Health Care for the Homeless: Considerations for Essential Hospitals

Barbara DiPietro, PhD
Sr. Director of Policy
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Four Topics Today

• Connection between homelessness & health
• What health providers need to know about homelessness
• Services of greatest need
• Actions to consider
THE HOMELESS POPULATION HAD SIGNIFICANTLY HIGHER UNINSURED RATES COMPARED TO OTHER GROUPS PRE-ACA

Health Insurance Coverage for Health Care for the Homeless Patients Compared to Other Groups, 2013:

- **Health Care for the Homeless Patients**
  - Uninsured: 57%
  - Medicare: 6%
  - Medicaid: 34%
  - Private: 3%

- **All Health Center Patients**
  - Uninsured: 35%
  - Medicare: 8%
  - Medicaid: 42%
  - Private: 15%

- **Total U.S. Population**
  - Uninsured: 13%
  - Medicare: 13%
  - Medicaid: 19%
  - Private: 54%

Note: Medicaid includes CHIP and other public Coverage.
Percent of Visits with Clients Who Have Health Insurance
August 2013 - July 2014

Source: data reported by National Health Care for the Homeless study sites, 2014.
Root Causes of Homelessness

Housing Costs  
+  
Insufficient incomes  
=  
Homelessness

Housing wage for 2-BR housing wage is $18.92/hour. In no state can a full-time minimum wage worker afford a 1- or 2-BR rental unit at Fair Market Rent.
-National Low Income Housing Coalition: Out of Reach 2014  http://nlihc.org/oor/2014

~8 million households currently spend more than 50% income on rent.

Single night = 578,424  
(2014 HUD)

Annual patients = 1,131,414  
(2013 health centers)
Other Causes of Homelessness

• Losing employment/income
• Domestic violence/family instability
• Incarceration
• Institutionalization
• Fire/other tragedies
• Lack of family/social supports
• Downward spiral due to multiple factors
• Illness and injury
Relationship Between Homelessness & Health #1

Poor health causes homelessness

- Illness contributes to loss of employment/wages
- Financial impact (medical bankruptcy)
- Personal Impact (behavioral health -> exclusion)
- Effects of Trauma
Relationship Between Homelessness & Health #2

Homelessness causes poor health

- Exposure to elements, communicable disease, violence, parasites, acute illnesses
- Poor nutrition
- Poor sleep/rest

\[ \text{Criminalization of homelessness} \]

- Exacerbation of existing medical conditions
- Self-medication & depression is common
Relationship Between Homelessness & Health #3

Homelessness interferes with treatment

– Competing priorities (safety, food, legal, shelter)
– Adherence to medical plan (medications, dietary instructions, wound care, medications/equipment
– Lack of transportation
– Lack of stability

Institute of Medicine, *Homelessness, Health, and Human Needs.*
CONSEQUENCES

• Pervasive homelessness
• High rates of illnesses (3-6 times)
• Multiple complex morbidities
• Premature mortality
• Deferred care/high costs
• High ED and hospital utilization/readmission
• Discharge difficulties
What Health Providers Need to Know

• Housing instability compromises effectiveness of health care services
• ED & hospitalization not always “inappropriate”
• Increased Medicaid eligibility (in expansion states) a plus, but not a solution
• Client relationships with specific hospitals & staff are strong
• Hospitals are frequently only “safe” place
• Patients want more for themselves, and they want to get better → we can help make that happen
Services of Greatest Need

- Comprehensive care management & care coordination
- Medication management
- Rigorous discharge planning and follow-up
- Medical respite care and supportive housing
- Community-based chronic disease management & behavioral health treatment
- Dental care
- Team-based care across multiple providers
- Patience and compassion
Evidence-Based Practices

• Motivational Interviewing
• Trauma Informed Care
• Harm Reduction
• Cultural Competency

Promising Practice:
• Medical Respite Care

http://www.nhchc.org/resources/clinical/medical-respite/
HCH Adapted Clinical Guidelines

- Asthma
- Cardiovascular Diseases: Hypertension, Hyperlipidemia & Heart Failure
- Chlamydial or Gonococcal Infections
- Chronic Pain
- Diabetes Mellitus
- General Recommendations for the Care of Homeless Patients
- HIV/AIDS
- Opioid Use Disorder
- Otitis Media
- Reproductive Health Care

http://www.nhchc.org/resources/clinical/adapted-clinical-guidelines/
The HCH Approach to Care

• PCMH – Patient-Centered Medical Homes
• Coordination of Care
• Multidisciplinary Teams
• Access
  – Street outreach
  – Accessible locations & hours
  – Elimination of financial barriers
• Patient Self-determination
  Goal Setting
10 Actions to Consider

1. Partner with community providers serving homeless (share staff)
2. Share data (both ways, if possible)
3. Ensure provider & pharmacy networks are in sync
4. Eliminate/limit out of pocket costs
5. Train medical and social work staff on EBPs (especially as they pertain to homeless/high-need patients)
6. Develop/expand medical respite programs and linkages to supportive housing
7. Use hospital community benefit funds to help meet needs
8. Advocate for Medicaid expansion (if needed)
9. Join/lead larger push for decent, affordable housing (*housing IS health care*)
10. Document homelessness in your EHR!
Use Diagnosis Codes for Homelessness

ICD-9-CM: V60.0
ICD-10-CM: Z59.0

REFERENCE TERMS:
- Hobo
- Lack of housing, shelter
- Social Migrant
- Nomad
- Tramp
- Transient
- Vagabond
- Vagrant
CONTACT & RESOURCES

- Barbara DiPietro, Sr. Director of Policy, National HCH Council
  bdipietro@nhchc.org or @barbaradipietro

  Available at: http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/

Affordable Housing and Hospital Partnerships: New Traction to Improve Community Health and Reduce ER Admissions

Peggy Bailey
CSH
March 6, 2015
Our Mission

Advancing housing solutions that:

Improve lives of vulnerable people
Maximize public resources
Build strong, healthy communities
Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.
Building Strong, Healthy Communities

Locations where CSH has staff stationed
Locations where CSH has helped build strong communities
Supportive Housing ... 

- Targets households with barriers
- Is affordable
- Provides tenants with leases
- Engages tenants in voluntary services
- Coordinates among key partners
- Connects tenants with community
Supportive Housing Populations

Residents of Institutions who Prefer to Live in the Community

- People Exiting Jail or Prison with Chronic Health Conditions (esp. mental health)

Chronically Homeless

- Mental health, substance use and/or physical health disabling conditions coupled with housing need

Includes individuals, families and youth
## Supportive Housing Services

<table>
<thead>
<tr>
<th>Tenancy Supports</th>
<th>Housing Case Management</th>
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<tbody>
<tr>
<td>Outreach and engagement</td>
<td>Service plan development</td>
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<tr>
<td>Housing search assistance</td>
<td>Coordination with primary care and health homes</td>
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<tr>
<td>Collecting documents to apply for housing</td>
<td>Coordination with substance use treatment providers</td>
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<tr>
<td>Completing housing applications</td>
<td>Coordination with mental health providers</td>
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<tr>
<td>Subsidy applications and recertifications</td>
<td>Coordination of vision and dental providers</td>
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<tr>
<td>Advocacy with landlords to rent units</td>
<td>Coordination with hospitals/emergency departments</td>
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<tr>
<td>Master-lease negotiations</td>
<td>Crisis interventions and Critical Time Intervention</td>
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<tr>
<td>Acquiring furnishings</td>
<td>Motivational interviewing</td>
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<tr>
<td>Purchasing cleaning supplies, dishes, linens, etc.</td>
<td>Trauma Informed Care</td>
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<td>Moving assistance if first or second housing situation</td>
<td>Transportation to appointments</td>
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<tr>
<td>does not work out</td>
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<tr>
<td>Tenancy rights and responsibilities education</td>
<td>Entitlement assistance</td>
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<tr>
<td>Eviction prevention (paying rent on time)</td>
<td>Independent living skills coaching</td>
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<tr>
<td>Eviction prevention (conflict resolution)</td>
<td>Individual counseling and de-escalation</td>
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<tr>
<td>Eviction prevention (lease behavior requirements)</td>
<td>Linkages to education, job skills training, and employment</td>
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<td>Eviction prevention (utilities management)</td>
<td>Support groups</td>
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<tr>
<td>Landlord relationship maintenance</td>
<td>End-of-life planning</td>
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<tr>
<td>Subsidy provider relationship maintenance</td>
<td>Re-engagement</td>
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Why Partner – Gains for Housing

- Often the last piece of the housing puzzle

- Mostly short term grants
  - Narrow in scope
  - Extensive reporting requirements
  - Unpredictable

- Limited state general fund and local resources
  - Restricted public budgets
  - Provider shortages
  - Little experience with our population and model
Why Partner – Gains for Hospitals

- **Targeting Patients in Housing**
  - Experts engaging vulnerable population
  - Case management coordination
  - Address matching – Hotspotting

- **Changing Service Delivery Models**
  - Community Services
  - Home based services
  - Medical Respite

- **Investment Opportunities**
  - Staff Resources
  - Community Benefit
  - Other Resources
Basic Partnership Needs

**Coordination between partners:**
- Property Management
- PSH case management
- Health Care Provider

**Regularly scheduled meetings:**
- All partners meet regularly to touch base on mutual patients/tenants

**Memorandum of Understanding:**
- MOU that lays out roles and responsibilities of each organization and discusses financial obligations or liabilities
Pieces to Successful Partnerships

- Shared Mission and Goals
- Mutual Respect
- Education
- All partners contribute
- Negotiate Commit Negotiate
- Trust takes time
Examples – Achieving Results

[Images of Oakland Athletics logo, a postage stamp with "Greetings from Minnesota", and a map of Florida with city names like Orlando, Tampa, St. Petersburg, and Miami.]
Peggy Bailey  
Director of Health Systems Integration  
CSH  
202-715-3985 ext. 30
Peggy.bailey@csh.org