Chapter 2

Defining Chronic Homelessness and Understanding Treatment and Support Needs

What is Chronic Homelessness?

The first attempts to describe the current generation of homeless persons were based on survey methods. The surveys were conducted during a specific time period, e.g, the month of February, and used a convenience sample, e.g., going to soup kitchens or providers that specifically assist homeless individuals. Survey methods are the source for a commonly cited figure for homelessness in the United States, viz., 600,000 persons are homeless on any given night. Survey approaches continue to be used and are a legitimate, valuable tool for understanding the prevalence of a condition, such as chronic homelessness, and for understanding the characteristics of those experiencing that condition.

As homeless assistance matured, information system technologies were introduced into many homelessness assistance settings. Administrative systems made another method of population description possible – one that described the users of homeless assistance over a long period of time rather than a snapshot in time. Longitudinal analyses of the service users confirmed important distinctions among homeless persons that had first been noted by the Institute of Medicine in 1988. Specifically, the group is not homogeneous and three important subgroups regularly appear:[1]

- *temporarily homeless*–persons who experience only one spell of homelessness, usually short, and who are not seen again by the homeless assistance system;
- *episodically homeless*–those who use the system with intermittent frequency, but usually for short periods; and
- *chronically homeless*–those with a protracted homeless experience, often a year or longer, or whose spells in the homeless assistance system are both frequent and long.

These subgroups emerge from actual utilization patterns in numerous cities and show relatively similar distributions: Approximately 80 percent of users are temporarily homeless, 10 percent are episodic, and 10 percent are chronic.

Applying the 10 percent estimate to the number of persons who are homeless annually results in a figure of approximately 200,000 individuals annually who will be chronically homeless.[2] The Department believes that by linking affordable housing with treatment and

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1. Institute of Medicine. Homelessness, Health, and Human Needs: Committee on Health Care for Homeless People. National Academy Press, Washington, DC, 1988

2. Metraux, Stephen, Dennis P. Culhane, Stacy Raphael, Matthew White, Carol Pearson, Eric Hirsch, Patricia Ferrell, Steve Rice, Barbara Ritter, & J. Stephen Cleghorn. "Assessing Homeless Population Size through the Use of Emergency and Transitional Shelter Services in 1998: Results from the Analysis of Administrative Data in Nine US

support services, substantial and permanent reductions in the occurrence of chronic homelessness are achievable.

What Characteristics Are Associated with Chronic Homelessness?

While chronic homelessness may be identifiable by a pattern of homeless duration, other facts associated with this subgroup add to our understanding.

1) *Disability*: The presence of a disabling condition is almost universal in the population. These conditions involve serious health conditions, substance abuse, and psychiatric illnesses. The prevalence of a disabling condition runs as high as 85 percent having one of more of these chronic problems. In contrast, data from mid-1990's indicate approximately 12 percent of working-age persons have a moderate to severe disability. Disability is a highly relevant factor where services are concerned since certain kinds of disability are an eligibility portal for many HHS assistance programs.

2) *Heavy Use of Services:* Persons experiencing chronic homelessness are heavy users of the homeless assistance system and of other health and social services. Although they constitute 10 percent of the users of homeless shelter assistance, they consume fully 50 percent of the days of shelter provided by that system.

   In addition, analyses in New York City indicate that use of expensive emergency room visits, uncompensated care, and involvement with the criminal justice system among the chronically homeless represent significant costs to local, State, and Federal programs. The analysis tracked the service costs attributable to a cohort of chronically homeless persons before and after their placement in permanent supportive housing. The following New York data were provided at the July 18, 2002 meeting of the U.S. Interagency Council on Homelessness and show the changes in annual health care costs for the 2 years after a person was placed in housing compared to the annual costs incurred for the 2 years preceding housing placement. For health care, the data clearly show placement in supportive housing is associated with overall reductions in health care costs.

Psychiatric hospital	↓$8,260
Municipal hospital	↓ 1,771
Medicaid–Inpatient	↓ 3,787
Medicaid–Outpatient	↑ 2,657
Annual savings (per person)	$11,161

3) *Engagement with Treatments:* More than a decade of research has shown that persons experiencing chronic homelessness frequently exhibit a pattern of being disconnected from conventional community life. Many have limited support systems, reflected in most being single adults with weak family connections. Many are from ethnic and racial minorities and research also shows they may be reluctant to interact

   with systems they do not understand or which do not understand them. Many have past experiences with mainstream services that did not effectively address their needs or prevent them from falling into homelessness. These characteristics contribute to the

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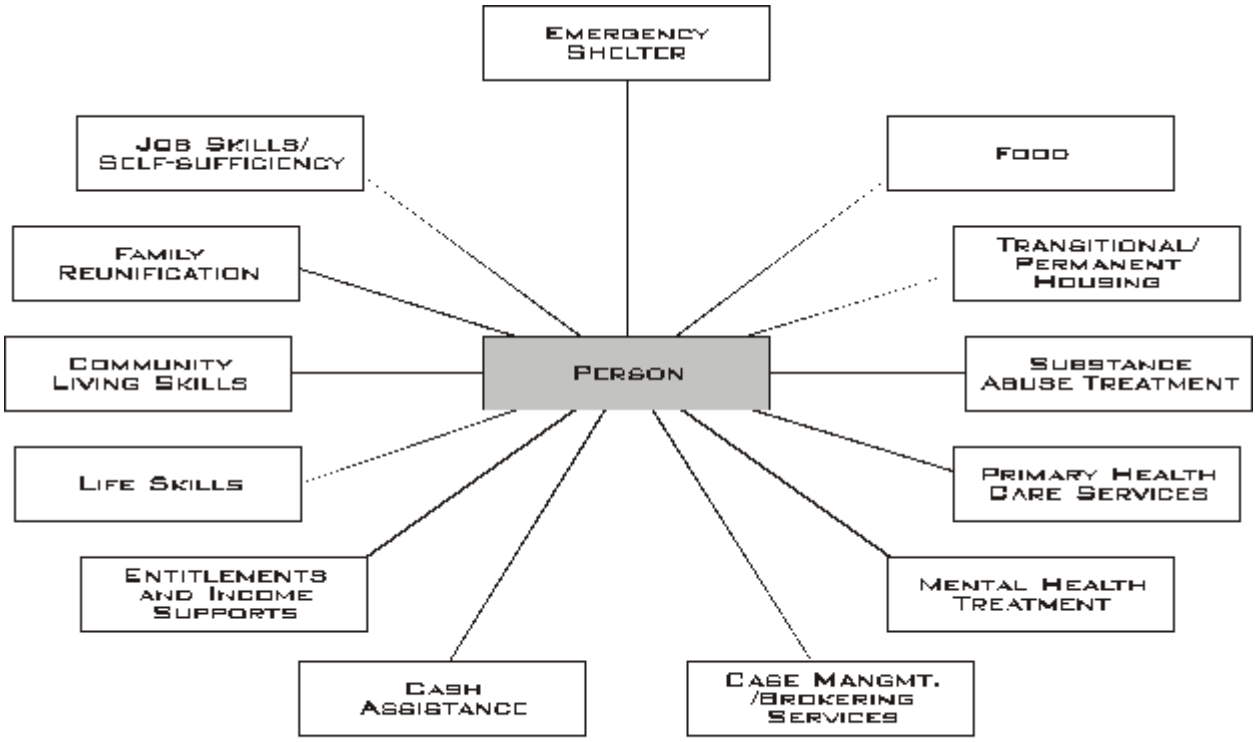
Jurisdictions." Public Health Reports 2001; 116: 344-352.



THE NEEDS OF A CHRONICALLY HOMELESS PERSON CROSS MANY SERVICE SYSTEM BOUNDARIES.

long or repetitive patterns of homelessness they exhibit. They also reflect why re-engaging a chronically homeless person with treatments can be challenging.

4) *Multiple Problems:* Chronically homeless individuals fall within the subset of persons who present a complex set of multi-problem challenges to service providers. Like frail elders with complex medical conditions, HIV patients with psychiatric and substance abuse issues, or a TANF client with domestic violence or counseling needs, the service needs of chronically homeless people outstrip the in-house competencies of most providers.

   In addition to the issues noted above, extreme poverty, poor job skills, lack of education, and negative childhood experiences are common features of chronic homelessness. The figure above, first used in the briefing material to the Work Group, describes the array of complex service needs associated with chronic homelessness.

5) *Fragmented Systems:* Both practice and research have shown that the chronically homeless person is most likely to face a service system that is fragmented and providers who are not able to summon the flexible or comprehensive set of treatments and services the person needs. For providers to be effective with such individuals, they must either become uniquely specialized or piece together an informal system of referrals and service collaborations with other providers to ensure access to at least some of the needed services. The homeless shelter system, in dealing with daily demands that routinely exceed capacity, typically is not able to reshape itself along either of these tracks. Without services that address the multi-problem nature of long

term and repeated homelessness, multi-problem clients rarely progress out of the system.

What Treatments and Services Are Effective?

Responding to the needs of people who experience chronic homelessness poses significant challenges. Their needs include a broad range of services, from food, clothing and emergency shelter to treatment and income support, and cross many service systems.

However none of these services are as effective without safe, affordable housing. Years of federal demonstration programs and the experience of community and faith-based providers have shown what is effective in preventing and ending homelessness among people who have serious health and behavioral health disorders. Implementing evidence-based and promising practices is essential for a comprehensive, integrated service system that effectively reduces chronic homelessness.

The following services and treatment needs are organized into core and supportive services. The *core services* include those that are needed to move people from the streets into housing and to stabilize their conditions. The *supportive services* include those that are needed to reintegrate people into the community, such as with jobs, education and socialization. The full definitions for each of the services are presented in Appendix C. Appendix D lists representative published citations of the effectiveness for each service.

<u>Core Services</u>

- Information and Referral
- Outreach and Engagement
- Health Related and Home Health Services, Including HIV/AIDS
- Alcohol and Drug Abuse Services
- Mental Health and Counseling Services
- Inpatient Services
- Supportive Case Management Services
- Intensive Case Management Services
- Income Management and Support
- Residential Treatment Services
- Discharge Planning

<u>Supportive Services:</u>

- Life Skills Services
- Child Care Services
- Education and Training Services
- Employment Services
- Legal Services
- Transportation Services

To be effective, these services must be accessible and provided in a coordinated and flexible manner. This includes the option of being offered in non-office based settings (e.g., on the street or in shelters) and during non-standard operating hours, being able to increase or decrease service levels to accommodate changing needs over time, and keeping case files

open even during periods of inactivity so that eligibility does not have to be re-established when an individual is ready to engage or re-engage.

Providers need the flexibility to operate with a "no wrong door, no reject" policy, meaning that services are made available to individuals no matter where they enter the system and whether or not they are willing to accept specific interventions that may be indicated. In addition, strategies such as co-location of services not typically offered under the same roof can help reduce fragmentation and increase access to services.

HHS, HUD, and VA have agreed on the characteristics of persons experiencing chronic homelessness and use the following definition in their collaborations:

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four (4) episodes of homelessness in the past three (3) years.

Why the Definition of Chronic Homelessness and the List of Treatments Are Relevant to HHS Assistance Programs

There are at least three reasons why understanding who experiences chronic homelessness and what treatments and services are effective is relevant to the HHS programs designed to assist poor and disabled persons.

First, these mainstream programs are extremely likely to have had substantial contact with these individuals prior to their becoming chronically homeless. Research studies show that persons experiencing chronic homelessness have long and extensive histories of involvement with the publicly-funded treatment system before their period of long term homelessness. These service experiences seemingly did little to prevent their slide into a pattern of long term homelessness.

No mainstream program wants to waste an investment it has made in helping clients make gains. Falling out of treatment and into a pattern of long term homelessness represents a set back to gains the client experienced from treatment and services. In addition to concerns about the efficient use of resources, this experience may mean the person is wary of re-engaging with the types of providers that were not attentive to his or her risk of becoming homeless.

Second, their homeless status does not mean that chronically homeless persons are no longer using mainstream service resources. As noted above, they are heavy users of services, often expensive inpatient and emergency room services, unguided by a comprehensive treatment plan. Mainstream programs continue to absorb at least some of the costs for these expensive and ad hoc treatments.

Third, the levels of disability and poverty that characterize persons experiencing chronic homelessness make them likely to be eligible for a number of the HHS mainstream programs. The fact that they are unsheltered should not restrict them from benefitting from this assistance, but their homelessness often presents so many challenges that access to these benefits is not ideal. If HHS can craft approaches that improve their access to mainstream HHS service programs, contributing to a reduction in chronic homelessness,

these same approaches should work for other eligible homeless individuals. These approaches might, thereby, provide solutions for addressing homelessness among families or youth.

HHS recognizes that the characteristics of chronic homelessness are primarily conceptual. They help to distinguish a population that presents service providers with unique demands and unique opportunities. The characteristics are an assortment of various problems and eligibility criteria that are relevant to many of the assistance programs supported by the Department. The characteristics reinforce the multiple treatment needs suggested in the earlier figure, but they do not have the rigor or uniqueness to suggest a singular eligibility group.

Instead, chronic homelessness – as a group of individuals with multiple service needs – overlaps with the types of beneficiaries and services of many of the HHS mainstream programs. This overlap suggests the appropriateness of response by the mainstream.

The access chronically homeless persons have to the mainstream programs and the ability of these programs to deliver the needed treatments and services consumed significant attention prior to the development of recommendations. The results of this examination are presented in the following chapter.