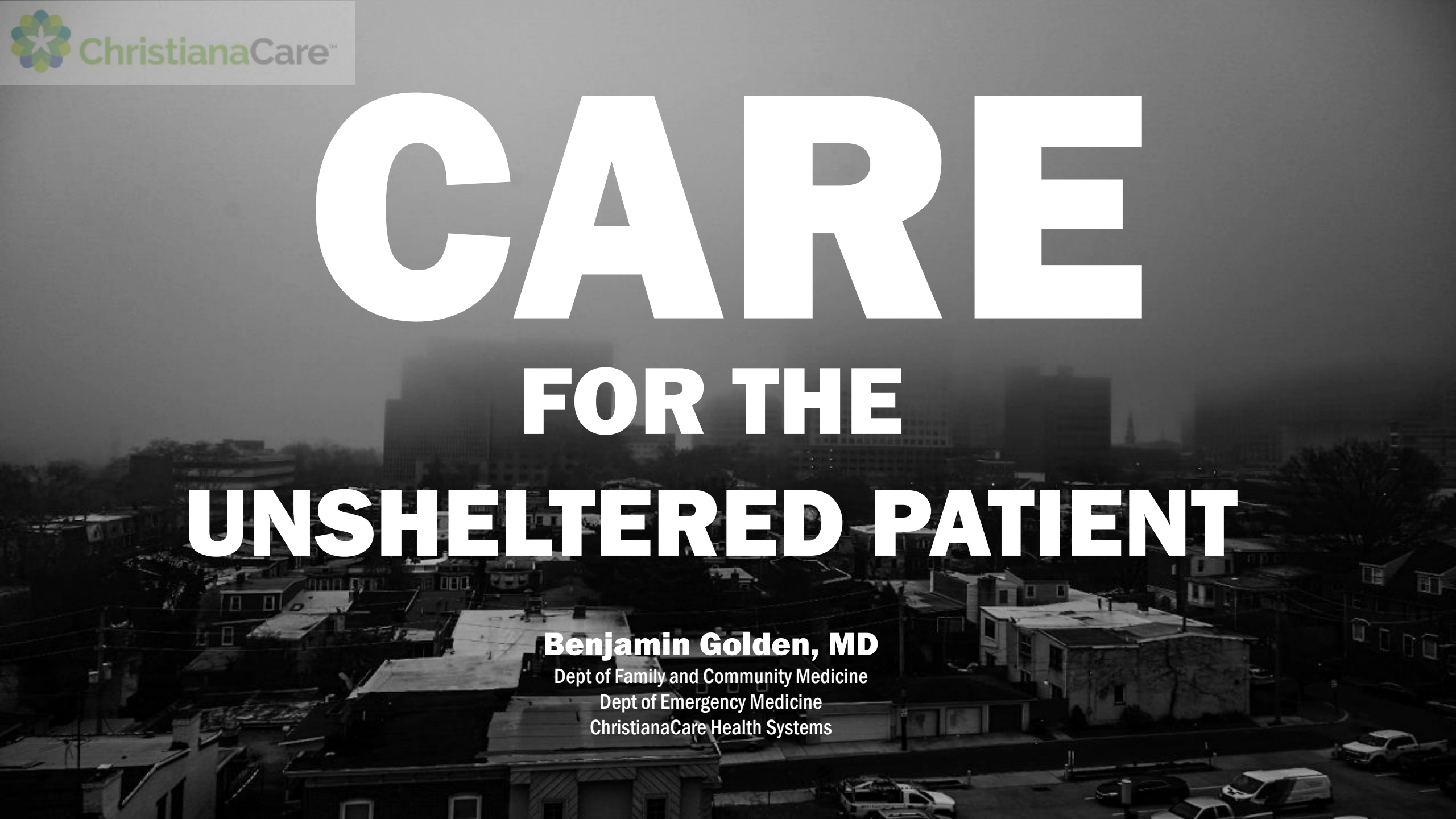
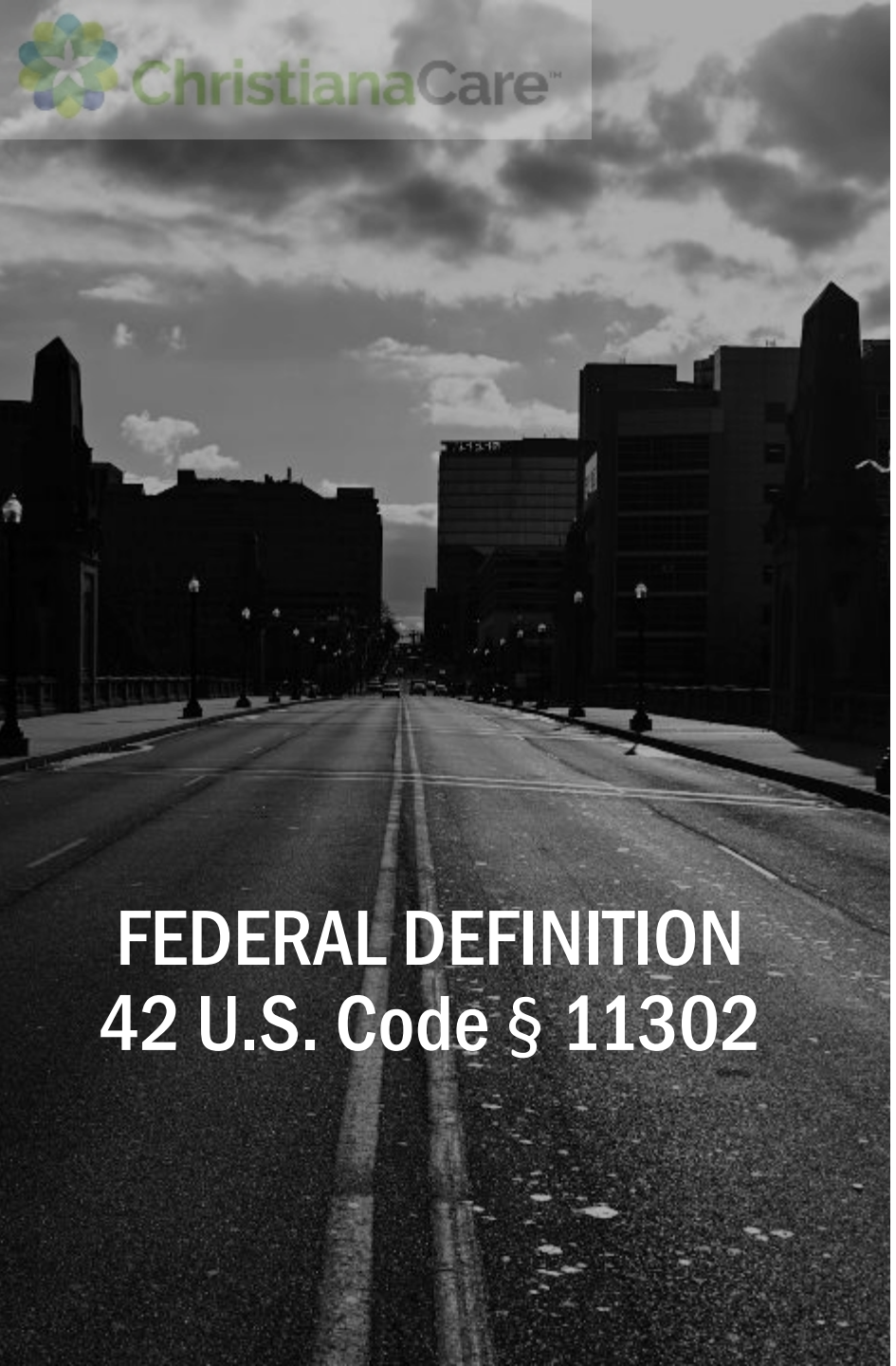


CARE FOR THE UNSHELTERED PATIENT

Benjamin Golden, MD
Dept of Family and Community Medicine
Dept of Emergency Medicine
ChristianaCare Health Systems



CRITERIA FOR DEFINING HOMELESS			
	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

	Prevalence range in homeless people	General population prevalence
Tuberculosis[56]	0–8%	0·005–0·032%
Hepatitis C[56]	4–36%	0·5–2·0%
HIV[56]	0–21%	0·1–0·6%
Hepatitis B[68]	17–30%	<1%
Scabies[68]	4–56%	<1%
Body louse[68]	7–22%	<1%
Bartonella quintana [68]	2–30%	<1%

Prevalence of infectious diseases in homeless people

	Prevalence range in the homeless	Prevalence in the general population
Traumatic brain injury[60]	8–53%	1%
Psychosis[89]	3–42%	1%
Depression[89]	0–49%	2–7%
Personality disorder[89]	2–71%	5–10%
Alcohol dependence[89]	8–58%	4–16%
Drug dependence[89]	5–54%	2–6%
Dual diagnosis[90]	58–65%	<1%
Post-traumatic stress disorder[90]	38–53%	2–3%

Prevalence of neuropsychiatric disorders in homeless people

Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet. 2014 Oct 25;384(9953):1529-40. doi: 10.1016/S0140-6736(14)61132-6. PMID: 25390578; PMCID: PMC4520328.

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Health Conditions Among the Homeless Population in Comparison to the General US Population

HOMELESS		HOUSED
	VERSUS	
18%	Diabetes	9%
50%	Hypertension	29%
35%	Heart Attack	17%
20%	HIV	1%
36%	Hepatitis C	1%
49%	Depression	8%
58%	Substance Use Disorders	16%

Source: Health Center Patient Survey (HCPS) 2009

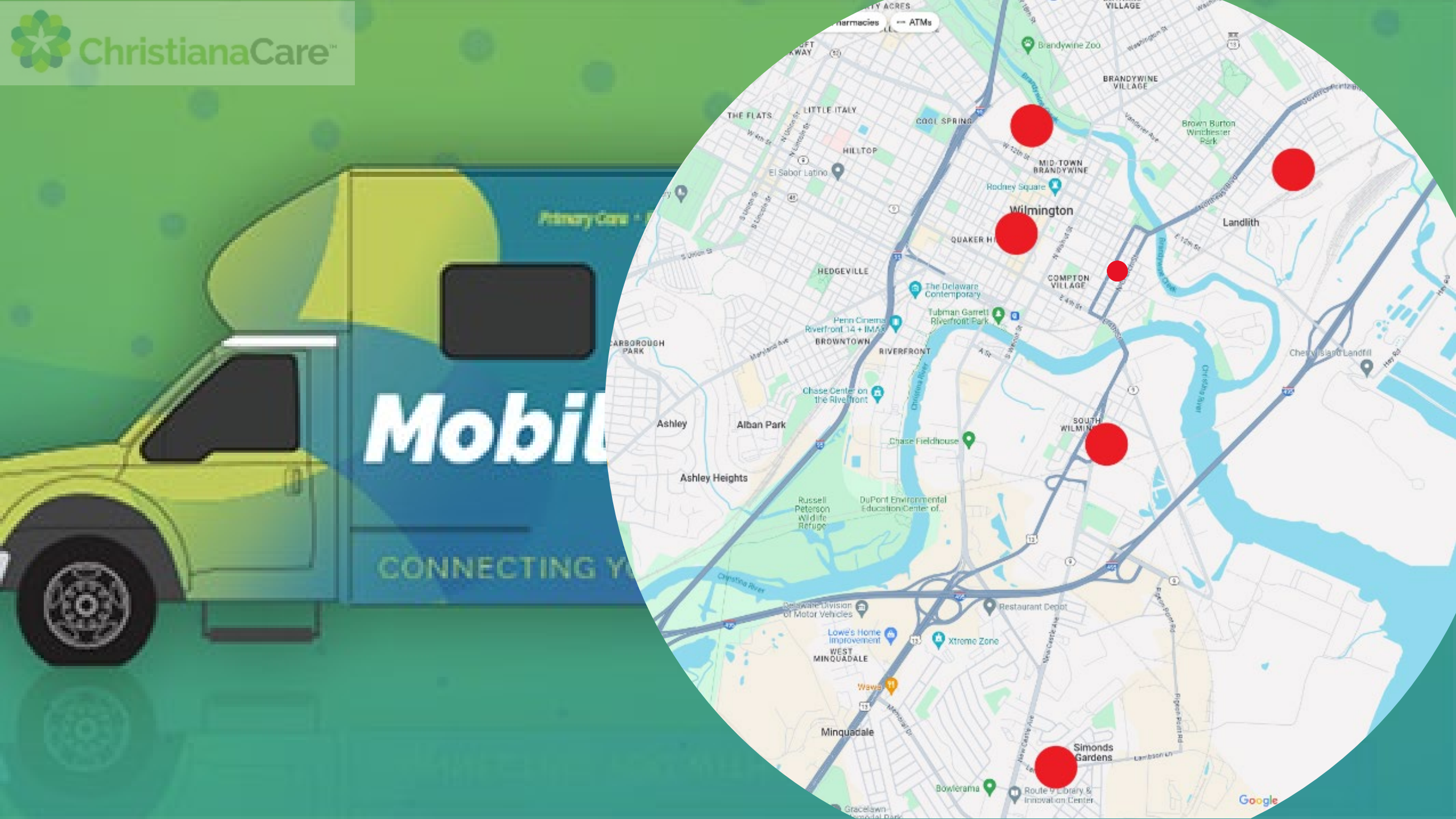
Homelessness in the ED

Hospitalized Patients

Increased length of stay (6.7 days vs. 4.8 days)

More likely to be discharged against medical advice (8.4% vs. 1.6%)

Increased readmissions within 30 days (42.2% vs. 19.9%)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Mobil
CONNECTING Y
Pharmacies
ATMs
Brandywine Zoo
BRANDYWINE VILLAGE
THE FLATS
LITTLE ITALY
COOL SPRING
HILLTOP
El Sabor Latino
MID-TOWN BRANDYWINE
Rodney Square
Wilmington
Landlith
QUAKER H
HEDGEVILLE
COMPTON VILLAGE
The Delaware Contemporary
Penn Cinema Riverfront 14 + IMAX
Tubman Garrett Riverfront Park
BROWNTOWN
RIVERFRONT
Chase Center on the Riverfront
Ashley
Alban Park
Chase Fieldhouse
SOUTH WILMINGTON
Ashley Heights
Russell Peterson Wildlife Refuge
DuPont Environmental Education Center of...
Delaware Division of Motor Vehicles
Restaurant Depot
Lowe's Home Improvement
Xtreme Zone
WEST MINQUADALE
Wawa
Minquadale
Simonds Gardens
Bowlerama
Route 9 Library & Innovation Center
Google

MHC Services

Medical Services	Behavioral Health Services	Social Services

• **Chronic** disease mgmt (e.g., blood pressure titration & blood sugar mgmt)
• **Acute** disease mgmt (e.g., sick visits, colds, pneumonia, infections, wound care, & acute pain mgmt)
• **Preventative** services (e.g., adult physicals, school physicals, & cervical cancer screenings)
• Limited **point-of-care (POC) testing** including urinalysis, urine drug screen, urine pregnancy, hemoglobin, & blood glucose testing
• EKG machine & POC ultrasound for MHC **on-site imaging**
• **Order & refill medications**, order other types of **labs & imaging testing**, & place **referrals for specialty care** or other hospital-based services
	Current services:
	Connect patients with in-person or phone-based **behavioral health provider** resources
	Urine **drug screening**
	Substance use **risk screening**
	• **Substance use disorder (SUD)** treatment
	• **Opioid use disorder (OUD)** treatment including induction & maintenance of medication-based treatment (i.e., Suboxone or naltrexone)
	• **Contingency management** for SUD
	• **Harm reduction** strategies
		• Connecting patients by phone or in-person to **case mgmt & health guide resources** for support with:
		  • Housing insecurity
		  • Food insecurity
		  • Health insurance enrollment
		  • Victims' compensation
		  • Supplemental Nutrition Assistance Program (SNAP) enrollment
		  • Obtaining vital documentation (e.g., social security card, identification card, etc.)
		• Distribute **necessities** such as food, water, electrolyte packets, coffee, clothing items (i.e., hats, gloves, coats, socks), hand/foot warmers, condoms, gun locks, etc.

Redefining Medical Care

NATIONAL INSTITUTE *for* MEDICAL RESPITE CARE


Hope Cente

Medical Respite

- Patients too ill to go to the street or a shelter but no longer requiring inpatient services.

- 36 rooms for patients
- Length of stay determined at the time of acceptance. 30/60/90 days based on medical need.
- Medical and Social Care offices staffed 0800-1700, Monday through Friday
- Overnight call system for emergency triage

- Each patient's care is individualized to their medical and social needs.
- Patients work closely with the medical and social care teams to reach their medical and social goals.

We search for stable housing for each patient that we serve.

Return on Investment

Mobile Health Services

$36 dollars for every $1 spent

Medical Respite

$1.81 dollars for every $1 spent

By reducing unnecessary hospitalizations, LOS in the hospital, and ED visits.

Thank You!