Waiting for Care

The Availability of Health Services for Homeless Persons

In February 2006, thirty-three Health Care for the Homeless (HCH) projects[1] completed a survey by the National Health Care for the Homeless Council[2] addressing their capacity to respond to the primary care, behavioral health and dental care needs of homeless persons in their communities.[3]

The survey revealed a robust program that provides primary care, mental health and substance use, and dental services to a majority of the homeless persons who request them. However, on a national basis, homeless persons are denied services every day due to lack of capacity, and waiting for services is common. When homeless persons are referred to other health care providers for substance use and mental health services, waiting times are significant (four to six weeks) and needed services are often not received. Delays in obtaining dental care are longer still (seven to twelve weeks). Few HCH clients are successfully placed into housing, and the average wait for those who qualify for Section 8 housing vouchers is 21 months.

The following specific findings reflect averages reported by respondents, and the experience of local HCH projects varies widely. Illustrative comments are taken verbatim from projects' responses.

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[1] HCH projects are community-based organizations that in most cases are partially funded by the Health Resources and Services Administration, US Department of Health and Human Services, under Section 330(h) of the Public Health Services Act. For more information about the federal HCH Program, please see the program's website at http://www.bphc.hrsa.gov/hchirc/ and "Health Care for the Homeless: Comprehensive Services to Meet Complex Needs" at http://www.nhchc.org/HCHbrochure.html

[2] The National Health Care for the Homeless Council is a membership organization of health care providers who are dedicated to ending homelessness. We engage in training, public education and public policy advocacy. More information about the National Council is available at www.nhchc.org.

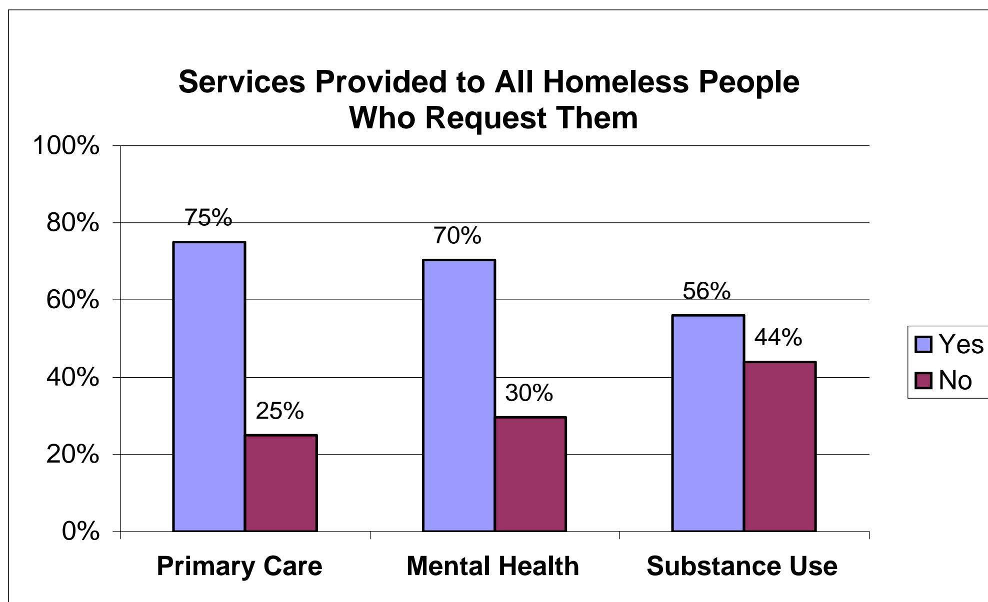
[3] The survey instrument is attached to this report. The survey was addressed to the 182 grantees of the federal HCH program and to Organizational Members of the National Council. The return rate was 18%.

Waiting for Care

"We are reaching less than 50 percent of individuals who experience homelessness in our community, and even for those folks, we don't have the capacity to meet all of their needs."

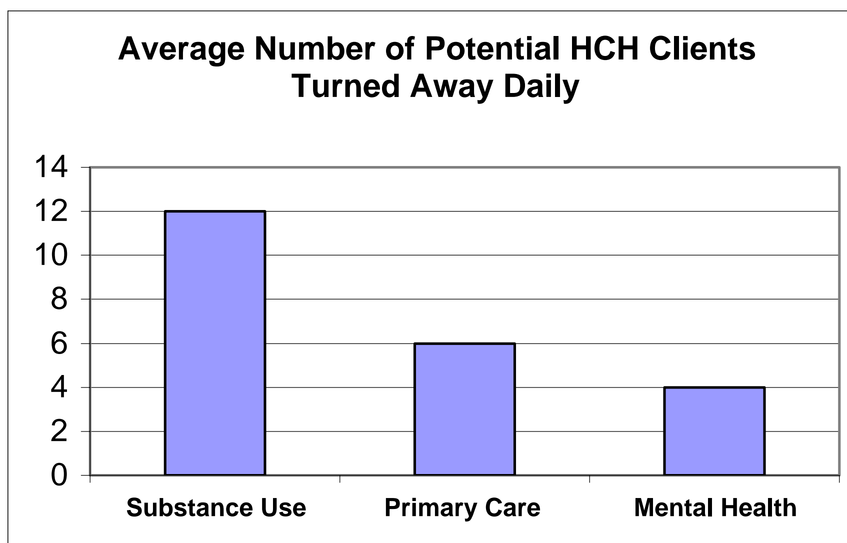
"An estimated 30,000 people experience homeless annually [in our city]; we serve 5,000 annually."

HCH projects are designed to provide ready access to care, but the need is so massive that only 75% of the responding projects are able to provide primary care services to all homeless people who request them. Fewer projects still (70%) are able to provide mental health services to all in need, and only 56% are able to serve all clients needing substance use treatment services.



"The limiting factor is our capacity. We have self-imposed limits because we lack the capacity."

Although 75% of projects report providing primary care to all homeless persons who request it, they are not necessarily able to do so on the day care is requested. 17 projects (50% of those responding) report that they turn potential clients away daily, averaging six primary care turn-aways per day; some of these projects may see these patients on a later day. At twelve per project per day, the average number of turn-aways of patients seeking substance abuse services is higher still.



"We do not maintain a [waiting] list; however, if we were to 'market' ourselves to all the shelters, housing and treatment programs for homeless persons, we would need to maintain a list. The need is great and the capacity is limited."

"Some [homeless] programs refer their clients to community health centers, which are excellent providers of health care, but when they find out that we are more or less "one stop shopping" with transportation, mental health, case management, etc., they prefer to refer their clients to us, if the client does not have an established relationship with a another provider. We have the expertise and health care model most effective for persons who are homeless."

To help meet the unmet need health care needs of homeless persons, the National Health Care for the Homeless Council supports expansion of the federal Consolidated Health Center Program, a grant program which funds Community, Migrant and Homeless Health Centers. Recent increases in the federal appropriation for this program have allowed for new service sites and expansions of existing programs to serve additional patients, but the program does not meet the actual costs of providing care to existing patients or keep pace with health care cost inflation.

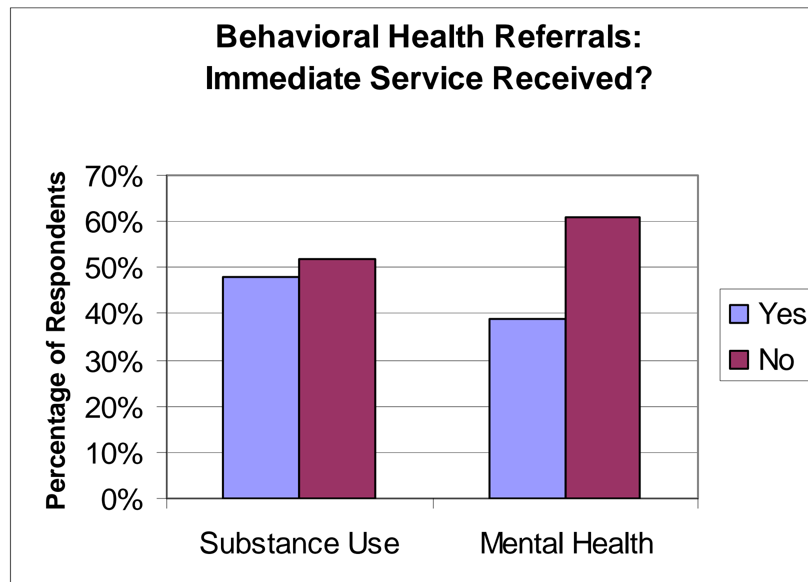
A viable HCH grant program is necessary in part because most homeless persons are not eligible for Medicaid or other health insurance programs. The National Council works for improvements in Medicaid and other "mainstream" systems of care, and—as noted below—we seek national health insurance to help pay for necessary services.[4]

[4] Please see our statement on "Homelessness and Health" and other Policy Statements at http://www.nhchc.org/Advocacy/PolicyPapers/policystatements.html

Waiting for Behavioral Health Care

"Our largest unmet need is for people with addiction disorders who need inpatient services and for dually diagnosed people with mental illness that is not being treated or is not under control."

The majority of projects are not able to provide substance use or mental health services at the time that their clients request such services (the time when such services are most effective).



"Access to outpatient mental health services depends on many factors, including eligibility for different programs, Medicaid or other funding source, severity of need, etc. – but often [clients must wait] several months."

The limited capacity of HCH projects to provide behavioral health services results in frequent referrals to other providers.[5] Unfortunately, these providers also have limited capacity, and wait lists for behavioral health services on referral average from four to six weeks.

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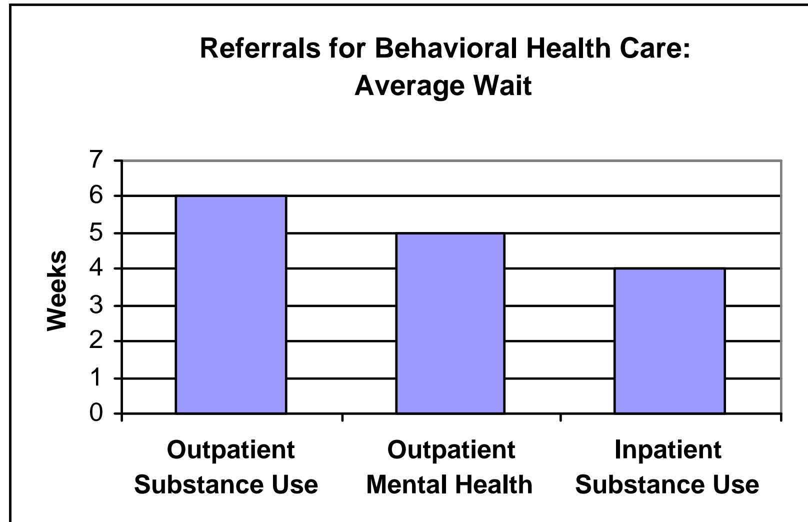
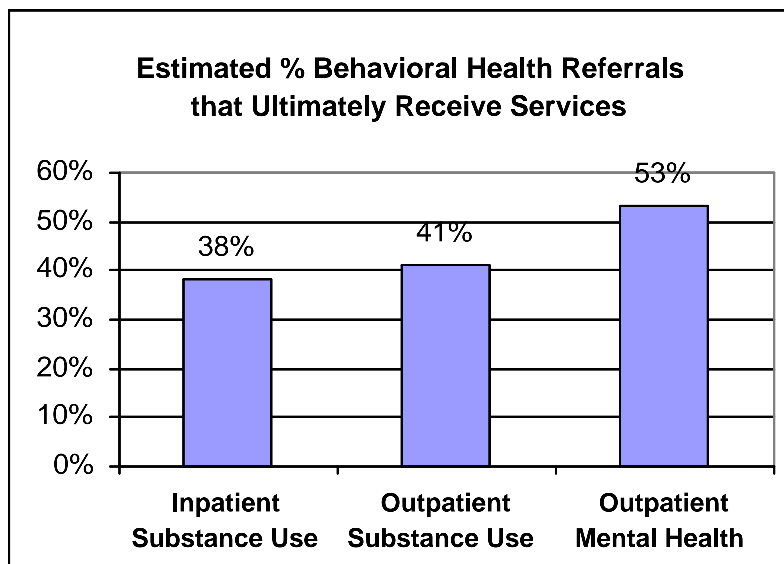
[5] Many behavioral health programs are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and often are not well integrated at the local level with primary care programs such as HCH projects, which are funded by a distinct federal agency, the Health Resources and Services Administration (HRSA). Greater integration of health services funding would facilitate more comprehensive and effective care.



HCH projects report that less than half of their referrals for substance use treatment ultimately result in the delivery of services; only slightly more than half of referrals for outpatient mental health services are successful.



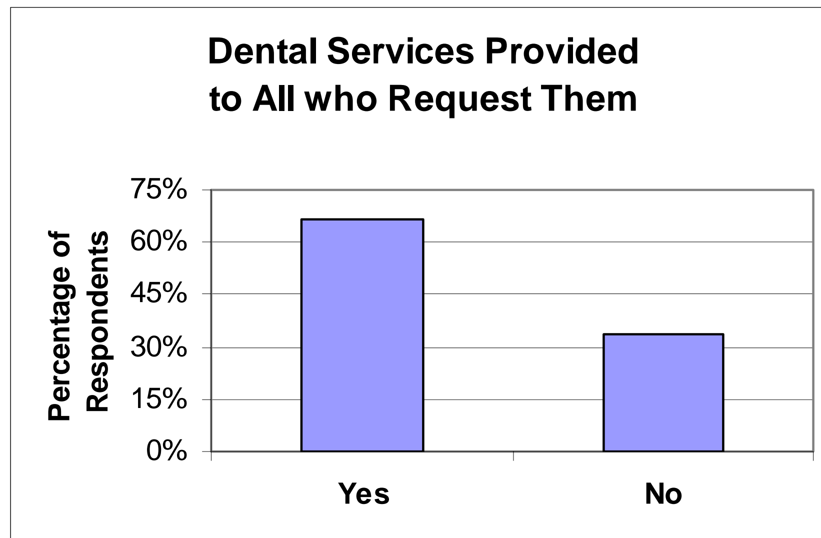
Substance use and mental health treatment depends in large part on the client's readiness to accept services. When desired services are not readily available, a client's willingness frequently evaporates, and the treatment opportunity is lost. Furthermore, the unstable living arrangements of homeless clients often make them impossible to locate when a requested treatment slot finally does become available. <u>The National Health Care for the Homeless Council therefore supports policies to assure substance use and mental health treatment on demand</u>.[6]

[6] See our policy statement on Addictions, Mental Health and Homelessness at http://www.nhchc.org/Advocacy/PolicyPapers/2005/AddictionMentalHealth.pdf

One reason for long waiting lists and the ultimate failure of many referrals is that payment for services is frequently not available. 71% of HCH clients are uninsured[7] , and behavioral health benefits are meager in many insurance plans. Many behavioral health services are therefore provided only on a charity basis, and are limited by the availability of funding. The National Health Care for the Homeless Council calls for universal health insurance with comprehensive benefits, including all needed substance use and mental health services.

"We can assess our clients' behavioral health care needs, we can educate them about the effects of mental illness/substance abuse on their health, quantify the problem, and offer some services. But without behavioral health coverage, we cannot provide an intervention that is sustainable, affordable or effective."

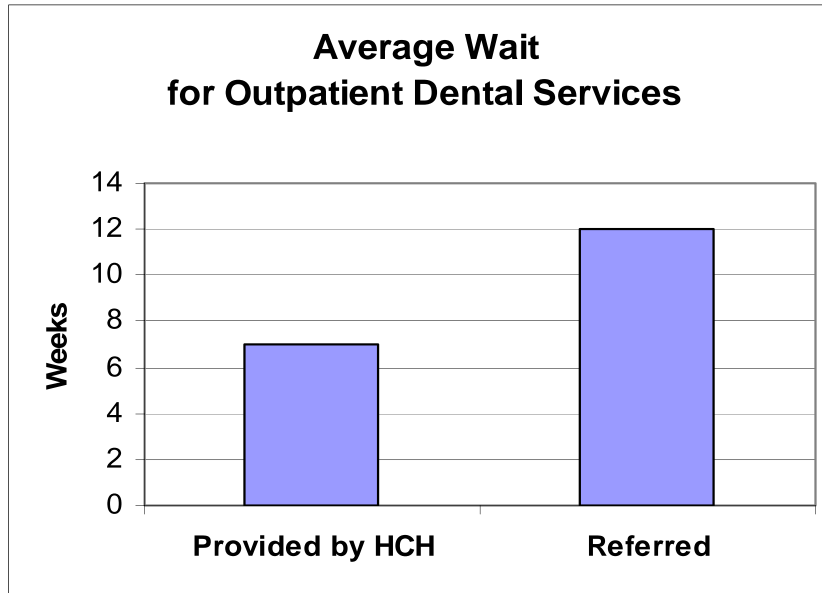
Waiting for Dental Care



"The wait for dental services is often so long, we lose track of the patient."

One-third of HCH projects cannot provide dental care (not a federally required service) to all those who seek them.

[7] Health Resources and Services Administration, Uniform Data System, Calendar Year 2004.



"We have approximately 2,000 patients in need of dental care and have little or no way to provide it to them."

Whether provided directly by an HCH project or on referral, waiting times for dental services are seven to twelve weeks on average, even longer than for behavioral health services.

Waiting for Health Insurance

> *"Those who are eligible for Medicaid can wait up to 45 days to get enrolled, even if they have a chronic illness such as diabetes or schizophrenia, which results in countless ER visits. Once enrolled, their Medicaid coverage is cut off if they miss any of the frequent appointments that are required. To keep Medicaid, a homeless person needs a fax machine, a mailbox, and a cell phone."*

In a separate report, "Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid",[8] the National Health Care for the Homeless Council has described the reasons for such waits. Most homeless people are not eligible for Medicaid, however, because the program generally does not serve single adults without documented disabilities. 71% of HCH clients are uninsured.[9] Since President Truman first proposed national health insurance in 1948, poor Americans and their health care providers have waited for the advent of an equitable, cost-effective universal health care program. The National Health Care for the Homeless Council calls for the enactment of a universal health insurance program and endorses pending federal legislation, HR 676, the Expanded and Improved Medicare for All Act.[10]

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[8] Available at http://www.nhchc.org/Publications/CasualtiesofComplexity.pdf
[9] 2004 Uniform Data System (UDS) report, Health Resources and Services Administration.
[10] Please see further discussion at http://www.nhchc.org/singlepayer.html and join in our work.

Waiting for Housing

> *"Lack of affordable housing is the biggest barrier to health care of all."*
>
> *"Homelessness has been exacerbated by the inflated housing market and landlords turning every building in sight into condos or coops."*
>
> *"Homeless people without mental health problems or substance abuse issues or AIDS have an especially difficult time accessing any housing."*
>
> *"The Section 8 waiting list is 18–24 months for folks with disabilities, and 5–6 years for folks without disabilities."*

Respondents to this survey reported that, on average, only 17% of their clients have been able to obtain rental housing. They report that the Section 8 Housing Choice Voucher Program, the major rental subsidy program for poor people, has waiting lists that average 21 months, and can be as long as 72 months. As with Medicaid, not all homeless people are even eligible for housing subsidies.

Federal, state and local housing policies are actually reducing the supply of affordable rental housing and are fueling unprecedented rates of homelessness. <u>The National Health Care for the Homeless Council calls for a major re-investment in housing for poor people, through the enactment of the National Housing Trust Fund and other measures.</u>[11]

Conclusion

The survey conducted by the National Health Care for the Homeless Council confirms that HCH projects provide essential, comprehensive health care to vulnerable individuals who would otherwise have little or no access to these services. The survey also confirms, however, that the paucity of resources available to HCH projects and their clients leaves many out in the cold. There is especially a dearth of substance abuse, mental health, and dental services. To no one's surprise, affordable housing, the *sine qua non* for the abolition of homelessness, is everywhere in short supply.

The survey results demonstrate that the existing programmatic response to homelessness is important but inadequate. We urge health care providers, advocates, researchers, and policymakers to collaborate with people experiencing homelessness in addressing these problems. Without establishing a legally enforceable right to health care, housing, and an adequate income, it is difficult to envision a nation in which homelessness is rare and brief, a necessary condition for a just society.

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[11] Please see our policy statement on housing at http://www.nhchc.org/Advocacy/PolicyPapers/2005/HousingandHomelessness.pdf

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Appendix

HCH Week 2006 Needs & Capacity Survey Instrument

Dear Colleague:

The second annual **Health Care for the Homeless Week** has been set for **March 19-26, 2006**. Local HCH projects are encouraged to start thinking about public events to celebrate the good work that you do. You will soon receive an organizer's kit with suggestions and resources to help build upon last year's very successful HCH Week, in which 50 HCH projects participated.

This year, the National Health Care for the Homeless Council hopes to issue a report that begins to examine the unmet need for HCH services. Will you please take a few moments to respond to the following questions? We will seek your permission before attributing any particular response to you or your agency in our report. Please hit "reply", fill in the answers in the body of the email, and send it back to me completed by **Friday, February 10.** Where you do not know the answers, please simply skip the question, or provide a comment.

Name of Respondent:
Respondent's e-mail:
Name of agency:
City & State:

With regard to **primary care**, is your HCH project able to provide services for all homeless people who request services? __ yes __ no
-If you maintain a waiting list for primary care services, how long is the average wait?
-Do you turn patients away because your capacity to serve has been reached? __ yes __ no
-On average, how many potential patients are turned way each day? ___ Is this an __ estimate or an __ actual count?
-Do you have other means of determining unmet need for primary care among homeless people in your community?

Overall, **how many patients** did your HCH project serve during Calendar **2004**?
Overall, **how many patients** did your HCH project serve during Calendar **2005**?
How do you explain any significant change in utilization of your services?

With regard to **services for substance use disorders**, is your HCH project able to provide services for all homeless people who request services? __ yes __ no __ we do not provide services directly
-If you provide services directly and maintain a waiting list for substance abuse services, how long is the average wait?
-Do you turn patients away because your capacity to serve has been reached?
__ yes __ no
-On average, how many potential patients are turned away each day? ___ Is this an __ estimate or an __ actual count?

-Do you have other means of determining unmet need for services for substance use disorders among homeless people in your community?

If you **refer** patients to **services for substance use disorders**:
-are **outpatient** services usually available immediately? __ yes __ no
-If not, what is the average wait for outpatient services?
-If there is a wait, what percentage of referrals ultimately enter outpatient treatment?
-are **inpatient** services usually available immediately? __ yes __ no
-If not, what is the average wait for inpatient services?
-If there is a wait, what percentage of referrals ultimately enter inpatient treatment? __%

With regard to **mental health services**, is your HCH project able to provide services for all homeless people who request services? __ yes __ no __ we do not provide services directly
-If you provide services directly and maintain a waiting list for mental health services, how long is the average wait?
-Do you turn patients away because your capacity to serve has been reached? __ yes __ no
-On average, how many potential patients are turned away each day? ___ Is this an __ estimate or an __ actual count?
-Do you have other means of determining unmet need for mental health services among homeless people in your community?

If you **refer** patients to **outpatient mental health services**:
-are services usually available immediately? __ yes __ no
-if not, what is the average wait for outpatient services?
-if there is a wait, what percentage of referrals ultimately enter outpatient treatment?

With regard to **dental services**, is your HCH project able to provide services for all homeless people who request services? __ yes __ no __ we do not provide services directly
-If you provide services directly and maintain a waiting list for dental services, how long is the average wait?
-Do you turn patients away because your capacity to serve has been reached? __ yes __ no
-On average, how many potential patients are turned away each day? ___ Is this an __ estimate or an __ actual count?
-Do you have other means of determining unmet need for dental services among homeless people in your community?

If you **refer** patients to **dental services**:
-are services usually available immediately? __ yes __ no
-if not, what is the average wait for outpatient services?
-if there is a wait, what percentage of referrals ultimately enter treatment?

With regard to **pharmaceuticals**, is your HCH project able to provide pharmaceuticals for all homeless people who require them? __ yes __ no __ we do not provide pharmaceuticals on site

-If you provide pharmaceuticals on site, is your HCH project able to provide medications for all homeless people for whom you prescribe them? __ yes __ some __ none
-For pharmaceuticals that you do not provide, how do your patients get their prescriptions filled? Is their need for medicines met?

Housing is health care. With regard to **housing**, what percentage of your patients resolve their homelessness by obtaining rental housing of their own? __ %
-is your community's Section 8 Housing Choice Voucher program currently accepting applications? __ yes __ no
-how long is the Section 8 waiting list? __ months **or** __ names

Please provide any additional comments or observations about the level of unmet need for health services among homeless people in your community:

Thank you for the services you provide to homeless people, and for giving some of your precious time to respond to these questions.