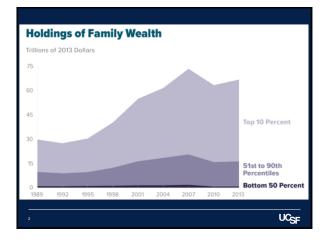
University of California San Francisco

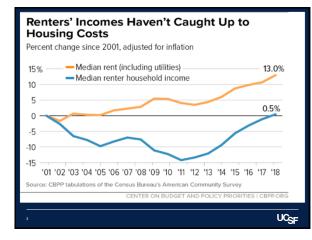
Stone Soup

Opportunities in Homelessness and Health

Joshua Bamberger, MD, MPH joshua.bamberger@ucsf.edu

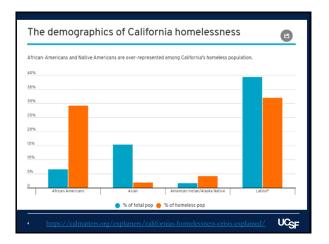




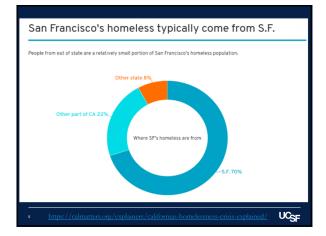




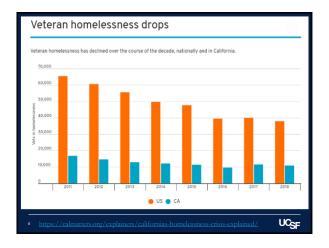


















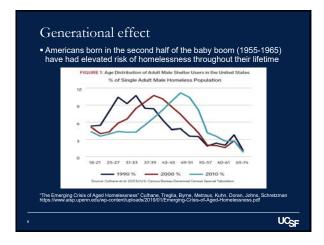


The homeless population is aging

Proportion of single homeless adults ≥50 in San Francisco

- **•** 1990 11%
- 2003 37%
- Today approximately 50%
- Median age increased 0.66 years for every calendar year between 1990-2003

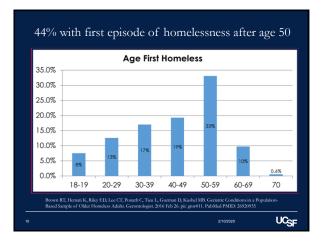
UCSF





3







High prevalence of all geriatric conditions

	2/10/2020	UCSE
 Urinary incontinence 	48%	
 Hearing impairment 	36%	
 Visual impairment 	45%	
 One or more falls (6 months) 	34%	
 Mobility impairment 	27%	
	 One or more falls (6 months) Visual impairment Hearing impairment Urinary incontinence 	One or more falls (6 months) 34% Visual impairment 45% Hearing impairment 36% Urinary incontinence 48%



What We Know?

- •The primary solution to homelessness is housing
- More housing choice vouchers
- Flexible short term housing assistance
- Increased stock of affordable housing
- Reducing poverty through increase in wages
- Reducing wealth disparity through changes in tax structure
- Racism continues to drive homelessness

UCSF



University of California San Francisco

Solutions

While we wait.....

- Keep people alive
- Low barrier, voluntary shelters
- Planned encampments/novel housing
- Safe consumption facilities, naloxone, MAT
- Medical care and aging in place
- Test prevention strategies
- Rent subsidy for seniors
- Stone Soup University

UCSF





Howie the Harp Center

- Job training for people who have used mental health services
- ■20 week, strength based training
- ■7 week internship with stipend
- ■Peer advocates- \$45,000/year

UCSF

Stone Soup University

- Voluntary
- Clean and sober, self-governed
- Recovery
- •GED
- IHSS training
- Peer advocacy
- Trade

 $\mathrm{UC}_{\mathrm{SF}}$





Conclusions- Delivery System

- •High need, high cost seniors and PWD
- Medi-Medi Social Justice ACO
- Vertically integrated
- Capitated with tiered payment structure
- Mandated Community Benefit contribution
- Close cooperation with Housing Authority
- Restorative and racial justice principals

UCSF

Conclusion- Policy

1. HIGH NEED

- Assisted Living/RCF/Board and Care
- Expansion of ACT Teams
- 2. LOW NEED
 - Diversion
 - Job training in healthcare with real wage
- 3. MIDDLE NEED
- More HUD rental vouchers, plan to fail
- Greater involvement of medical in sorting

UCSF

University of California San Francisco Stone Soup

Opportunities in Homelessness and Health

Joshua Bamberger, MD, MPH joshua.bamberger@ucsf.edu

7

