Health Care for Homeless People

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Cincinnati Health Care for the Homeless Program

some slides come from HCH101 by the HCH Council, www.nhchc.org
The Definition of Homelessness

- An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)
The Definition of Homelessness

- A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]
Who is homeless?

- Single Men 51%
- Single Women 17%
- Families with Children 30%
- Unaccompanied Youth 2%

The US Conference of Mayors 23-City Survey: Hunger and Homelessness
Who is homeless?

- White: 39%
- Hispanic: 13%
- African-American: 42%
- Native American: 4%
- Asian: 2%

The US Conference of Mayors 23-City Survey: Hunger and Homelessness
Where do we find people who are homeless?

- Cities: 70%
- Suburbs: 21%
- Rural: 9%

National Coalition for the Homeless, July 2007 & June 2008
Living Environments

**SHELTERED**
- Shelters
- Respite
- Hospitals

**TRANSIENTLY HOUSED**
- Jails
- Drug and Alcohol Treatment Programs

**UNSHELTERED**
- Streets
- Tents
- Woods
- Bridges
- Cars

**DOUBLED UP**
- Family
- Friends

**HOUSED**
More than 760,000 people sleep on the streets or in shelters every night in U.S. 45% of them are on the streets, in cars, in abandoned buildings, or other places not meant for human habitation.
Families with Children

- Families with children are among fastest growing segments of people without housing
- In the 2010-11, 9% of children in the Cincinnati Public Schools were homeless
- Between 2005 and 2010, the number of children doubling up increased by 192%, representing 42% of all children in the CPS system in 2010.
- Foreclosure rates rose to nearly 30%
- Those waiting for public housing grew by 115% in just six years.
- In 2011, 5000 more families applied for housing choice vouchers than in 2007.

Greater Cincinnati Coalition for the Homeless Report, 2011
Homeless Youth

Between 2008 and 2010, in Cincinnati, unaccompanied children under 18 years of age living in shelters and transition housing increased by 20%.

“Bouncing” or “Couch Surfing” from place to place

50% use alcohol
50% have survival sex
35% use intravenous drugs

Greater Cincinnati Coalition for the Homeless Report, 2011
Homelessness is traumatic

- Lack of safety
- Uncertainties of meeting basic needs
- Exposure to the elements
- Lack of access to services
- Loss of meaning and hope
- Serious medical conditions
- Mental health problems
- Addictions
- Childhood histories of abuse and neglect

Photo by Shane Bauer
Impact of Homelessness on Health

The Institute of Medicine has determined that individuals without a regular place to stay are far more likely than are those with stable housing to suffer from chronic medical conditions such as diabetes, cardiovascular disease, and asthma.

Housing IS Health Care
Homelessness and Poor Health

• Health problems cause homelessness

• Homelessness causes health problems

• Homelessness complicates efforts to treat health problems
Medical Implications of Homelessness

• Increased mortality – *average life expectancy is 42-52 years*

• Increased severity of illness

• Exposure to heat, cold, dehydration

• Violence

• Competing priorities

• Medication difficulties

• Health care provider reactions
Providing holistic care

- Behavioral health care
- Primary care
- Preventative care
- Dental care
- Eye care
- Pharmacy
- Benefits acquisition
- Transportation and referrals to specialty care

Consumers with glasses at 4th Street Clinic, Salt Lake City

Photo by McMicken HCH Dental Project, Cincinnati
Time to Consider Special Populations
Kris Drummond, CEO
OACHC Fall 2012 Conference
Agenda

PCMH

Special Populations
PCMH Elements

Access

Patient Centered
PCMH Elements

Access

ID Patient Pops

Patient Centered
PCMH Elements

- Access
- ID Patient Pops
- Plan & Manage Care
- Patient Centered
- Self Care Comm. Support
PCMH Elements

- Access
- Patient Centered
- Track & Coor. Care
- Self Care Comm. Support
- Plan & Manage Care
- ID Patient Pops
PCMH Elements

- Measure Performance
- Access
- Patient Centered
- Self Care Comm. Support
- Plan & Manage Care
- ID Patient Pops
- Track & Coor. Care
expect staff to practice at the top of their skill set and license
Progress Diagram

Expect staff to practice at the top of their skill set and license.

Can help facilitate care coordination.

Licensed Staff

Outreach & CHWs
Progress Diagram

- Licensed Staff
  - expect staff to practice at the top of their skill set and license

- Outreach & CHWs
  - patient self-management goal setting
Progress Diagram

- Licensed Staff
- Outreach & CHWs

Expect staff to practice at the top of their skill set and license

Referral and resource coordination
expect staff to practice at the top of their skill set and license

and care transitions
Strategic Planning

Enabling Services

Data
Strategic Planning

Enabling Services

Data  Training  Advocacy
Strategic Planning

Enabling Services

Data
Training
Advocacy
Support
National Health Care for the Homeless
http://www.nhchc.org/resources/general-information/health-care-reform/

HRSA
Medical%20Home

Z-Atlas
http://www.z-atlas.com/

provides tools and information for understanding the health of the US population
Special Populations Session:
How to Identify and Enroll Homeless Individuals

Benjamin A. Yeboah, RN, BS, MSN
Chief Clinical Officer
Care Alliance Health Center
Cleveland, OH
Agenda

• Reaching a Hard-to-Reach Population
• Enrolling Individuals in Care
• Maintaining a Relationship
Reaching a Hard-to-Reach Population

- Identify and go to the locations where your target population gathers
- Start with their immediate needs – not your priorities
- Utilize existing networks
  - Within a community: word-of-mouth and outreach team
  - Valuable collaborative relationships with other service providers:
    - Local shelters
    - Treatment centers
    - Drop-in sites
    - Community Agencies
Reaching a Hard-to-Reach Population

• A few Do’s and Don’ts
  – Build a strong outreach team
  – Know the traditional fears and concerns of your target population (mental health, distrust, etc)
  – Don’t ask for too much information up front
Enrolling Individuals in Care

• Enrollment can be done in the field or in the clinic
  – Collect limited and basic information including name, date of birth, social security number, and shelter letter (if applicable).
  – Social and medical histories: drug/alcohol usage, tobacco use, medical history, allergies, social history
  – General medical exam: height, weight, blood pressure

• Provide information on the clinic: how to get there, what to bring, what to expect

• Assess ALL patient needs and remove barriers by assisting with transportation, benefit and entitlement enrollment, obtaining social security cards and IDs
Maintaining a Relationship

• Outreach team often remains first point of contact, consistent face of care
• Holistic and comprehensive care provided through a PCMH delivery model
  – Team-based approach
  – Ensure patients’ needs are met in a high-quality manner
  – Wrap-around care and supportive services provided through our Care Coordinators and Patient Advocates including housing assistance, disability / entitlement enrollment, medical case management, mental health counseling and more
• EMR allows connectivity across our sites, including outreach
  – Epic’s CareEverywhere allows connectivity with two major hospital systems in town
Questions?

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Care Alliance
Health Center

Our mission is to provide high-quality, comprehensive medical and dental care, patient advocacy and related services to people who need them most, regardless of their ability to pay.
MEDICAID EXPANSION 2014

Debbian Fletcher-Blake, APRN, FNP
Assistant Executive Director
Care for the Homeless, NYC
Accountable Care Act (ACA)

Under the Affordable Care Act (ACA)

• States have the option to expand Medicaid eligibility

• Eligibility to single adults < 138% of the Federal Poverty Level (FPL)

- Approximately $15,000 annually for singles
- Approximately $25,500 annually for family of 3
Eligibility Requirements

- Requirements for “Childless Adult Expansion” or “newly eligible group”
  - Patients are required to be United States Citizens
  or
  - Legal Resident for a minimum of 5 years
Enrollment

• Currently:
  ➢ ~ 60 million enrolled
• Predicted Enrollment:
  ➢ The Congressional Budget office predicts 13 million
  ➢ Centers for Medicare/Medicaid Services (CMS) : 18 million
• Most probably enrollment:
  ➢ 13.4 million new enrollees (range 8.5 million - 22.4 million)*

Enrollment

- Patients that are not enrolled:

  - The Congressional Budget office estimates 21 million by 2016
  - Approximately 30-50% will be eligible but not enrolled
  - Approximately 30% will be undocumented and not eligible

  “Those that are eligible, but not enrolled are likely to include vulnerable, chronically homeless individuals” – National Health Care for the Homeless Council, 2012
The Enrollment Process

• Incorporates modified adjusted gross income (MAGI)
  - No need for asset tests, IRS definition of “household”

• More efficient and timely determinations

• Electronic Verification of Income and Identity
  - No paperwork
The Enrollment Process

• No need for a permanent address
• 12 month automatic renewal
• Assistance in completing the application process
Goal of expansion (Triple Aim)

- Increase Access
- Improve outcome
- Decrease costs
**Triple Aim**

**ACCESS**
- Expand eligibility criteria
- Increase enrollment
- Health center expansion

**OUTCOME**
- More people get health benefits
- Treatment for SA and MH
- Engagement of difficult to reach patients and assignment into Health Homes

**COST**
- Decrease reliance on ED
- Increase preventive care
- Treatment of high utilizers in primary care settings and with care coordination
### Challenges and opportunities for vulnerable populations

#### Opportunities
- Increased access to Health care
- Increased access to specialty care and other services
- Enhanced reimbursement
- Core services (CM, care coordination)
- Other services (medical respite)
- Improved Health Outcomes

#### Challenges
- Outreach and enrollment
- Engaging the population
- Finding venues that are appropriate for care
- Capacity to provide services
- Workforce development
  - Clinical
  - Non-Clinical
- Bridging gaps in coverage (oral health, transportation)
Mitigate the challenges

• Train current staff

• Educate and involve consumers and peer advocate in the process:
  - Use them as much as possible for outreaching to difficult to reach individuals

• Develop community partnerships with other service providers (referral sources)

• Solidify relationships with specialty care providers
Mitigate the challenges

• Get involved at the State and Local level (advocacy)

• Look for funding and opportunities to expand
  - take advantage of Technical Assistance (TA)

• Engage your Medicaid Director or staff and your health reform implementation leader/supervisor
  - invite those involved to your facility
Mitigate the challenges

• Get involved with or become a medical home

• Look at your capacity to provide care coordination ($)

• Revise frontline staff job description to incorporate new responsibilities

• Strengthen outreach capacity
Outreach

• Enrollment does not mean engagement

• Outreach = Access to care for vulnerable population

“Outreach is contact with any individual who would otherwise be ignored (or underserved)... in non-traditional settings for the purpose of improving their mental health, health, or social functioning or increasing their human service and resource utilization.”

**Source:** Morse, GA. Conceptual overview of mobile outreach for persons who are homeless and mentally ill. American Public Health Association Annual Convention. New Orleans, LA; 1987
Successful Expansion

• Depends on response from each state (how do they use flexibility?)
  
ex 10 Governors pledge they will not participate in expansion

• State budgets
• ACA and politics
• Ability to enroll patients
• Workforce (training and availability)
Thank you!

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