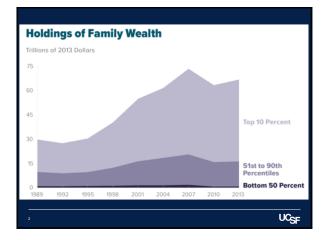
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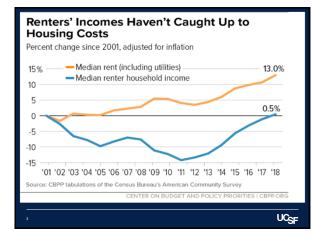
# **Stone Soup**

### Opportunities in Homelessness and Health

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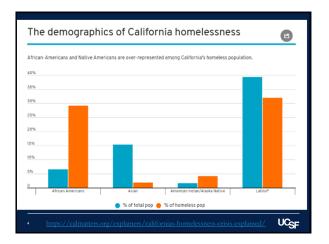




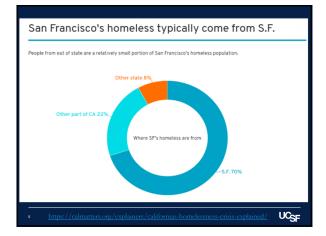




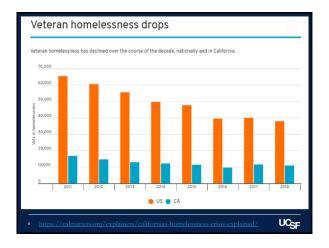


















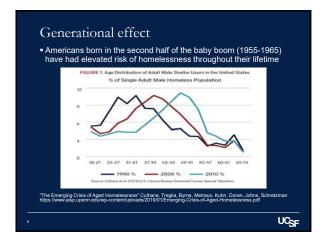


#### The homeless population is aging

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

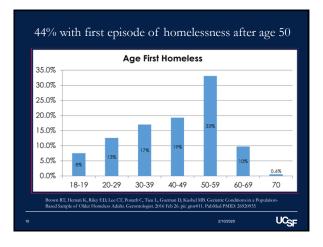
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#### High prevalence of all geriatric conditions

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

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## **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
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## 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

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

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### **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

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## **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

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