

Crisis stabilization facilities are the equivalent of medical respite in the behavioral health world. Medical respite facilities often struggle to meet the needs of people with substance use disorders (SUDs) or serious mental illness (SMI). Similarly, crisis stabilization sites struggle to manage patients' medical comorbidities. State mental health agencies should work to promote the use of respite and crisis stabilization facilities that provide whole person care and meet both the physical and behavioral health needs of the people they serve.

Permanent Housing Options

with Appropriate Onsite Medical and Behavioral Health Supports

While it is true that "housing is health care," housing without appropriate supports can nevertheless lead to poor health outcomes, especially initially. The housing continuum should include site-based permanent supportive housing with co-located medical and behavioral health services. This form of housing, for those who choose it, would help to support the most vulnerable people experiencing homelessness who need additional medical and mental health support but who do not need a higher level of care.

Higher Level of Care that Meets Both Behavioral and Physical Health Needs

Most assisted living facilities (ALFs) and long-term care facilities (LTCFs) are not equipped to meet the needs of people with SUDs or SMI. This often results in such individuals' being denied admission or being discharged from these programs. Unfortunately, those without social supports often end up homeless. By prioritizing the creation of ALFs and LTCFs that can support people with significant behavioral health needs, states could more appropriately care for older individuals who have both significant medical and behavioral health needs.

Recommendations for States to Integrate Physical and Behavioral Health Services for People Experiencing Homelessness

- Ensure local community behavioral health and mobile crisis response providers are partnering with street medicine teams and community health clinics.
- Ensure local respite programming meets patients' medical and behavioral health needs.
- Partner with departments of health and offices of aging to develop assisted living and nursing facilities that support both medical and behavioral health needs.
- Create supportive housing with medical and behavioral health supports onsite.



Additional Resources

- **National Association of State Mental Health Program Directors** [Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness](#)
- **United State Interagency Council on Homelessness** [All In: The Federal Strategic Plan to End Homelessness](#)
- **Modern Health Care** [Shelter for convalescence: Hospitals link with respite programs to aid homeless patients through recovery](#)
- **National Health Care for the Homeless Council** [Fact Sheet: Delivering Mobile Health Care to People Experiencing Homelessness](#)
- **National Institute for Medical Respite Care** [Promising Practices: Providing Behavioral Health Care in a Medical Respite Setting](#)