NATIONAL HEALTH CARE for the HOMELESS COUNCIL

ANNUAL REPORT

JULY 1, 2015 TO JUNE 30, 2016
Same identity, fresh perspective

The accomplishments that this report summarizes were inspired by and designed in support of our ambitious mission: to eliminate homelessness by ensuring comprehensive health care and secure housing for everyone. Each activity described here is an effort toward achieving our mission. Whether it is confronting barriers to care for transgender individuals without homes, helping health centers understand and maximize Medicaid resources, or training clinicians in cultural humility, each activity makes an intentional effort to ending homelessness while emphasizing human value and dignity.

To help us integrate this mission more intentionally into our daily work, the National Health Care for the Homeless Council describes our activities in terms of four key values: quality, access, justice, and community. It is our hope that these values reveal the breadth of the Council’s work and inspire you to learn more.

- **QUALITY**: Ensuring the best health care for the most vulnerable
- **ACCESS**: Eliminating barriers to health care and housing
- **JUSTICE**: Advancing public policies that prevent and end homelessness
- **COMMUNITY**: Creating solidarity in the homeless health care movement
Letter from the Executive Director

This Annual Report portrays our organization’s determined pursuit of a big and elusive goal: health care justice. The population we serve bears an extraordinary burden of injury, disease, trauma and stress, and is largely disenfranchised in the health care system. Increasingly, as this system evolves and as more people without homes gain Medicaid coverage through the Affordable Care Act, leaders in health care turn to the Council for the benefit of our rich experience. We are more than happy to share via our publications, webinars, consultations, conferences, and technical assistance, some of which is detailed herein.

In many instances, we can document our impact and count our results. In other cases, we cannot demonstrate that our efforts to train providers or shape public policy result in someone escaping the double trap of poverty and illness, but those victories of strong and resilient individuals are our most satisfying successes. They occur every day, throughout the nation, and the National Health Care for the Homeless Council helps to make it happen.

In the last year of my tenure as the Council’s executive director, I am proud to be retiring from an organization with an excellent staff, deeply involved membership, strong financials, and a profound commitment to human rights. Thank you for your investment in this organization, and for your support of our work.

Peace,

John N. Lozier, MSSW
Executive Director

Message from the President

It is an honor to present the Annual Report of the National Health Care for the Homeless Council. As the Council concludes its 30th year of supporting members and colleagues, we can all appreciate its contributions in identifying and advocating for issues that affect those without homes. These 30 years represent the production of hundreds of publications, the training of thousands of conference attendees, and innumerable hours of technical assistance. Most importantly, its members look to the Council as the best source for guidance and support. This mentorship can be difficult to measure, but it is the commitment of the Council’s members and extraordinary staff that keeps us all dedicated to ending the tragedy of our generation that is homelessness.

All committed to this work acknowledge there will be an end to homelessness in this country. The National Health Care for the Homeless Council will perpetuate the understanding that housing is the prescription for good health care and poor health care is exacerbated by a lack of housing. The answer is simple but the road to get there is complicated. Your time to peruse this annual report and examine the work done by the Council is the first step in our advocacy to reach those who share the same care and concern our members do. I hope that your knowledge of this social determinant that we call homelessness is enriched by this report, and that it motivates you to become involved in the Council.

Kind regards,

Doreen Fadus, MEd
President 2015-2016
MEMBERSHIP

The Council is the membership association for Health Care for the Homeless grantees, Medical Respite providers, and other stakeholders addressing the nexus of poor health and homelessness. With a rapidly growing network of individuals and organizations, the Council’s members are the core of its identity, breathing life into everything we do. Individual membership is free, while organizational membership dues start at just $500, a modest investment that principally supports our advocacy. Learn more at nhchc.org/join.

Fiscal Year 2016 was the most successful term on record for both individual and organizational members: 37 organizations and 801 individuals joined our cause, strengthening our collective voice on behalf of and including people without homes.

As of June 30, 2016:

**Total Membership**

4,482

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Individuals, including clinicians, administrators, consumers, students, and others who support our mission.

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**Organizational Membership**

- **Total organizations** representing 43 states, along with D.C. and Puerto Rico
- **Health Care for the Homeless Grantees**
- **Other stakeholders**, including: Primary Care Associations, HCH Subcontractors, Medical Respite Programs, Community Health Centers, National Advocacy Organizations, and Shelters

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**National Consumer Advisory Board**

1,163

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**HCH Clinicians’ Network**

2,252

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**Respite Care Providers’ Network**

1,067

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**Practice-Based Research Network**

- **Total organizations** across 28 states and D.C.
- **Health Care for the Homeless Grantees**

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53
Publications

- **In Focus:**
  a. Advance Care Planning for Individuals Experiencing Homelessness
  b. Vital Role of Case Management for Individuals Experiencing Homelessness

- **Policy Briefs:**
  a. How Has the ACA Medicaid Expansion Affected Providers Serving the Homeless Population: Analysis of Coverage, Revenues, and Costs
  b. Medication-Assisted Treatment: Buprenorphine in the HCH Community
  c. Managed Care and Homeless Populations: Linking the HCH Community & MCO Partners
  d. Hospital Community Benefit Funds: Resources for the HCH Community

- **Healing Hands:**
  a. Dental & Vision Care for Homeless Patients
  b. Care Coordination

- **Project Profiles on Permanent Supportive Housing**
  a. 10th Decile Project: Los Angeles
  b. Integrated Care for the Chronically Homeless: Houston

- **Fact Sheet:** Prevention & Responses to Infectious Diseases Within the Homeless Population
- **Quick Guide:** Addressing Patient Satisfaction in Health Care for the Homeless Projects
- **Using the Social Ecological Model to Examine How Homelessness Is Defined and Managed in Rural East TN
- **Homeless States of Emergency:** Advocacy Strategies to Advance Permanent Solutions
- **Engaging Youth Who Are Homeless:** Core Practices & Services
- **HCH Costing Toolkit Overview**
- **Integrated Care for the Chronically Homeless**
- **Five HCH Mobilizer action alerts on topics including: Raising the Debt Ceiling, Budget Negotiations and Ending Sequestration.**
- **Health Reform & Homelessness:** 16 Key Advocacy Areas for the HCH Community
- **Addressing the Opioid Crisis:** Priorities for the HCH Community
- **HCH Advocate Statement of Principles**
- **Comments on CMS Hospital Discharge Requirements**
- **Comments on the Joint Commission’s Proposed Standards for Permanent Supportive Housing Services**
- **Comments to HUD on Proposed Prohibition of Smoking in Public Housing**

Webinars

- **Engaging Homeless Youth:** Recommendations & Resources (July 29, 2015)
  120 participants

- **Managed Care and Homeless Populations:** Linking the HCH Community and MCO Partners (April 5, 2016)
  209 participants

- **Serving the Homeless Community:** New Findings on the Impact of the ACA Medicaid Expansion (Kaiser Family Foundation) (April 16, 2016)

- **We All Do IT:** The Role of Technology in UDS reports (May 3, 2016)
  144 participants

- **Hospital Community Benefit Funding:** Potential Resources to Meet the Needs of Homeless Populations (July 12, 2016)
  97 participants
### Key Accomplishments

**National Health Care for the Homeless Conference & Policy Symposium:**
Portland, OR May 31–June 3, 2016

- **998 Registrants**
  - 998 total registrants,
  - 434 first-time attendees (43%)

- **352 Organizations**
  - 352 organizations represented, including 126 Health Care for the Homeless Grantees, and 125 organizational members

- **3,259.25 CME Credits claimed**

- **514 App Users**
  - 514 mobile app users produced 90,020 in-app actions

**Keynote presentations by:**

- Founding Director and Senior Advisor, The Satcher Health Leadership Institute, 16th Surgeon General of the United States: Dr. David Satcher

- Chief Accountable Care Development Officer – Michigan, St. Joseph Mercy Health System / Trinity Health: Dr. Paul Harkaway

**Travel subsidies provided for 66 consumers:**
- 49 supported by HRSA, 17 supported by the generosity of Trinity Health System.

- **3 site visit locations hosting 180 registrants**

**Exclusive performance by comedian Paula Poundstone**

**New storytelling initiative:**
- Interviewed 33 storytellers producing 8 hours of footage

**Awards:**

- Inaugural Philip W. Brickner National Leadership Award presented to: Jim O’Connell, Boston MA

- Karen Rotondo Award for Outstanding Service presented to: Elizabeth Salisbury-Afshar, Chicago IL

- Medical Respite Award for Excellence presented to: Michelle Schneidermann, San Francisco CA

- Ellen Dailey Consumer Advocate Award presented to: Art Rios, Portland OR
  - Joanne Guarino, Boston MA

96% of evaluation respondents strongly agreed or agreed that learning objectives were met.

94 registrants representing 8 HCH grantees
213 CME hours awarded
99% of learning objectives met
10 consumer subsidies provided

Sessions included: Behavioral Health & Primary Care Integration; Building Successful Community & Academic Collaborations; Accessing Supportive Housing for Your Patients; Empowering the Voice of Consumers; Health Reform & Medicaid Expansion; Homeless Medical Respite; Advocacy 101: How to Affect Policy Change; Homelessness & Other Trauma Experienced in Childhood; Understanding the Current Status of Opioid Dependence in Homeless Populations; and Medical-Legal Partnership 101.

Spring Regional Training: Denver, CO: March 31-April 1, 2016

163 registrants representing 24 HCH grantees
165.5 CME hours awarded
95% of learning objectives met
10 consumer subsidies provided

Sessions included: Improving Outcomes through Cultural Humility; Building a Trauma-Informed Organization; Behavioral Health Integration; Advocacy, Policy Change, and the Health Care for the Homeless Community; Moving Forward & Keeping the Faith in Non-Medicaid Expansion States; Building Bridges with Law Enforcement; Engaging Consumer in Governance; Challenging Cases in Chronic Pain Management; Outreach to Homeless Populations Outside of the City; and Delivering Military-History-Informed Care to Homeless Veterans.
Technical Assistance (TA)
386 total TA requests in FY16 (21% increase over FY15)

- HCH Grantees: 28%
- Individuals/Other: 33%
- Non-Profits/Shelters: 14%
- Non-HCH Health Centers: 7%
- Hospital/Medical Entities: 6%
- Educational Entities: 4%
- Government Entities: 4%
- Primary Care Associations: 3%
- Legal Entities: 1%

Onsite TA Topics:
- Medical Respite Start-up
- Outreach Strategies
- Consumer Governance
- Trauma-Informed Care
- HCH Operations
- New Access Point Applications

HHS Regions by Number of Requests:
- Region 9: 20.2%
- Region 4: 19.0%
- Region 5: 12.1%
- Region 3: 10.3%
- Region 10: 7.2%
- Region 6: 7.0%
- Region 2: 5.7%
- Region 8: 4.9%
- Region 1: 3.3%
- Region 7: 1.0%

Top TA Request Categories
- Administration
- Medical Respite Care
- Individual Client Needs
- Research

TA Responses
- General: 42%
- Direct Referral: 27%
- In-Depth: 24%
- Onsite: 3%
- Virtual: 1%
FOCUS AREAS

Behavioral Health & Opioid Use
This year saw important achievements in the Council’s advocacy for changes to the behavioral health system. The Council established five legislative policy priority areas, which included behavioral health reforms that: reduce barriers to care, treat addiction and mental illness as a disease, reduce stigma, and link services to housing and employment. As Congress drafted legislation addressing the opioid crisis, the Council educated members of Congress by producing three important documents on behavioral health reform, addressing the opioid crisis, and medication-assisted treatment (MAT). Along with our strategic national partners, the Council’s Policy Team met with members of Congress to advocate for: increased MAT patient limits; expanded buprenorphine prescribing rights to Nurse Practitioners and Physician Assistants; treating addiction as a disease, rather than a criminal activity; and ensuring that homeless populations be given priority consideration within the Comprehensive Addiction and Recovery Act of 2016. Complementing our advocacy with training, the HCH Clinicians’ Network developed a Healing Hands focusing on substance use, trauma, mental health, and homelessness among youth. Moreover, the Council’s Education Committee formed a Substance Use Disorder Work Group in order to assess the needs of the Council’s members and to help develop better trainings, resources, and other deliverables. Looking forward, the Council continues to broaden its partnerships, including the Mental Health Liaison Group, a coalition of more than 66 organizations, in order to ensure that the Council will be at the forefront of advocating for persons experiencing homelessness as Congress shifts its focus towards mental health reform.

Examining Safety at HCH Sites
The National Consumer Advisory Board (NCAB) finished their biannual Consumer Participation Outreach Survey (CPO), a consumer-led research project designed to learn the concerns and needs of consumers. We use these data to improve practices and identify policy changes that would help us meet needs more effectively. This survey studied 537 consumers’ perceptions of safety at six different HCH projects, the results of which emphasized that respect is critical to people feeling safe, and a majority of participants (95%) did feel they are treated with respect at their HCH project. The survey raised a number of important questions about how we define respect, and how we provide training for staff to create safe environments for our consumers. It also underscored the need to balance safe access for all clients with the reality that many of our consumers are trauma survivors. NCAB is now working with an ad-hoc Safety Task Force comprising consumers, providers, administrators, and security staff charged to continue examination of these issues from a national perspective, cultivating resources for local HCH projects to apply these lessons to their communities and organizations.

Medical-Legal Partnerships
Criminal and civil legal issues among populations experiencing homelessness vary, and if left unaddressed, may prolong homelessness. These
problems are not health care problems per se, but rather legal needs that profoundly affect health, known as health-harming civil legal needs. Legal partners can be very helpful in addressing the Social Determinants of Health, which influence an individual’s wellbeing. The Council has partnered with the National Center for Medical-Legal Partnership (another National Cooperative Agreement agency) to identify the civil legal needs for individuals experiencing homelessness. We conducted two surveys, the first of which asked health care providers who were also members of our HCH Practice-Based Research Network about the legal issues impacting the health outcomes of their patients. The second survey asked a small sample size of consumers about civil legal needs they had experienced while homeless. Forty percent (40%) of the consumer respondents stated they had experienced five or more civil legal needs, including landlord issues, evictions, employment discrimination, ID problems, legal status, and criminal records as barriers to housing. Based on the findings of these surveys, the Council will pursue funding to study how medical-legal partnerships established in HCH settings can address the civil legal needs of individuals experiencing homelessness.

Medical Respite Care
The Council leads the field in providing resources, training, and technical assistance to support communities as they work to establish medical respite programs. To help these organizations deliver quality services, the Council brought together national experts to develop and test medical respite program standards, which serve as a framework to help programs operate safely, effectively, and seamlessly with local health care systems. With the standards complete, the Council now seeks an accrediting body in an effort to establish a formal accreditation process for medical respite programs. The Council continues to provide technical assistance to help existing and new programs adhere to these standards. Additionally, the Council is working to help sustain medical respite programs through its Health Care Innovation Award funded by the Center for Medicare and Medicaid Innovation. Now in its second year, this three-year project is meant to demonstrate the impact of medical respite care on health care quality and cost.

Community Health Workers
Community Health Workers (CHWs) can play a vital role in care coordination, outreach, and enrollment in HCH and support improved outcomes, reduced costs, and advanced care delivery. To support the integration of CHWs at Health Care for the Homeless programs, the Council developed a comprehensive online resource entitled Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs. This resource guide shares insights from the Council’s three-year demonstration project funded by the Center for Medicare and Medicaid Innovation, which focused on the integration of CHWs into 12 HCH projects. Incorporating feedback from supervisors, CHWs themselves, and others involved in the project, this guide explores the responsibilities of CHWs, as well as successful recruitment, supervision, and integration strategies that may assist HCH projects seeking to employ CHWs. Adding a dynamic, multimedia component to the resource, narrative material is complemented by a series of podcast interviews, CHW Voices, offering perspectives from CHWs and their supervisors.

LGBTQ Homelessness
While the unique health needs of lesbian, gay, bisexual, queer/questioning, transgender and gender-nonconforming (LGBQ-TGNC) individuals have gained more attention in recent years, the Council recognizes that health centers may still find themselves underprepared to adequately treat this historically underserved population. In FY16 we interviewed homeless service providers who use specific service models for TGNC persons in an effort to increase our understanding of the development, implementation, and sustainability of their program. Based on these results, the Council provided a workshop at the 2016 National Conference featuring a panel of transgender providers addressing the steps to consider when establishing and improving services for TGNC persons. In addition, the Council contributed to an online resource called At the Intersections in collaboration with the True Colors Fund and the National LGBTQ Task Force. This resource provided an overview of health issues among LGBTQ homeless youth and highlighted lesser-known topics such as physical health issues, rural youth homelessness, immigration, and the intersectionality of race. With our commitment to increasing access and quality of care for the most vulnerable, the Council will publish a guide in FY17 on establishing and improving TGNC services and pursue funding to assess physical and mental health issues, unmet health needs, barriers and facilitators to care, and patient experience of TGNC persons experiencing homelessness.

Women Experiencing Homelessness
Over the past 20 years, women have become one
FOCUS AREAS

of the fastest-growing groups within the homeless population, constituting more than one third of sheltered homeless adults. Though homeless women struggle with high rates of substance use and co-occurring mental and physical health problems, systems of care are usually structured to support men and often leave women out. Confronting this disparity, the Council partnered with the University of Massachusetts Medical School (UMMS) to conduct a national study of women accessing primary care in eleven Health Care for the Homeless grantees across nine states. The study confirmed a high prevalence of substance use and co-occurring mental health problems among women experiencing homelessness and identified the unique challenges in accessing behavioral health services. We concluded that the care delivery necessitates targeted substance use treatment services that also address psychiatric co-morbidities, physical and sexual violence, domestic violence, risky sex behaviors, child care, and social support services. Having presented these results at the 2016 National HCH Conference, the Council has also accepted an invitation to present them at the 9th Annual International Women’s and Children’s Health and Gender Group Conference. Using the data from this study, we will develop a special issue fact sheet and pursue a larger grant with UMMS to develop and implement an intervention for substance use disorders within this population.

**Youth Experiencing Homelessness**

Youth without homes represent one of the largest subgroups of the overall homeless population in the US. In addition to their experiences with unstable housing, most have faced a number of adversities, including: family rejection, neglect, and abuse; economic hardship; and difficulties accessing homeless services. Youth experiencing homelessness are at significant risk of diseases, injuries, and developmental delays that can impair their functioning, potentially for their entire lives. This year the Council developed multiple resources to help providers engage and serve youth experiencing homelessness. Our resource Engaging Youth Experiencing Homelessness: Core Practices and Services examines practices and services that HCH grantees have found to be helpful in engaging youth experiencing homelessness. To build on this work, we dedicated an issue of In Focus, our quarterly research review, to behavioral health among youth experiencing homelessness. In our home state of Tennessee, we conducted intensive outreach and education through our TennCare Shelter Enrollment Project, which is an effort to ensure that children and youth living in shelters have health care coverage and receive appropriate health care screenings and primary care. We also expanded our reach by partnering with the School-Based Health Alliance and National Network for Youth to educate a broader constituency on the health needs of youth experiencing homelessness.

**Medicaid Managed Care**

The Council made significant strides in addressing the implications of Medicaid Managed Care on Health Care for the Homeless, primarily by developing strategic partnerships with MCOs. We collaborated with UnitedHealthcare, for example, to publish a policy brief and host a webinar describing managed care plans and illustrating the shared
goals of HCH programs. We anticipate these collaborations will foster closer relationships at the local level, ultimately yielding better-quality care and health outcomes (e.g. investments in case management, medical respite care, and supportive housing). The Council’s policy team expanded this conversation at a full-day Preconference Institute and other workshops in Portland where MCO and HCH leaders were joined by other stakeholders including hospitals and other policymakers. The interests of these stakeholders are sometimes presumed to contradict one another, and thus this gathering was an unprecedented step toward finding common ground and enhancing all of our services for people without homes. Finally, the Council took advantage of the opportunity to submit comments on the Center for Medicare and Medicaid Services’ draft regulations of managed care; our challenges to CMS pertained to how managed care covers institutional care, how reimbursement rates are set, how capacity for services is determined, and how social determinants of health are included in risk assessments.

**Permanent Supportive Housing**

This was the Council’s second year as a subcontractor for the Corporation for Supportive Housing (CSH). In this continued collaboration, the Council and CSH produced a series of four project profiles highlighting health and housing partnerships around the country. The profiles provide an overview of how frequent user initiatives in Los Angeles, Houston, Ann Arbor, and Orlando were initiated, their approach and resources, the partners involved, and how they have impacted their communities. To more closely engage health centers in each other’s work in this area, CSH and the Council created a virtual peer exchange bringing together four communities with housing first programs to discuss challenges, promising practices, and evaluation plans. Each community has incorporated health into their housing-first model, with health centers at the core. The Council’s partnership with CSH also included a Needs Assessment measuring Health Center involvement in serving Olmstead populations and a subsequent training based on the identified service gaps. This was one of several trainings hosted by CSH and the Council aimed to strengthen the intersection of health and supportive housing.

**Summer Solstice: Honoring Strength and Resilience**

Most in the HCH community are familiar with Homeless Person’s Memorial Day, a 20-year tradition occurring on the winter solstice that has honored individuals who have lost their lives while enduring homelessness. A few years ago, Care for the Homeless in New York organized a counterpoised event encouraging us to remember that our fight for justice comes not from despair, but rather the hope that we can end injustice. Thus, on June 21 (the first day of summer and longest day of the year), they began to celebrate those who have overcome their individual homelessness, and to affirm that as a society we can end homelessness for everyone.

We know that it is far too easy to become homeless, yet it is no easy task to break out of homelessness. People without homes face many systemic barriers, from the high cost of housing to low wages and inadequate public assistance programs, all complicated by poor health and poverty. Yet some individuals surmount these incredible hurdles, finding access to stable housing that allows them to reclaim their lives. The Summer Solstice, a day filled with light, is a fitting time to honor their accomplishments and to draw inspiration from them as we continue in the struggle for justice.

This year, three HCH projects hosted such celebrations of survival and resilience, and the
Council supported the event for the first time through our nationwide communications. The Council perceives these events as important opportunities to highlight the stories of those who have overcome homelessness despite the odds, giving us the hope that together we can find the strength to create the political will to end homelessness for everyone. We encourage all HCH grantees and organizational members to celebrate the next Summer Solstice!

The Power of Storytelling
Health Care for the Homeless is the story of a thousand stories, and the Council endeavored to illuminate a few of those tales at its 2016 National HCH Conference & Policy Symposium. In a unique digital storytelling initiative assisted by the National Consumer Advisory Board Storytelling Committee, HCH Stories, the Council invited consumers, administrators, service providers, and advocates to share their personal stories of Health Care for the Homeless. Over the course of two days, 33 attendees from across the United States shared their experiences on-camera with Council Communications Manager Rick Brown to contribute to the oral history of HCH.

In moving sessions—stories told through smiles and tears alike—participants related personal journeys from homelessness to housing, tales of treating and bearing witness to the resilience of consumers, and reminiscences from the first days of the 19-city Robert Wood Johnson/Pew Memorial Trust HCH Demonstration Program. The empowering video interviews illustrated the power and values of HCH, allowing participants to claim and communicate their experiences while reflecting on the transformative influence of the field on their lives, perspectives, and health.

These powerful stories have formed the foundation of HCH Stories, an ongoing video series that debuted online on HCH Day, August 10th, with a tale of tragedy and recovery from Calvin Alston from New York. It is the hope of the Council that these video vignettes will not only share participants’ personal perspectives on HCH, but also help build awareness of the critical impact of HCH in the lives of people experiencing homelessness.

Chronicling the HCH Movement
At its National Conference in June 2016, the Council organized a half-day session called HCH Pioneers explore the past and address the future of HCH. Its purpose was to document the 30-year history of Health Care for the Homeless according to its seminal leaders, with additional reflections on where the movement is headed. The Council filmed the session in order to account for every moment and inform a professionally-composed proceedings document.

Roundtable discussions were punctuated by presentations from those responsible for the first HCH programs across the country. For example, the most tenured “pioneer” Marianne Savarese described her tutelage under the late Philip Brickner at St. Vincent’s Hospital in New York; Dr. Brickner is credited for the inception of the HCH model of care that still informs present-day practices, for which he was honored at the 2016 Conference with a new National Leadership Award in his name. Marianne rose from these ranks as a nurse and now leads the exemplary HCH program in Manchester, New Hampshire.

After rich discussion and more presentations—with a hearteningly high number of young people in attendance—John Lozier took to the podium to adjourn the meeting. But logistics gave way to reflections as John took stock of his tenure as the Council’s founding Executive Director, pointing to his retirement in December 2016. As he reflected on his perpetual and foundational desire for peace (having lost his brother to Agent Orange poisoning in Vietnam), John was uncharacteristically moved to tears, after which few dry eyes remained in the room. His closing words were met with a rousing ovation and presentation from Board leaders of a new scholarship in his name. It was a deeply meaningful way to mark John’s achievements and his final HCH conference.
Total Revenue: $3,510,266

- Grants: $2,697,066 (76.8%)
- Membership Dues: $164,675 (4.7%)
- Corp & Individual Gifts: $66,306 (1.9%)
- Program Income: $569,710 (16.2%)
- Other: $12,509 (0.4%)

Total Expenses: $3,477,324

- Programs: $2,812,251 (80.9%)
- Advocacy: $118,035 (3.4%)
- Membership: $48,218 (1.4%)
- Development: $104,401 (3.0%)
- Administration: $394,419 (11.3%)
The advocacy and operations of the National Health Care for the Homeless Council were supported by the generosity of these individuals and institutions. Thank you!

*Gifts made between July 1, 2015 and June 30, 2016.*
Alabama
Alabama Regional Medical Services: Birmingham
Community Wellness Coalition: Montgomery
Franklin Primary Health Center: Mobile
National AIDS Housing Coalition: Birmingham
Whatley Health Services: Tuscaloosa

Arizona
Circle the City: Phoenix
Maricopa County Department Public Health: Phoenix

California
Adventist Health – Central Valley Network: Hanford
Alameda County Health Care for the Homeless: Oakland
Care Link, Community Medical Centers: Stockton
Center for the Vulnerable Child: Oakland
Clinica De Salud Del Valle De Salinas: Salinas
Contra Costa County Health Services: Martinez
Elica Health Centers: Sacramento
Family Health Centers of San Diego: San Diego
Gardner Family Health Network: Alviso
Health to Hope Clinics: Riverside
Homeless Health Care Los Angeles: Los Angeles
Illumination Foundation: Irvine
JWCH Institute: Los Angeles
Los Angeles Christian Health Centers: Los Angeles
Marin City Health and Wellness Center: Sausalito
Mendocino Community Health Clinic: Ukiah
National Health Foundation: Los Angeles
Northeast Valley Health Corporation: San Fernando
Petaluma Health Center: Petaluma
Ritter Center: San Rafael
Sacramento Co. Health Care for the Homeless: Sacramento
San Francisco Community Clinic Consortium: San Francisco
San Mateo Medical Center: San Mateo
Santa Barbara Co. Public Health Department: Santa Barbara
Santa Cruz Co. Homeless Persons Health Project: Santa Cruz
Share Our Selves: Costa Mesa
Shasta Community Health Center: Redding
Solano Community Health & Social Services Dep.: Fairfield
St. John’s Well Child & Family Center: Los Angeles
Tom Waddell Health Center: San Francisco
Venice Family Clinic: Venice
Ventura County Public Health: Ventura
West County Health Centers: Guerneville

Colorado
Ascending to Health Respite Care: Colorado Springs
Association of Gospel Rescue Missions: Colorado Springs
Colorado Coalition for the Homeless: Denver
Metro Community Provider Network: Englewood
Peak Vista Community Health Centers: Colorado Springs

Connecticut
Generations Family Health Center: Willimantic
Charter Oak Health Center: Hartford
Columbus House: New Haven
Community Health Center, Inc.: New Haven

District of Columbia
Christ House
National Low Income Housing Coalition
Unity Health Care

Florida
Brevard Health Alliance: Melbourne
Broward Health: Fort Lauderdale
Camillus Health Concern: Miami
CL Brumback Primary Care Clinics: Palm Springs
Community Health of South Florida: Miami
Genesis Community Health: Boynton Beach
IM Sulzbacher Center for the Homeless: Jacksonville
Neighborhood Medical Center: Tallahassee
Tampa Family Health Centers: Tampa

Georgia
First Choice Primary Care: Macon
JC Lewis Primary Healthcare Center: Savannah
Mercy Care: Atlanta

Idaho
Dirne Health Centers: Coeur d’Alene

Illinois
Aunt Martha’s Youth Service Center: Aurora
Central Counties Health Centers: Springfield
Heartland Health Outreach: Chicago
Lawndale Christian Health Centers: Chicago
The Boulevard: Chicago

Indiana
HealthNet: Indianapolis
LifeSpring Health Systems: Jeffersonville
Regional Mental Health Center: Hammond

Iowa
Community Health Care, Inc.: Davenport

Kansas
Grantham University College of Nursing: Lenexa

Kentucky
Bluegrass Community Health Center: Lexington
Family Health Centers—Phoenix: Louisville
Kentucky Mountain Health Alliance: Hazard
Kentucky River Foothills Development Council: Richmond
Mountain Comprehensive Care Center: Paintsville

Louisiana
Health Care for the Homeless: New Orleans
Tulane Drop-In Health Services: New Orleans

In good standing as of June 30, 2016
Maine
Nasson Health Care: Sanford
Portland Community Health Center: Portland

Maryland
Health Care for the Homeless, Inc.: Baltimore
Montgomery Co. Dep. of Health & Human Services: Rockville
National Assn of Community Health Centers: Bethesda

Massachusetts
Bridgewater: Lynnfield
Center for Social Innovation: Needham
Community Health Connections: Fitchburg
Community Healthlink: Worcester
Duffy Health Center: Hyannis
Eliot Community Human Services: Lexington
Greater Lawrence Family Health Center: Lawrence
Boston Health Care for the Homeless Program: Boston
Health Care Without Walls: Boston
Mercy Medical Health Care for the Homeless: Springfield

Michigan
Advantage Health Centers: Detroit
Cherry Health: Grand Rapids
Covenant Community Care: Detroit
Detroit Central City: Detroit
Genesee Health System: Flint
Oakland Integrated Healthcare Network: Pontiac
Trinity Health: Livonia

Minnesota
Hennepin County: Minneapolis
West Side Community Health Services: St. Paul

Mississippi
Jackson-Hinds Comprehensive Health Center: Jackson

Missouri
Swope Health Services: Kansas City

Montana
Montana Primary Care Association: Helena
Riverstone Health: Billings

Nevada
Community Health Alliance: Reno
Northern Nevada HOPES: Reno

New Hampshire
Bi-State Primary Care Association: Bow
Families First of the Greater Seacoast: Portsmouth
Harbor Homes: Nashua
Health Care for the Homeless: Manchester

New Jersey
Atlanticare Health Services: Atlantic City
Jewish Renaissance Foundation: Perth Amboy
Newark Dep. of Health & Community Wellness: Newark
Project Hope: Camden

New Mexico
Albuquerque Health Care for the Homeless: Albuquerque
El Centro Family Health: Espanola
First Nations Community Healthsource: Albuquerque
La Familia Health Care for the Homeless: Santa Fe
New Mexico Primary Care Association: Albuquerque
Presbyterian Medical Services: Santa Fe
St Luke’s Health Care Clinic: Las Cruces
New York
Brightpoint Health: New York
Care for the Homeless: New York
Comunilife: New York
Corporation for Supportive Housing: New York
Daman Family Care Centers: Briarwood
Harlem United: New York
Janian Medical Care: New York
Neighborhood Health Center: Buffalo
New York Children’s Health Project: New York
NYU Lutheran Family Health Centers: Brooklyn
Project Renewal: New York
The Bridge: New York
The Greater Hudson Valley Family Health Center: Cornwall
The Institute for Family Health: New York
Urban Pathways: New York

North Carolina
Appalachian Mountain Community Health Centers: Asheville
Haywood Street Respite: Asheville
Lincoln Community Health Center: Durham
National Center for Homeless Education: Browns Summit
Piedmont Health Services: Carrboro
Western NC Community Health Services: Asheville

North Dakota
Family Healthcare Center: Fargo

Ohio
Care Alliance Health Center: Cleveland
Center for Respite Care: Cincinnati
Cincinnati Health Network: Cincinnati
PrimaryOne Health: Columbus
Samaritan Homeless Clinic: Dayton

Oklahoma
Community Health Centers, Healing Hands: Oklahoma City

Oregon
Coast Community Health Center: Bandon
Central City Concern: Portland
Outside In: Portland
Wallace Medical Concern: Portland

Pennsylvania
Desales Free Clinic: Center Valley
Primary Care Health Services: Pittsburgh
Project HOME: Philadelphia
Public Health Management Corporation: Philadelphia

Puerto Rico
Migrant Health Center Western Region: Mayaguez

South Carolina
New Horizon Family Health Services: Greenville
South Carolina Primary Health Care Assn: Columbia

South Dakota
Community Health Center of the Black Hills: Rapid City
Community Health Center: Sioux Falls

Tennessee
Cherokee Health Systems: Knoxville
Christ Community Health Services: Memphis
Hamilton County Health Department: Chattanooga
Neighborhood Health: Nashville
Safe Haven Family Shelter: Nashville
Tennessee Primary Care Association: Nashville

Texas
Bee Busy Wellness Center: Houston
Communitycare: Austin
El Centro Del Barrio: San Antonio
 Harmony House: Houston
Harris Health System: Houston
Health Care for the Homeless – Houston: Houston
Heart of Texas Community Health Center: Waco
JPS Health Network: Fort Worth
Metro Dallas Homeless Alliance: Dallas
True Worth: Fort Worth

Utah
Association for Utah Community Health: Salt Lake City
Fourth Street Clinic: Salt Lake City
Midtown Community Health Center: Ogden
Mountainlands Community Health Center: Provo

Vermont
Community Health Centers of Burlington: Burlington

Virginia
The Daily Planet: Richmond
Southeastern Virginia Health System: Newport News

Washington
Cowlitz Family Health Center: Longview
Health Care for the Homeless Network King County: Seattle
Neighborcare Health: Seattle
Yakima Neighborhood Health: Yakima

Wisconsin
Outreach Community Health Center: Milwaukee
Partnership Community Health Center: Menasha

Wyoming
Community Action Partnership of Natrona County: Casper
Wyoming Primary Care Association: Cheyenne
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Doreen Fadus, MEd</td>
<td>Mercy Medical Center Health Care for the Homeless</td>
<td>Springfield, MA</td>
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<tr>
<td>Mark Fox, MD, PhD, MPH</td>
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<td>Jennifer Gaeta, MD</td>
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<tr>
<td>Dana Gamble, MPH, NP</td>
<td>Santa Barbara County Department of Public Health</td>
<td>Santa Barbara, CA</td>
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<tr>
<td>Amy Grasette</td>
<td>Family Health Center</td>
<td>Worcester, MA</td>
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<td>Paul Gregerson, MD, MBA</td>
<td>JWCH Institute</td>
<td>Los Angeles, CA</td>
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<tr>
<td>Reginald Hamilton, JD</td>
<td>Advantage Health Centers</td>
<td>Detroit, MI</td>
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<td>B.J. Iacino</td>
<td>Colorado Coalition for the Homeless</td>
<td>Denver, CO</td>
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<tr>
<td>Frances Isbrell, MA</td>
<td>SECRETARY</td>
<td>Health Care for the Homeless - Houston, TX</td>
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<tr>
<td>Paul Leon, RN, PHN</td>
<td>Illumination Foundation</td>
<td>Irvine, CA</td>
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<tr>
<td>Kevin Lindamood, MSW</td>
<td>PRESIDENT-ELECT</td>
<td>Health Care for the Homeless, Inc.</td>
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<tr>
<td>Brooks Ann McKinney, MSW</td>
<td>Mission Hospital</td>
<td>Asheville, NC</td>
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<tr>
<td>Jennifer Metzler, MPH</td>
<td>TREASURER</td>
<td>Albuquerque Health Care for the Homeless</td>
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<tr>
<td>David Modersbach, BA</td>
<td>Alameda County Health Care</td>
<td>Oakland, CA</td>
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<tr>
<td>Heidi Nelson, MHSA</td>
<td>Duffy Health Center</td>
<td>Hyannis, MA</td>
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<tr>
<td>Jennifer Nelson-Seals, MSHRM</td>
<td>The Boulevard</td>
<td>Chicago, IL</td>
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<tr>
<td>Marianne Savarese, RN, BSN</td>
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<td>Manchester, NH</td>
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<tr>
<td>Linda Son-Stone, EdD</td>
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<td>Albuquerque, NM</td>
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<td>Ed Stellon, MS, MA, CADC</td>
<td>Heartland Health Outreach</td>
<td>Chicago, IL</td>
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<tr>
<td>Barb Wismer, MD, MPH</td>
<td>Tom Waddell Urban Health Clinic</td>
<td>San Francisco, CA</td>
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