Homelessness and Mental Health in Little Rock, Arkansas

Ashia Davis, Hailey Downard, Reagan Dumas, Melissa Ecker, and Katherine Ervin

University of Arkansas at Little Rock

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Dr. Gayle Richard

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Abstract

The key point of our research is that homelessness and mental health are closely intertwined, often fostering a reinforcing negative cycle. The question being asked is what ties them together, why this is the case, and how this complex issue can be effectively addressed in Little Rock, Arkansas. In our research we explored the intersection of mental illness and homelessness, as well as the myriad causes of homelessness such as unemployment, low-wage jobs, and other multidimensional factors such as chronic health ailments, addiction, and substance abuse. We have conducted comprehensive research including the analysis of multiple peer-reviewed articles covering this topic, studying government and privately funded resources, and conducting an interview with a medical professional who has real-time experience dealing with the impact of homelessness on healthcare. By the end of our discussion, the participants will have outlined not only the connected underlying issues that lead to homelessness, the devastating effects on individuals and families, but also potential solutions. Participants in this project include Melissa Ecker, Katherine Ervin, Ashia Davis, Hailey Downard, and Reagan Dumas.

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Introduction

Homelessness and mental illness in the United States are closely intertwined, and both have reached enormous levels. Unhoused people face a significantly higher rate of depression, serious mental illness, trauma, and substance abuse than the general population (Garcia, Doran, & Kushel, 2024) (Fullilove, 2010) (Padgett, 2020). People experiencing homelessness face a dramatically shortened life span. On average, they die 10 to 30 years earlier often due to lack of consistent healthcare (United States Interagency Council on Homelessness, 2024).

Healthcare systems are not built in a way that supports people without a home. The system assumes that patients have a phone, an address, insurance, and means to attend appointments for both primary and follow-up care. Moreover, sheltered individuals risk losing their spot if they leave to seek healthcare and are subsequently hospitalized (Trinh, 2025).

Concurrently, economic instability and limited wage protections increase the likelihood of becoming homeless by creating an environment where losing a job can be a catastrophic economic event (Duke, et al., 2025). Economic analysis across the state confirms that unemployment, rising rental costs, and low wages increase the risk of homelessness in Arkansas, especially in urban areas like Little Rock where housing insecurity is on the rise (Smith, 2020).

Little Rock now faces overlapping crises including housing instability, mental health challenges, and inadequate access to care. Without coordinated responses, individuals end up trapped in a perpetual cycle where economic troubles lead to housing loss, which worsens health conditions and makes recovery extremely difficult.

The purpose of this report is multidimensional to explore how mental health, homelessness, and economic stress interact in Little Rock. We will also examine current program availability and strategies along with their efficacy. We intend to identify gaps in service and propose evidence-based approaches tailored specifically to the local community and its unique needs.

Figure 1: Homelessness is Deadly (USICH)

Discussion

Part 1 - Background: Homelessness, Mental Health, and Health Care

There is an important distinction when speaking about homelessness. This term includes both sheltered individuals (those staying in temporary housing) and unsheltered individuals living outdoors or in uninhabitable environments. In 2023, almost half of all homeless people were unsheltered. Unsheltered homeless people are more likely to be disassociated with health care services and have a higher rate of substance abuse, addiction, and mental health disorders. National studies show that more than 650,000 people experience homelessness each night (Garcia, Doran, & Kushel, 2024). The United States has fewer labor protections and weaker social safety nets than other industrialized countries. This places low-income households particularly at greater risk of housing loss (Duke, et al., 2025). Research shows that poverty is a primary driving force and often a precursor to homelessness (Smith, 2020). Additionally, more than half of U.S. households are burdened with allocating more than 50% of their income for housing costs (Padgett, 2020).

There is a notable gap in mental healthcare services being readily available to the homeless population. Most psychiatrists do not work in the public sector, and those that do are overworked and underpaid (Padgett, 2020). Mental illness, substance abuse disorders, unemployment, and homelessness create a negative reinforcing cycle. Losing reliable housing increases stress, trauma, and addiction risk, while untreated mental illness makes it harder to maintain employment or secure stable housing (Garcia, Doran, & Kushel, 2024). There is a strong link between health and homelessness. Being ill or injured can result in missing too much time from work, which can lead to employment problems. This is particularly true for people in certain types of jobs like construction, manufacturing, and other labor-intensive industries. Losing income from work can become a housing problem (National Health Care for the Homeless Council, 2019).

The health impacts of homelessness are substantial. People without housing die far earlier, face higher rates of depression and substance use, and experience greater barriers to medical care (United States Interagency Council on Homelessness, 2024). Up to 30% experience serious mental illness such as schizophrenia, and nearly half report traumatic brain injury or trauma-related symptoms (Padgett, 2020). Homelessness worsens illness and makes recovery more difficult. Living in shelters makes managing chronic health conditions with medication and healthy diets nearly impossible. Housing and healthcare go hand in hand and together help to prevent and end homelessness (National Health Care for the Homeless Council, 2019).

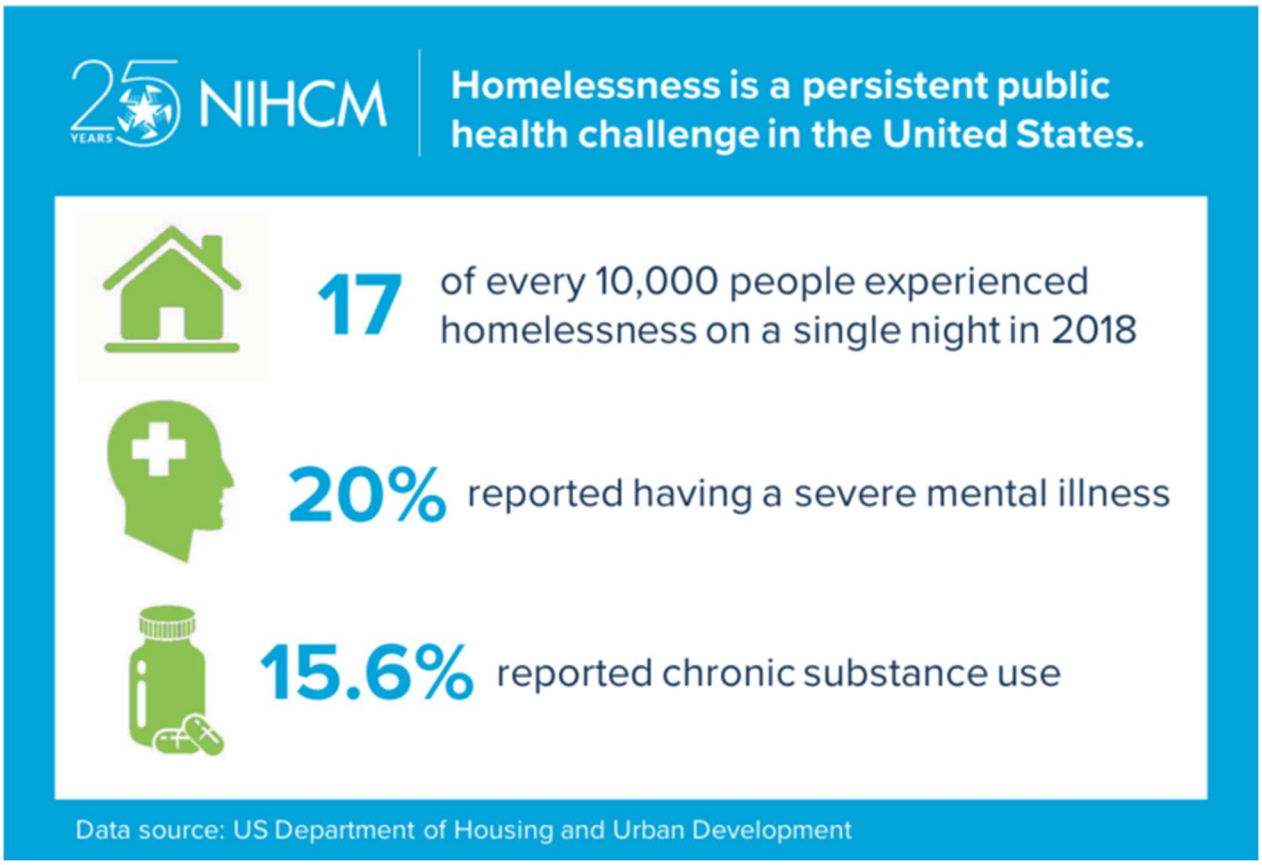


Figure 2: Homelessness is a persistent public health challenge in the United States (NIHCM)

Part 2 - The Problem in Arkansas and Little Rock

Specific problems in Arkansas are clear once you make connections with repeating patterns. Low wage jobs are a leading cause of homelessness, especially companies that have high turnover rates and regularly let employees go. Most people have a choice to make if they're in a low wage position, feeding their children or keeping a roof over their head. In most scenarios, people will choose to feed their children, so they don't starve. Tying into this, rent prices are also a leading cause of homelessness, as inflation becomes worse over time, many things including apartments and houses become too expensive for people to afford. In a journal article examining this very point, the authors concluded that, "…the rental vacancy rate exerts a negative and statistically significant effect on homelessness, while measures of housing costs such as median rents and rent-to-income ratios exert positive and significant effects," (Smith, 2020). Low wage jobs result in a low income, resulting in people struggling to pay rent, thus leading to homelessness. However, this is not the only leading cause, as mental health and general health are also leading factors.

As stated before, there's a pattern of people with extreme health issues and the homelessness rate, especially in Arkansas. Medical bills are expensive, and difficult to cover even if someone has insurance, leading to one of two scenarios: the person goes forward without treatment to keep a roof over their head longer, or they get the treatment and potentially lose

their home. This also goes for mental health, as some conditions can affect people's ability to hold a job, along with substance abuse/addiction. Some statistics state that between 20 - 30% of adults who experience homelessness have a severe mental illness and around half of the single adults have either in the past or presently struggled with alcohol or substance abuse (Smith, 2020). Substance or alcohol abuse can cause someone to lose their job, which not only leads to another cause of homelessness, but also worse mental health. Unemployment isn't always self-caused. However, this can also happen when companies decide to downsize and let several employees go in layoffs. For example, 2020 was the downturn of the economy due to COVID, and it left a lot of people without jobs, and losing their homes as a result.

According to Smith's findings, when rent costs rise, housing becomes harder to afford, especially for those with low wage jobs. Specifically, if rent increases by one unit, the homelessness rate will increase by 10,000 people per day (Smith, 2020). A lot of people in Arkansas don't have high wage jobs, meaning they don't have many options in terms of housing that is within their price range. Combine this with the turnover rate, resulting in many people losing their jobs, and this leads to an increase in homelessness within the state of Arkansas. However, something to address is how someone lost their job, as well as how it affected their mental health, as that also connects to homelessness within the state. As stated before, COVID caused a lot of people to be laid off from their jobs. While few people were reported to lose their jobs due to being infected with Covid, the pandemic's sudden and dramatic changes to the economy, and to perceptions of physical safety, resulted in large-scale unemployment (Duke, et al., 2025). As one can imagine, going from having a job to losing it can have a large impact on one's mental health.

Mental health and homelessness have always had a close connection to each other, dating back decades according to many research articles covering the subject. In particular, the popular notion is that mental illness accounts for much of the homelessness visible in American cities (Padgett, 2020). However, studies show that only 25-30% of homeless people have severe mental illnesses such as schizophrenia (Padgett, 2020). That's not to say that mental illness does not have a connection to homelessness. In fact, it's one of the key reasons getting out of homelessness can be rather difficult. Despite only 25 - 30% of the homeless population having severe mental illnesses, a lot of people who rapidly or slowly decline into this situation end up falling into depression, and it is a hard hole to come out of once you have fallen in. This can also be said for people with poor physical health, as people who are homeless have a higher mortality rate due to lack of proper health care (Garcia, Doran, & Kushel, 2024).

While people might be able to get health care professionals to visit them where they're at, oftentimes they cannot get the proper care they need due to multiple factors. For example, logistically those without proper housing would more than likely not be able to transport themselves to a hospital for treatment if they were to get injured (United States Interagency Council on Homelessness, 2024). While most hospitals have the ability to treat people outside their facilities, realistically there is only so much they can do without the proper tools they usually have at their disposal. For example, someone with pneumonia would get better treatment at a hospital as opposed to receiving it offsite. However, without the ability to get proper transportation, their likelihood of getting the best help possible would not be very high. Mental health falls into this category as well, as people with addiction or alcoholism struggle to get the

help they need, due to unfortunate situations. An example of this is someone trying to recover from substance abuse is more likely to struggle due to the lack of professional help available to them. We cannot treat what is not known, and this proves to be true for those with undiagnosed mental disorders, such as schizophrenia or BPD (United States Interagency Council on Homelessness, 2024).

Figure 3: USICH - How many people experience Homelessness in the U.S.

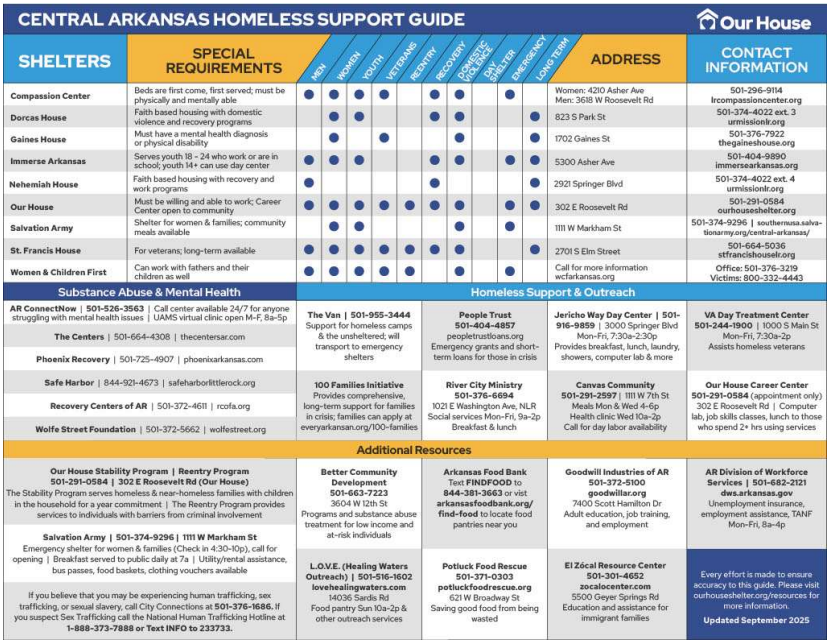
Part 3 - Existing Programs and Responses

Veterans are some of our most vulnerable homeless. National models like the VA's Homeless Patient Aligned Care Team provide walk-in services, telemedicine, and mobile clinics to reduce barriers to care (Garcia, Doran, & Kushel, 2024). According to the U.S. Interagency Council on Homelessness, shelters should be a short-term fix that connect individuals to permanent housing. Shelters should never be a long-term destination. They are a temporary safety net while long-lasting solutions are developed (United States Interagency Council on Homelessness, 2016). However, many people avoid using shelters for various reasons including location, safety concerns, stigma, and personal preferences. Because of this, there is a need for multiple pathways to housing for those in need.

There is some evidence that hospitals attempt to assist homeless individuals. Many medical facilities will not discharge a patient unless they have an address to be delivered to. They will ensure that the patient has warm clothing and some form of transportation whether it be a verifiable person who comes in to pick them up or a scheduled Uber ride that the hospital will pay for to a specific address. Social services are called in to consult with the patient as well during their stay and before discharge where they will try to identify any resources that are available to the individual. Follow-up care is often not received, so patients return for the same issues repeatedly (Trinh, 2025).

Arkansas has some promising examples that offer support to families like the Home Together Program. This program is a collaboration between academic and non-profit partners in Arkansas. Home Together has a particular focus on mothers experiencing mental health challenges and homelessness while having small children. Anecdotal evidence showed that participants experienced improved mental health and increased access to community services and resources including housing and healthcare (Montgomery, et al., 2024).

Our House is another Arkansas organization that offers myriad support to homeless people and families. They have a shelter with 80 beds and provide three meals per day, clothing, and hygiene items. In addition, Our House has a transitional residence that helps people get back on their feet. In the transition program known as the Family House, residents benefit from career services and children's programs. Participants must find a job and contribute to the program as they receive increased privileges and responsibilities. They are encouraged to stay at least six months and can stay for up to two years (Our House, 2025).



CENTRAL ARKANSAS HOMELESS SUPPORT GUIDE — Our House

SHELTERS	SPECIAL REQUIREMENTS	MEN	WOMEN	YOUTH	VETERANS	REENTRY	RECOVERY	DOMESTIC VIOLENCE	DAY SHELTER	EMERGENCY	LONG TERM	ADDRESS	CONTACT INFORMATION
Compassion Center	Beds are first come, first served; must be physically and mentally able	●	●	●	●		●	●		●		Women: 4210 Asher Ave Men: 3618 W Roosevelt Rd	501-296-9114 lrcompassioncenter.org
Dorcas House	Faith based housing with domestic violence and recovery programs		●	●			●	●			●	823 S Park St	501-374-4022 ext. 3 urmissionlr.org
Gaines House	Must have a mental health diagnosis or physical disability		●		●			●			●	1702 Gaines St	501-376-7922 thegaineshouse.org
Immerse Arkansas	Serves youth 18 - 24 who work or are in school; youth 14+ can use day center	●	●	●			●	●		●	●	5300 Asher Ave	501-404-9890 immersearkansas.org
Nehemiah House	Faith based housing with recovery and work programs	●					●				●	2921 Springer Blvd	501-374-4022 ext. 4 urmissionlr.org
Our House	Must be willing and able to work; Career Center open to community	●	●	●	●	●	●	●		●	●	302 E Roosevelt Rd	501-291-0584 ourhouseshelter.org
Salvation Army	Shelter for women & families; community meals available		●	●				●		●		1111 W Markham St	501-374-9296 | southernusa.salvationarmy.org/central-arkansas/
St. Francis House	For veterans; long-term available	●	●	●	●	●	●	●			●	2701 S Elm Street	501-664-5036 stfrancishouselr.org
Women & Children First	Can work with fathers and their children as well	●	●	●	●	●		●		●		Call for more information wcfarkansas.org	Office: 501-376-3219 Victims: 800-332-4443

Substance Abuse & Mental Health

AR ConnectNow | **501-526-3563** | Call center available 24/7 for anyone struggling with mental health issues | UAMS virtual clinic open M-F, 8a-5p

The Centers | 501-664-4308 | thecentersar.com

Phoenix Recovery | 501-725-4907 | phoenixarkansas.com

Safe Harbor | 844-921-4673 | safeharborlittlerock.org

Recovery Centers of AR | 501-372-4611 | rcofa.org

Wolfe Street Foundation | 501-372-5662 | wolfestreet.org

Homeless Support & Outreach

The Van | **501-955-3444**
Support for homeless camps & the unsheltered; will transport to emergency shelters

People Trust
501-404-4857
peopletrustloans.org
Emergency grants and short-term loans for those in crisis

Jericho Way Day Center | **501-916-9859** | 3000 Springer Blvd
Mon-Fri, 7:30a-2:30p
Provides breakfast, lunch, laundry, showers, computer lab & more

VA Day Treatment Center
501-244-1900 | 1000 S Main St
Mon-Fri, 7:30a-2p
Assists homeless veterans

100 Families Initiative
Provides comprehensive, long-term support for families in crisis; families can apply at everyarkansan.org/100-families

River City Ministry
501-376-6694
1021 E Washington Ave, NLR
Social services Mon-Fri, 9a-2p
Breakfast & lunch

Canvas Community
501-291-2597 | 1111 W 7th St
Meals Mon & Wed 4-6p
Health clinic Wed 10a-2p
Call for day labor availability

Our House Career Center
501-291-0584 (appointment only)
302 E Roosevelt Rd | Computer lab, job skills classes, lunch to those who spend 2+ hrs using services

Additional Resources

Our House Stability Program | Reentry Program
501-291-0584 | 302 E Roosevelt Rd (Our House)
The Stability Program serves homeless & near-homeless families with children in the household for a year commitment | The Reentry Program provides services to individuals with barriers from criminal involvement

Salvation Army | 501-374-9296 | 1111 W Markham St
Emergency shelter for women & families (Check in 4:30-10p), call for opening | Breakfast served to public daily at 7a | Utility/rental assistance, bus passes, food baskets, clothing vouchers available

If you believe that you may be experiencing human trafficking, sex trafficking, or sexual slavery, call City Connections at **501-376-1686.** If you suspect Sex Trafficking call the National Human Trafficking Hotline at **1-888-373-7888 or Text INFO to 233733.**

Better Community Development
501-663-7223
3604 W 12th St
Programs and substance abuse treatment for low income and at-risk individuals

L.O.V.E. (Healing Waters Outreach) | 501-516-1602
lovehealingwaters.com
14036 Sardis Rd
Food pantry Sun 10a-2p & other outreach services

Arkansas Food Bank
Text **FINDFOOD** to **844-381-3663** or visit **arkansasfoodbank.org/find-food** to locate food pantries near you

Potluck Food Rescue
501-371-0303
potluckfoodrescue.org
621 W Broadway St
Saving good food from being wasted

Goodwill Industries of AR
501-372-5100
goodwillar.org
7400 Scott Hamilton Dr
Adult education, job training, and employment

El Zócal Resource Center
501-301-4652
zocalocenter.com
5500 Geyer Springs Rd
Education and assistance for immigrant families

AR Division of Workforce Services | 501-682-2121
dws.arkansas.gov
Unemployment insurance, employment assistance, TANF
Mon-Fri, 8a-4p

Every effort is made to ensure accuracy to this guide. Please visit ourhouseshelter.org/resources for more information.
Updated September 2025

Figure 4: Our House - Central Arkansas Homelessness Support Guide

Despite these localized efforts, major gaps in resources remain. Homeless people fall through the cracks in cases where patients lose their spot in a shelter after being hospitalized, hospitals discharge patients back into homelessness, and people experiencing long wait times for services. The lack of coordination across shelters, deficiency of healthcare providers/facilities, insufficient housing programs, and limited follow-up care need to be addressed as well.

Conclusion

Homelessness and health are deeply intertwined in Little Rock fueled by economic instability and gaps in care. People that lose their homes are more prone to depression, substance

abuse, and trauma (Garcia, Doran, & Kushel, 2024) (Fullilove, 2010). People that are homeless do not always have the ability to seek healthcare because they are in shelters. Therefore, if they leave, they will likely lose their spot. People that are homeless and living on the streets might not have a way to get help due to their lack of transportation, not having insurance, no stable address or phone number and not knowing where the closest healthcare facility is located.

Programs like the Home Together Program and Our House that are mentioned above are great organizations that can help people in need get back on their feet. Home Together offers support to mothers who have children. This program has helped with mothers' mental health and homelessness while these mothers have small children. The Our Home Program offers beds and three meals a day to homeless people. Our House provides for the homeless by helping them regain stability, find jobs, and instills dignity in them by having them contribute to the program. They also receive increased privileges and responsibilities (Our House, 2025).

With the participation of city leaders, healthcare facilities, and community organizations, it would be possible to create facilities that conduct mental health screenings, provide mobile health care, and establish a system that helps vulnerable people find housing rapidly. This type of program would have clinic days at shelters and walk-in primary care options. If we could build partnerships between local hospitals, clinics, shelters, and non-profit organizations, we could start targeting the population of Little Rock and provide those in need with the necessary resources and outreach if they are willing to accept help.

Helping homeless and at-risk people can show them that there are people that still care about them even when they think they are alone. It would help our community tremendously because these people would be safe and be able to seek the help they need. It could break the cycle for families and get people with children off the streets. Homeless children have unique needs, and these programs would allow them to access the support they need. Helping the homeless includes assisting them with opportunities for reliable employment and living in safe, stable,housing. The goal is to connect them with the resources that they need. If we can offer affordable living and healthcare, there would not be nearly as many homeless as there are today.

Proposed Recommendations

The following recommendations are made after considering the data, discussions, and conclusions in this report:

1. Establish a Coordinated Health and Housing Link Program in Little Rock

Little Rock would benefit from a program that includes mental health assessments, primary care access, and housing support for any individual or family that is experiencing homelessness. An example of a good housing program to piggy back off of would consist of VA Homeless Patient Aligned Care Team and the Home Together Program by offering health and social services that are accessible and continuous. The program would provide onsite or mobile health clinics that serve shelter areas, walk-in primary care for anyone without insurance, regular mental health screenings to detect depression, trauma, and any substance abuse, and telehealth follow-ups for those without transportation. This directly addresses our findings that traditional

healthcare areas assume everyone is able to access care, including that these individuals have transportation, phones, and housing, which does not apply to everyone, especially if they are experiencing homelessness.

2. Introduce Housing-Focused Case Management

Because homelessness and health are closely tied together, case management would be beneficial. Housing would be a priority target. Case managers could be available to screen for housing instability when occupants are being cared for. They could also connect individuals to programs to rehouse them rapidly, provide assistance with legal issues such as eviction assistance, and support with navigating the available resources. Having management that is focused on rehousing can assist with reducing emergency room visits and help to stabilize mental health.

3. Employment and Income Support

Because various reports (Duke, et al., 2025) (Smith, 2020) clearly linked job loss, low wages, and inflation to homelessness, Little Rock's program should include partnerships with workforce development agencies to address job loss and chronic unemployment. Offer job readiness programs which could help with resumes, interview prep, and facilitate job fairs that could be hosted at shelters for easy access. Targeted job placement for individuals that have recently become homeless or at high risk of homelessness could be implemented. Skills training days in high-need employment areas could allow occupants to be readily available for a job when it is presented like in healthcare fields, food service, and warehouses. Having close coordination with employers willing to hire applicants with employment gaps and/or criminal records could give them a head start as well. The prior screenings are helpful in this aspect.

4. Expand Community Partnerships

Gaps identified in part 3 suggest that Little Rock needs a specified network of aligned partners including: local hospitals and clinics, Little Rock Department of Housing programs, shelters, nonprofits that provide mental health or substance abuse treatment, outreach teams, and faith-based partners that supply meals, clothing, and personal hygiene items. A coordinated approach could help to ensure individuals are not lost between agencies or are placed back on the street.

5. Prioritize High-Need Populations

The program(s) should explicitly focus on individuals who have untreated mental illness, people struggling with substance use, families with small children, veterans, and individuals laid off or experiencing a sudden loss of their job. These populations experience the highest rates of chronic homelessness and the greatest barriers to getting any of the care that they need.

6. Implementation Plan, Funding, Evaluation

To ensure sustainability, Little Rock should use a combination of federal grants, state

funds, philanthropic support, and hospital contributions for funding. There will also need to be a short- and long-term evaluation of the proposed plan. In the short term, the numbers of clients screened, connected to mental health care, receiving follow up care, utilizing shelters, and obtaining housing needs to be tracked to see how many are participating and the success rates of same. In the long term, changes in housing stability rates, employment status, healthcare visits, mental health reports, and the number of individuals moving into permanent housing will need to be evaluated and compared. Regular annual reviews would tally the progress and evolvement within the community to track effectiveness, manage shortfalls, and drive innovation.

These recommendations directly address the gaps identified including economic strain, limited healthcare access, lack of services, and the cycle of instability. By integrating housing, healthcare, case management, and employment support, Little Rock can build a model that is supported by evidence to show an interruption in the cycle of homelessness and improving long-term outcomes.

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