



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL



Our
Renewed
Mission

2019-2020
Annual Report



Mission Statement of the National Health Care for the Homeless Council

(Updated 2019-2020)



Grounded in human rights and social justice, the National Health Care for the Homeless Council's mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness."





From the CEO

The National Health Care for the Homeless Council is an amazing community as seen in the pages of this Annual Report, which covers a period (July 2019 to June 2020) that included the beginning of a once-in-a-century pandemic. Our collective response to COVID-19, the outcry for racial justice, and the ongoing opioid epidemic was in complete alignment with your values and also our new Mission Statement.

Through those concurrent epidemics, our Health Care for the Homeless and Medical Respite communities showed they are resilient, resourceful, and relevant as they led the efforts to protect the health of people experiencing homelessness in their communities across the nation. The excellent Council staff represented and presented your work on the front lines and strengthened partnerships with federal agencies – CDC and HUD, in particular – and several other homelessness organizations which are helping us to advance our mission.

Our 18-month strategic planning process yielded three new strategic priorities where we are to direct most of our energy and resources: 1) expand our advocacy efforts to focus more on upstream causes and solutions; 2) expand Medical Respite; and 3) reframe our research to help HCH programs and Medical Respite programs better use their data for program quality improvement. Our strategic planning process did not change our mission (why we exist), but we did want to change how we express our mission to reflect why we exist and how we do our work.

In Solidarity,

Bobby Watts, MPH, MS, CPH
CEO

Highlights from our Mission Statement:

■ We are affirming that our bedrock values include health care and housing as human rights. In a large sense, we are a human rights and social justice organization.

■ We are promoting equity and high quality in the services of our HCH and Medical Respite communities, as well as those of the Council, with the goal of building a better and more equitable health care system.

■ Our main activities in advancement of our mission are training, research, and advocacy.

■ We reaffirm that our ultimate goal is to end homelessness, and that we can only do that as part of a larger movement where we bring expertise in health care.

As a valued member of the Council community, I hope you will become familiar with our Mission Statement, so that you will see why we make some of our choices, how you can support us in fulfilling our mission, and also so that you can evaluate us and hold us accountable to our mission.

2019-2020 YEAR IN REVIEW



Pandemic Response

As the Council embarked on a new year, our focus was on meeting the goals of the newly adopted strategic priorities. However, along with other organizations and, indeed, the rest of the world, our energies were redirected in early 2020 by the novel coronavirus pandemic – COVID-19.

The Council and Health Care for the Homeless programs have been committed for decades to addressing the intersecting issues of homelessness and health care, yet COVID-19 brought challenges unlike any we had ever faced. People experiencing homelessness are particularly vulnerable during the COVID-19 pandemic, and the Council moved quickly to create resources and collect guidance to help meet their needs.



Beginning in March 2020, the Council:

■ Hosted a series of interactive discussions covering a variety of topics relevant to supporting the needs of people experiencing homelessness during the pandemic. Between March and June, there were **five Town Halls** and **nine Coffee Chats**, attended by a combined total of nearly **1,700 participants**. The two most popular discussions were “Avoiding Civil Detention: Responding to Clients Who Violate Isolation Orders” (338 attendees) and “Supporting Clients’ Mental Health During Isolation and Quarantine” (308 attendees). In addition, a stand-alone webinar on “Coronavirus and the HCH Community: Status Updates, Available Guidance, Local Preparations, and Outstanding Issues,” drew 1,400 attendees.

■ In partnership with the Centers for Disease Control and Prevention, we helped collect data from universal testing events at shelter or encampment-based service sites during the pandemic and created a dashboard on

our website to publicize the data. This effort supplemented clinical testing data presented by the Health Resources Services Administration, analyzed to highlight health centers serving patients experiencing homelessness and housing instability. Between March and June, data were submitted from **170 testing events** nationwide.

■ Published **five issue briefs** specifically focused on COVID-19 and the HCH community:

- ◆ “Needed Policy Responses for a High-Risk Group”
- ◆ “Needed Actions from Public Health and Emergency Response Systems”
- ◆ “Reducing Harm for People Using Drugs and Alcohol During the COVID-19 Pandemic: A Guide for Alternative Care Site Programs”
- ◆ “Comprehensive Testing and Services for People Experiencing Homelessness”
- ◆ “Medical Respite Care and Alternative Care Sites”

Medical Respite Care

A key strategic priority adopted in early 2020 was to support the expansion of medical respite – acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital, but are too ill to recover on the streets or in a traditional shelter.

Although the Council's work in medical respite care began 20 years ago with the establishment of the Respite Care Providers' Network, COVID-19 has made many communities and health systems aware of the value and importance of addressing the health needs of people without homes. In the wake of the pandemic, many communities set up alternative care sites to accommodate people experiencing homelessness who needed a safe place to await test results, receive treatment, or be protected from the risk of COVID-19 infection.

More organizations have become aware of medical respite and approached the Council with requests for information, training, and technical assistance. Many of those requesting assistance are not part of health centers, but local governments, hospitals, health plans, and local systems responding to homelessness. The Council is committed to delivering information, training, and technical assistance that is tailored to their specific needs.



Racial Justice

The Council's commitment to racial justice has strengthened in recent years, and became even more amplified in light of events throughout 2019 and 2020. The COVID-19 pandemic illuminated persistent racial health disparities in the United States, and acts of institutional violence laid bare the ongoing racial injustice that permeates our society.

We acknowledge that if we (and our members) do not actively resist racism in our work, we are complicit in sustaining racial inequality. Our work toward resisting racism included convening two learning collaboratives that were focused on how organizations can adopt and incorporate Diversity, Equity, and Inclusion principles and practices. We shared resources, publications, and reports, and conducted two interactive discussions in May and June which drew nearly **100 attendees**:

- ◆ "Compounding Oppression: Anti-Racism in COVID-19 Response"
- ◆ "Community Meet-Up on Racism and Oppression"

The Council also partnered with other national organizations, including the Center on Budget and Policy Priorities, the National Alliance to End Homelessness, and the National Low Income Housing Coalition to establish "The Framework for an Equitable COVID-19 Homelessness Response." The Framework provides guidance to communities on how to use a wide range of federal funding sources – all with a racial justice and equity lens.

"Racism is the root of the pervasive denial of economic prospects, housing opportunities, access to health care, and distribution of wealth in the United States. Racism is also a primary cause of poverty and homelessness, and the only way to work toward our mission of ending homelessness is to actively work to dismantle racist systems."

– From "No Justice, No Peace,"
Council Statement, June 2020





Organizational Support

The Council, its members, and other organizations serving those in need of health care and housing were positively impacted by two major grants in Spring 2020. The Council served as a grantmaking partner for \$3 million in funding to organizations during COVID-19 on behalf of two funders:

UnitedHealth Foundation pledged \$2.5 million to support both the immediate needs of Health Care for the Homeless programs and their longer term needs to expand capacity.

Kaiser Permanente awarded \$500,000 in grants to organizations serving on the front lines to the needs of individuals dealing with the dual epidemics of COVID-19 and homelessness.



Medication-Assisted Treatment and Responding to the Opioid Epidemic

While Health Care for the Homeless programs serve only 4% of all health center patients nationally, they are responsible for serving nearly 40% of all patients receiving medication-assisted treatment for opioid use disorder.

In 2019, the Council hosted the two-day Medication-Assisted Treatment and Recovery (MATR) Symposium, which explored the crucial role MATR can play in assisting people without homes who are coping with substance use disorder. The symposium's 98 registrants, representing 17 states, learned how to create a new MATR program and overcome barriers to implementation; strengthen MATR offerings; understand the neurobiology of addiction; and tailor their approach to special populations.

OUR MEMBERS

Our 192 organizational members in 2019-2020 included Health Care for the Homeless (HCH) grantees, medical respite programs, clinicians, consumers, advocates, and other stakeholders who brought their local perspectives to the national discussion of health care and housing for people experiencing homelessness.

Breakdown by membership group:

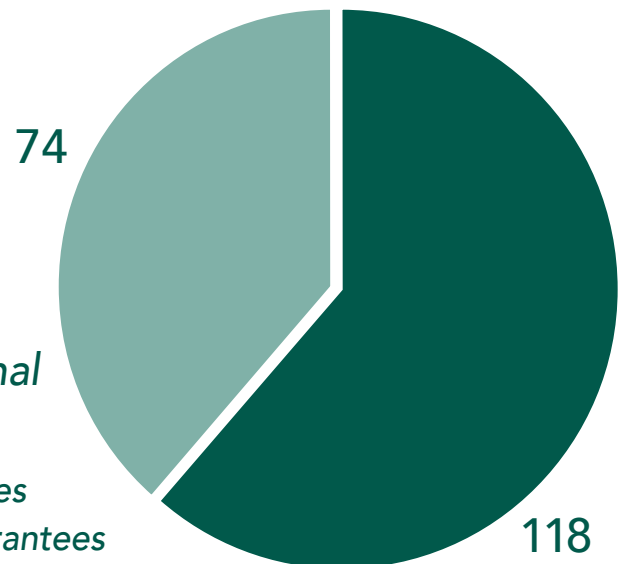
*Clinicians' Network –
2,860 members*

*National Consumer
Advisory Board –
1,439 members*

*Respite Care
Providers' Network –
1,355 members*

Organizational Members

■ HCH Grantees
■ Non-HCH Grantees



Training

The Council provided learning opportunities throughout the year on topics identified by our members. Although the coronavirus pandemic limited in-person training to just one event, the Medication-Assisted Treatment and Recovery Symposium, we were able to provide education and training through **29** online events -- **11 webinars, nine COVID-19 Coffee Chats, five COVID-19 Town Halls, and four Clinicians' Coffee Chats.**

Technical Assistance

Health Care for the Homeless health centers, medical respite providers, and other agencies rely on the Council for technical assistance and targeted training. Through our staff and a team of Subject Matter Experts, we responded to nearly **325 requests for assistance**, from **more than 200 organizations**, covering a broad range of topics. The top five areas of requested assistance were:

**Coronavirus
Medical Respite
HCH/Homelessness 101
Street Medicine
Costing Tool**

Research and Publications

The Council conducts research and disseminates publications that answer frequently asked questions and share best practices on relevant issues. Key publications in 2019-2020 included:

- ◆ "Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: Considerations for Individuals Experiencing Homelessness"
- ◆ "Intersections on Homelessness and Human Trafficking: A Case Study on End Slavery Tennessee"
- ◆ "Community Information Exchange: Using Data to Coordinate Care for People Experiencing Homelessness"
- ◆ "The PhotoVoice Research Project" (Report)
- ◆ "How to Become a Trauma Informed Organization"
- ◆ "Case Study Focused on an HCH Health Center's Health Information Technology Successes"
- ◆ Two issues of the *Healing Hands* newsletter for clinicians, and three issues of the *Respite News* newsletter



Policy, Advocacy and Consumers

Disparities in access to health care and housing are systemic, which is why the Council is dedicated to making change through policy, advocacy, and consumer engagement. Information shared with lawmakers, partners, and the public in 2019-2020 included:

- ◆ **Seven** issue briefs, five of which were related to COVID-19
- ◆ **Twelve** issues of *Mobilizer* action alert newsletter
- ◆ **Five** episodes of "Policy Poverty Podcast"

The National Consumer Advisory Board (NCAB) serves as a vehicle for HCH consumers to have their experiences inform the services of their HCH program, and to have a voice on national issues. NCAB activities in 2019-2020 included the publication of three issues of the *Consumer Voice* newsletter, offering important information on housing and health care topics.

2019-2020 Board of Directors

JOSEPH BENSON

Community Health Worker
Health Care for
the Homeless Houston
Houston, TX

BRANDON COOK

Health Care for the
Homeless Program Manager
New Horizon Family
Health Services, Inc.
Greer, SC

MISTY DRAKE

Chief Operating Officer
Piedmont Health Services, Inc.
Carrboro, NC

JEFF FOREMAN

Director, Policy
and Advocacy (Retired)
Care for the Homeless
New York, NY

JESSIE GAETA

Chief Medical Officer
Boston Health Care
for the Homeless Program
Boston, MA

DANA GAMBLE

Assistant Deputy Director
Santa Barbara County Public
Health Department
Santa Barbara, CA

TRISH GRAND

Chief Finance &
Administration Officer
Albuquerque Health Care
for the Homeless, Inc.
Albuquerque, NM

AMY GRASSETTE

Managed Care Assistant
Family Health Center
of Worcester, Inc.
Worcester, MA

JOANNE GUARINO

Board Member
Boston Health Care
for the Homeless
Boston, MA

RHONDA HAUFF

Chief Operating Officer/
Deputy Chief Executive Officer
Yakima Neighborhood
Health Services
Yakima, WA

FRANCES ISBELL

Executive Director
Health Care for
the Homeless Houston
Houston, TX

JULIE KOZMINSKI

Policy & Planning Analyst
Unity Health Care, Inc.
Washington, D.C.

BROOKS ANN MCKINNEY

Head of Vulnerable
Populations
Cone Health System
Greensboro, NC

TAMISHA MCPHERSON

Executive Director/
Chief Program Officer
Upper Room AIDS Ministry
(URAM)/Harlem United
New York, NY

DAVID MODERSBACH

Grants and Special Projects
Alameda County Health Care
for the Homeless
Oakland, CA

JACOB MOODY

Chief Strategic
Engagement Officer
(Retired)
San Francisco
Community Health Center
San Francisco, CA

GREGORY MORRIS

Executive Director
Ascending to Health
Respite Care
Colorado Springs, CO

DAVID MUNSON

Medical Director of
Respite Programs
Barbara McInnis House
Boston Health Care
for the Homeless Program
Boston, MA

MAUREEN NEAL

Chief Operating Officer,
Advancement (Retired)
The Daily Planet Health
Care for the Homeless
Richmond, VA

DAVID PEERY

Board Member
Camillus Health Concern, Inc.
Miami, FL

ART RIOS SR.

CAB Member, Health Services
Advisory Council Member
Central City Concern
Portland, OR

DANIELLE ROBERTSHAW

Senior Medical Director,
HCMC Community
Connections Care Ring
Hennepin County Health
Care for the Homeless
Minneapolis, MN

MARTIN SABOL

Director of Health Services
Nasson Health Care
Sanford, ME

JONATHAN SANTOS-RAMOS

Director, Community
Engagement &
Strategic Initiatives
Callen-Lorde Community
Health Center
New York, NY

AMY SPARKS

Director of Behavioral
Health Services
Alabama Regional
Medical Services (ARMS)
Birmingham, AL

MOLLIE SULLIVAN

Clinical Mental Health
Counselor &
Psychological Services
Mercy Medical Center
Health Care for the
Homeless Program
Springfield, MA

LISA THOMPSON

Chief Operating Officer
Colorado Coalition
for the Homeless
Denver, CO

MARY TORNABENE

Family Nurse Practitioner
Heartland Alliance Health
Chicago, IL

KATHERINE DIAZ VICKERY

Clinical Investigator
Hennepin County
Medical Center
Minneapolis, MN

LAWANDA WILLIAMS

Director of Housing Services
Health Care for the
Homeless Baltimore
Baltimore, MD

Standing Committees

The NHCHC Board of Directors has a number of standing committees which are primarily responsible for steering the Council's programs and priorities on behalf of the governing membership.

Administrators Committee

Addresses administrative issues related to HCH grantees and other health centers.

Advancement Committee

Guides philanthropy, communications, and membership functions of the Council.

Education Committee

Guides and oversees technical assistance and training.

Finance and Personnel Committee

Develops the annual budget, monitors expenditures, and authorizes personnel policies.

Policy Committee

Recommends public policy positions and coordinates advocacy on public policy issues.

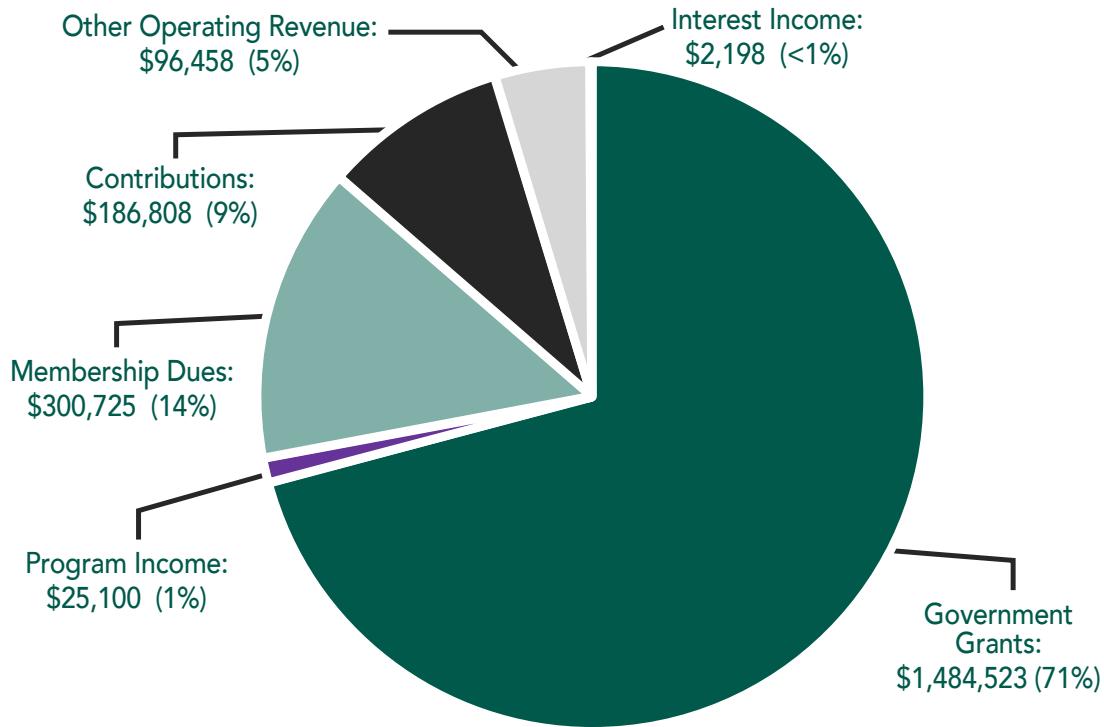
Research Committee

Conducts and promotes research involving HCH projects and to improve policy and practice.

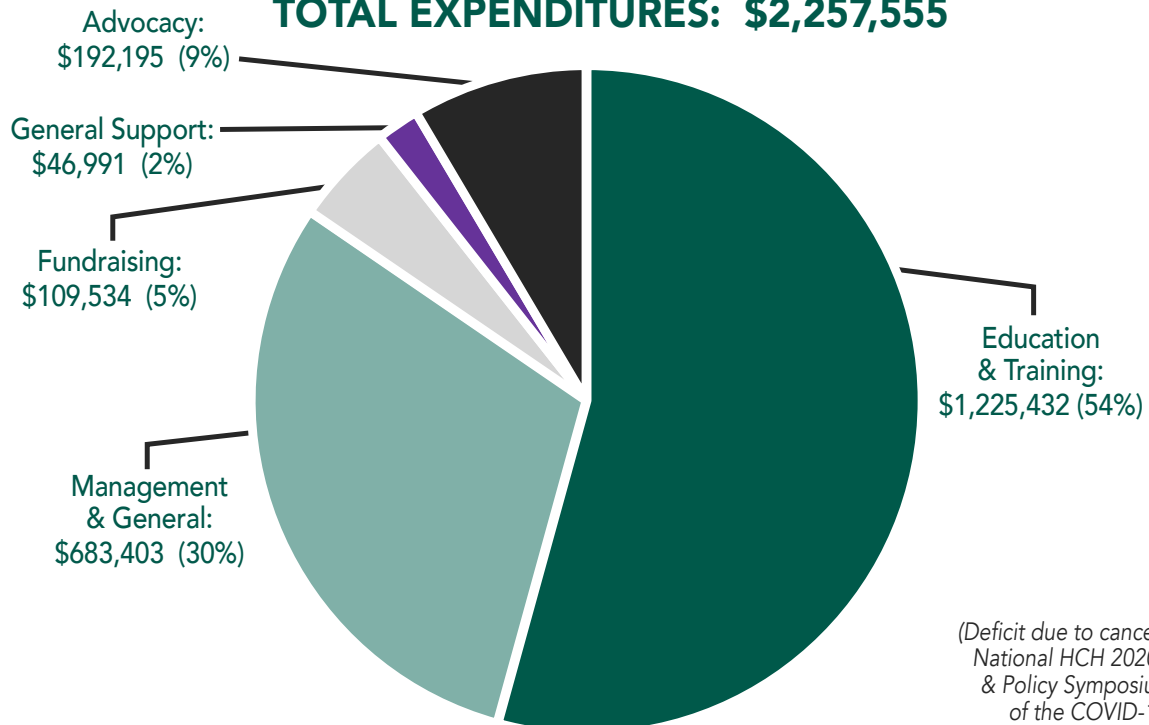
FINANCIAL INFORMATION

(for the fiscal year ended June 30, 2020)

TOTAL REVENUE: \$2,095,812



TOTAL EXPENDITURES: \$2,257,555



THANK YOU TO THE PEOPLE AND GROUPS WHO SUPPORTED OUR ADVOCACY AND OPERATIONS
IN 2019-2020. YOUR GENEROSITY HELPS MAKE OUR WORK POSSIBLE.



604 GALLATIN AVE., STE. 106 | NASHVILLE, TENNESSEE 37206

(615) 226-2292

WWW.NHCHC.ORG