NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Health Care for the Homeless: Considerations for Essential Hospitals

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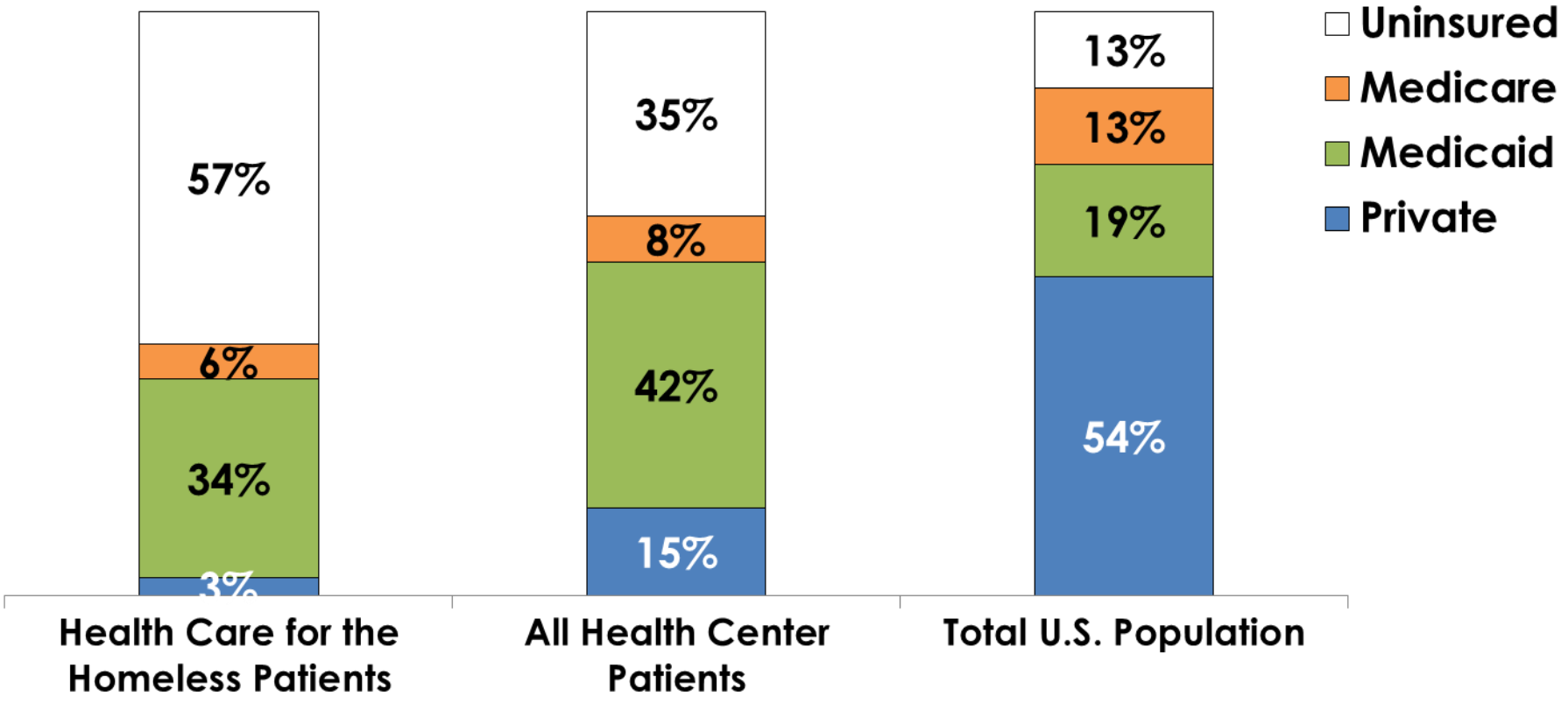
Sr. Director of Policy
May 5, 2015

Four Topics Today

- Connection between homelessness & health
- What health providers need to know about homelessness
- Services of greatest need
- Actions to consider

THE HOMELESS POPULATION HAD SIGNIFICANTLY HIGHER UNINSURED RATES COMPARED TO OTHER GROUPS PRE-ACA

Health Insurance Coverage for Health Care for the Homeless Patients Compared to Other Groups, 2013:



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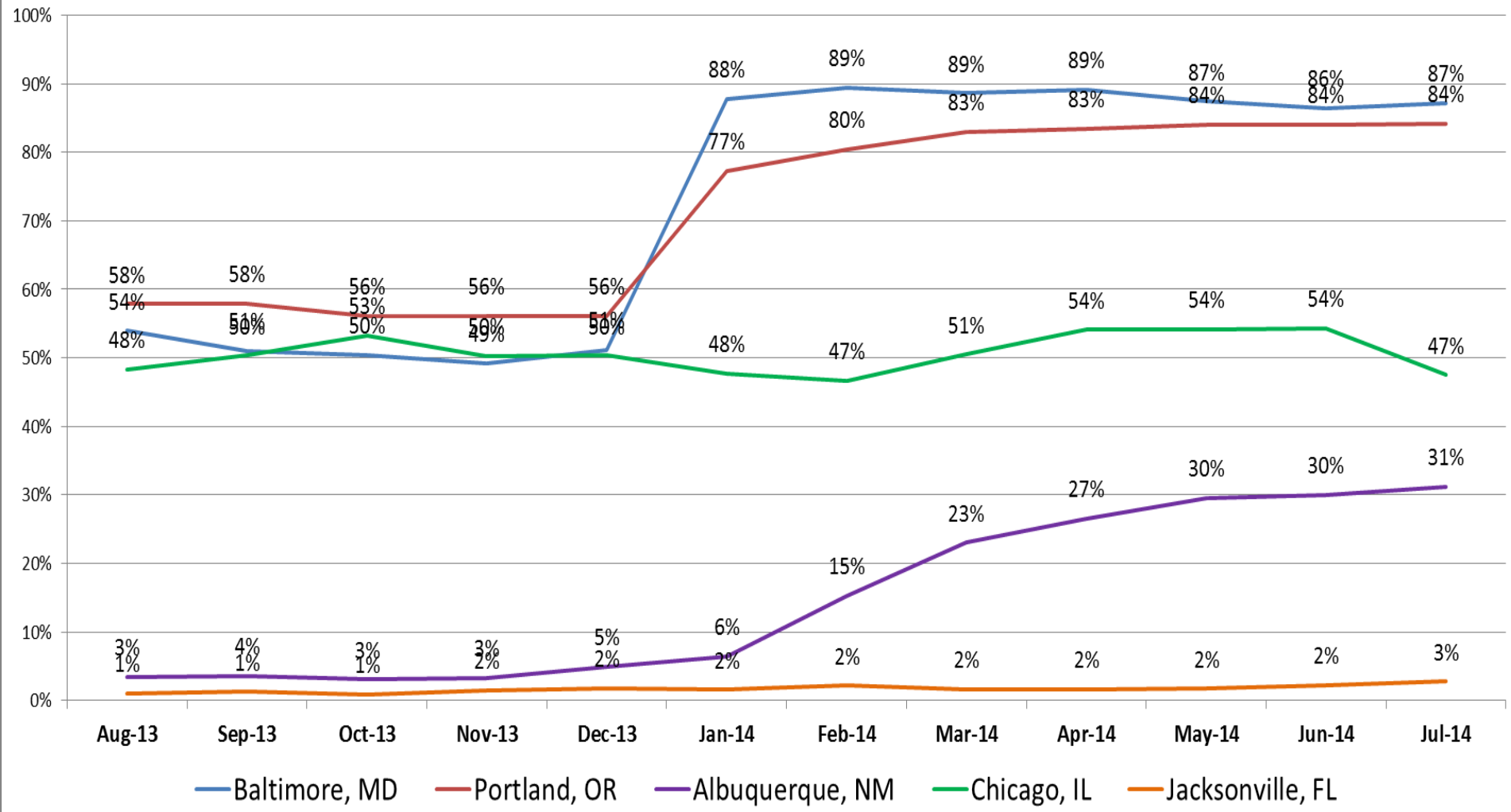
Note: Medicaid includes CHIP and other public Coverage.
Sources: HRSA, 2013 National Homeless Data, Table 4: Selected Patient Characteristics; Health Resources and Services Administration, 2013 National Health Center Data; and U.S. Census Bureau, Current Population Survey Data, 2013.

Percent of Visits with Clients Who Have Health Insurance
August 2013 - July 2014



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Source: data reported by National Health Care for the Homeless study sites, 2014.

Root Causes of Homelessness

Housing Costs

+

Insufficient incomes

=

Homelessness

Single night = 578,424

(2014 HUD)

Annual patients = 1,131,414

(2013 health centers)

Housing wage for 2-BR housing wage is $18.92/hour. In no state can a full-time minimum wage worker afford a 1- or 2-BR rental unit at Fair Market Rent.

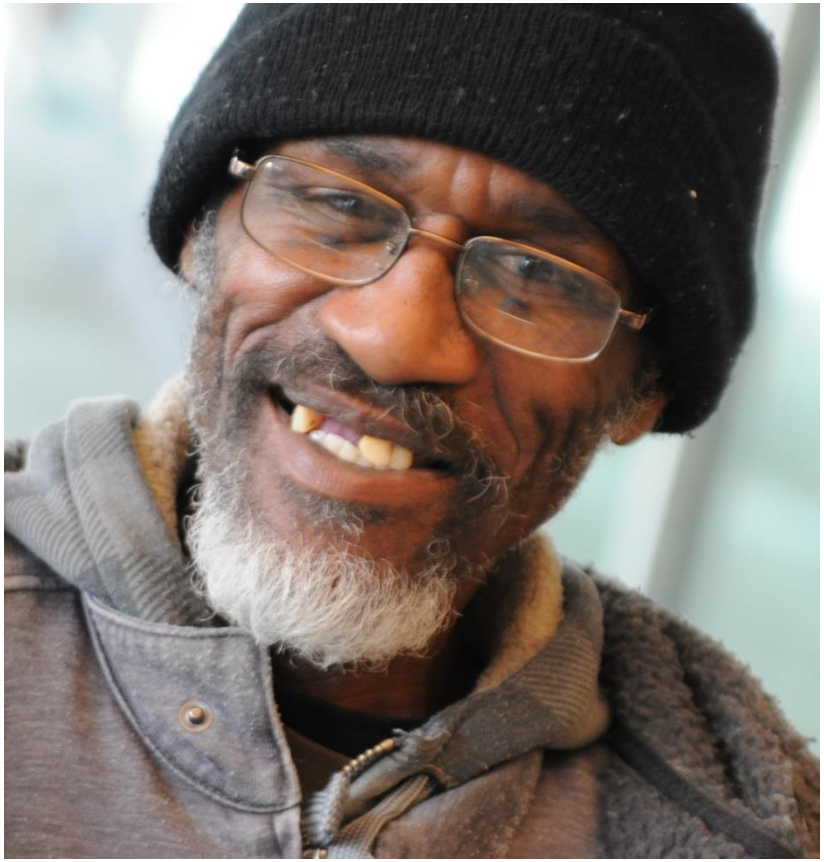
-National Low Income Housing Coalition: *Out of Reach 2014* http://nlihc.org/oor/2014

~8 million households currently spend more than 50% income on rent.

-HUD Press release, Feb. 3, 2015.

Other Causes of Homelessness

- Losing employment/income
- Domestic violence/family instability
- Incarceration
- Institutionalization
- Fire/other tragedies
- Lack of family/social supports
- Downward spiral due to multiple factors
- Illness and injury



Relationship Between Homelessness & Health #1

Poor health causes homelessness

- Illness contributes to loss of employment/wages
- Financial impact (medical bankruptcy)
- Personal Impact (behavioral health -> exclusion)
- Effects of Trauma

Relationship Between Homelessness & Health #2

Homelessness causes poor health

- Exposure to elements, communicable disease, violence, parasites, acute illnesses
- Poor nutrition
- Poor sleep/rest

Criminalization of homelessness

- Exacerbation of existing medical conditions
- Self-medication & depression is common

Relationship Between Homelessness & Health #3

Homelessness interferes with treatment

- Competing priorities (safety, food, legal, shelter)
- Adherence to medical plan (medications, dietary instructions, wound care, medications/equipment
- Lack of transportation
- Lack of stability

Institute of Medicine, *Homelessness, Health, and Human Needs. Washington: National Academy Press, 1988.*

CONSEQUENCES

- Pervasive homelessness
- High rates of illnesses *(3-6 times)*
- Multiple complex morbidities
- Premature mortality
- Deferred care/high costs
- High ED and hospital utilization/readmission
- Discharge difficulties

What Health Providers Need to Know

- Housing instability compromises effectiveness of health care services
- ED & hospitalization not always “inappropriate”
- Increased Medicaid eligibility (in expansion states) a plus, but not a solution
- Client relationships with specific hospitals & staff are strong
- Hospitals are frequently only “safe” place
- Patients want more for themselves, and they want to get better → we can help make that happen

Services of Greatest Need

- Comprehensive care management & care coordination
- Medication management
- Rigorous discharge planning and follow-up
- Medical respite care and supportive housing
- Community-based chronic disease management & behavioral health treatment
- Dental care
- Team-based care across multiple providers
- Patience and compassion

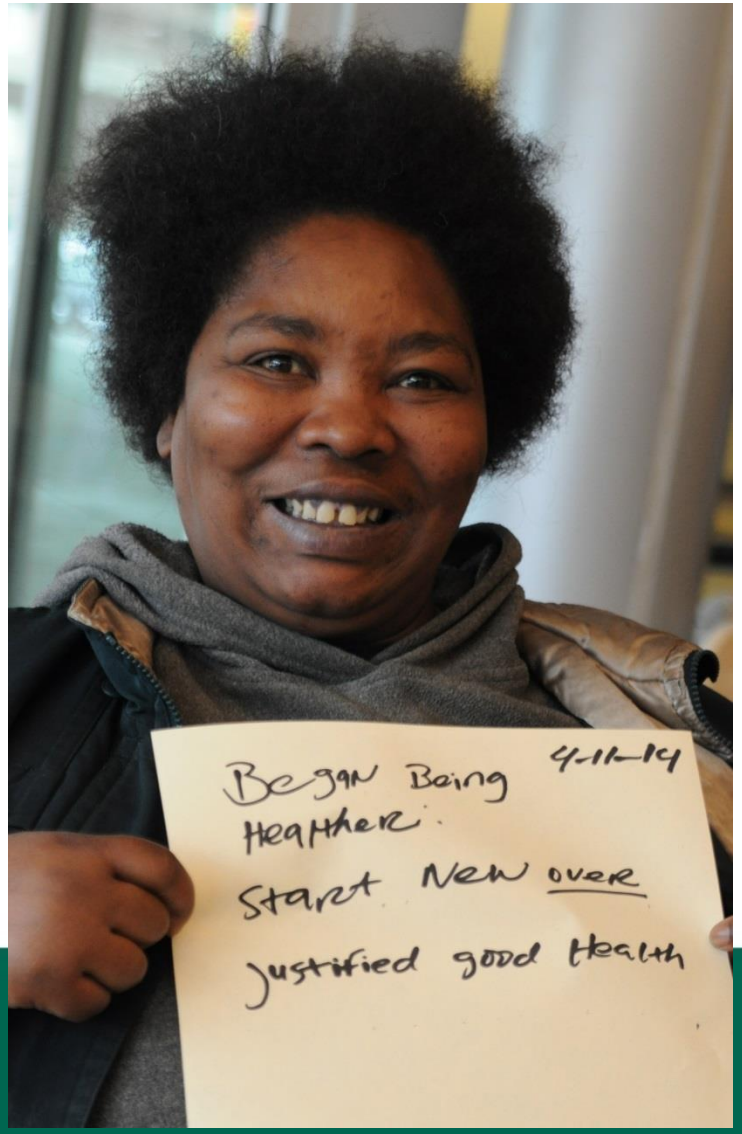
Evidence-Based Practices

- Motivational Interviewing
- Trauma Informed Care
- Harm Reduction
- Cultural Competency

Promising Practice:

- Medical Respite Care

  http://www.nhchc.org/resources/clinical/medical-respite/



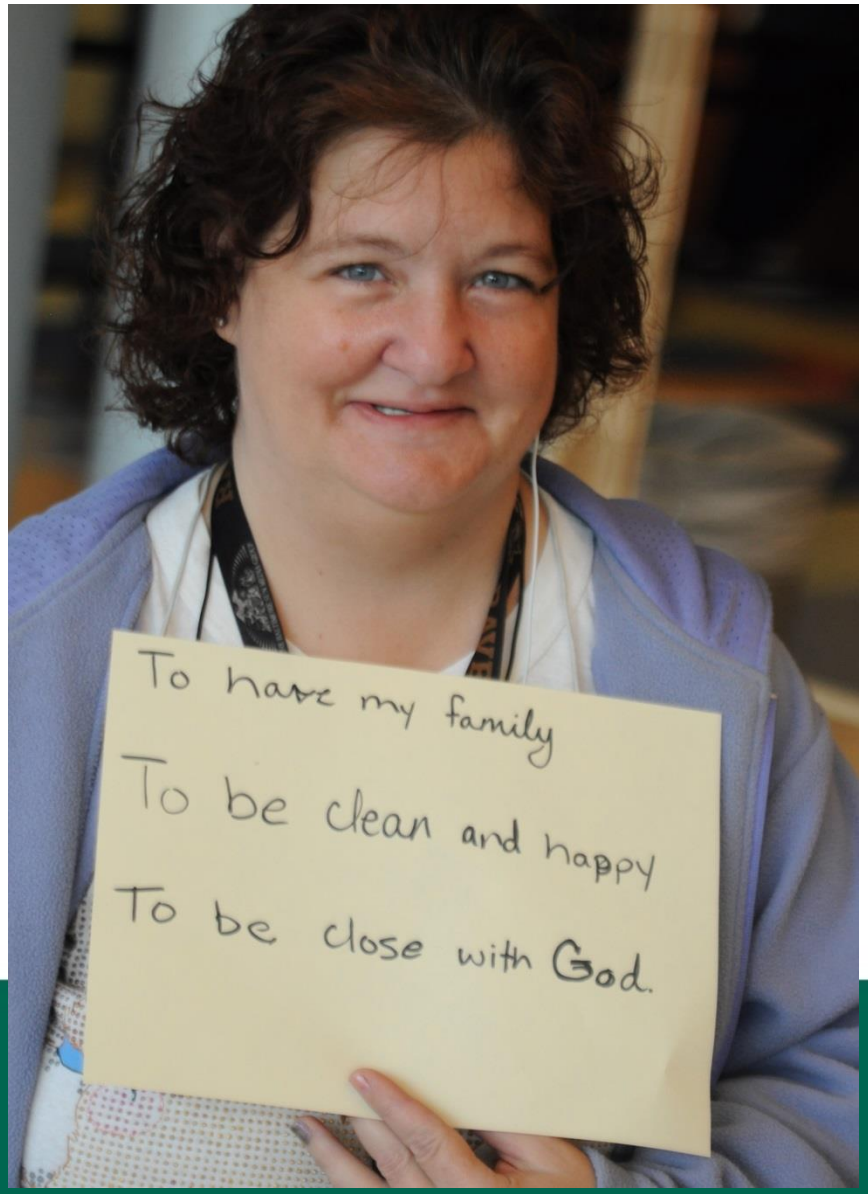
HCH Adapted Clinical Guidelines

- Asthma
- Cardiovascular Diseases: Hypertension, Hyperlipidemia & Heart Failure
- Chlamydial or Gonococcal Infections
- Chronic Pain
- Diabetes Mellitus
- General Recommendations for the Care of Homeless Patients
- HIV/AIDS
- Opioid Use Disorder
- Otitis Media
- Reproductive Health Care

http://www.nhchc.org/resources/clinical/adapted-clinical-guidelines/

The HCH Approach to Care

- PCMH – Patient-Centered Medical Homes
- Coordination of Care
- Multidisciplinary Teams
- Access
  - Street outreach
  - Accessible locations & hours
  - Elimination of financial barriers
- Patient Self-determination Goal Setting



10 Actions to Consider

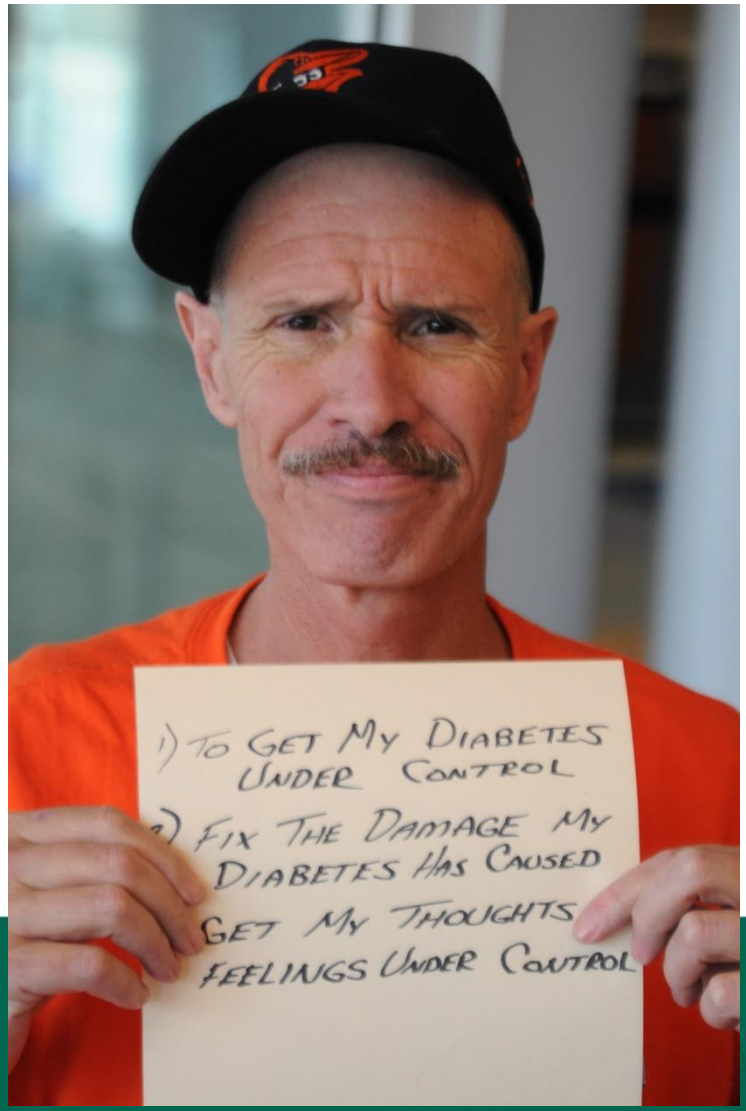
1. Partner with community providers serving homeless (share staff)
2. Share data (both ways, if possible)
3. Ensure provider & pharmacy networks are in sync
4. Eliminate/limit out of pocket costs
5. Train medical and social work staff on EBPs (especially as they pertain to homeless/high-need patients)
6. Develop/expand medical respite programs and linkages to supportive housing
7. Use hospital community benefit funds to help meet needs
8. Advocate for Medicaid expansion (if needed)
9. Join/lead larger push for decent, affordable housing *(housing IS health care)*
10. Document homelessness in your EHR!

Use Diagnosis Codes for Homelessness

ICD-9-CM:V60.0

ICD-10-CM: Z59.0

REFERENCE TERMS:
Hobo
Lack of housing, shelter
Social Migrant
Nomad
Tramp
Transient
Vagabond
Vagrant



CONTACT & RESOURCES

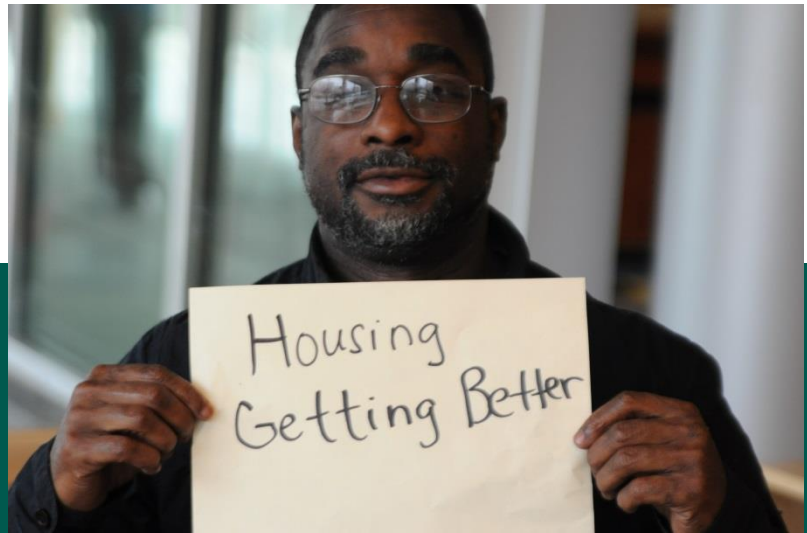
- Barbara DiPietro, Sr. Director of Policy, National HCH Council

  bdipietro@nhchc.org or @barbaradipietro

- Kaiser Family Foundation: Early Impacts of the Medicaid Expansion for the Homeless Population *(November 2014)*

  Available at: http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/

- Other Medicaid and health-reform materials: http://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/



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Affordable Housing and Hospital Partnerships: New Traction to Improve Community Health and Reduce ER Admissions

Peggy Bailey
CSH
March 6, 2015

The Source for Housing Solutions

CSH

Our Mission

Advancing housing solutions that:

Improve lives of vulnerable people

Maximize public resources

Build strong, healthy communities

CSH
The Source for Housing Solutions

Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.

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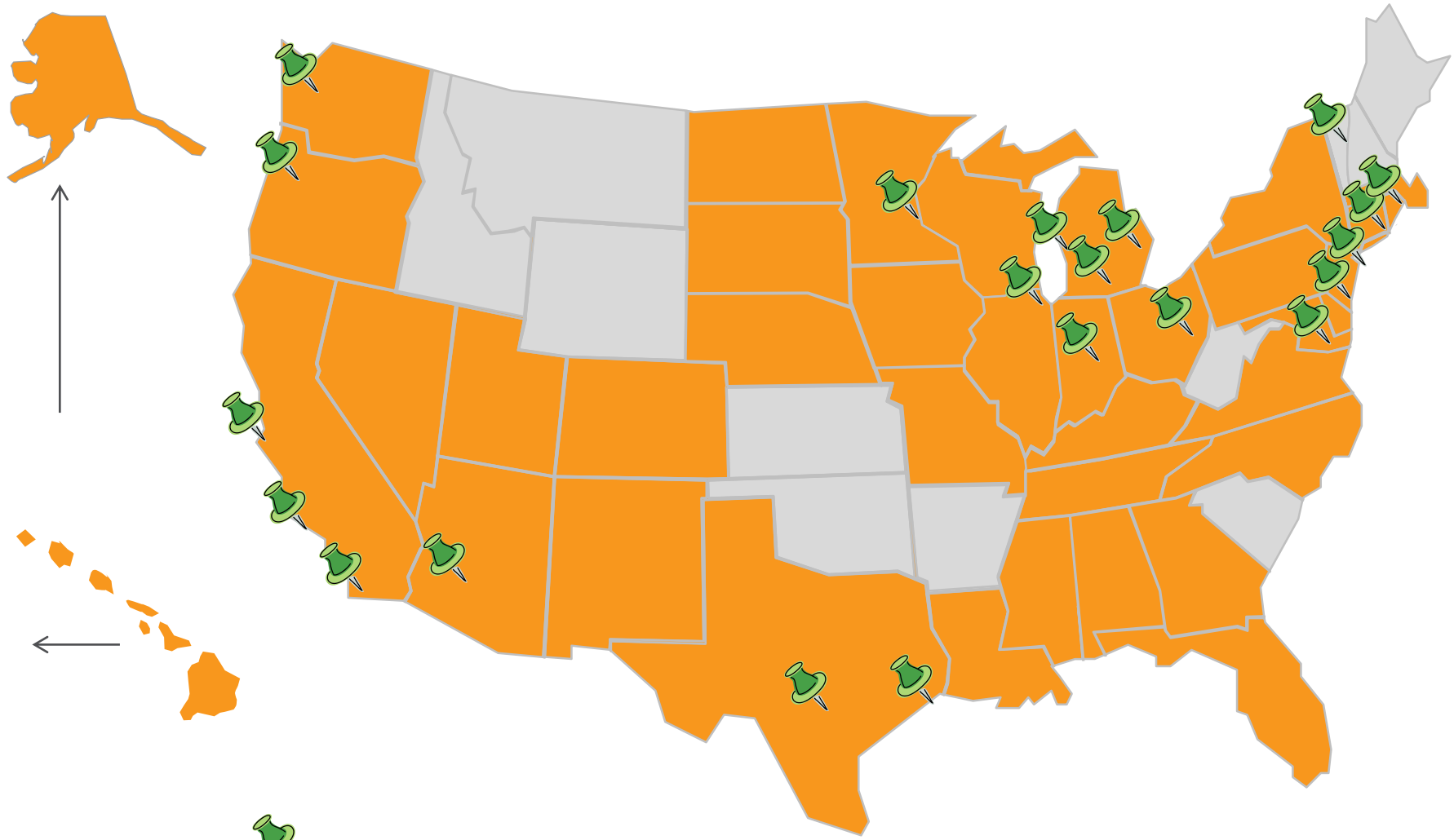
Building Strong, Healthy Communities



Locations where CSH has staff stationed

Locations where CSH has helped build strong communities

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Supportive Housing …

- Targets households with barriers
- Is affordable
- Provides tenants with leases
- Engages tenants in voluntary services
- Coordinates among key partners
- Connects tenants with community

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Supportive Housing Populations

Residents of Institutions who Prefer to Live in the Community

Chronically Homeless

Includes individuals, families and youth

People Exiting Jail or Prison with Chronic Health Conditions (esp. mental health)

Mental health, substance use and/or physical health disabling conditions coupled with housing need

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Supportive Housing Services

Tenancy Supports	Housing Case Management
Outreach and engagement	Service plan development
Housing search assistance	Coordination with primary care and health homes
Collecting documents to apply for housing	Coordination with substance use treatment providers
Completing housing applications	Coordination with mental health providers
Subsidy applications and recertifications	Coordination of vision and dental providers
Advocacy with landlords to rent units	Coordination with hospitals/emergency departments
Master-lease negotiations	Crisis interventions and Critical Time Intervention
Acquiring furnishings	Motivational interviewing
Purchasing cleaning supplies, dishes, linens, etc.	Trauma Informed Care
Moving assistance if first or second housing situation does not work out	Transportation to appointments
Tenancy rights and responsibilities education	Entitlement assistance
Eviction prevention (paying rent on time)	Independent living skills coaching
Eviction prevention (conflict resolution)	Individual counseling and de-escalation
Eviction prevention (lease behavior requirements)	Linkages to education, job skills training, and employment
Eviction prevention (utilities management)	Support groups
Landlord relationship maintenance	End-of-life planning
Subsidy provider relationship maintenance	Re-engagement

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Why Partner – Gains for Housing

- **Often the last piece of the housing puzzle**
- **Mostly short term grants**
  - Narrow in scope
  - Extensive reporting requirements
  - Unpredictable
- **Limited state general fund and local resources**
  - Restricted public budgets
  - Provider shortages
  - Little experience with our population and model

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Why Partner – Gains for Hospitals

- **Targeting Patients in Housing**
  - Experts engaging vulnerable population
  - Case management coordination
  - Address matching – Hotspotting
- **Changing Service Delivery Models**
  - Community Services
  - Home based services
  - Medical Respite
- **Investment Opportunities**
  - Staff Resources
  - Community Benefit
  - Other Resources

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Basic Partnership Needs

Coordination between partners:

- **Property Management**
- **PSH case management**
- **Health Care Provider**

Regularly scheduled meetings

- **All partners meet regularly to touch base on mutual patients/tenants**

Memorandum of Understanding

- **MOU that lays out roles and responsibilities of each organization and discusses financial obligations or liabilities**

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Pieces to Successful Partnerships

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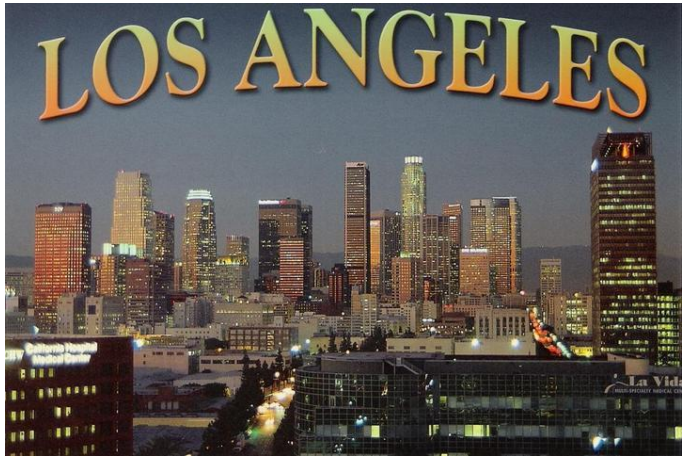
Examples – Achieving Results



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