Results of the 2010 Capitol Region Vulnerability Index

July 19, 2010
Acknowledgements

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During the week of May 10th through 14th 2010, volunteers, recruited by Hands on Hartford, worked side-by-side with homeless shelter and outreach staff in order to locate, identify and survey those experiencing homelessness in the Capitol Region. These volunteers used a tool called the Vulnerability Index that is being quickly adopted by communities across the nation for its ability to find those individuals who are at greatest risk of premature death on our streets and in our shelters due to homelessness and the health challenges associated with it.

By preparing, training, and coordinating volunteers and providers in this effort, Journey Home used the Index to identify and create a list of those who have been homeless the longest and are most at risk of mortality. We use this list to prioritize these individuals for available housing and services and thereby, end their homelessness, improve their health conditions, prevent their untimely deaths, and restore their hope. In doing so, we also helped put names and faces to 367 formerly anonymous and forgotten individuals experiencing homelessness, inspired action among citizens in the Capitol Region, and demonstrated that homelessness can indeed be ended.

The Intersection of Homelessness and Health Outcomes

Health care and housing are closely intertwined and access to both is necessary for ending homelessness. As poor health can put one at risk for becoming homeless, being homeless can also lead to or exasperate poor health. The National Health Care for the Homeless Council states that “half of all personal bankruptcies in the United States are caused by health problems, too often and too quickly

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People who are homeless experience a diversity of challenges that can act as obstacles to obtaining and maintaining housing including:

- Behavior health challenges such as substance abuse and mental illness;
- Physical health challenges such as a physical disability or illness; and
- Extreme poverty.

Moreover, many people experiencing homelessness struggle with the combination of several of these challenges at the same time. These obstacles are difficult and sometimes impossible to address while experiencing homelessness. And the longer a person remains homeless, the more devastating these barriers become and the greater the impact they can have on an individual’s health.

Exposures to infection, to the elements and to violence are common among those who are homeless. Access to care and treatment for treatable illness or injuries is difficult, if not impossible, for those who are homeless. For example, those who are homeless may not have a safe or secure place to store needed medications.

Research findings from a study conducted by the New York City Departments of Health and Homeless Services on “The Health of Homeless Adults” found that the death rate among those who used the single adult shelter system was on average twice as high as that of the general adult population. They also found that the longer people stayed homeless, the higher the risk of premature mortality. Substance abuse and HIV/AIDS accounted for nearly one-third of all deaths, compared to less than 5% for those in the general population. Additionally, homeless adults are disproportionately hospitalized and on average stay in the hospital longer than those who are not homeless.

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- Tri-morbid (mentally ill+ abusing substances+ medical problem)

In order to be categorized as “vulnerable” an individual must have been homeless for at least 6 months and self identify as having one or more of the 8 conditions listed above.

It is a survey instrument that can be used to identify which homeless people are facing the greatest risk of mortality if they remain homeless. This becomes the basis of ensuring that those most in need are able to access housing. It can also be used as a tool for advocacy, showing policy makers that homelessness is not a problem that they can just ignore. Throughout the country, communities have been successful in implementing the Vulnerability Index:

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**Capitol Region Results**

In total, 367 people were surveyed through the Vulnerability Index—31 people on the streets and 336 in shelters. Out of the 367 surveyed, 155 (44%) were found to be medically vulnerable. The following chart shows the risk factors identified in the surveyed population.

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As the table above illustrates, survey results in the Capitol Region were found to be similar to national averages. However, there are two areas, hospitalizations and emergency room usage, where the Capitol Region showed increased vulnerability compared to national averages. Nationally, 12% of those surveyed indicated that they had been hospitalized within the past year and 10% indicated that they had utilized the emergency room 3 or more times in the past three months. In the Capitol Region, these numbers were 17% and 15% respectively, seemingly higher than the national averages indicating a need to examine the impact homelessness has on hospital costs in the Region.

In Connecticut, the average cost per hospitalization is $1,090 per day and the average cost of an emergency room visit is $2,150 per visit.
**Average Length of Homelessness**

On average, those who are labeled as vulnerable tend to be homeless longer. The average length of homelessness for those who do not have vulnerable risk indicators is 2.4 years, while for those who are vulnerable the average length of homelessness rose to 6.2 years. One respondent, who was over 60 years old, indicated that he been homeless for more than 20 years.

This apparent relationship between vulnerability and length of homelessness suggest that the more vulnerable an individual the more difficult it may be for them to access safe, affordable, permanent housing. This may be due to individual barriers such as substance use, repeat hospitalizations or illness that may prevent an individual from “complying” with service plans that are put into place prior to housing placement as well as to system barriers that place housing at the back end of treatment rather than at the front.

**Age: Seniors and Youth**

Out of the 367 surveyed, 15% (56) were over 55 and 6% (22) were over 60 years old. The oldest respondent was 79 years old. Of those over 60 years old, 7 reported being homeless for more than 5 years and the respondent that had been homeless the longest reported being homeless for 20 years. On the other hand, 28 respondents (8%) were under 25 years old, 8 respondents under 25 have been rated as vulnerable, and the youngest respondent was not yet 19 years old.

There are separate indicating factors for youth vulnerability (age 18-25). Rather than the 8 risk factors used for adults, youth are rated by 3 risk factors: HIV/AIDS, drinking alcohol everyday for the past 30 days, and injection drug use. Youth can be identified by either the youth specific factors or the 8 adult risk factors.

**Mental Health, Substance Abuse and Behavioral Health Issues**

Approximately one third of all adult homelessness is associated with serious mental illness.\(^8\) Among those who do not experience homelessness, the mortality rates among individuals with severe mental illness is more than twice that of the general population. A study in Massachusetts

by B. Dembling, covering the period 1991-93 reported that individuals with severe mental illness died 19 years prematurely.\(^9\) The added factor of homelessness even further places individuals with mental illness at risk for premature death due to unmet service needs. Additionally, the New York City Departments of Health and Homeless Services study, “The Health of Homeless Adults”, shows that substance abuse accounted for nearly one-third of all deaths among those without homes, compared to less than 5% for those with homes.

Of those surveyed through the Capitol Region Vulnerability Index, 131 people reported a dual diagnosis of mental illness and substance abuse, 131 people reported a history of only substance abuse, and 27 people reported only signs or symptoms of mental illness. Out of the total 367 surveyed, 158 (43\%) report at least one behavioral health issue.

![Percentage of Those Surveyed with Mental Health or Substance Abuse Symptoms](chart)

**Veteran Status**

Nationwide, approximately one third of homeless adults are veterans. Veterans become homeless and are at risk of homelessness for many of the same reasons as non-veterans. However, among the primary factors contributing to homelessness among Veterans are the lingering effects of Post Traumatic Stress Disorder and substance abuse coupled with a lack of family and social supports.\(^10\) A 1999 report released by the U.S. Interagency Council on the Homeless (USICH) estimates that at least 76 percent of homeless veterans experience alcohol, drug, and/or mental health problems. Moreover, anecdotal evidence suggests that veterans returning from OIF/OEF enter into homelessness more immediately than their Vietnam-era counterparts. With more recent experiences of trauma, these younger generation veterans are likely to have more acute mental health and substance use conditions, not to mention physical disabilities and cognitive impairments.\(^11\)

The Capitol Region survey revealed 40 veterans in total, with 22 identified as vulnerable.

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\(^11\) Corporation for Supportive Housing. *Permanent Supportive Housing for Veterans*. A Concept Paper Prepared by the Corporation for Supportive Housing for the 2008 Supportive Housing Leadership Forum
Income
Out of the 367 individuals surveyed, 334 reporting having some source of income and 33 reported having no source of income. Of those who identified as having an income, Food Stamps was the most common source of income at 59%. Additionally, 25% reported working on the books, 25% working off the books and 14% as receiving SSI/SSDI. The table below indicates all types of income reported by survey participants.

Source of Income
Note that individuals may report more than one source of income.

Lack of income and, very often, underemployment makes moving out of homelessness even more challenging as households need at least some income in order to be eligible for several supportive housing and rental subsidy programs and generally Food Stamps do not count as income for this purpose.

Violence and Traumatic Brain Injuries
Also significant to report is that 71 (19%) of respondents report being a victim of a violent attack since becoming homeless and another 45 (12%) report suffering from a traumatic brain injury not necessarily having anything to do with an attack.

Cost on Public Systems
In addition to having tragic impacts on individuals’ health and mortality, homelessness places a severe and costly strain on public systems. The Vulnerability Index also asked respondents about the other services they may have utilized in the past. In addition to hospitals and emergency rooms, as mentioned above, respondents were asked about their involvement in the criminal justice system (jail and prison) and the foster care system. 68% of those surveyed reported that they had been in jail at least one time in the past and 52% reported that they had been in prison. 13% of the respondents stated that they had been in foster care as a youth.
According to the Corporation for Supportive Housing’s 2009 publication, *Frequent Users of Public Services: Ending the Institutional Circuit*… In nearly every community across the United States, a small subset of individuals are caught in a spiral of involvement in crisis services—services that are enormously expensive to the public and achieve very few positive gains for individuals. These persons, often referred to as “frequent users”, face complex health and behavioral health problems but lack a coordinated system of care to successfully address them. This, coupled with a lack of stable housing, forces them through a revolving door of multiple, costly crisis and institutional settings such as emergency rooms, inpatient hospitalization, detox, and correctional facilities.12

In February of 2010, Journey Home surveyed 25 individuals living in shelter in Hartford in order to scan the field for the level of service utilization among those who are homeless in the Capitol Region. One of those interviewed was James. James is a prime example of the costs that homelessness can place on public systems.

James is 63, living in a shelter in Hartford and has been homeless since 2004. He would like to work but has a criminal history, is missing teeth, admits to alcohol abuse, has an inflamed liver and no permanent address. He knows that alcohol will probably kill him but he "drinks because (he feels) there's nothing to look forward to." James has been on wait lists for subsidized housing since 2006 but does not expect to get in.

James reports to having utilized services that total a cost of more than $143,000 in one year. Even with the costs, the most tragic part of James’ story is that we actually know what it would take to help James. Yet, he continues to be homeless, on the steady and certain path toward premature death.

Results from the Vulnerability Index can be used to estimate the healthcare resources spent on those surveyed. As indicated earlier, those surveyed indicated that as a group they had made 471 trips to the emergency room in the last three months and had 273 episodes of inpatient hospitalization in the last year. By assigning a cost to each hospitalization or emergency room visit, it is estimated that the annual cost of providing these emergency healthcare services to the 367 individuals surveyed is more than 4.3 million dollars.

Moreover, eighteen percent (18%) of the survey respondents reported having no health insurance placing this health care cost burden directly on the hospitals and our public systems.

**Conclusion and Recommendations**

According to national Point in Time Count data, about 671,859 people experience homelessness on any given night in the United States, many of whom experience severe health consequences related to their homelessness.13 According to Hwang, Oran, O’Connell, Lebow and Brennan,12

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13 National Alliance to End Homelessness.
http://www.endhomelessness.org/section/about_homelessness/faqs
“Homeless persons have a high prevalence of substance abuse, human immunodeficiency virus (HIV) infection, tuberculosis, and other medical illnesses and, not surprisingly, often die prematurely of preventable causes.”\textsuperscript{14}

The Capitol Region Vulnerability Index brings to the forefront a crisis that has remained faceless and unnamed for so long… that people experiencing homelessness in the Capitol Region are at risk of dying on the streets and in shelter without access to safe, affordable, permanent supportive housing. And that all too often those that are at greatest risk of dying often have the most barriers to accessing housing and experience longer lengths of homelessness further exasperating their risk of death.

Through the utilization of the Vulnerability Index, the Capitol Region has been able to identify those most in need. Next, as a community, we must ensure their access to housing. Ensuring access to permanent supportive housing to those who are most vulnerable in our community not only saves lives but also saves money. There needs to be a commitment to house those that are most medically vulnerable as quickly and efficiently as possible. This includes working with all stakeholders including the local Veteran’s Administration, Housing Authorities, Supportive Housing Providers, and advocacy with local, state and federal government representatives for additional resources to house those most in need.

In order to both reduce costs and save lives, access to primary and preventative health care services should be streamlined for those experiencing homelessness. Additionally, health care and housing, specifically supportive housing, should be linked in order to provide a holistic approach to ensuring the success of formerly homeless individuals. Examples exist from across the country to draw upon including the Hospital to Home program lead by Catherine Craig, Health Integrator for Common Ground’s Hospital to Home Program. Many clients are not linked to Primary care physicians to perform routine physicals, prescribe medications, and schedule appointments for minor health concerns. This linkage to mainstream health care could significantly decrease the expenses in healthcare for the Capitol Region. As stated earlier, wrap around services attached to supportive housing increase the chances of a client to be linked to community resources such as mainstream medical providers.\textsuperscript{15}

In sum, the results of Vulnerability Index confirm that homelessness in the Capitol Region is a crisis of life and death for many members of our community. These results embolden the Capitol Region to improve its response to the needs of its most vulnerable. As such, Journey Home recommends the following steps be taken to improve the Capitol Region’s response to this crisis:

- Conduct the VI survey with all new clients who enter shelter and annually throughout the Region to identify those at greatest risk of mortality;

\textsuperscript{14} Hwang, Stephen W., MD, MPH; Orav, E. John, PhD; O’Connell, James J., MD; Lebow, Joan M., MD; and Brennan, Troyen A., MD, JD, MPH. \textit{Causes of Death in Homeless Adults in Boston}. Annals of Internal Medicine, April 15, 1997, vol. 126 no. 8: 625-628.

\textsuperscript{15} The Corporation for Supportive Housing, \textit{Frequent Users of Health Services Initiative, Building Block No. 3: Linking Housing to Services for Better Outcomes}, www.fuhsi.org.
• Develop targeted housing and services solutions, permanent supportive housing, for identified clients;
• Increase linkages between permanent supportive housing and medical, health and wellness services in the Capitol Region;
• Conduct data analysis to identify the most costly frequent users of health and emergency services in the Capitol Region;
• Track cost effectiveness of supportive housing as a means of reducing the use of emergency services, improving health status and mortality risk among vulnerable homeless;
• Increase public investment in housing and services interventions for vulnerable homeless, including strategies that tap mainstream public funding such as Medicaid, TANF, etc. and
• Increase private and philanthropic giving to support innovation around new interventions and strategies for ending homelessness.
About Journey Home Inc

Journey Home is partnering with the Capitol Region community to implement the Ten Year Plan to End Homelessness.  *Journey Home is committed to fostering a caring community that ensures a home for all.*  
We give life to this mission through encouraging collaboration, facilitating innovation and advocating for justice.

For more information about Journey Home or the Vulnerability Index, please visit our website, [www.journeyhomect.org](http://www.journeyhomect.org) or contact us at 860-808-0336.

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As the table above illustrates, survey results in the Capitol Region were found to be similar to national averages. However, there are two areas, hospitalizations and emergency room usage, where the Capitol Region showed increased vulnerability compared to national averages. Nationally, 12% of those surveyed indicated that they had been hospitalized within the past year and 10% indicated that they had utilized the emergency room 3 or more times in the past three months. In the Capitol Region, these numbers were 17% and 15% respectively, seemingly higher than the national averages indicating a need to examine the impact homelessness has on hospital costs in the Region.

In Connecticut, the average cost per hospitalization is $1,090 per day and the average cost of an emergency room visit is $2,150 per visit.
Average Length of Homelessness
On average, those who are labeled as vulnerable tend to be homeless longer. The average length of homelessness for those who do not have vulnerable risk indicators is 2.4 years, while for those who are vulnerable the average length of homelessness rose to 6.2 years. One respondent, who was over 60 years old, indicated that he been homeless for more than 20 years.

This apparent relationship between vulnerability and length of homelessness suggest that the more vulnerable an individual the more difficult it may be for them to access safe, affordable, permanent housing. This may be due to individual barriers such as substance use, repeat hospitalizations or illness that may prevent an individual from “complying” with service plans that are put into place prior to housing placement as well as to system barriers that place housing at the back end of treatment rather than at the front.

Age: Seniors and Youth
Out of the 367 surveyed, 15% (56) were over 55 and 6% (22) were over 60 years old. The oldest respondent was 79 years old. Of those over 60 years old, 7 reported being homeless for more than 5 years and the respondent that had been homeless the longest reported being homeless for 20 years. On the other hand, 28 respondents (8%) were under 25 years old, 8 respondents under 25 have been rated as vulnerable, and the youngest respondent was not yet 19 years old.

There are separate indicating factors for youth vulnerability (age 18-25). Rather than the 8 risk factors used for adults, youth are rated by 3 risk factors: HIV/AIDS, drinking alcohol everyday for the past 30 days, and injection drug use. Youth can be identified by either the youth specific factors or the 8 adult risk factors.

Mental Health, Substance Abuse and Behavioral Health Issues
Approximately one third of all adult homelessness is associated with serious mental illness. Among those who do not experience homelessness, the mortality rates among individuals with severe mental illness is more than twice that of the general population. A study in Massachusetts

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by B. Dembling, covering the period 1991-93 reported that individuals with severe mental illness died 19 years prematurely. The added factor of homelessness even further places individuals with mental illness at risk for premature death due to unmet service needs. Additionally, the New York City Departments of Health and Homeless Services study, “The Health of Homeless Adults”, shows that substance abuse accounted for nearly one-third of all deaths among those without homes, compared to less than 5% for those with homes.

Of those surveyed through the Capitol Region Vulnerability Index, 131 people reported a dual diagnosis of mental illness and substance abuse, 131 people reported a history of only substance abuse, and 27 people reported only signs or symptoms of mental illness. Out of the total 367 surveyed, 158 (43%) report at least one behavioral health issue.

**Veteran Status**

Nationwide, approximately one third of homeless adults are veterans. Veterans become homeless and are at risk of homelessness for many of the same reasons as non-veterans. However, among the primary factors contributing to homelessness among Veterans are the lingering effects of Post Traumatic Stress Disorder and substance abuse coupled with a lack of family and social supports. A 1999 report released by the U.S. Interagency Council on the Homeless (USICH) estimates that at least 76 percent of homeless veterans experience alcohol, drug, and/or mental health problems. Moreover, anecdotal evidence suggests that veterans returning from OIF/OEF enter into homelessness more immediately than their Vietnam-era counterparts. With more recent experiences of trauma, these younger generation veterans are likely to have more acute mental health and substance use conditions, not to mention physical disabilities and cognitive impairments.

The Capitol Region survey revealed 40 veterans in total, with 22 identified as vulnerable.

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11 Corporation for Supportive Housing. *Permanent Supportive Housing for Veterans*. A Concept Paper Prepared by the Corporation for Supportive Housing for the 2008 Supportive Housing Leadership Forum
**Income**

Out of the 367 individuals surveyed, 334 reporting having some source of income and 33 reported having no source of income. Of those who identified as having an income, Food Stamps was the most common source of income at 59%. Additionally, 25% reported working on the books, 25% working off the books and 14% as receiving SSI/SSDI. The table below indicates all types of income reported by survey participants.

![Source of Income](image)

Lack of income and, very often, underemployment makes moving out of homelessness even more challenging as households need at least some income in order to be eligible for several supportive housing and rental subsidy programs and generally Food Stamps do not count as income for this purpose.

**Violence and Traumatic Brain Injuries**

Also significant to report is that 71 (19%) of respondents report being a victim of a violent attack since becoming homeless and another 45 (12%) report suffering from a traumatic brain injury not necessarily having anything to do with an attack.

**Cost on Public Systems**

In addition to having tragic impacts on individuals’ health and mortality, homelessness places a severe and costly strain on public systems. The Vulnerability Index also asked respondents about the other services they may have utilized in the past. In addition to hospitals and emergency rooms, as mentioned above, respondents were asked about their involvement in the criminal justice system (jail and prison) and the foster care system. 68% of those surveyed reported that they had been in jail at least one time in the past and 52% reported that they had been in prison. 13% of the respondents stated that they had been in foster care as a youth.
According to the Corporation for Supportive Housing’s 2009 publication, *Frequent Users of Public Services: Ending the Institutional Circuit*… In nearly every community across the United States, a small subset of individuals are caught in a spiral of involvement in crisis services—services that are enormously expensive to the public and achieve very few positive gains for individuals. These persons, often referred to as “frequent users”, face complex health and behavioral health problems but lack a coordinated system of care to successfully address them. This, coupled with a lack of stable housing, forces them through a revolving door of multiple, costly crisis and institutional settings such as emergency rooms, inpatient hospitalization, detox, and correctional facilities.  

In February of 2010, Journey Home surveyed 25 individuals living in shelter in Hartford in order to scan the field for the level of service utilization among those who are homeless in the Capitol Region. One of those interviewed was James. James is a prime example of the costs that homelessness can place on public systems.

James is 63, living in a shelter in Hartford and has been homeless since 2004. He would like to work but has a criminal history, is missing teeth, admits to alcohol abuse, has an inflamed liver and no permanent address. He knows that alcohol will probably kill him but he “drinks because (he feels) there’s nothing to look forward to.” James has been on wait lists for subsidized housing since 2006 but does not expect to get in.

James reports to having utilized services that total a cost of more than $143,000 in one year. Even with the costs, the most tragic part of James’ story is that we actually know what it would take to help James. Yet, he continues to be homeless, on the steady and certain path toward premature death.

Results from the Vulnerability Index can be used to estimate the healthcare resources spent on those surveyed. As indicated earlier, those surveyed indicated that as a group they had made 471 trips to the emergency room in the last three months and had 273 episodes of inpatient hospitalization in the last year. By assigning a cost to each hospitalization or emergency room visit, it is estimated that the annual cost of providing these emergency healthcare services to the 367 individuals surveyed is more than 4.3 million dollars.

Moreover, eighteen percent (18%) of the survey respondents reported having no health insurance placing this health care cost burden directly on the hospitals and our public systems.

**Conclusion and Recommendations**

According to national Point in Time Count data, about 671,859 people experience homelessness on any given night in the United States, many of whom experience severe health consequences related to their homelessness. According to Hwang, Oran, O’Connell, Lebow and Brennan,  


“Homeless persons have a high prevalence of substance abuse, human immunodeficiency virus (HIV) infection, tuberculosis, and other medical illnesses and, not surprisingly, often die prematurely of preventable causes.”\(^{14}\)

The Capitol Region Vulnerability Index brings to the forefront a crisis that has remained faceless and unnamed for so long… that people experiencing homelessness in the Capitol Region are at risk of dying on the streets and in shelter without access to safe, affordable, permanent supportive housing. And that all too often those that are at greatest risk of dying often have the most barriers to accessing housing and experience longer lengths of homelessness further exasperating their risk of death.

Through the utilization of the Vulnerability Index, the Capitol Region has been able to identify those most in need. Next, as a community, we must ensure their access to housing. Ensuring access to permanent supportive housing to those who are most vulnerable in our community not only saves lives but also saves money. There needs to be a commitment to house those that are most medically vulnerable as quickly and efficiently as possible. This includes working with all stakeholders including the local Veteran’s Administration, Housing Authorities, Supportive Housing Providers, and advocacy with local, state and federal government representatives for additional resources to house those most in need.

In order to both reduce costs and save lives, access to primary and preventative health care services should be streamlined for those experiencing homelessness. Additionally, health care and housing, specifically supportive housing, should be linked in order to provide a holistic approach to ensuring the success of formerly homeless individuals. Examples exist from across the country to draw upon including the Hospital to Home program lead by Catherine Craig, Health Integrator for Common Ground’s Hospital to Home Program. Many clients are not linked to Primary care physicians to perform routine physicals, prescribe medications, and schedule appointments for minor health concerns. This linkage to mainstream health care could significantly decrease the expenses in healthcare for the Capitol Region. As stated earlier, wrap around services attached to supportive housing increase the chances of a client to be linked to community resources such as mainstream medical providers.\(^{15}\)

In sum, the results of Vulnerability Index confirm that homelessness in the Capitol Region is a crisis of life and death for many members of our community. These results embolden the Capitol Region to improve its response to the needs of its most vulnerable. As such, Journey Home recommends the following steps be taken to improve the Capitol Region’s response to this crisis:

- Conduct the VI survey with all new clients who enter shelter and annually throughout the Region to identify those at greatest risk of mortality;

\(^{14}\)Hwang, Stephen W., MD, MPH; Orav, E. John, PhD; O’Connell, James J., MD; Lebow, Joan M., MD; and Brennan, Troyen A., MD, JD, MPH. *Causes of Death in Homeless Adults in Boston.* Annals of Internal Medicine, April 15, 1997, vol. 126 no. 8: 625-628.

\(^{15}\)The Corporation for Supportive Housing, *Frequent Users of Health Services Initiative, Building Block No. 3: Linking Housing to Services for Better Outcomes,* www.fuhsi.org.
• Develop targeted housing and services solutions, permanent supportive housing, for identified clients;
• Increase linkages between permanent supportive housing and medical, health and wellness services in the Capitol Region;
• Conduct data analysis to identify the most costly frequent users of health and emergency services in the Capitol Region;
• Track cost effectiveness of supportive housing as a means of reducing the use of emergency services, improving health status and mortality risk among vulnerable homeless;
• Increase public investment in housing and services interventions for vulnerable homeless, including strategies that tap mainstream public funding such as Medicaid, TANF, etc. and
• Increase private and philanthropic giving to support innovation around new interventions and strategies for ending homelessness.
About Journey Home Inc

Journey Home is partnering with the Capitol Region community to implement the Ten Year Plan to End Homelessness. *Journey Home is committed to fostering a caring community that ensures a home for all.*

We give life to this mission through encouraging collaboration, facilitating innovation and advocating for justice.

For more information about Journey Home or the Vulnerability Index, please visit our website, [www.journeyhomect.org](http://www.journeyhomect.org) or contact us at 860-808-0336.

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