

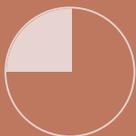
When they first lost their housing, they were scared. Laurain and her husband, Joseph, didn't know where they would sleep or how they would survive. They stayed awake all night, alert to each noise they heard. Laurain says it was extra scary for her because her schizophrenia blurred the lines between reality and the voices in her head.

The couple says that not having access to health care feels like torture. Lack of transportation and proper identification are just two of the hurdles the couple faces to get medication for Laurain's schizophrenia and bipolar disorder and Joseph's HIV diagnosis. And getting health care sometimes requires walking four hours only to be denied without the right paperwork.

They are just two of the up to 3.5 million people experiencing homelessness in the United States each year.



One out of 10
young adults experience
homelessness each year.



Nearly **25%** of
individuals
experiencing
homelessness have
severe mental illness
(vs. 6% in the
general population).

78%

of people report that
homelessness is a problem
in their community.



People experiencing
homelessness are
5x more likely
to use emergency
department services.

UTHealth, the National Health Care for the Homeless Council, The Salvation Army, and the US Department of Veterans Affairs (VA) National Center on Homelessness among Veterans are partnering to deliver the VA's evidence-based, coordinated care solution, which focuses on veterans, to all individuals experiencing homelessness.

Nearly 15% of individuals in the United States will experience housing instability in their lifetime. For the majority of these individuals, this is a brief, temporary episode. However, complex health needs of some individuals inhibit their ability to navigate the complicated system required to exit homelessness.

Untreated behavioral and physical health conditions consistently rank as a primary cause of homelessness in the United States. Without health care, there are critical delays in treatment, overuse and misuse of emergency department services, preventable hospitalizations, and early death. Mismanaged mental health needs further drain societal resources leading to the overuse of law enforcement and the justice system, financially straining under-resourced communities and causing traumatic stressors for individuals and their families.

While safety nets exist, current delivery models require the individual to navigate a complicated system with fragmented health care services distributed through various locations (if at all within the city in which individuals are living). Further compounding the problem, people experiencing homelessness have limited resources, lack transportation, and have multiple competing behavioral and physical health needs that can make barriers insurmountable.

BUILDING ON AN EVIDENCE-BASED AND PROVEN MODEL

The VA invested billions in researching homelessness. In 2012, they developed Homeless Patient Aligned Care Teams (H-PACT), a homeless service solution that provides co-located, person-centered health care, housing, and social services to veterans experiencing homelessness. The H-PACT model has been proven to improve housing and health outcomes and has saved approximately \$5M annually in emergency department visits and hospitalizations. The H-PACT model and other services have helped reduce homelessness among veterans by nearly 50% from 2009 to 2019.

Building on the H-PACT solution to end chronic homelessness, our team will deliver H-PACT to all individuals experiencing homelessness through mobile sites modeled after the H-PACT *Stand Down* events where service providers are brought together in accessible locations (e.g., parks).

STAND UP

In our scaled version of the H-PACT model, which we call *Stand Up*, we will bring services to individuals directly through coordinated, multi-disciplinary teams that will provide services such as ID card obtainment, showers, a mobile health care clinic, and navigation stations (e.g., housing, benefits) to simultaneously address priority needs.



"You've got people out here that are in their late 60s, and they can't do nothing because of this heat. It would help immensely if everything was all in one and everybody could take care of what they need to take care of through that service."

Lynn

\$1M SOLUTION: STAND UP EVENTS



A commitment of \$1M will allow us to coordinate with national partners and local partners to provide health care, housing access, food, clothing, and other services in several cities at Stand Up events that will provide co-located services to all individuals experiencing homelessness. For each event, which lasts several days, we will bring together local stakeholders to comprehensively address the complex needs of these individuals by holding a pop up market of services. Project costs includes hosting community meetings, purchasing equipment, coordinating services (e.g., health care), and transporting individuals to and from the events.

\$5M SOLUTION: DESIGNATING CURRENT SITES AS STAND UP SITES



A commitment of \$5M will allow us to coordinate with national partners and local partners to scale, implement, and evaluate the expansion of H-PACT services at two sites currently in operation. These sites will become hubs for individuals experiencing homelessness to be guided through needed services using evidence-based procedures. Navigation of services will be centralized through UTHealth with the goal of making the sites self-navigate sustainably. Project costs include hosting local community meetings, purchasing equipment, developing specialized software, providing services, and transporting individuals to and from the sites.

\$10M SOLUTION: STAND UP IN THE COMMUNITY WITH MOBILE TEAMS



A commitment of \$10M will allow our mobile teams to coordinate with national partners and local partners to scale, implement, and evaluate individual Stand Up sites to help all individuals experiencing homelessness in one to two cities. *Stand Up* sites will be at fixed, centralized locations selected by the local community for the greatest benefit and will provide co-located, person-centered care (e.g., health care, social services). Project costs includes renting property to host *Stand Up*, holding local community meetings, purchasing equipment, developing specialized software, hosting community-training events, and providing transportation.