Subject: Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States (Resolution 208-A-17)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee D (Shannon Kilgore, MD, Chair)

INTRODUCTION

Resolution 208-A-17, “Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States,” introduced by the Medical Student Section (MSS) and referred by the House of Delegates (HOD) asked that our AMA amend Policy H-160.903, “Eradicating Homelessness,” to read as follows:

H-160.903 Eradicating Homelessness
Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness.

Policy H-160.903 originated as Resolution 401-A-15, which also was introduced by the MSS. As proposed, it asked that our AMA (1) support improving the health outcomes and decreasing health care costs of treating the chronically homeless through Housing First approaches; and (2) support the appropriate organizations in developing an effective national plan to eradicate homelessness. The Housing First language was removed by the reference committee due to concerns regarding the “program’s effectiveness among a subset of the homeless who are dually-diagnosed with mental health or substance abuse issues.” The intent of the reference committee was to extend support to many approaches to combat homelessness, including but not limited to Housing First. The House of Delegates concurred with this approach.

CURRENT AMA POLICY

As noted above, existing Policy H-160.903 supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services. Additionally, Policy H-160.978 describes the components that should be included in public policy initiatives addressing the homeless who have mental health problems.
These include access to care, clinical concerns, program development, and educational, housing, and research needs.

BACKGROUND

Based on the 2017 Annual Homeless Assessment Report to Congress, more than 553,000 people experience homelessness (defined as a person who lacks a fixed, regular, and adequate nighttime residence) in the United States on a single night. Most (65 percent) were staying in emergency shelters or transitional housing programs, with the remaining (35 percent) staying in unsheltered locations. Substance use disorders (SUD) and mental health problems are much more prevalent among people who are homeless than in the general population. According to the Office of National Drug Control Policy, approximately 30 percent of people experiencing chronic homelessness have a serious mental illness, and around two-thirds have a primary substance use disorder or other chronic health condition. Lack of stable housing leaves them vulnerable to substance use and/or relapse, exacerbation of mental health problems, and a return to homelessness. Resolution 208-A-17 is specific to chronically-homeless individuals, which refers to those who are either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more; or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

DISCUSSION

There are two common approaches to addressing homelessness in the United States, the linear approach and Housing First. The linear approach assumes that individuals who are homeless need to graduate from a sequence of programs designed to address underlying conditions before they will become “housing ready.” This approach also emphasizes abstinence from substance use as an explicit goal. Housing First uses a harm reduction approach by connecting individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Case management services are offered to residents, but it is a personal choice to address SUDs or mental health problems.

Federal Strategic Plan to End Homelessness

The first comprehensive federal strategic plan to prevent and end homelessness, “Opening Doors,” was presented to Congress in June 2010. The strategic plan was updated in 2012 and 2015 and it is anticipated that it will be updated again in 2018. Since the adoption of the federal strategic plan, the federal government has emphasized Housing First, not only as a model plan, but as a community-wide approach and guiding principle. Related goals include ensuring widespread adoption of a Housing First approach, thereby lowering barriers to housing entry.

Approaches to End Homelessness: The Evidence

Evidence exists to support the effectiveness of the Housing First and linear models; each model exhibits different strengths and weaknesses. Housing First interventions are effective in improving housing stability and quality of life among individuals who are homeless. Studies have shown that Housing First programs significantly increase the time that people are stably housed. However, evidence is mixed on the effectiveness of Housing First in improving outcomes related to SUDs suggesting that individuals experiencing SUDs may need additional support and services to reduce substance use.
The linear model is more effective in achieving abstinence than non-abstinence dependent housing. Studied for many years as part of the linear approach to homelessness, SUD treatment programs have demonstrated moderate effectiveness, but significant problems exist with retention. Even when individuals in linear service models achieve abstinence, they are vulnerable to reoccurrence of homelessness if they are not able to find permanent housing and to relapse of their SUD.

CONCLUSION

There are two common approaches to addressing homelessness in the United States. The federal government has adopted the Housing First approach as a part of its national strategic plan on addressing homelessness. Evidence supports the effectiveness of Housing First in improving housing stability and quality of life in individuals who are homeless. The linear approach is more effective in achieving abstinence from substance use among those who were homeless, but such individuals remain vulnerable to reoccurrence of homelessness and relapse in their SUD. Different individuals may benefit from one approach or the other. Current AMA policy is rooted in the support of clinically proven, high quality, and cost effective approaches to reducing homelessness. Adaptive strategies based on regional variations, community characteristics, and state and local resources are necessary to address this societal problem on a long-term basis.

RECOMMENDATION

The Board of Trustees recommends that the following recommendation be adopted in lieu of Resolution 208-A-17 and the remainder of the report be filed:

That Policy H-160.903, “Eradicating Homelessness,” be amended to reads as follows:

H-160.903 Eradicating Homelessness
Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless; (3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis; and (4) supports the appropriate organizations in recognizing the need for an effective, evidence-based developing an effective national plan to eradicate homelessness.

Fiscal Note: less than $500
REFERENCES


