Behavioral Health Engagement in People Experiencing Homelessness with Complex Needs

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National Dialogues on Behavioral Health

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Homelessness is associated with poor physical and behavioral health outcomes

- Increased risk of relapse on substances
- Increased risk of overdose
- Increased risk of SI and suicide attempts
- Higher levels of psychiatric distress
- Lower perceived levels of recovery from SMI
- Up to 11.5x greater risk of mortality than general population

Richards J, Kuhn R. Unsheltered Homelessness and Health: A Literature Review. AJPM Focus. 2022 Oct 29;2(1):100043. doi: 10.1016/j.focus.2022.100043. PMID: 37789936; PMCID: PMC10546518.

Some risk factors for homelessness

- Structural/Environmental
  - Poverty and high housing costs
  - Lack of institutional supports
  - Limited employment opportunities for people with just a HS degree
- Individual
  - Trauma
  - Cognitive impairment
  - Pre-existing medical condition or serious mental illness
  - Unemployment
  - Lack of familial support
  - Incarceration

Unique and growing patient population

- Among people experiencing chronic homelessness (PEH):
  - >20-30% have a diagnosis of a serious mental illness (SMI)
  - >50% have a co-occurring mental illness and substance use disorder (SUD)
- Number of PEH living with mental illness and SUD, often referred to as co-occurring disorders (COD), is increasing
  - Number of people with COD: 9.5 million in 2019 → 21.5 million in 2022
  - Estimated 3.6 million people in the US living with SMI and SUD
  - Record high point-in-time count of PEH in 2024: 771,480

Koh KA, Olivet J. Homelessness Policy-Assessing the Current Federal Approach. JAMA. 2025 Sep 22. doi: 10.1001/jama.2025.16358. Epub ahead of print. PMID: 40982246.
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Yuan Y, Manuel J. Factors Associated with Housing Stability Among Individuals with Co-Occurring Serious Mental Illness and Substance Use Disorders Receiving Assertive Community Treatment Services. Community Ment Health J. 2025 Aug;61(6):1007-1016. doi: 10.1007/s10597-024-01443-8. Epub 2024 Dec 30. PMID: 39739210; PMCID: PMC12228652.

Significant barriers to accessing healthcare

- Inconsistent or lack of insurance coverage
- Transportation limitations
- Limited social support and isolation
- Higher rates of institutionalization
- Limited access to technology such as cell phones or internet
- Distrust of the medical system
- Stigma

Healthcare utilization often reactive, not proactive

- Healthcare utilization in this population is often reactive (i.e. acute care) rather proactive (i.e. consistent, community-based treatment)
- Overutilization of EDs
- Underutilization of preventative services
- Inconsistent utilization of outpatient treatment
- Often leads to remaining stuck in a so-called behavioral health turnstile

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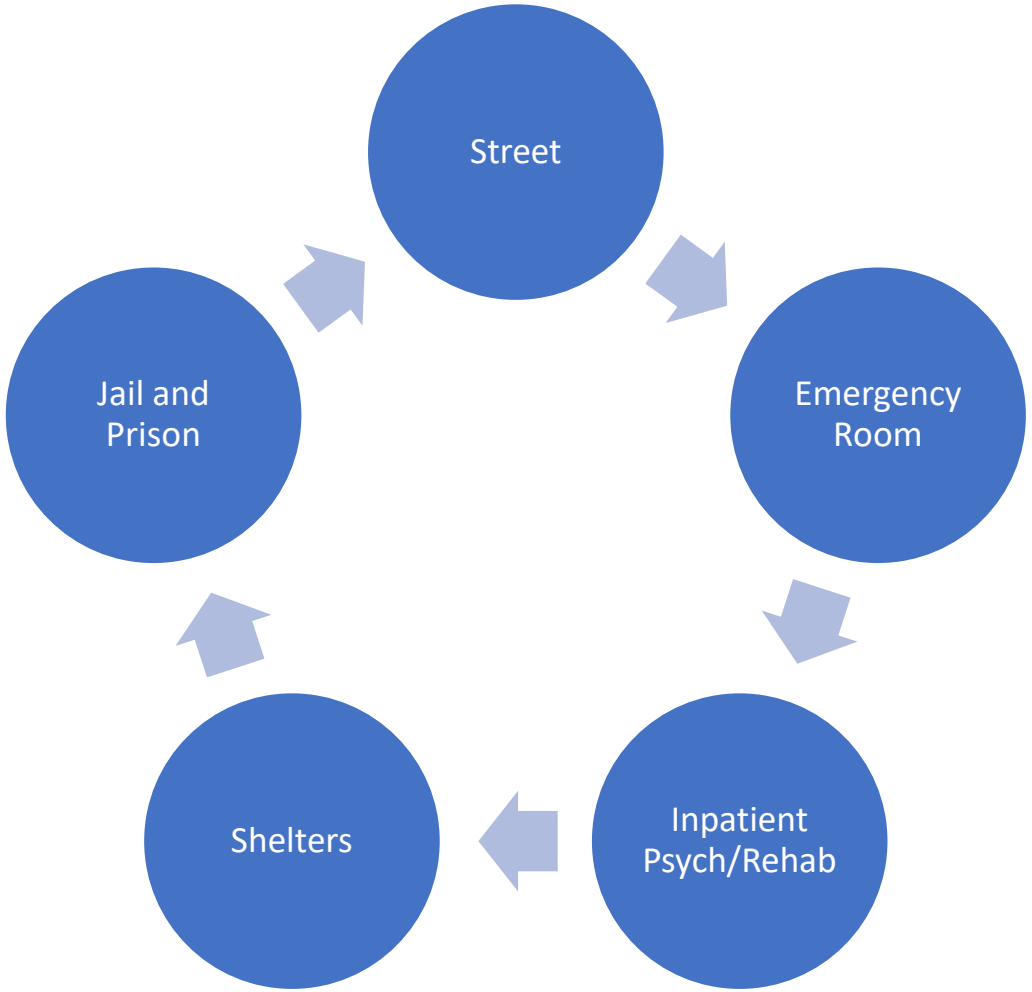
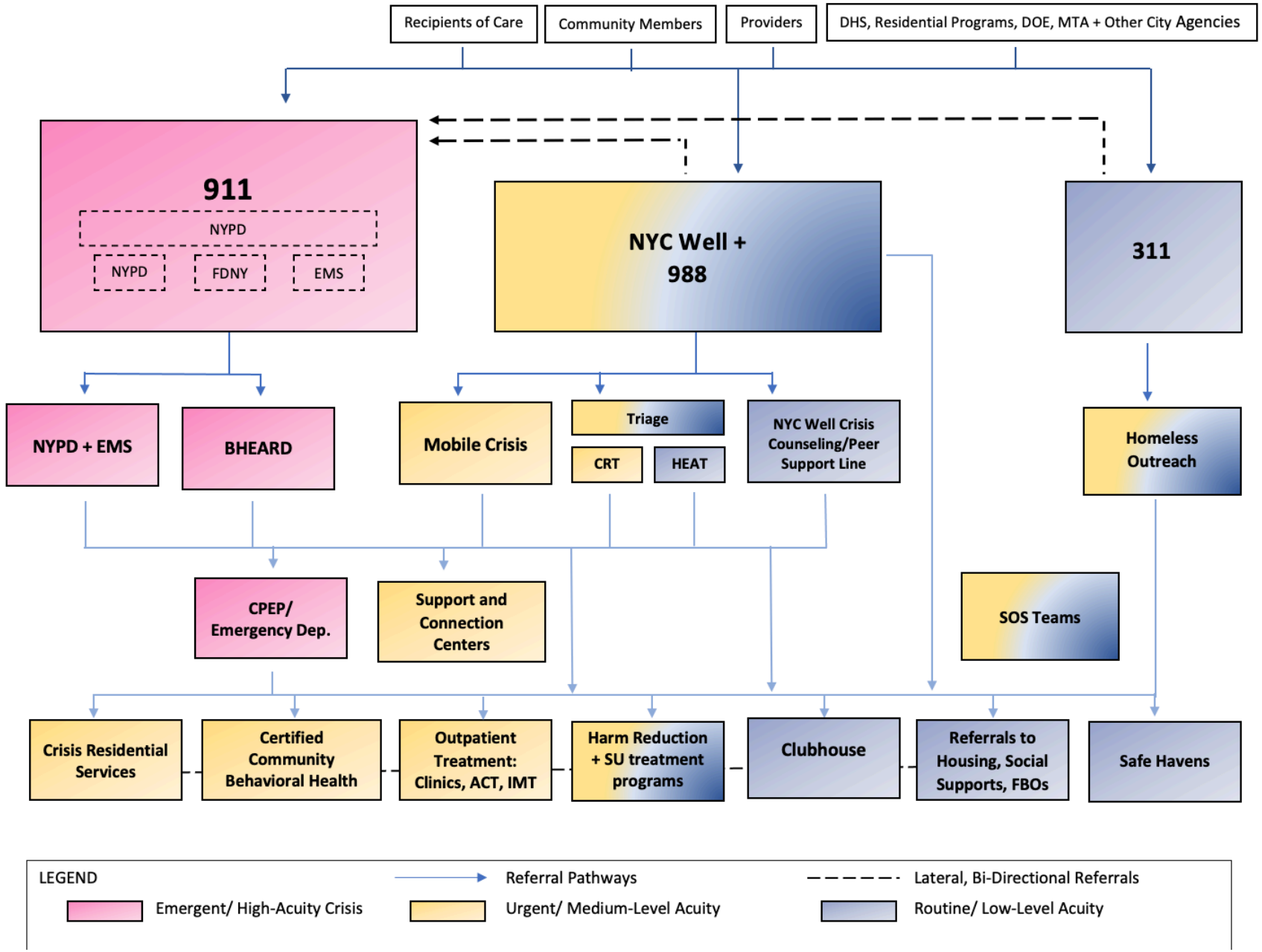
Stuck in the behavioral health turnstile



- Barriers to outpatient care
- Higher risk of readmission and recidivism
- Competing priorities
- Challenges with adherence to medication
- Stigma
- Shortage of affordable housing

Unique population requires unique services

- Conventional models of behavioral healthcare are often unable to meet the complex needs of this population
  - Traditional clinic appointment slots of 60 min intakes and 30 min follow ups often not enough time
  - Making scheduled appointments for specific dates/times not realistic
  - Entering into a clinic or hospital can feel unsafe and/or retraumatizing
  - Often discharged from clinics after ~2 no shows/no contact
  - Discharge plans from inpatient units often fail to assist in permanent housing placement
- More creative and nontraditional services are needed to improve availability, accessibility and appeal of behavioral health care



NEW YORK STATE | Office of Mental Health

Considerations for improving engagement

- Community trust at the center of strategy
- Consistency over time to build trust
- Prioritizing access to permanent housing and low threshold transitional housing
- Prioritizing case management services *in the field*
- Emphasis on continuity of care, including consistent providers/staff
- Integrating and coordinating primary care, behavioral health and social services
- The 3 Rs: Relationship, Reconnection and Recovery

Christensen, R.C. (2009). Psychiatric Street Outreach to Homeless People: Fostering Relationship, Reconnection, and Recovery. *Journal of Health Care for the Poor and Underserved 20*(4), 1036-1040. https://dx.doi.org/10.1353/hpu.0.0216.

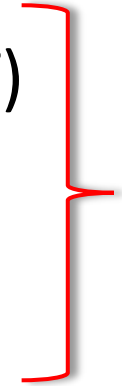
What we know about permanent housing

- ~70-90% of people experiencing street homelessness with SMI will accept permanent housing with a coordinated outreach strategy and it will…
  - Keep them stably housed
  - Off the street
  - Better connected to mental health services that will stabilize them
- Placement into permanent housing is NOT prioritized for most people leaving jail or prison, hospitals, or ordered into assisted outpatient treatment (AOT)

Office of the New York City Comptroller (2023). *Housing First: A Proven Approach to Dramatically Reduce Street Homelessness*. https://comptroller.nyc.gov/wp-content/uploads/2023/06/Brief-Report_Housing-First.pdf

Unique models of behavioral health services for PEH

- Behavioral health services embedded in shelters/day programs/permanent supportive housing programs
- Extended care units
- Focused reentry services for formerly incarcerated individuals
- Mobile care units
- Assertive community treatment (ACT)
- Intensive mobile treatment (IMT)
- Street-based psychiatric services



Capacity to provide care in the streets

Outreach and street based services

- Independence from a clinic based model
- Capacity for building the trust needed to stabilize patients long-term
- High clinical flexibility required to mitigate staff burnout
- Data limited but thus far showing:
  - Improved engagement and access compared to traditional models
  - Improved linkage to services
  - Improve patient quality of life
  - Decrease ED visits and hospitalizations
  - Increased cost savings
- Need for more quantitative data

Enich M, Tiderington E, Ure,A. Street Medicine: A Scoping Review of Program Elements. International Journal on Homelessness, 2023, 3(2): page 295-343. doi: 10.5206/ijoh.2022.2.15134
Kaufman RA, Mallick M, Louis JT, Williams M, Oriol N. The Role of Street Medicine and Mobile Clinics for Persons Experiencing Homelessness: A Scoping Review. Int J Environ Res Public Health. 2024 Jun 12;21(6):760. doi: 10.3390/ijerph21060760. PMID: 38929006; PMCID: PMC11204218.

Street psychiatry

- Delivery of behavioral health services to people experiencing unsheltered homelessness wherever they can be found
- First program began in the 1980s in New York City via Project for Psychiatric Outreach to the Homeless (PPOH)
- Philosophically aligned with ACT although seeks to engage new clients who have not previously succeeded in accessing treatment
- Similar to street outreach programs but include embedded clinical staff who can provide diagnosis and treatment
- Goals include increased engagement in behavioral and physical health services, decreased utilization of acute services, placement in permanent housing

Koh KA. Psychiatry on the Streets—Caring for Homeless Patients. JAMA Psychiatry. 2020;77(5):445–446. doi:10.1001/jamapsychiatry.2019.4706
Lo E, Lifland B, Buelt EC, Balasuriya L, Steiner JL. Implementing the Street Psychiatry Model in New Haven, CT: Community-Based Care for People Experiencing Unsheltered Homelessness. Community Ment Health J. 2021 Nov;57(8):1427-1434. doi: 10.1007/s10597-021-00846-1. Epub 2021 May 31. PMID: 34059983.

Implementing street psychiatry services

- Currently about ~15 street psychiatry programs across the US
- All funded through federal, state, city and/or philanthropic grants
- CMS point of service (POS) code 27 “Outreach site/street” introduced October 1st, 2023
- No existing program relies on Medicaid reimbursement
- Requires flexibility in where services can be provided

Louisiana Department of Health
Informational Bulletin 24-44
November 19, 2024

Place of Service Code 27: Outreach Site/Street

Effective November 6, 2024, Louisiana Medicaid has authorized the use of Place of Service (POS) code 27, which was introduced by the Centers for Medicare and Medicaid Services (CMS) effective October 1, 2023.

The POS code 27 can be used when providing services in a non-permanent location, such as a street or public area that is not already described by another POS, where health professionals provide preventive, screening, diagnostic, and treatment services as indicated below. Reimbursement for the following procedure codes can be found on the Professional Services fee schedule at LaMedicaid.com as applicable for types of service 03 and 07:

99202, 99203, 99204: Office or other outpatient visits for new patients.
99211, 99212, 99213, 99214: Office or other outpatient visits for established patients.

99381, 99383, 99384, 99385, 99386, 99387: Initial comprehensive preventive medicine evaluations for new patients, categorized by age. All ages have been included as there are family units that are unhoused.

99391, 99392, 99393, 99394, 99395, 99396, 99397: Periodic comprehensive preventive medicine reevaluations for established patients, categorized by age. All ages have been included as there are family units that are unhoused.

99401, 99402, 99403, 99404, 99405, 99406, 99407, 99408: Preventive medicine counseling and/or risk factor reduction interventions.

G0438, G0439: Annual wellness visits, including personalized prevention plan services.

CPT Code 90792 Psychiatric Diagnostic Evaluation with Medical Services Not Listed

https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2024/IB24-44.pdf

Lessons learned from piloting an outreach psychiatry program

- Funding cannot rely on Medicaid reimbursement at this time
- Location of service delivery must be flexible
- Outreach and social service driven
- Field based case management a necessity
- Need for partnership and interagency collaboration

Future considerations

- POS codes/Medicaid reimbursement changes
- Increasing flexibility of service delivery location
- Expanding the scope of how and where psychiatrists practice
- Increasing exposure of homeless psychiatry services to students/trainees
- More quantitative studies needed
- Current shifts in federal homelessness policy

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