

Health Care for the Homeless

Delivering “whole person” care

Kevin Lindamood, President & CEO

July 30, 2018



History of Health Care for the Homeless

- One of 19 original Robert Wood Johnson Foundation projects
- Leveraging resources to deliver integrated care
- Medicaid expansion and health reform
- Current strategic direction
 - 100% access
 - Sustainable business models
 - Improved health outcomes





HEALTH CARE FOR HOMELESS

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421

NO LEFT TURN

COMMUNITY CENTER









Behavioral Health System Collaborations

Evolution of engagement

- Mental health outreach
- Addiction treatment programs
- SSI/SSDI Outreach, Access & Recovery (SOAR)
 - Clinic based
 - Community collaborations
 - Statewide training
- SOAR housing collaboration



Housing is Health Care

- Current supportive housing work
- Growing recognition of housing/health connection
- Preliminary health system data
- Medicaid supportive housing waiver
 - Assistance in Community Integration Services
 - 300 Statewide; 100 in Baltimore
 - Recent request to double





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BEYOND BEDS: 100% HOUSING

Practical Lessons from
Health Care for the Homeless

Barbara DiPietro
Senior Director of Policy
July 30, 2018

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HCH PROGRAMS NATIONALLY



300 programs, 2,000 locations, ~1 million patients

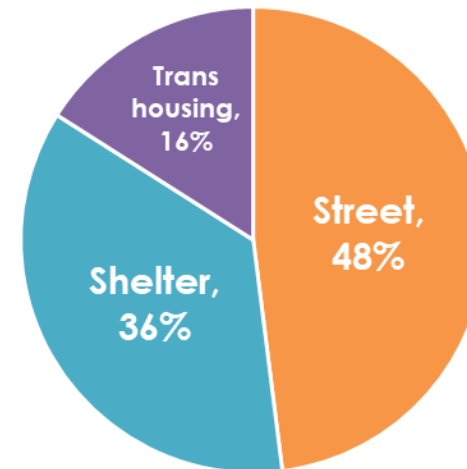
FQHCs (and others) with comprehensive care

Integrated care model focused on **access** for most vulnerable

HOMELESSNESS IN THE U.S.

- 553,742 homeless on a single night in Jan 2017—of these, 20% report an SMI (111,902) (this is a conservative estimate)
- 1.4 million use shelters/housing programs over the course of a year (this is a conservative estimate)
- Mental health ↔ homelessness
- Homeless services system may not serve vulnerable populations well

Point in Time:
People with SMI



HOUSING IN THE U.S.

- Homelessness is the result of extreme poverty & lack of housing
- Only 1 in 4 low-income people who qualify for housing assistance are able to receive it
- 8.3 million households pay more than ½ their income toward rent
- 28% of low-income renters couldn't pay full rent in last 3 months
- 3.7 million evictions in 2017

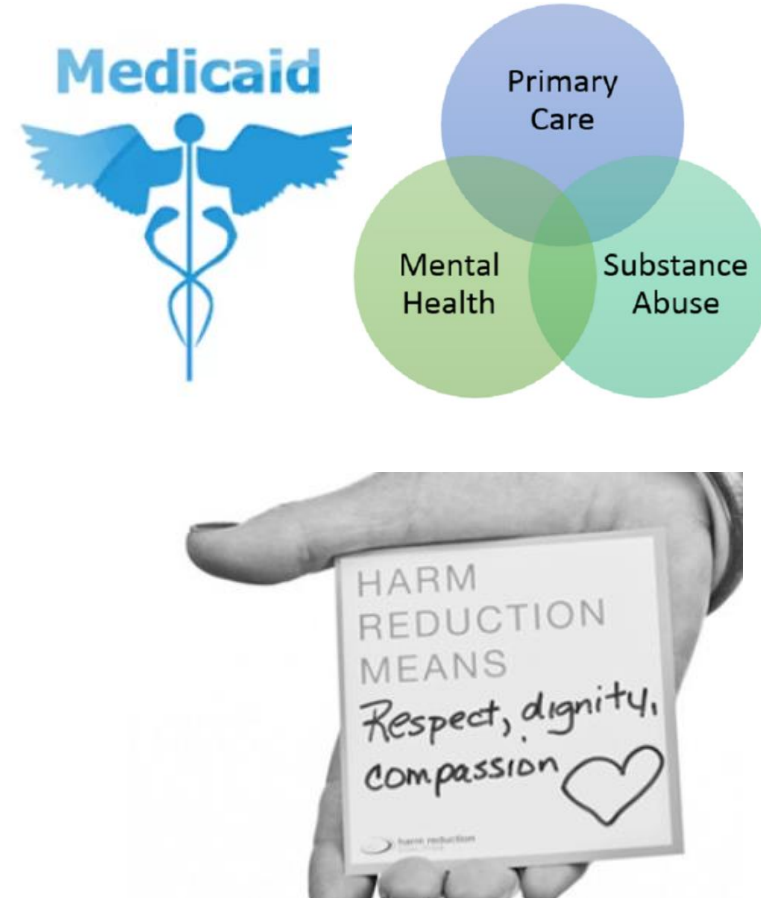


WHY THIS ISSUE FOR SMHAs?

- More frequent use of high-end services (inpatient, emergency, outpatient, etc.) = high costs & poor outcomes
- Harder to achieve (or retain) recovery without housing; poorer health & increased mortality
- Identified as a priority by ISMICC (and others in the field)
- SMHAs have influence over funding & services, Medicaid & other health programs, hospital protocols & contractual requirements for community providers
- SMHAs have relationships across health care, housing, education, labor, social services & criminal justice
- SMHAs have a voice with Governors & legislators

HEALTH CARE

- Expand **Medicaid** & ensure assertive outreach/enrollment
- Promote Medicaid **waivers** to cover more services
- Support **integrated care** models
- Promote **harm reduction** and **trauma-informed** approaches
- Implement **EBPs** like ACT and CTI



HEALTH CARE

- Improve & standardize institutional **discharge processes**
- Promote **medical respite care** programs as a discharge option
- Increase community **capacity** along continuum of care
- Ask about housing status and **code Z59.0** in patient records
- Increase **workforce** development and **training**



HOUSING

- Promote supportive **housing** programs
- Allocate funding for **rental assistance** directly to providers
- Consider unused **state property** for homeless services/housing
- Partner with state housing authorities to develop a **housing plan**
- **Advocate** for additional affordable housing—*at the lowest income levels*—at federal, state & local levels



INCOME & SUPPORT SERVICES

- Support **SOAR** programs
- Support **rep payee** services
- Promote supported **employment** programs
- Advocate for **higher SSI benefits** (or a state supplement)
- Support street **outreach** and intensive **case management**
- Develop **peer specialists**, CHWs and other support roles




CRIMINAL JUSTICE & CHILDREN/YOUTH

- Increase **diversion** activities
- Ensure coordinated, high-quality **care** while in detention
- Improve **discharge** policies

- Promote **school-based clinics** that can screen & treat early
- Increase **capacity** in the system for children/youth services
- Link support services to the **entire family**



FINAL THOUGHTS

- Need for leadership and vision
- Need for a “champion” for population that is not often the priority
- Everyone will have different opportunities to pursue solutions
- Ending homelessness goes beyond “cost-effectiveness” and “more efficient systems”  this is **a moral imperative**