NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Health and Housing

April 2021

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Research | Training & Technical Assistance | Policy & Advocacy | Consumer Voices

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NHCHC Mission

Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research and advocacy in the movement to end homelessness.

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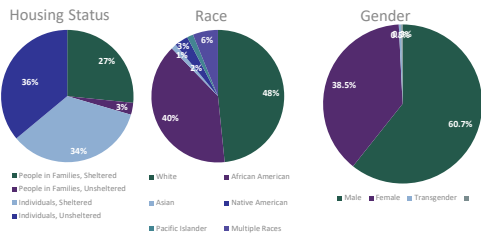Search   Join   Donate   f y ▶

Working to End Homelessness
by Ensuring Health Care and Housing for All

The Council is a membership organization uniting thousands of health care professionals, people with lived experience of homelessness, and advocates in homeless health care. Join us in working to improve care and to eliminate homelessness.

Learn More

Homelessness in the United States

580,466 People experiencing homelessness on a single night in 2020.[1]

Housing Status

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

27% — 3% — 34% — 36%

Race

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

48% — 40% — 6% — 3%

Gender

- Male
- Female
- Transgender

60.7% — 38.5% — 0.8%

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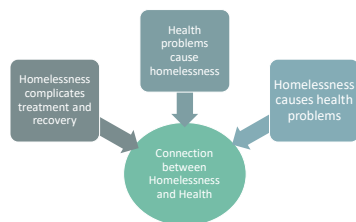
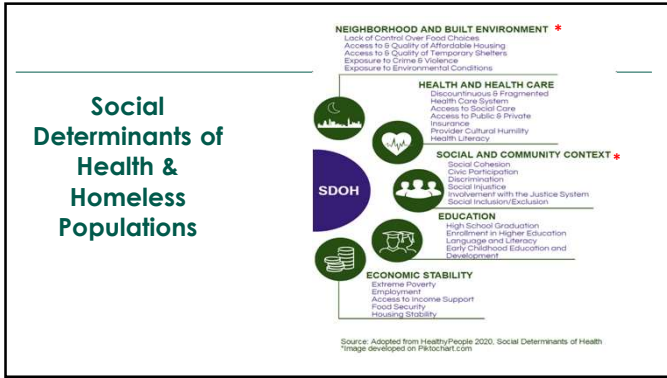| Health and Human Services	• Streets, shelter, mission, single room occupancy, abandoned building, or vehicle • Doubled up • Released from prison or hospital
Housing and Urban Development	• Lacking a fixed structure: shelter, street • Eviction within 14 days • Moved 2 or more times in 60 days

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Homelessness and Health

- 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
  - Average age of death of unsheltered people is 20-30 years younger than general population

- Health problems cause homelessness
- Homelessness complicates treatment and recovery
- Homelessness causes health problems
- Connection between Homelessness and Health

Social Determinants of Health & Homeless Populations

NEIGHBORHOOD AND BUILT ENVIRONMENT *
Lack of Control Over Food Choices
Access to & Quality of Affordable Housing
Access to & Quality of Temporary Shelters
Exposure to Crime & Violence
Exposure to Environmental Conditions

HEALTH AND HEALTH CARE
Discountinuous & Fragmented
Health Care System
Access to Social Care
Access to Public & Private
Insurance
Provider Cultural Humility
Health Literacy

SOCIAL AND COMMUNITY CONTEXT *
Social Cohesion
Civic Participation
Discrimination
Social Injustice
Involvement with the Justice System
Social Inclusion/Exclusion

EDUCATION
High School Graduation
Enrollment in Higher Education
Language and Literacy
Early Childhood Education and
Development

SDOH

ECONOMIC STABILITY
Extreme Poverty
Employment
Access to Income Support
Food Security
Housing Stability

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

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Health Centers

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Health Care for the Homeless Health Centers

Community Health Centers

"The Bureau of Primary Health Care funds and oversees the Health Center Program,

- For over 50 years, health centers have provided high quality preventive and primary health care to patients regardless of their ability to pay.
- Nearly 1,400 health centers operating approximately 12,000 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin
- More than 235,000 staff who provide care for more than 28 million people.

Federally Qualified Health Centers (FQHCs)

Qualifications	Infrastructure	Comprehensive Services
• Qualify for funding under Section 330 of the Public Health Service Act (PHS). • Qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits • Serve an underserved area or population	• Offer a sliding fee scale • Have an ongoing quality assurance program • Have a governing board of directors	• either on-site or by arrangement with another provider • Preventive health services • Dental services • Mental health and substance abuse services • Transportation services necessary for adequate patient care • Hospital and specialty care

300 Health Care for the Homeless Programs Nationally

- HRSA Health Center program – FQHCs serving a "special populations" group

- 300 HCH programs served ~1 million patients in 2019

- Primary care, mental health, addiction treatment, dental, case management, outreach, health education, preventive care, health education, etc.
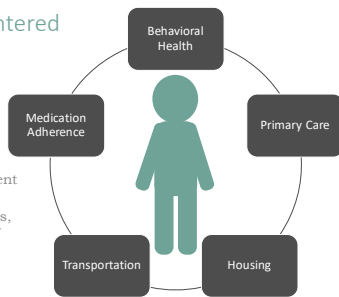
Fact Sheet: The Health Care for the Homeless Program

HCH Model

- HCHs meet all the requirements of all FQHCs, with the exception of not having to have a majority of its Board be patients. IN ADDITION, HCH programs must provide or have a very strong linkage to MH and SUD services.
- 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
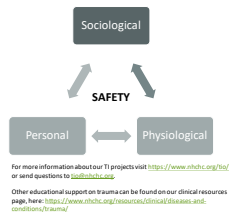 - Delivery of integrated/team based care

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Patient-Centered Care

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

Behavioral Health · Primary Care · Housing · Transportation · Medication Adherence

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Trauma-Informed Care

Those living in poverty and experiencing homelessness face a 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

Sociological

SAFETY

Personal ⟷ Physiological

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/

Seven HCH Programs in Tennessee

- **Chattanooga**
- Chattanooga Hamilton County Health Department
- **Johnson City**
- East Tennessee State University College of Nursing
- **Knoxville**
- Cherokee Health Systems
- **Memphis**
- Christ Community Health Services, Inc.
- Memphis Health Center, Inc. - Health Care for the Homeless
- Tri-State Community Health Center
- **Nashville**
- Neighborhood Health

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Medical Respite

Medical Respite: Definition

- Acute & post-acute medical care for people who are homeless who are too ill or frail to recover from sickness or injury on the street, but not sick enough to warrant hospital-level care
- Short-term residential care that allows people who are homeless to recuperate in a safe environment while accessing medical care and support services
- **NOT:** skilled nursing facility, nursing home, assisted living, BH step-down, or supportive housing

Diversity of Programs

➤ Size

➤ Facility

➤ Length of stay

➤ Staffing & services

➤ Admission criteria

Medical Respite: Making the Case

CHICAGO - Patients who had access to medical respite care required **5 fewer hospital days** during 12-months of follow-up compared to those released to usual care [1]

SEATTLE - Patients completing IV therapy in medical respite care **saved hospital $24,000 per patient** [3]

BOSTON - Patients who had access to medical respite care had a **50% reduction in the odds of readmission** at 90 days post-discharge [2]

HARTFORD & FT. LAUDERDALE - Patients who had access to medical respite care projected to **reduce ED visits by 45%** [4]

1. Buchanan, D., Doblin, B., Sai, T., & Garcia, P. (2006). The effects of respite care for homeless patients: A cohort study. *American Journal of Public Health*, 96(7), 1278–1281.
2. Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Shwartz, M., & Ash, A. S. (2009). Post-hospital medical respite care and hospital readmission of homeless persons. *Journal of Prevention & Intervention in the Community*, 37(2), 129–142.
3. Alexander, K. et al. (2019). The benefits of medical respite: patient perspectives and an analysis of cost savings. University of Washington, School of Public Health.
4. Shetler, D. and Shepard, DS. (2018). Medical respite for people experiencing homelessness: financial impacts with alternative levels of Medicaid coverage. *Journal of Health Care for the Poor and Underserved* 29(2), 801-813.

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Systemic Racism and Homelessness

A Super-Short History of Structural Racism and Homelessness

- Racial disparity in many systems contribute to homelessness: criminal justice, health care, addiction treatment, evictions, voter suppression, wage stagnation are rooted in the history of this country.

"Homelessness is the result of the failure of almost all of society's systems" – Susan Neibacher

- Slavery, Reconstruction, Jim Crow
- Racially restricted covenants
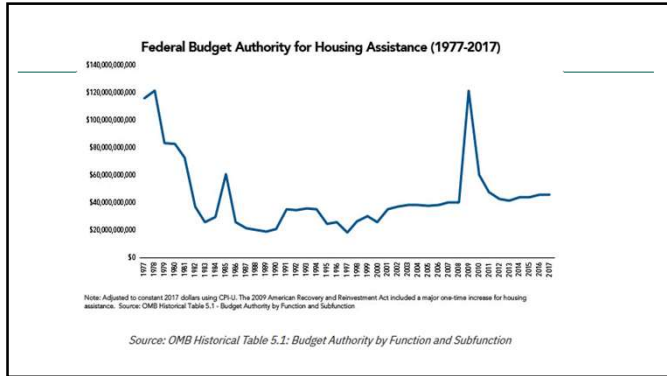- Housing segregation
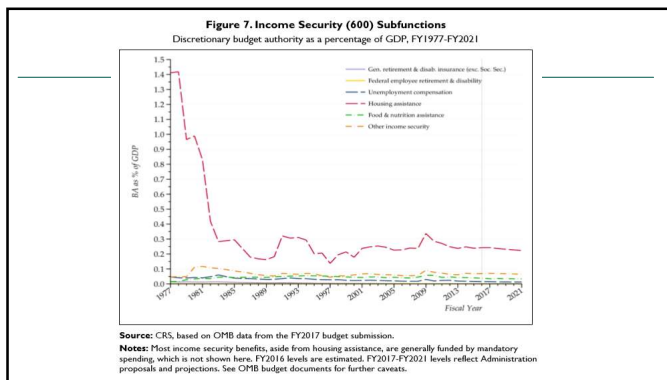- FHA and VA loans, Redlining

FHA Policies

The Federal Housing Administration is an underwriter and guarantor of mortgages and mortgage insurance. From the beginning, the FHA and VA only made or guaranteed loans to Whites.
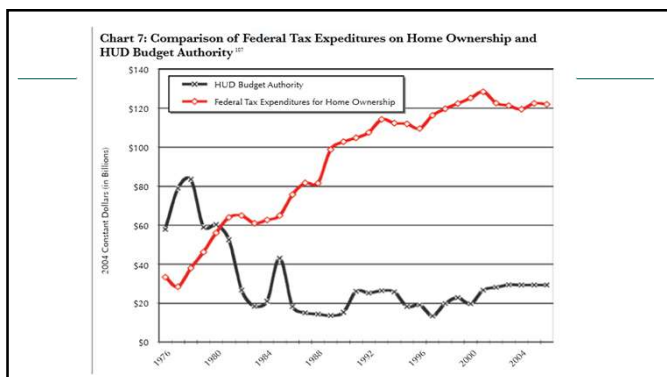
- They later, in the name of "harmonious communities" and maintaining property values, would:
  - Only lend to African-Americans for homes in predominately black neighborhoods
  - Often created segregated communities where they had been integrated or non-existent.
  - Only back developments that had restrictive covenants

Result of FHA and VA Policies

- Melanie Crowley: "Blacks were excluded from the largest wealth creation program in history"
- My addition: "Blacks were excluded from the largest *government-subsidized* wealth creation program in history – *and because they paid taxes, they helped to fund the program from which they were unconstitutionally excluded*."
- George R. Carter III of HUD concluded that racial segregation in and of itself was a driver of homelessness among African-Americans.

Federal Budget Authority for Housing Assistance (1977-2017)

Note: Adjusted to constant 2017 dollars using CPI-U. The 2009 American Recovery and Reinvestment Act included a major one-time increase for housing assistance. Source: OMB Historical Table 5.1 - Budget Authority by Function and Subfunction

Source: OMB Historical Table 5.1: Budget Authority by Function and Subfunction

Figure 7. Income Security (600) Subfunctions
Discretionary budget authority as a percentage of GDP, FY1977-FY2021

Source: CRS, based on OMB data from the FY2017 budget submission.
Notes: Most income security benefits, aside from housing assistance, are generally funded by mandatory spending, which is not shown here. FY2016 levels are estimated. FY2017-FY2021 levels reflect Administration proposals and projections. See OMB budget documents for further caveats.

Chart 7: Comparison of Federal Tax Expeditures on Home Ownership and HUD Budget Authority [187]
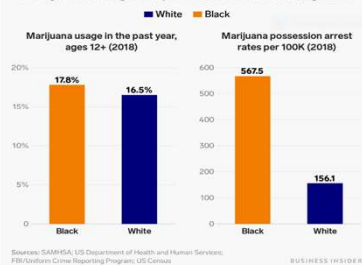
Public Education System

- We choose to largely fund education based on local property taxes
- This means that wealthier communities spend more per student than poorer communities
- According to a 2019 study by EdBuild, an educational nonprofit organization, majority white school districts spend 19% more per student than majority nonwhite school districts in local and state funding ($13,900 v. $11,700).
- If we wanted things to be more equitable, we'd spend MORE on poorer students that have less advantages to level the playing field.
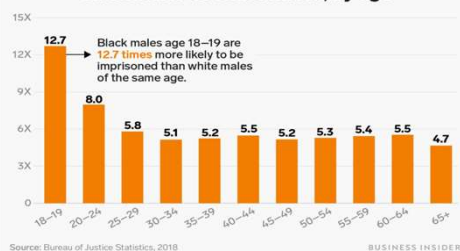
Criminal Justice System
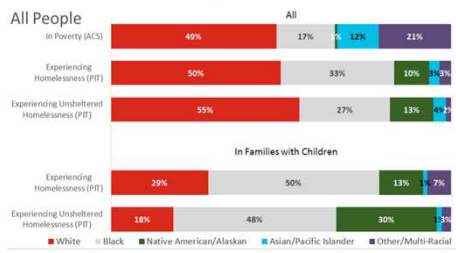
Marijuana usage vs. possession arrests, by race

■ White ■ Black

Marijuana usage in the past year, ages 12+ (2018)
- Black: 17.8%
- White: 16.5%

Marijuana possession arrest rates per 100K (2018)
- Black: 567.5
- White: 156.1

Sources: SAMHSA; US Department of Health and Human Services; FBI/Uniform Crime Reporting Program; US Census

BUSINESS INSIDER

Criminal Justice System

Ratio of imprisonment rates of Black males to white males, by age

Black males age 18–19 are **12.7 times** more likely to be imprisoned than white males of the same age.

- 18–19: 12.7
- 20–24: 8.0
- 25–29: 5.8
- 30–34: 5.1
- 35–39: 5.2
- 40–44: 5.5
- 45–49: 5.2
- 50–54: 5.3
- 55–59: 5.4
- 60–64: 5.5
- 65+: 4.7

Source: Bureau of Justice Statistics, 2018

BUSINESS INSIDER

SPARC Shows It's More Than Poverty

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RECOMMENDATIONS

Going Home:
The Role of State Mental Health
Authorities to Prevent and End
Homelessness Among Individuals
with Serious Mental Illness

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August 2018

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WHAT WE CAN DO

- Recognize that being Race-neutral in our policies and in dealing with individuals may not be enough.
- We need to be Anti-racist.
- As health care professionals we have the ability and responsibility to advocate societal and institutional change on behalf of our patients.
- There are concrete examples of steps we can take in our organization, department, or team.

Recommendations -

- Promote state Medicaid waivers to fund housing supports/supportive services.
- Support integrated care models.
- Promote harm reduction and trauma-informed approaches to care.
- Implement evidence-based practices like ACT and CTI models of care.
- Ask about housing status and code for homelessness in inpatient and community settings.

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Recommendations

- Promote supportive housing programs.
- Allocate funding for rental assistance directly to community providers.
- Advocate for additional housing development at the federal, state, and local level.
- Support SOAR programs.
- Support representative payee services for the most vulnerable.
- Promote supported employment programs that work with homeless populations.

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Recommendations

- Increase diversion activities from the criminal justice system.
- Improve discharge policies from jail/prison facilities.
- Promote school-based clinics with the ability to identify and treat mental health issues early.

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https://nhchc.org/clinical-practice/homeless-services/ethical-and-cultural-issues/anti-racism/