



Social and Behavioral Characteristics and Self-Reported Health Among People Experiencing Homelessness

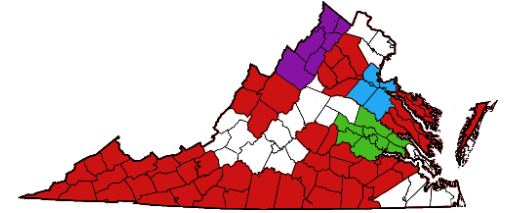
JULY 11, 2018 – HOME REMEDIES

MARGOT ACKERMANN, PH.D.

Am I ...

one illness
one lost paycheck
one car breakdown
one sick child
one traumatic experience
one prescription
one tornado
one too many drinks
one conviction
one missed payment
one elder care responsibility
one bad relationship
one poor life decision
away from a housing crisis?





About Homeward

501(c)3 planning and coordinating agency for homeless services in the Greater Richmond region

Homeward's mission is to prevent, reduce, and end homelessness by facilitating creative solutions through the collaboration, coordination, and cooperation of regional resources and services.

Our core areas of focus are:

- Identifying needs and trends
- Serving as a community catalyst for change in service delivery
- Educating the community for system change

Definition of Homeless

An individual who is homeless lacks a fixed, regular, and adequate nighttime residence and includes those who are living in a shelter or a place not fit for human habitation (for example, a bench, the sidewalk, or under a bridge).

~Department of Housing and Urban Development

NOT: staying with family or friends

NOT: living in motel paid for themselves

NOT: living in crowded or substandard conditions



Homeless Management Information System

One of our community's main data sources is the HMIS administered by Homeward

HMIS contains over 12 years of longitudinal administrative data on services and shelter stays

Good system coverage, but could always be better

Tends to underrepresent unsheltered population; domestic violence providers prohibited from using (but have comparable database)

Governed by HUD's Data and Technical Standards, including required data elements for all projects (includes identifying information, demographics, disabilities, insurance, income) – the Richmond region also collects ZIP code and locality information

Often used for outcome reporting

Point-in-Time Count and Survey

HUD requirement/local activities

Anonymous, self-report, electronic survey; survey designed to meet HUD data collection requirements and community needs

Sheltered count done by shelter report; unsheltered count is conducted by survey

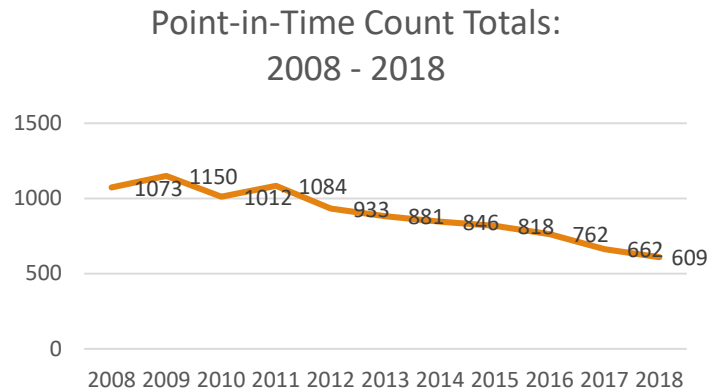
Survey conducted in shelters, through targeted street outreach, and local meals programs

Partners include shelters and other service providers, departments of social services, police, and community volunteers

Data on Homelessness (Greater Richmond)

During our most recent point-in-time count (January 2018), we counted 535 adults and 74 children.

104 people were living in places not meant for habitation.



PIT Survey – January 2017

Domestic violence: **Have you ever experienced violence at the hands of a spouse or intimate partner?**

Employment: **Are you currently employed?**

Substance abuse: **Do you have a problem with alcohol now?/Do you have a problem with drugs now?**

Mental health: **Are you currently being treated for mental health problems?**

Victimization: **In the past year, have you been the victim of violence?**

PIT Survey – January 2017

Emergency department use: **In the past year, have you been treated in an emergency room?**

Incarcerations **Have you ever been in jail or prison?**

Marital status: **What is your marital status?** (partnered/unpartnered)

Education level: **What is the highest level of education that you completed?** (high school diploma or GED/higher education)

Public housing: **Have you ever lived in subsidized or public housing?**



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22.9% have experienced domestic violence.

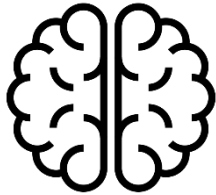


Created by James Mayor from Noun Project

78.2% are not employed.



24.1% have a drug problem, and 25.5% have an alcohol problem.



Created by Maxim Basinski from Noun Project

24.2% are currently being treated for a mental health problem.



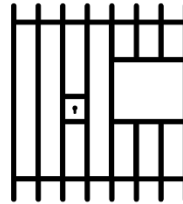
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12.5% have been a victim of violence in the past year.



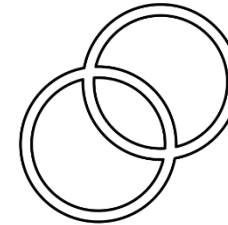
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60.4% were treated in the ED in the past year.



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73.2% have spent time in jail or prison.



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60.9% are single and never married.



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65.9% have a high school education/GED or less.



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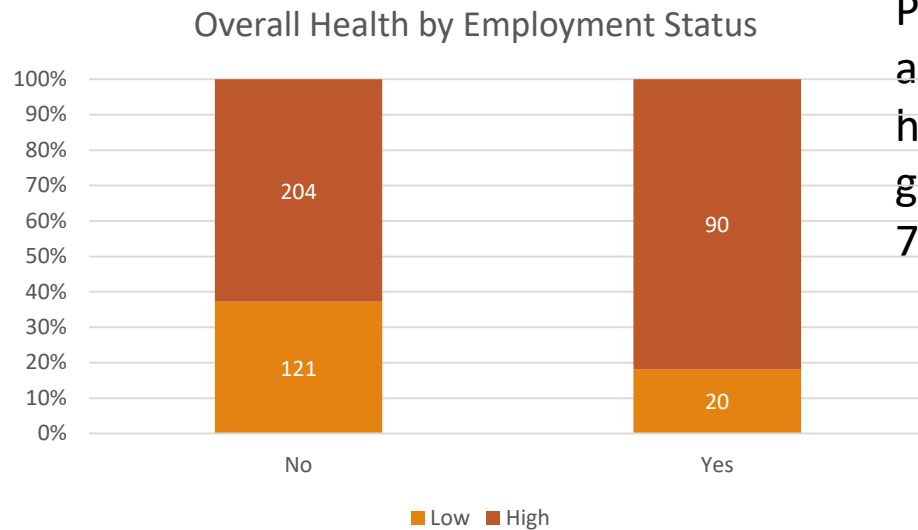
19.2% have lived in public housing.

PIT Survey – January 2017

In addition to questions related to social and behavioral characteristics, we asked people: How would you rate your overall health?

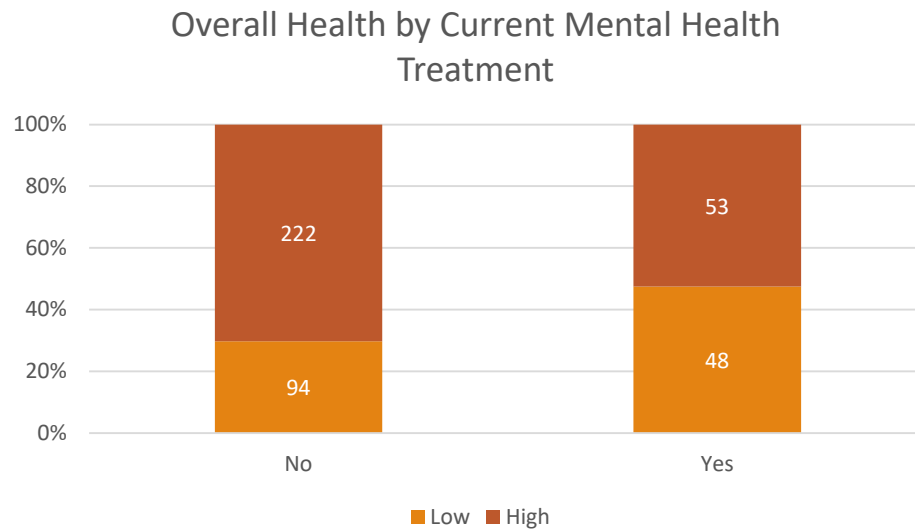


Health and Employment



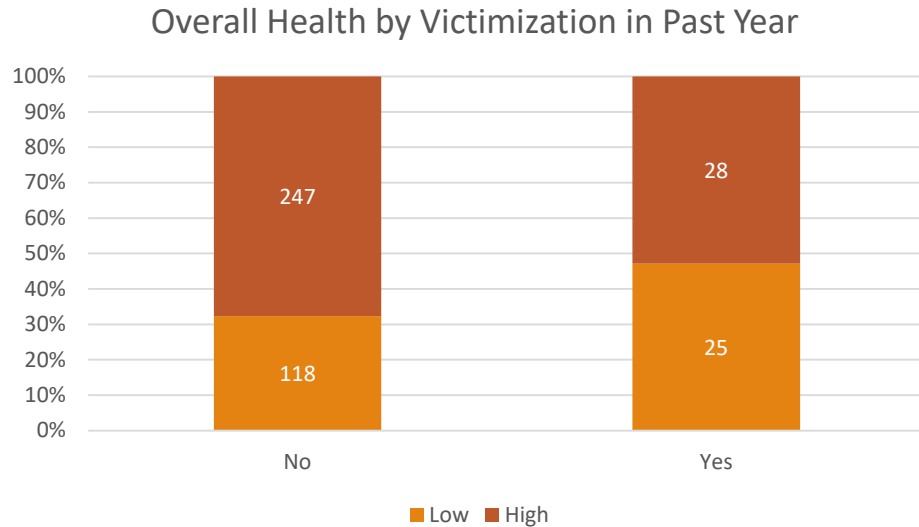
People who are unemployed are less likely to rate their health as good/very good/excellent (62.8% vs. 77.7%).

Health and Current Mental Health Treatment



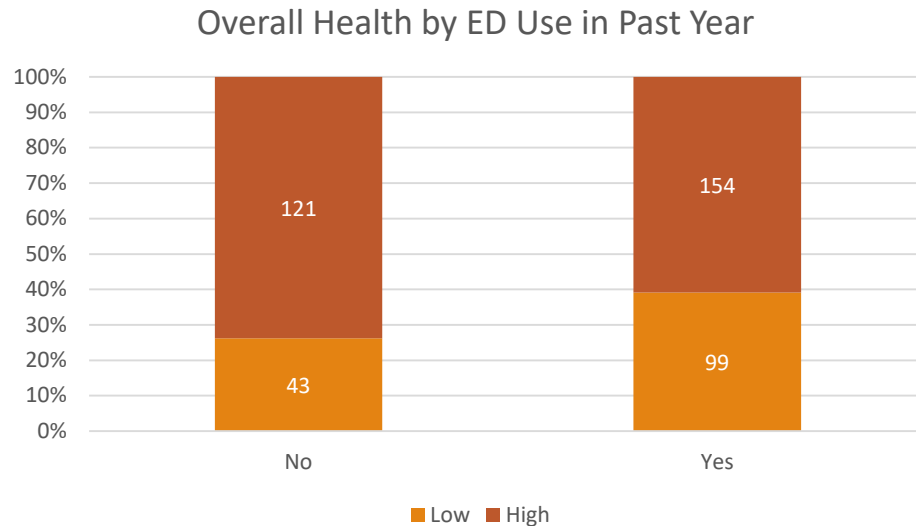
People who are currently receiving mental health treatment are less likely to rate their health as good/very good/excellent (52.5% vs. 70.3%).

Health and Victimization



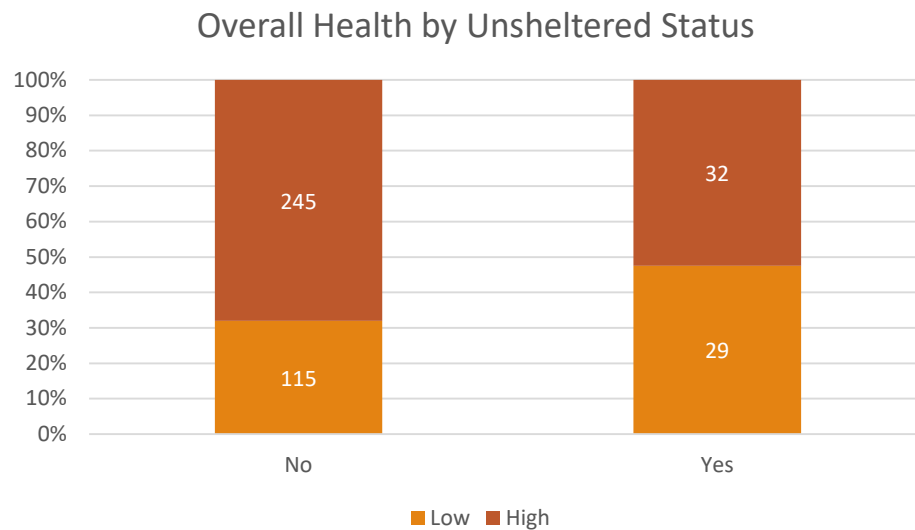
People who been victims of violence in the past year are less likely to rate their health as good/very good/excellent (52.8% vs. 67.7%).

Health and ED Use



People who have used the ED in the past year are less likely to report their health as good/very good/excellent than those who have not (60.9% vs. 73.8%).

Health and Unsheltered Status



People who live in unsheltered conditions are less likely to report their health as good/very good/excellent (52.5% vs. 68.1%).

Recent and Current Projects

Small hospital ED in-reach pilot project to divert clients by assisting them with getting appointments at The Daily Planet

Data match between homeless services system and Medicaid for local Permanent Supportive Housing projects serving single adults (Virginia Supportive Housing)

Randomized controlled trial with The Daily Planet for shared medical appointments among people with opioid addiction

Pilot project to create a data warehouse to combine annual homelessness data from Homeless Management Information Systems (HMISs) in multiple Continuums of Care, with potential for statewide data matches and ongoing client management using data integrated from other systems

Data-Related Challenges

Data sharing – legal agreements

Scalability of analyses

Moving from one-time data matches to true integration

Gaining a shared understanding among stakeholders of the meaning of data

Using almost real-time data for decision-making (pace of change)

Statewide governance

Unknowns of Medicaid expansion

Data-Related Strengths

Pro bono attorneys

Statewide focus on data and addressing homelessness

Current work with VCU to determine appropriate agreement to provide access to HMIS

Flexibility of point-in-time count methodology (e.g., ability to add questions that address timely topics)

Federal data standards– Universal Data Elements (UDEs) collected by all service providers that use an HMIS

Possibilities presented by a pilot data warehouse project for the Commonwealth

Questions?

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*icons used in this presentation are from the Noun Project