HEALTH CARE FOR THE HOMELESS MODEL OF CARE

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HOMES HEALTH JOBS

LEARNING OBJECTIVES

- Describe the connection between homelessness and health.
- Identify specific health needs of patients experiencing homelessness.
- Explain key characteristics of the HCH Model of Care and how it is implemented.

OVERVIEW

- Defining:
  - → Homelessness & Health
- HCH Model of Care
  - → Beyond traditional medical care
  - → Incubator for innovation, often driven by patient needs

DEFINING HOMELESSNESS

- An individual who lacks housing, primary residence during night is a supervised public/private facility, or is a resident in transitional housing
- Recognizing the instability of an individual's living arrangement is critical to the definition

Health and Human Services	• Streets, shelter, mission, single room occupancy, abandoned building, or vehicle • Doubled up • Released from prison or hospital
Housing and Urban Development	• Lacking a fixed structure: shelter, street • Eviction within 14 days • Moved 2 or more time in 60 days

INDIVIDUAL AND STRUCTURAL FACTORS

Individual Factors

Poverty

Early childhood adverse experiences

Mental health and substance use disorders

Personal history of violence/TBI

LGBTQ Identity, especially Trans

Criminal justice system interaction

Youth: family conflict/victimizations, non-heterosexual sexual identify, having been in childhood welfare system

Age greater than 50 years old

Structural Factors*

Racism

Absence of affordable housing

Wage stagnation

Unemployment for low-wage workers

Changes in mental health funding

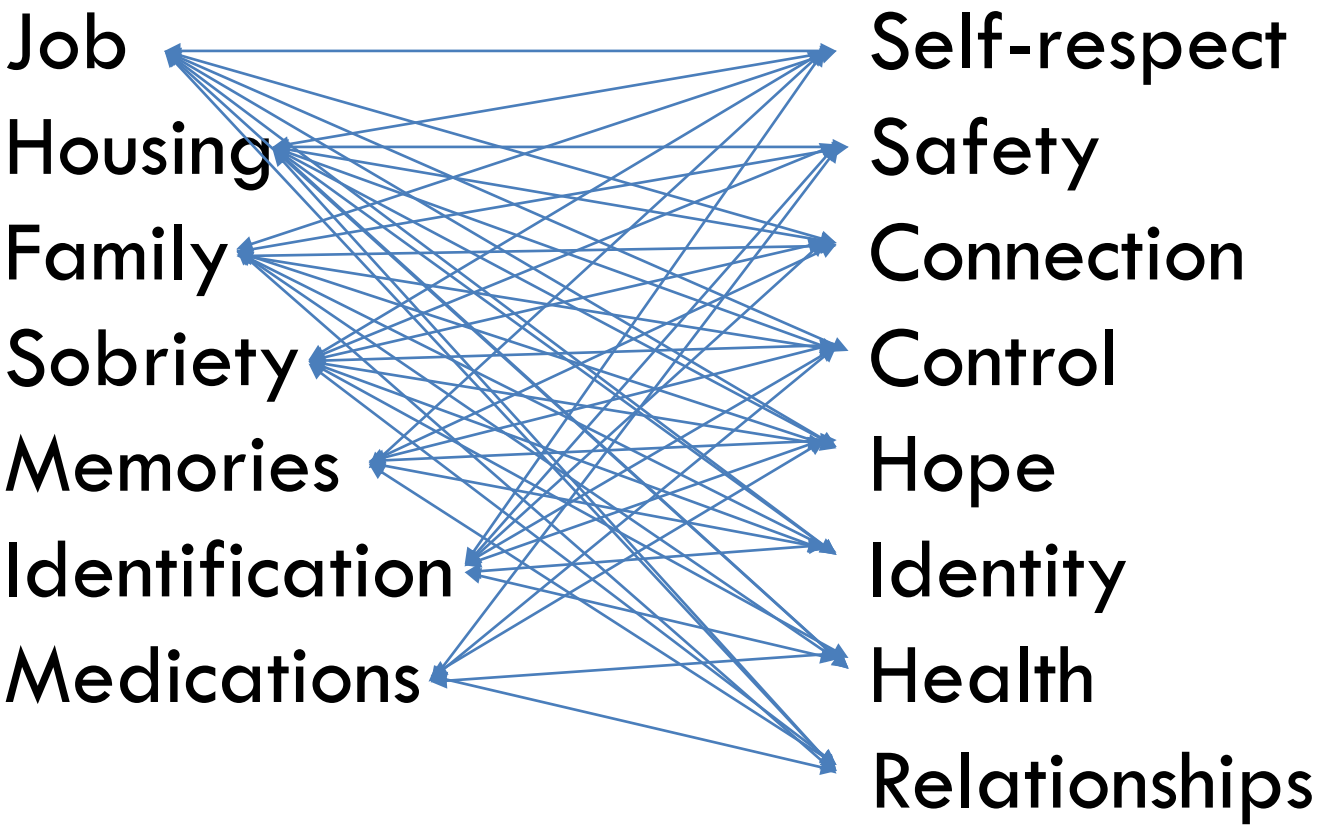
HOMELESSNESS

Fazel et al. Lancet 2014

TIPPING THE SCALES TOWARDS HOMELESSNESS

= structural factors

= individual factors

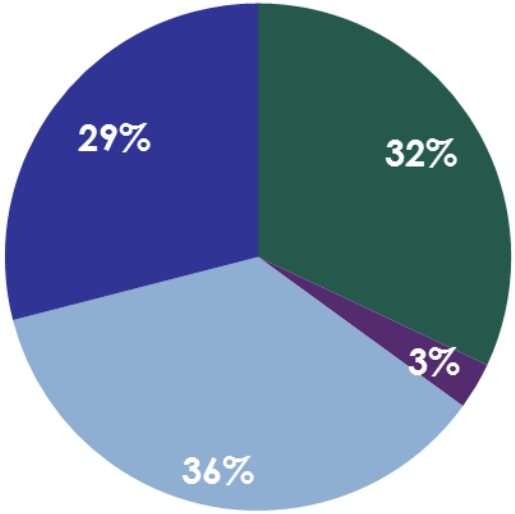

Job
Housing
Family
Sobriety
Memories
Identification
Medications
Self-respect
Safety
Connection
Control
Hope
Identity
Health
Relationships

Intersection of Health and Homelessness

HOMELESSNESS IN THE UNITED STATES

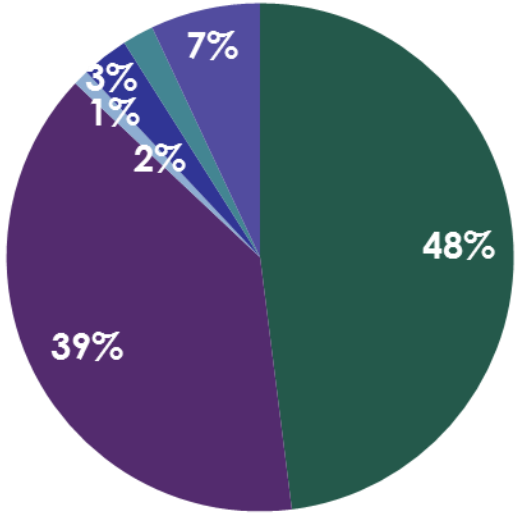
549,928 People experiencing homelessness on a single night in 2016.[1]

Housing Status



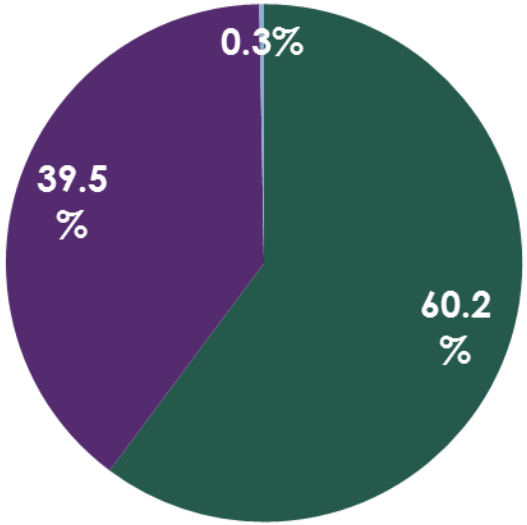
- People in Families, Sheltered
- People in Families, Unsheltered
- Individuals, Sheltered
- Individuals, Unsheltered

Race



- White
- African American
- Asian
- Native American
- Pacific Islander
- Multiple Races

Gender



- Male
- Female
- Transgender

[1] HUD Annual Homeless Assessment Report to Congress: https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf; Limitation: Count conducted on one night with a limited definition of homelessness.

[2] Based on 2016 Uniform Data System data

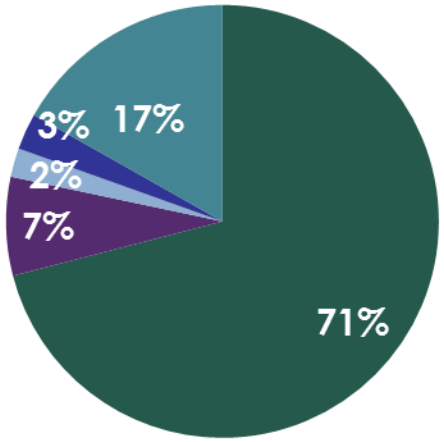
HOMELESSNESS: HEALTH CENTERS

1,262,961 Patients Experiencing Homelessness served by Health Centers Nationwide in 2016

934,174 Patients served by HCHs in 2016

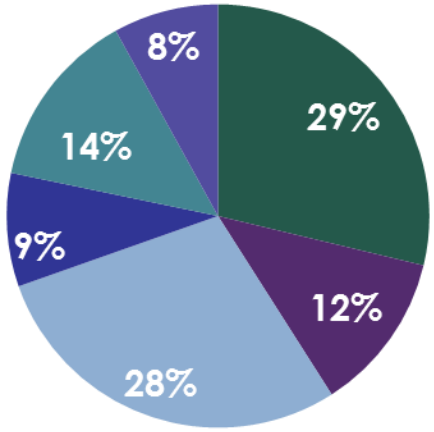
886,576 Patients Experiencing Homelessness served by HCHs in 2016

2016 Income Level (FPL)



100% and Below
101 - 150%
151 - 200 %
Over 200%
Unknown

2016 Housing Status



Homeless Shelter
Transitional
Doubling Up
Street
Other
Unknown

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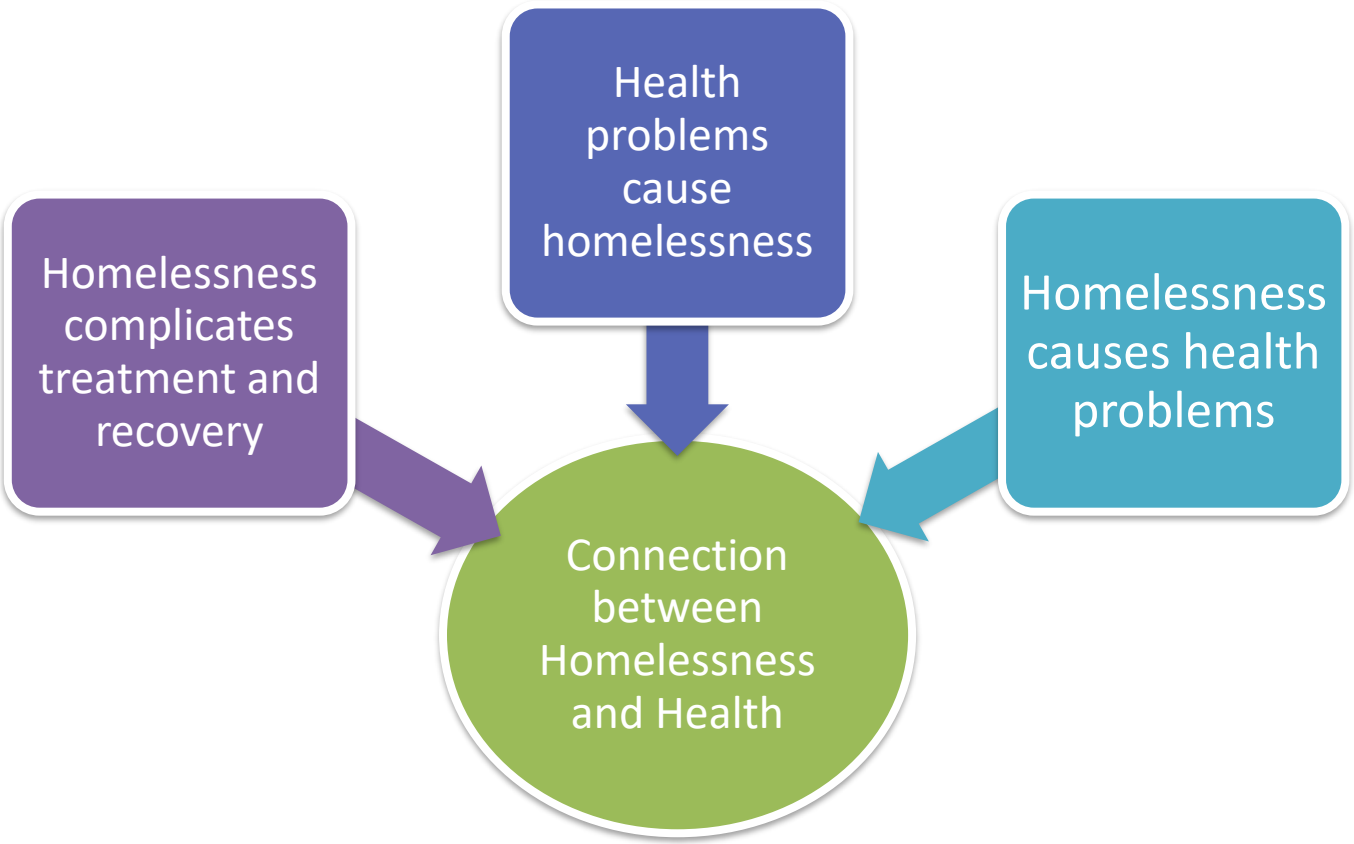
HOMELESSNESS AND HEALTH



Source: Homelessness, health, and human needs. Institute of Medicine National Academies Press, 1988

HOUSED VS. NON-HOUSED

- Higher prevalence of physical illness, psychiatric disease, and substance abuse
- Drug overdose is greatest cause of death
  - → 8-9 times higher mortality rate compared to general population
- Unsheltered:
  - → Unsheltered homeless 2-4 times more likely to die than sheltered homeless
  - → 15 times more likely to die than general population

TWO IMPORTANT FACTS

People who are homeless have higher rates of chronic disease and live on average 12 years less than the general US population (66.5 vs. 78.8 years)*

Prevalence of Specific Health Conditions among the Homeless Population in Comparison to the General US Population*

VS

18%	Diabetes	9.3%
50%	Hypertension	29%
35%	Heart attack	17%
20%	HIV	0.6%
36%	Hepatitis C	0.7%
49%	Depression	8%
58%	Substance use disorders	16%

SOURCES

*National Health Care for the Homeless Council. (June 2016) Advance Care Planning for Individuals Experiencing Homelessness: A Quarterly Research Review of the National HCH Council, 4:2. [Author: Claudia Davidson, Research Associate]. Nashville, TN: Available at: www.nhchc.org
**Uniform Data System. Data analysis related to 60 health centers receiving 330(h) funding only.

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SOCIAL DETERMINANTS OF HEALTH & GENERAL POPULATION

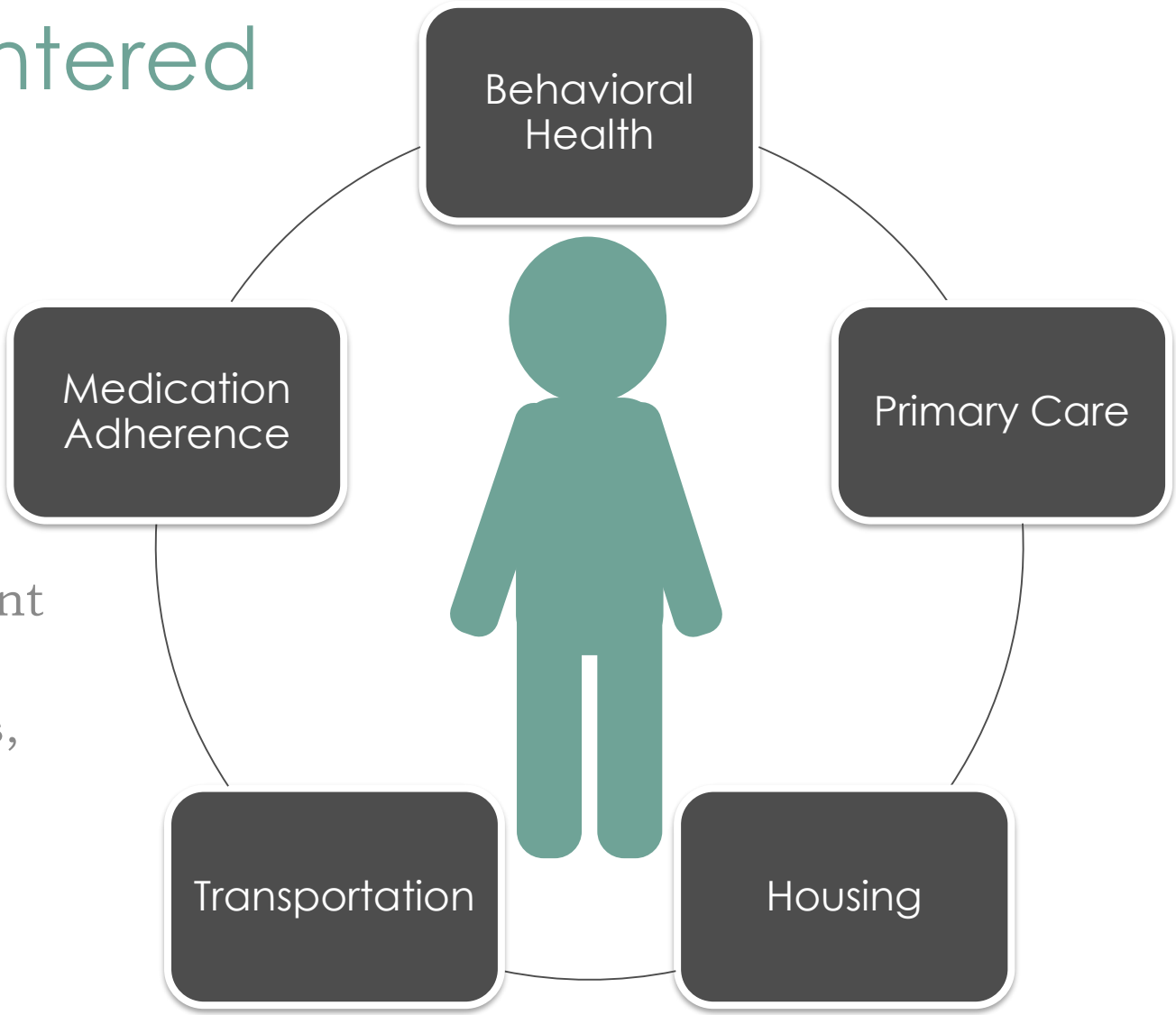
Source: Adopted from HealthyPeople 2020, Social Determinants of Health
*Image developed on Piktochart.com

SOCIAL DETERMINANTS OF HEALTH FOR PEOPLE WHO ARE HOMELESS

- Limited availability of affordable housing
- Unsafe living conditions (exposure to violence and poor environmental conditions) prior to and during bouts of homelessness
- Personal, provider, and systematic barriers to health care
- Social isolation with limited to no social support and social inclusion in the community
- Influence of social networks that engage in risky behaviors and a disconnect from positive home-based networks
- Increased likelihood of involvement with the justice system.

Patient Centered Care

Patient-Centered Care



- Center of treatment process
- Focused on needs, values, wishes of patient when developing the treatment plan

PATIENT-CENTERED CARE IN THE HEALTH CENTER

SYSTEMS
- Organizational philosophy
- Literacy
- Service Agreements

GROUPS
- Transgender affirming
- Culturally-specific

INDIVIDUALS
- Agenda setting
- Provider approach

Models of Care

WHOM WE SERVE

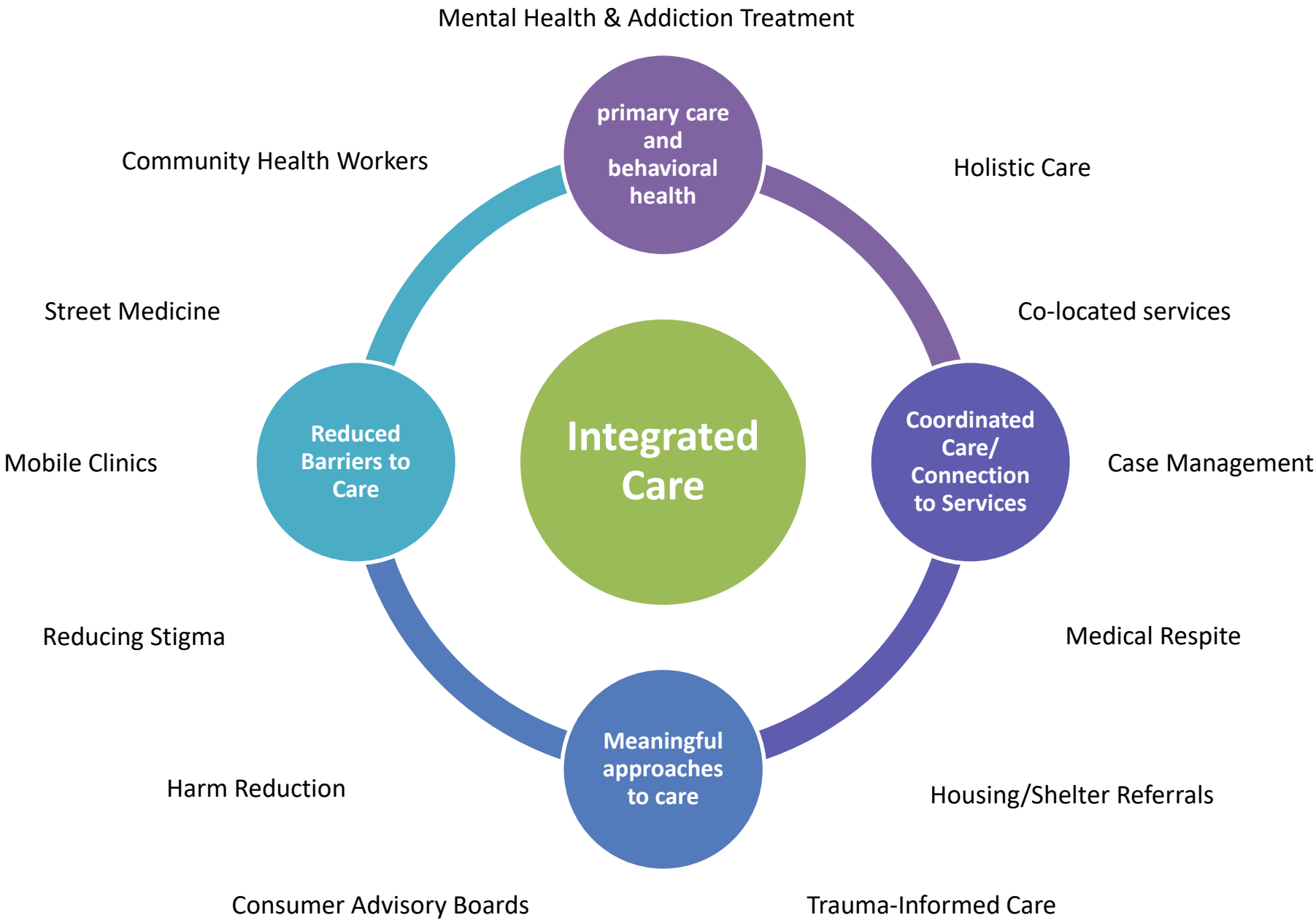
- Increased mortality, comorbidity and chronic conditions rates
- More complex health issues
- Greater trauma
- Exacerbated conditions
- Difficulty in linkage to health outcomes (Z-code)
- 1.2 Million served by FQHC; 70% by HCH grantees

Patient Characteristics	All Grantees	HCH Grantees
Total Patients	24,295,946	890,283
Total Homeless	1,191,772 (4.9%)	840,130 (94.4%)
Age		
Children (<18 years old)	31.2%	12.3%
Adult (18-64)	60.9%	82.9%
Older Adults (65 and over)	7.9%	4.8%
Income Status		
Patients at or below 200% of poverty	92.2%	97.7%
Patients at or below 100% of poverty	70.9%	87.8%
Insurance Status		
Uninsured	24.4%	37.6%
Medicaid	48.9%	49.1%

Housing Type	
Shelter	258,100 (30.7%)
Doubling Up	242,562 (28.9%)
Transitional	101,639 (12.1%)
Street	72,744 (8.7%)
Other	100,700 (12%)
Unknown	64,385 (7.7%)

HCH MODEL

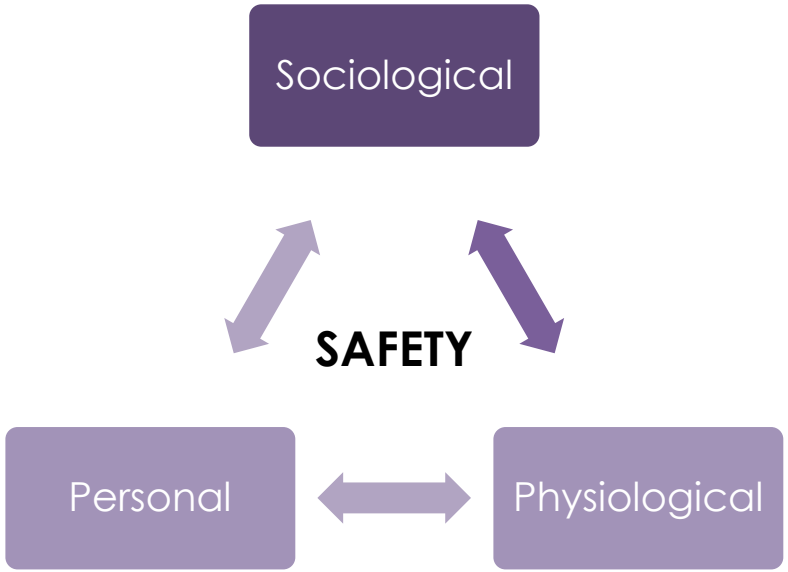
- Integrated multidisciplinary approach to care coordination
  - → Improve health outcomes of individuals with multiple co-morbidities
  - → Meet complex needs
- Alignment with Patient Centered Medical Home (PCMH):
  - → Patient empowerment
  - → Care coordination
  - → Delivery of integrated/team based care


Mental Health & Addiction Treatment
primary care and behavioral health
Holistic Care
Co-located services
Coordinated Care/ Connection to Services
Case Management
Medical Respite
Housing/Shelter Referrals
Trauma-Informed Care
Meaningful approaches to care
Consumer Advisory Boards
Harm Reduction
Reducing Stigma
Reduced Barriers to Care
Mobile Clinics
Street Medicine
Community Health Workers
Integrated Care

TRAUMA-INFORMED CARE

Living in poverty and experiencing homelessness, greater risk of experiencing chronic trauma and exposure to violence

- Purpose of TI care & org
  - → Mitigate trauma symptoms
  - → Prevent further trauma/re-traumatization
  - → Treat residual effects of trauma
- TI Organizations (TIO) implement the principles throughout the program
  - → Organizational change occurs at the mission, goals, physical environment, policies, procedures, and culture



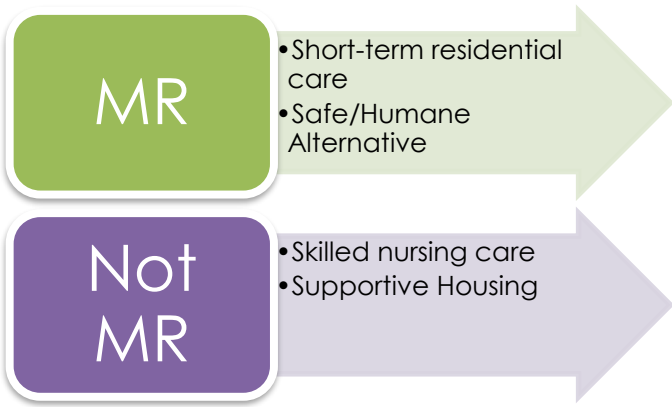
For more information about our TI projects visit https://www.nhchc.org/tio/ or send questions to tio@nhchc.org.

Other educational support on trauma can be found on our clinical resources page, here: https://www.nhchc.org/resources/clinical/diseases-and-conditions/trauma/

MEDICAL RESPITE CARE

Acute/post-acute care for individuals too sick/frail to recover on the street but not sick enough to stay in the hospital

- NHCHC is the leading organization for this program
  - → In 2016, 80 known programs across 29 states, 1,574 beds
  - → Developed a set of 7 Standards to serve as a framework
- **Shortens** hospital lengths of stay, **reduces** readmissions, and **improves** outcomes



Resources: Medical Respite Standards, Respite Care Providers Network, Other Medical Respite Support, National Health Care for the Homeless Council. (June 2017.) MedicalRespite Care: Financing Approaches. (Author: Barbara DiPietro, Senior Director of Policy.)

STREET MEDICINE

Street medicine teams can be the connection between the disjointed care of people experiencing homelessness

- Taking Health care to where people are
  - → Under bridges, narrow alleys
- Telemedicine helps teams be more interdisciplinary
- Types of settings:
  - → Fixed site
  - → Mobile
- End goal to engage patients at clinic site
  - → Reasons why won't come into clinic: stigma, paranoia, not wanting to leave belongings

HARM REDUCTION

- Pragmatic approach to reducing harmful consequences of addictive or high risk behaviors behaviors
- No requirement of abstinence, low-thresholds and flexibility in sessions
- Work with the individual to minimize harmful effects of given behavior
- Examples: needle exchanges

CASE MANAGEMENT

- Intensive Case management Framework:
  → Average case load 15, high intensity contact with client
- Basic Elements:
  → Manage intake, assess patient needs, service planning, linkage to services, continued monitoring, client advocacy
- Implementation:
  → Support psychosocial services, crisis intervention, discharge planning, emotional support

CONSUMER ADVISORY BOARDS

- "Nothing about us without us"
- Local and national level
- Important part of keeping us honest, checking in as organizations grow and change
- Give consumers a clear pathway to expressing opinions
- Leadership opportunities for consumers

EQUITY OF TAILORED SERVICES

- Services not always captured by traditional health care surveillance
- HCH grantees wrote in tailored services provided on daily basis to meet patients where they are

Professional Services

Acupuncturists *Contract for Provider Services (M.D.)* Crisis Intervention *Audiologist* Dietitian/Nutritionists Dietary Supplements *Naturopaths* Occupational therapist Dues & Licensing Physical Therapist Adult Residential Treatment Podiatry *Speech Pathologist*

Enabling Services

Art Studio Staff *Child Care Provider Client Advocates* Community Health Worker Contracts for Services *Employment/Recruitment Specialist* Eyeglasses Homeless MIS data system: data collection and entry *Housing Specialist* Medical Home for Homeless Children Monetary Assistance *Navigator* Research Associate Respite Care Shelter & Lodging *Support Service* Stipends

Related Services

Clothing Food/Meals Haircuts Housing Relates Services *Assistance, Eligibility* HUD Passthrough Rents Medical Respite Money Management Specialist Open Door-Supervisor *Peer Support Specialists* Personal Hygiene Items *Policy Team* Shelter Utilities Assistance WIC

INTEGRATED CARE AT CCC

- Primary Care and Behavioral Health
  - Mental health
  - Counseling and medications
- Plus
  - Substance Use services
  - Wellness classes
  - Acupuncture
- Access to
  - More comprehensive MH services
  - More comprehensive substance use services
  - Housing
  - Employment services

JAMES

56 year old new patient with significant problems with communication and cognition.

Mental health
Current substance use
Sequelae from substance use
TBI
Medications
PTSD
Developmental delay

Primary Care Provider who cares

Psychiatric Provider
Alcohol and Drug Counselor

Social Worker, Occupational Therapist
Pharmacy
Counseling, Wellness Classes

FENDER

33 year old on his way to fishing boats in Alaska, money ran out in Portland and got the flu on the bus. Came to the homeless day center for a shower, found our clinic there

Kindness and connection

Free meds
Socks!
Navigation to primary care and other services

DUSTY

22 year old transgender woman, Dusty lives under the highway overpass. She has some sort of breathing problem but she won't talk about it when the street outreach workers come to see her each week. She will take some toiletries and food, so the outreach team is hopeful that she'll talk to the health care provider one of these days.

Consistent, non-threatening kindness

Gentle reconnection
Very low barrier health care services
Navigation to higher levels of care

SHARON

35 year old opioid user, homeless, being discharged from hospital after 3 days for abscesses and cellulitis

Provider who is non-judgmental

Recuperative Care Program
Primary Care
Mental Health Treatment with trauma-specific therapies
Medication Assisted Treatment with groups
Referral to syringe exchange
Detox
Recovery Housing: abstinence based or not

SPECIAL SAUCE

Sophisticated, integrated, complex services not nearly as important as:

- Desire for true, heartfelt connection
- Respect for all as fellow human beings
- Interest in working with people on their priorities, at their pace
- Understanding that housing is essential to health

This is patient-centered, trauma-informed care.

This is Health Care for the Homeless.

Questions?

Contact us:

Eowyn Rieke, MPH, MD,
Alaina Boyer PhD
Technical Assistance, ta@nhchc.org or click here

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