CRISTINA CANTÚ, LCSW

I am a Licensed Clinical Social Worker in Connecticut and a graduate of Columbia University's School of Social Work. My work experience includes Yale Child Study Center and Yale University's SHARE Program. Presently I work at Yale New Haven Hospital's Emergency Service, both with adult and pediatric patients.

INSPIRATION FOR ARTICLE

As a hospital social worker for nearly ten years, I've worked with patients experiencing homelessness and was aware that solutions are sorely lacking. But it was only when I started working at the Emergency Department that I saw head-on the catastrophic outcomes of lives lived at the margins, without a safe place to stay. A few months into my new role, a patient arrived in critical condition. He presented with a high fever and was unconscious, appearing thin, soiled, wearing only boxers. The paramedic reported he was picked up from a tent encampment, and "who knew" how long he had been like this. It was jarring to see another human being in this shape. As with other patients in critical condition, I contacted the emergency contact, only to learn he had a loving family who lived out of state and had been unable to help him with severe substance use disorder. They were now distraught to hear about his condition. One of my co-workers said it best: "to someone out there, he is somebody." This case became a catalyst for me to want to learn more, and – even if in small ways - improve my practice with patients experiencing homelessness.

"Homelessness is, in a way, just the visible tip of the iceberg of problems in the country. The affordable housing crisis, poverty, racial inequities, substance and drug abuse addictions, mental health. All of them are sort of manifest when you see people living in the streets. Tackling homelessness is in fact a kind of triage, it's just dealing with a part of these larger problems"
(Kimmelman, 2022, 0:55).

Homelessness is a growing problem nationwide. According to the U.S. Department of Housing and Urban Development (HUD), the number of people experiencing homelessness rose 12% from 2022 to 2023 (HUD Exchange, 2024b). Low vacancy rates, increased rent costs, and income inequality all comprise difficult structural factors locking people out of the housing market. Those who most harshly bear the brunt of this crisis are people with social vulnerabilities. This paper analyzes the social problem of homelessness from the perspective of an urban hospital Emergency Department (ED), Yale New Haven Hospital (YNHH) in New Haven, Connecticut. Social workers in these settings have a dual role: working directly with individuals and families to connect them with available services and resources and advocating for structural interventions that can ultimately ease this problem. Social workers are also at the forefront of combating any stigma unhoused persons face by both approaching patients experiencing homelessness with dignity and respect while educating others that this problem is not one of the individual, but is rather a consequence of multiple other social problems we have collectively failed to address.

ED social workers are consulted to help address the entire spectrum of psychosocial problems being faced by patients. Social workers are key team members in addressing cases of abuse and neglect and take primary responsibility for compliance with mandated reporting requirements. Because YNHH is a Level-1 Trauma Center, social workers also prioritize patients who arrive with full or modified traumas. Those arriving as cardiac arrests or needing urgent life-saving measures are also referred to social work. In all these cases, social workers act as liaisons to family members and provide support while also assisting with next steps. The role of a social worker in the ED also involves addressing any issue that impacts effective care or treatment of a health problem.

PREVALENCE, TERMINOLOGY, AND DEMOGRAPHICS

According to the U.S. Department of Housing and Urban Development, homelessness has steadily risen since 2017 (HUD Exchange, 2024b). Based on the 2023 nationwide point-in-time (PIT) count, 650,000 people were experiencing homelessness in the United States, and homelessness in families with children rose by 15.5% (HUD Exchange, 2024b). Past studies have found, however, that flawed methodology and varying execution may lead to undercounting the persons who are homeless through the PIT count, with the annual number of people who are homeless being 2.5 to 10.2 times greater (National Law Center on Homelessness & Poverty [NLCHP], 2017).

The PIT count is a measure mandated by HUD and seeks to count all sheltered and unsheltered people within a specific area one day per year. The most recent PIT data available for the state of Connecticut is from the January 24, 2023 count. The number of individuals found to be experiencing homelessness across Connecticut at that time was 3,015, which represented a 2.9% increase from 2022 (Advancing CT Together [ACT], 2023). According to the count, the number of persons experiencing chronic homelessness remained stable at 117 (ACT, 2023). The PIT count also found that homelessness among youth (ages 24 and younger) had increased by 7.06% (ACT, 2023). As of 2023, Connecticut's rate of homelessness was 8.1 people per 10,000, which was lower than the national rate of 18 out of 10,000 (National Alliance to End Homelessness [NAEH], 2023a).

HUD categorizes types of homelessness into four groups: literally homeless, at imminent risk of homelessness, homeless under other federal statutes, and fleeing/attempting to flee domestic violence. *Literally homeless* means having a primary nighttime residence not meant for human habitation, staying in a shelter, or a person being discharged from a facility where they remained less than 90 days and have no other residence (HUD Exchange, 2024c). *Imminent risk of homelessness* is defined as a person who will be homeless within 14

days, with no place to go or resources to secure permanent housing (HUD Exchange, 2024c.). *Homeless under other federal statutes* refers to unaccompanied youth less than 25 years of age or families with children and youth who do not otherwise qualify as literally homeless under HUD, but may qualify under other federal programs (HUD Exchange, 2024c). For example, the Department of Education defines homelessness as lacking a "fixed, regular, and adequate nighttime residence" (Parolin, 2021, p. 46), which may capture a wider number of people. Finally, *fleeing/attempting to flee domestic violence* refers to an individual or a family fleeing intimate partner violence, including dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence and having no place to go or resources to secure permanent housing (HUD Exchange, 2024c).

HUD also has a longer definition for persons categorized as *chronically homeless*: people who have been without a residence for extended periods of time. The definition, as delineated in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)) is as follows:

> Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and living as described for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described (HUD Exchange, 2024b, para. 4).

People who are deemed chronically homeless qualify for specific HUD programs. However, because of the intricacy of the definition, it is often difficult for people to provide proper evidence to qualify as chronically homeless with barriers such as difficulty obtaining identification or documentation and long wait periods (Wusinich et al., 2019).

Further exploration of the demographics of homelessness makes it clear that "the hazard of experiencing homelessness is not uniformly distributed across different populations" (Willison et al., 2023, p. 1).

According to the NAEH, the marginalized groups with highest incidence of homelessness also have "extensive histories of experiencing oppression, including displacements from land and property and exclusions from housing opportunities" (2023a, para. 9). HUD data from 2022 shows that rates of homelessness are highest among Native Hawaiian or Other Pacific Islanders (121.2 out of 10,000), Black or African American (48.2 out of 10,000) and American Indian (44.9 out of 10,000) (NAEH, 2023a). Comparatively, the rate for the white population is 11.6 out of 10,000 (NAEH, 2023a). In 2020, nearly 40% of those experiencing homelessness were Black, and 23% were Latino, while they comprise only 13% and 18% of the population, respectively (Center on Budget and Policy Priorities [CBPP], 2022). These numbers are not a new trend. Homelessness data from 2007 to 2017 shows that Blacks, American Indians, and Native Hawaiians were at least twice as likely than whites to experience homelessness (Willison et al., 2023).

It is also worthwhile to explore the distinction between persons who are sheltered and unsheltered. Being unsheltered means having a primary nighttime residence that is a public or private place not meant for human habitation; for example, a city sidewalk, vehicle, an abandoned building, a park, under a bridge, a train station, or a tent encampment (NAEH, 2023a). A sheltered person is anyone who is temporarily residing at a publicly or privately operated shelter; for example, congregate shelters, transitional housing, a hotel or motel paid for by charitable organizations, or an institution such as a hospital or treatment facility. Notably, anyone who is couch-surfing, doubled up with others, or paying for their own hotel room is not considered homeless but may be considered at-risk for homelessness (HUD Exchange, 2024a).

Persons who are unsheltered often have generally poorer health and face a higher risk of premature death when compared to those who are sheltered (Richards & Kuhn, 2022). The data also shows that those from marginalized communities have higher rates of being unsheltered, as noted below. According to HUD 2022 data, Native Hawaiian or Asian Pacific Islanders, Asian Americans, and Native Americans have

the highest incidence of being unsheltered – with 53%-55% of their homeless population living unsheltered (NAEH, 2023a).

People of marginalized genders also have a higher incidence of being unsheltered, based on HUD 2022 data, with 56% of transgender people who are homeless being unsheltered and 78% of homeless gender-questioning individuals being unsheltered (NAEH, 2023a). Connecticut law requires shelters to accept people based on their gender identity, regardless of sex assigned at birth. However, this law does not necessarily stymie the bias or microaggressions that people who are gender-nonconforming may experience in shelter settings. An analysis of the 2015 U.S. Transgender Survey by the Williams Institute at the UCLA School of Law found that close to 85% of transgender adults who are homeless reported not seeking shelter at a homeless facility because of concern for mistreatment (O'Neill et al., 2020).

CONTRIBUTING CAUSES TO HOMELESSNESS

What leads any one person or family to become homeless can be examined as the interplay of three types of factors: structural factors, precipitating or adverse life events, and individual vulnerabilities. Structural factors can include rental market conditions, housing policy, income inequality, and the social safety net or lack thereof. Adverse life or precipitating events may include sudden loss of income, catastrophic health problems, exposure to a natural disaster, loss of family member, divorce, or foreclosure, to name a few. Individual vulnerabilities include non-heterosexual identity, low educational attainment, unemployment, veteran status, a history of incarceration, mental health and substance use disorders (Nilsson et al., 2019), and involvement with child welfare and juvenile justice systems (NAEH, 2023b). However, while individual factors increase the risk of becoming homeless, according to Colburn and Aldern (2022), the root causes of high rates of homelessness are primarily housing market characteristics–structural forces out of the control of any one person. Simply stated by Colburn, "in places that are expensive, homelessness is high, and in places that are cheap, homelessness is low" (KingCountyTV, 2022, 5:03).

In their book *Homelessness is a Housing Problem*, Gregg Colburn and Clayton Aldern (2022) made an exhaustive study of data comparing rates of homelessness across cities and counties along with factors usually associated with homelessness. They examined poverty rates, weather, mental illness rates, substance use, and areas with generous welfare benefits. The data clearly indicated that those factors did not correlate with rates of homelessness. Colburn and Aldern (2022) noted that, in fact, the areas with the highest wealth distribution paradoxically experience the highest rates of homelessness. Conversely, a state such as West Virginia, where the opioid epidemic has hit hardest, does not have the high rates of homelessness seen elsewhere (KingCountyTV, 2022). At the same time, the vast majority of the 40 to 52 million people who experience substance use or psychiatric disorders are not homeless (Pitkin, 2022). Colburn and Aldern (2022) showed that it was ultimately rent levels and rental vacancy rates that were most associated with regional rates of homelessness. This explains why places like San Francisco and New York have such high numbers of homeless people–there are simply not enough affordable dwellings for people to inhabit. Once this housing crunch is a set condition, like a game of musical chairs, those with vulnerabilities will be more likely to end up without a spot. While it is important to consider individual comorbidities, particularly when advocating for treatment, shifting the view to structural factors is helpful because it reduces the tendency to blame the individual for the problem they are experiencing, and it helps divert attention to structural interventions that can actually make a difference (Colburn & Aldern, 2022).

When looking at structural or root causes of homelessness, it is worth examining how these factors contribute to minority communities being disproportionately affected by homelessness. The dynamics involved are complex, entrenched, and undeniable. Centuries of discrimination, from slavery to segregation, weigh on present generations. Racist policies such as neighborhood segregation and exclusion of Blacks from federally-backed mortgages led to wealth disparities between white Americans and people of color (Willison et al., 2023). These wealth disparities now "exacerbate risks of housing insecurity and homelessness for people of color due to a lack of protections, including at community and family levels, to mitigate or bounce back in cases of financial hardship" (Willison et al., 2023, p. 2). Interventions intended to help–the systems of support for homeless persons–do not help Black persons equitably (Pitkin, 2022). The disproportionate presence of the child welfare and criminal justice systems in communities of color have long-term effects and carry risk into later adulthood (Pitkin, 2022). Other factors that contribute to housing instability among communities of color include higher cost burden among renters of color and the inadequacy of housing stock to meet the needs of multigenerational families of color (Lake, 2020). Based on an analysis of yearly HUD surveys, Desmond (2023) also finds that "Black renters continue to face routine discrimination when searching for apartments" (p. 69). Considering the sum total of these facts, perhaps this is why Balasuriya et al. (2020) writes, "Regardless of mental health status, people who are homeless generally have a history marked by poverty and social disadvantage… and they are likely to belong to an ethnic minority" (p. 3).

HOMELESSNESS, MENTAL HEALTH, AND SUBSTANCE USE

As discussed earlier, there is a public perception that mental health problems or substance use disorders are a direct pathway to homelessness (Pitkin, 2022). In fact, the relationship between homelessness and mental health problems is more complex. Studies have found a bidirectional association between homelessness and mental illness (Nilsson et al., 2024). While mental illness may contribute to loss of housing or inability to remain housed (and is a vulnerability as discussed earlier), homelessness itself contributes to worsening mental health (Padgett, 2020). It follows that depression, suicidal thoughts, symptoms of post-traumatic stress disorder, and substance misuse are more prevalent among the homeless population (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011). Rates of more severe mental illnesses, such as schizophrenia, are at 25%–30% among homeless persons (Padgett, 2020) and were noted to be at 26.2% of all sheltered persons in 2010 (SAMHSA, 2011).

Significantly, homeless and marginally housed individuals do appear to have a more than 50% rate of traumatic brain injury (TBI), which is much higher than the general population (Padgett, 2020). TBI can influence a person's executive function, for example increasing impulsivity and impairing working memory (Ozga et al., 2018). Deficits in executive function may complicate efforts to maintain stable housing and thus become a vulnerability.

More than one-third of people experiencing homelessness have been found to have a substance use disorder (SUD), with two-thirds of those individuals having a lifetime history of SUD (Polcin, 2016). Again, as with other health problems, "the relationship between homelessness and substance abuse is complex, with studies suggesting that substance use can be both a cause and consequence of homelessness" (Polcin, 2016, p. 2). One thing is clear: being homeless is not a condition that supports recovery. Polcin (2016) argues for housing options that offer harm reduction and built-in options for treatment.

HEALTH AND HEALTHCARE BARRIERS

People experiencing homelessness contend with a higher burden of health problems (Morris & Gordon, 2006). Canham et al. (2018) discuss *tri-morbidity*, meaning the confluence of physical health problems, mental health problems, and substance use disorders that leads to higher mortality rates. There are varied numbers describing mortality rates among people experiencing homelessness. Franco et al. (2021) report that homeless patients have twice the mortality rate of non-homeless cohorts. Meanwhile, Omerov et al. (2019) place the number much higher, describing excess mortality at eight times higher for men and twelve times higher for women, although this estimate also includes other high-risk groups, such as prisoners and sex workers.

Medical problems most heavily experienced by homeless patients include chronic pulmonary obstructive disease, arthritis, musculoskeletal disorders, seizures, hypertension, diabetes, liver diseases, tuberculosis, hepatitis C, HIV, dental problems, skin problems, and foot problems (Canham et al., 2018). People experiencing homelessness also faced

twice the mortality rate from COVID-19 as compared with the general population (Gavidia, 2022).

Conditions associated with homelessness have obvious adverse effects on health and can include exposure to the elements, living in crowded conditions, exposure to violence, poor nutrition and sleep, and lack of access to bathing. Barriers to accessing healthcare, delays in seeking care, and difficulty adhering to treatment also contribute to poor health outcomes (Canham et al., 2018). Omerov et al. (2019) further describe barriers to care faced by homeless patients such as lack of health insurance, lack of identification, lack of mail or telephone service, poor transportation, and limited knowledge of where to receive resources.

Beyond these barriers, Omerov et al. (2019) found that stigma and bias can also prevent adequate provision of healthcare to patients experiencing homelessness. Based on a research review, unhelpful relations with medical providers and social care professionals were characterized by a lack of respect or empathy toward clients, judgment for appearance, patient feeling invisible, unrealistic follow-up advice, and restricting freedom or autonomy. They further highlight the problem of some healthcare professionals showing "insensitivity to ethnic disparities or the unique needs of people of color" (Omerov et al., 2019, p. 6).

On the flipside, Omerov et al. (2019) also describe the experiences of homeless patients with professionals the patients believed were supportive. Positive experiences include respectful social interactions, feeling comfortable showing vulnerability, being able to laugh together, flexibility regarding appointments, feeling listened to, providers remembering details of their lives, and when patients were given decision-making power.

EMERGENCY DEPARTMENT USE

Given the wide range of health problems, and the propensity of these problems to worsen while homeless, these patients understandably have higher utilization of the ED. Franco et al. (2021), who conducted

a study focusing on the YNHH ED and the greater New Haven area, explain that people experiencing homelessness represent a disproportionate share of ED visits compared to housed cohorts. Unhoused patients have approximately three times more usage and are four times more likely to return within three days as compared to housed individuals (Franco et al., 2021). Homeless patients are also more likely to present with injuries acquired while in the community; for example, assaults, both physical and sexual (Morris & Gordon, 2006).

Franco et al. (2021) describe the ED as a "de-facto shelter and sobering center [which] serves not only as medical but also social safety net" (p. 9). In effect, the ED provides respite from conditions faced in homelessness and serves as a 24-hour drop-in center. Notwithstanding, Franco et al. (2021) highlight that this higher frequency of ED care does not translate to improved health outcomes for homeless patients, and it places a strain on an already stressed system. Franco et al. (2021) conclude that "homeless patients require social needs to be met alongside medical ones," and that this can be best achieved through collaborations with community partners (p. 8). Social workers are uniquely positioned to create those connections.

ROLE OF SOCIAL WORK IN THE EMERGENCY DEPARTMENT

ED social workers can play a role in improving outcomes for persons who are experiencing homelessness. In Canham et al.'s (2018) article Health Supports Needed for Homeless Persons Transitioning from Hospitals, the authors provide a clear guide as to the six realms of intervention that can make the most impact. They conducted a literature review and analysis and concluded that stopping the cycle of hospital discharge and readmission of homeless patients requires attention to a full range of needs–both medical and basic needs. Canham et al. (2018) acknowledge that systems are insufficient to meet the needs of homeless patients; for example, lack of access to specialty health services, lack of affordable step-down care, and lack of rehabilitation beds. The efforts made by professionals can, at the very least, improve the probability of success. The six themes related to health support cited by Canham et al. (2018) are a respectful and understanding approach to care, conducting housing assessments, communication/coordination/navigation with outside providers, support for after-care, complex medical care, and medication management, basic needs, and transportation.

Drawing from personal experience as a social worker in the ED, the recommendations by Canham et al. are an effective guide to direct practice. As mentioned earlier, people experiencing homelessness may arrive for care to the ED having experienced stigma and bias in the past (Omerov et al., 2019). A respectful and understanding approach can counter this and helps to facilitate the development of a collaborative working relationship in which an effective housing assessment can be conducted. As delineated above, homelessness can be experienced in multiple ways, and a patient's particular circumstances should drive specific recommendations. Obtaining nuanced information is key in determining the appropriate next step. The same can be said for assisting patients in seeking services to address mental health services or substance use treatment. Conversations that help identify possible barriers or obstacles to obtaining this care are important to avoid making unrealistic recommendations.

The YNHH ED is located in a state which has an established hotline, 211, to assist callers with housing and other needs. The hotline is the entry point for services for people and families experiencing homelessness. The process entails an initial interview in which personal data is gathered and leads to an appointment for a housing assessment by a state-contracted agency. It is essential for social workers to understand the local system of support with clarity to be able to explain it to patients.

Likewise, being familiar with community resources is imperative, as is establishing relationships with community providers and maintaining up-to-date information on service and resource availability. Finally, a warm hand-off to community healthcare providers or other agencies, when possible, may improve chances that the patient will have continuity of care.

FUTURE TRENDS

Two emerging demographic trends among the homeless population should be highlighted. First, as individuals with chronic patterns of homelessness age, they require more medical services and help with activities of daily living. While symptoms of severe mental health or substance abuse may become less acute through the lifespan, chronic health conditions progress and worsen. Communities, states, and the federal government would be wise to begin planning to address this need today by perhaps investing in permanent supportive housing units for the elderly with healthcare personnel on hand.

Second, the number of young people experiencing homelessness is also growing at alarming rates. Homeless youth may include young people who are part of families, head of households, or individuals (CBPP, 2022). Young people with involvement in the child welfare or juvenile justice systems, those who identify as LGBTQ, pregnant and parenting youth, young people with special needs, and young people of color may be at higher risk of homelessness (NAEH, 2023). Simultaneously, the current cohort of teens who are estranged from the educational system may struggle to become earners as young adults and will thus have greater vulnerability to becoming homeless. Without comprehensive prevention and early intervention efforts by communities, states, and the federal government, this trend will result in a whole new generation of people with established patterns of homelessness.

SOLUTIONS

Ending homelessness is neither out of reach nor an impossible goal. The CBPP recommends expanding housing choice vouchers, including providing universal housing vouchers to reduce hardship for all families (2022). They further recommend shoring up the social safety net. More specifically, we know that for people with chronic homelessness or those having difficulty maintaining a residence, a permanent supportive housing model works, as it provides on-site support including case management and ease of access to healthcare, mental health, and substance use disorder treatment. For those experiencing transitional homelessness, a rapid-rehousing model with a rental subsidy, even if time-limited, is effective. Partnering with developers to build affordable housing is also a critical component in easing a housing shortage. Communities and states would be wise to begin today to expand all these programs. It will require financial resources and investment like any other federal, state and local initiative.

In continuing to think about solutions to homelessness, it is crucial to hear the voices of people experiencing it as they are the primary stakeholders. A hopeful development occurred in New Haven last fall when six tiny houses were installed in the area where tent encampments had been torn down (Grace-Flood, 2023). The prefabricated units were assembled and installed by former tent encampment residents and neighborhood volunteers. While small, it is a worthwhile effort that can perhaps be scaled up in the future, and it demonstrates that creative and grass-roots solutions can play a role in ending homelessness, one person at a time.

CONCLUSION

Social workers are uniquely positioned to contribute to positive solutions to help address homelessness. Working directly with individuals to help address health, mental health, and substance use needs is important. Helping folks problem-solve to exit homelessness and maintain housing is essential. Providing guidance in navigating the complex systems set up to help is valuable. Because a social worker is one strand in a community safety net, they can be most effective when partnering and collaborating with local resources. Educating others regarding factors that contribute to homelessness is important, particularly when it comes to acknowledging system failures, housing market conditions, and entrenched inequities in our social environment. Simultaneously, maintaining a view on the broader context and advocating for solutions on the macro-level has to take precedence. This problem will only be solved when communities, states, and the federal government make meaningful investments to increase affordable housing and fortify safety nets.

REFERENCES

Advancing CT Together. (2023). *2023 HIC PIT Report*. https://www.aids-ct.org/hic-pit-2023.html

Balasuriya, L., Buelt, E., & Tsai, J. (2020). The never-ending loop: Homelessness, psychiatric disorder, and mortality. *Psychiatric Times*. https://www.psychiatrictimes.com/view/never-ending-loop-homelessness-psychiatric-disorder-and-mortality

Canham, S. L., Davidson, S., Custodio, K., Mauboules, C., Good, C., Wister, A., & Bosma, H. (2018). Health supports needed for homeless persons transitioning from hospitals. *Health & Social Care in the Community*. https://doi.org/10.1111/hsc.12599

Center on Budget and Policy Priorities. (2022). Ending homelessness: Addressing local challenges in housing the most vulnerable. https://www.cbpp.org/research/housing/ending-homelessness-addressing-local-challenges-in-housing-the-most-vulnerable

Colburn, G., & Aldern, C. (2022). *Homelessness is a housing problem: How Structural factors explain housing patterns.* University of California Press. https://homelessnesshousingproblem.com/

Desmond, M. (2023). *Poverty by america*. Penguin Random House. https://matthewdesmondbooks.com/

Franco, A., Meldrun, J., & Ngaruiya, C. (2021). Identifying homeless population needs in the Emergency Department using Community-Based Participatory Research. *BMC Health Services Research.* https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06426-z

Gavidia, M. (2022). COVID-19 mortality risk more than doubled among homeless patients. *The American Journal of Managed Care.* https://www.ajmc.com/view/covid-19-mortality-risk-more-than-doubled-among-homeless-patients

Grace-Flood, N. (2023). 6 tiny houses built in hill backyard. *New Haven Independent*. https://www.newhavenindependent.org/article/tiny_homes_build_on_backyard_encampment

HUD Exchange. (2024a). *At risk of homelessness*. U.S. Department of Housing and Urban Development. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/at-risk-of-homelessness/

HUD Exchange. (2024b). *Definition of chronic homelessness*. U.S. Department of Housing and Urban Development. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/

HUD Exchange. (2024c). *Four categories of the homeless definition*. U.S. Department of Housing and Urban Development. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/

Kimmelman, M. (Host). (2022, June 26). How Houston moved 25,000 people from the streets into homes of their own [Audio podcast transcript]. In *The Daily*. NYT. https://www.nytimes.com/2022/06/26/podcasts/the-daily/the-sunday-read-how-houston-moved-25000-people-from-the-streets-into-homes-of-their-own.html

KingCountyTV (2022, July 18). Q&A: *What are the root causes of homelessness in King County?* [Video]. YouTube. https://www.youtube.com/watch?v=0APR7dt-uZ8

Lake, J. (2020). The pandemic has exacerbated housing instability for renters of color. *Center for American Progress.* https://www.americanprogress.org/wp-content/uploads/sites/2/2020/10/Renters-of-Color-2.pdf

Morris, D., Gordon, J. (2006). The role of the emergency department in the care of homeless and disadvantaged populations. *Emergency Medicine Clinics of North America*, 24, 839-849. https://sbdww.org/wp-content/uploads/2011/04/role_of_ed_in_treating_homeless_pt_emerg_med_clin_na_2006.pdf

National Alliance to End Homelessness. (2023a). *The state of homelessness 2023*. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/

National Alliance to End Homelessness (2023b). *Youth and young adults*. https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/

National Law Center on Homelessness & Poverty. (2017). *Don't count on it: How the HUD Point-in-Time count underestimates the homelessness crisis in America.* https://homelesslaw.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf

Nilsson, S., Nordentoft, M., Hjorthøj, C. (2019). Individual-level predictors for becoming homeless and exiting homelessness: A systematic review and meta-analysis. *J Urban Health*, 96(5), 741-750. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6814700/

Nilsson, S. F., Wimberley, T., Speyer, H., Hjorthøj, C., Fazel, S., Nordentoft, M., & Laursen, T. M. (2024). The bidirectional association between psychiatric disorders and sheltered homelessness. *Psychological Medicine*, 54(4), 742–752. doi:10.1017/S0033291723002428

O'Neill, K., Wilson, B., Herman, J. (2020). *Homeless shelter access among transgender adults: Findings from the 2015 US transgender survey*. Williams Institute UCLA School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Homeless-Shelter-Nov-2011.pdf

Omerov, P., Craftman, A. G., Mattsson, & Klarare, A. (2019). Homeless persons' experiences of health- and social care: A systematic integrative review. *Health & Social Care in the Community*, 28(1), 1-11. https://onlinelibrary.wiley.com/doi/10.1111/hsc.12857

Ozga, J. E., Povroznik, J. M., Engler-Chiurazzi, E. B., & Vonder Haar, C. (2018). Executive (dys)function after traumatic brain injury: Special considerations for behavioral pharmacology. *Behavioural Pharmacology*, 29(7), 617-637. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6155367/

Padgett, D. K. (2020). Homelessness, housing instability and mental health: Making the connections. *BJPsych Bulletin*, 44, 197-201. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525583/pdf/S2056469420000492a.pdf

Parolin, Z. (2021). Income support policies and the rise of student and family homelessness. *The ANNALS of the American Academy of Political and Social Science*, 693(1), 46-63. https://doi.org/10.1177/0002716220981847

Pitkin, B. (2022). *Homelessness is a housing and racism problem.* The Urban Institute. https://housingmatters.urban.org/articles/homelessness-housing-and-racism-problem

Polcin, D. L. (2016). Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *Journal of Social Distress and the Homeless*, 25(1), 1-10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4833089/pdf/ysdh-25-001.pdf

Richards J. & Kuhn R. (2022). Unsheltered homelessness and health: A literature review. *AJPM Focus*, 2(1). https://www.sciencedirect.com/science/article/pii/S2773065422000414

Substance Abuse and Mental Health Services Administration. (2011). *Current statistics on the prevalence and characteristics of people experiencing homelessness in the United States.* https://www.homelesshub.ca/sites/default/files/attachments/hrc_factsheet.pdf

Willison, C., Unwala, N., Singer, P. M., Creedon, T. B., Mullin, B., & Cook, B. L. (2023). Persistent Disparities: Trends in Rates of Sheltered Homelessness Across Demographic Subgroups in the USA. *Journal of racial and ethnic health disparities*, 11(1), 326–338. https://doi.org/10.1007/s40615-023-01521-9

Wusinich, C., Bond, L., Nathanson, A. & Padgett, D. (2019). “If you’re gonna help me, help me:” Barriers to housing among unsheltered homeless adults. *Evaluation and Program Planning*, 76(C), 1-1. https://ideas.repec.org/a/eee/epplan/v76y2019ic13.html