



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Housing as a Platform for Healthcare

National Alliance to End Homelessness Conference
July 27, 2016

TODAY'S SPEAKERS

- Julie Kozminski, Policy and Planning Analyst, Unity Health Care
- Courtney Pladsen, FNP-BC, MS, RN, Medical Access Director, Unity Health Care
- Jamie Bingner, Case Manager Homeless Outreach, Unity Health Care
- Matt Warfield, Health Policy Organizer, National Health Care for the Homeless Council

COMMUNITY HEALTH CENTERS

- Funded through HRSA, authorized under Section 330 of Public Health Service Act
- Non-profit, community based, provide services regardless of ability to pay
- Located in medically underserved areas, provide comprehensive medical, behavioral health, and other supportive services
- In 2014
 - 1,300+
 - 9,000+ service sites
 - 22.8 million patients

HEALTH CARE FOR THE HOMELESS

- Special populations sub grantee, provide SUD services
- Stand alone or part of larger health system
 - Health care clinics, mobile vans, shelter-based clinics
- Model of care
 - Patient centered, Trauma informed; harm reduction
- Housing is Health Care!
- In 2014
 - 268
 - 2,500+
 - 850,000+ patients

ACCESSING HEALTH CARE SERVICES

- Leverage resources
 - Continuum of Care Program
 - Utilize local, state, and federal grant funding
 - Co-locate services
- Integrated partnerships
 - Community Health Centers
 - Hospitals
 - Universities
 - Volunteers
- Emulate the HCH model of care



Presentation Overview

- Homelessness in the District
- Unity Health Care: Background and Services
- Clinical Perspectives
- Social Services



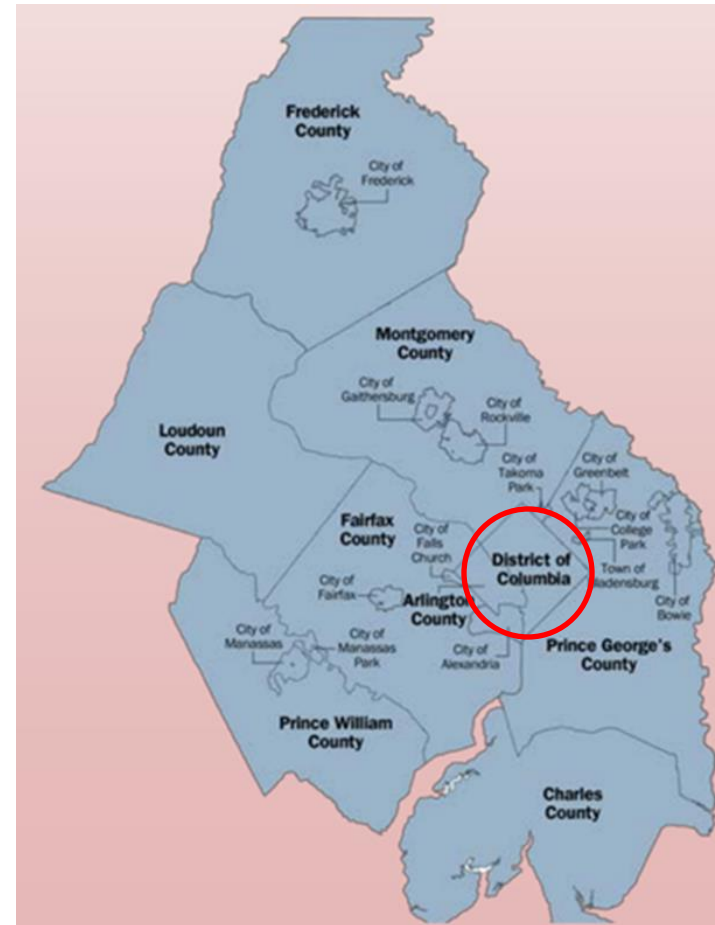
HOMELESSNESS IN THE DISTRICT

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District of Columbia

- 675,000 people live in DC
 - Over 6 million in the metro area
- 95% have medical insurance
 - A third have public insurance
- Income gap is growing
 - Rents increasing at faster rate than incomes



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Homeless in the District

- PTC 2016: 8,350 homeless persons
 - Singles decreased by 6.8%, families have increased by 21% from 2015
- Right to Shelter Law
- Affordable Housing stock is decreasing
- City committed over \$100M for PSH, Targeted Housing, RR
 - Difficult to find land, landlords and developers willing to participate in programs



UNITY HEALTH CARE

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Background

- Founded in 1985 as Health Care for the Homeless Project in Washington, DC
- Became a Federally Qualified Health Center (FQHC) in 1996
- Currently operate over 25 sites throughout the District

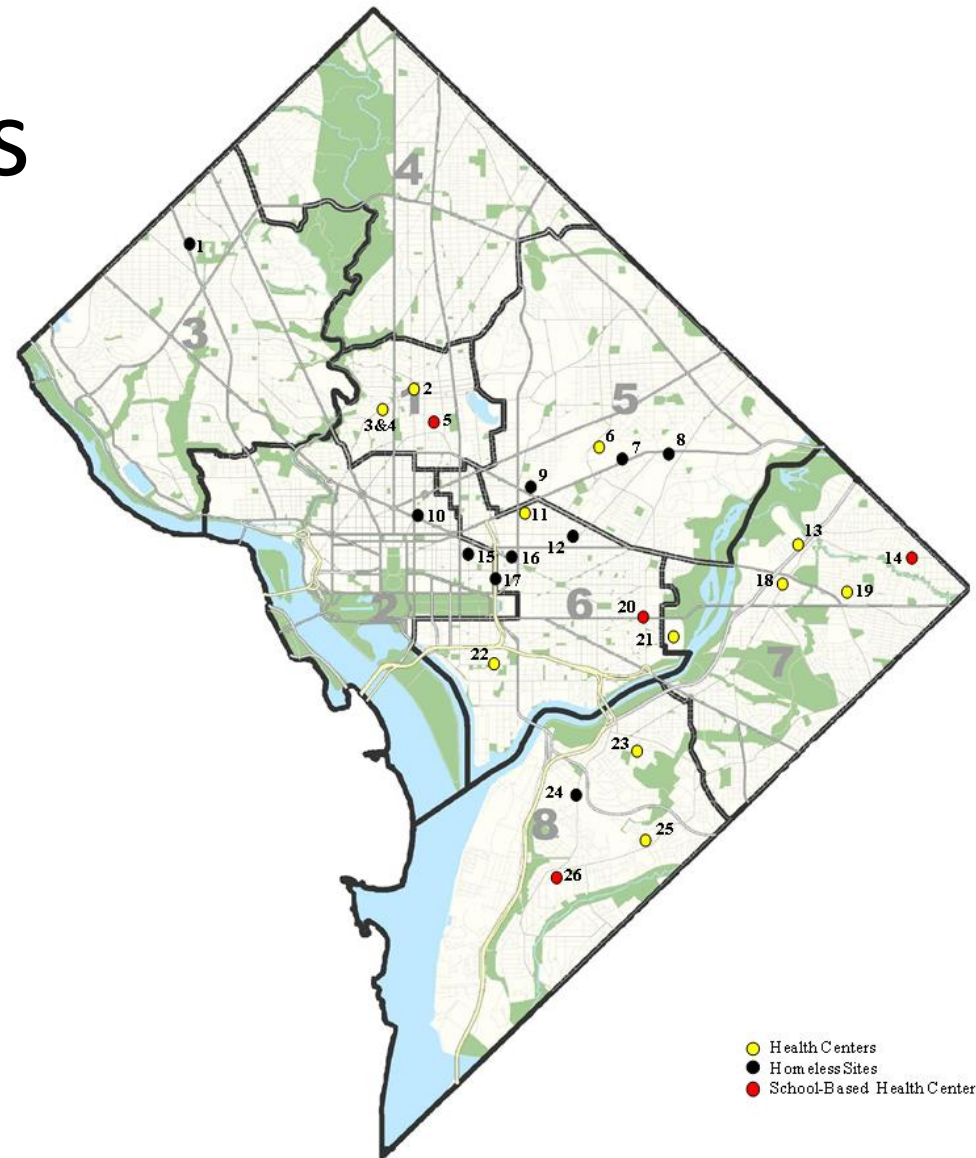


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Unity Sites

- 10 Community Health Centers
- 11 Medical Sites in Homeless Shelters
- 4 School-Based Health Centers
- 1 Mobile Van
- Health Services in DC Jail
- Homeless Outreach



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Who We Serve

2015 Homeless Patients

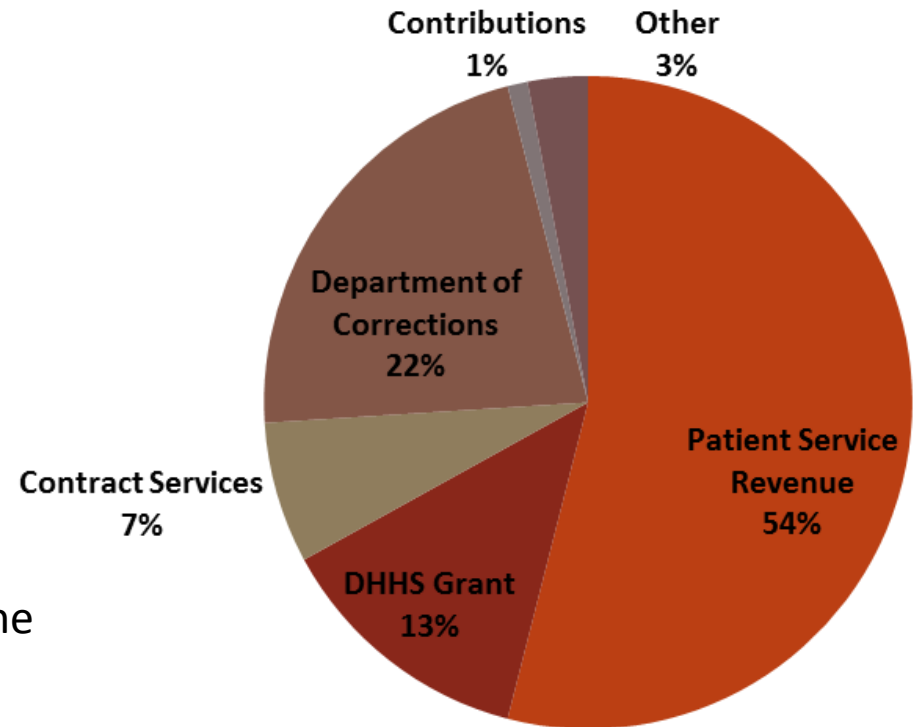
- 11,422 patients served; 62,920 visits
 - Total of 106,469 patients across Unity
- 78% are African American
- 34% are between ages of 50 to 59
- 68% are male
- 61% have Medicaid, 18% are uninsured



Funding

- \$100 million budget
- Department of Health and Human Services
 - 330 grants: Community Health Center grant and Healthcare for the Homeless grant
 - Only HCH grantee in region
 - Ryan White and Title X
- Local Grants and Contracts
 - Contract for health services in the DC Jail

Sources of Revenue



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Unity at CCNV

- Full service health center in emergency shelter with 1,300 beds; serve over 2,000 patients
- Primary care, dental, psychiatry, urology, gynecology, podiatry
- Lab services, Pharmacists
- Opened Monday- Friday 8am -4pm and Saturday mornings



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Staffing Plan and Model

- Most have ratio of one provider to one medical assistant (MA)
 - Providers include physicians, nurse practitioners, (NP), and physician assistants (PA)
- Case Manager and Care Management Support
- Walk-ins
- Health services for clients/ former clients of facility



Housing Programs

Friendship Place

- Transitional Housing, privately owned and operated
- Monday afternoon, Wednesday morning
- 160 patients, 617 visits
- <https://friendshipplace.org/>



Pathways to Housing

- Housing first model; privately owned property
- Monday-Friday mornings, Tuesday and Thursday afternoons
- 211 patients, 656 visits
- <https://www.pathwaystohousingdc.org/>



Shelters

Harbor Light

- Substance abuse treatment facility operated by Salvation Army
- Monday and Wednesday afternoons
- 450 patients, 736 visits
- <http://virginiasalvationarmy.org/ncac/locations/sherman-ave-nw-dc/>

N Street Village

- PSH, transitional housing, emergency shelter for women
- Tuesday and Thursday mornings
- 202 patients, 847 visits
- <http://www.nstreetvillage.org/>



DC-owned Shelters

- Central Union Mission: Emergency shelter; MWF afternoons, TT evenings, 225 patients
- Operated by Catholic Charities:
 - Adams Place: Emergency shelter
 - NY Ave: Emergency shelter; M-F evenings, 195 patients
 - 801 East: Emergency/ Transitional shelter; M-F mornings and evenings, 553 patients
 - Blaire Shelter: Transitional shelter; Tuesday evening, 77 patients



Pat Handy Place for Women

- New emergency shelter with 200 beds, ample program space
- Health services Tuesday and Thursday
- Will be staffing 12 medical respite beds for women
 - Coordination of care after hospitalization
 - Wound care
 - Primary care

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Christ House

- Stand alone Medical Respite facility
- 34 beds
- Provide medical respite services on 2nd floor, operate a health clinic on the 1st floor
 - Provide medical services only



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Mobile Services and Outreach

- Medical Van: operates 5 days a week, in afternoons and evenings
 - Parks, encampments, other social service organizations
- Walking Outreach:
 - Builds relationships, aiming to connect patients with housing services and bring them into the clinic



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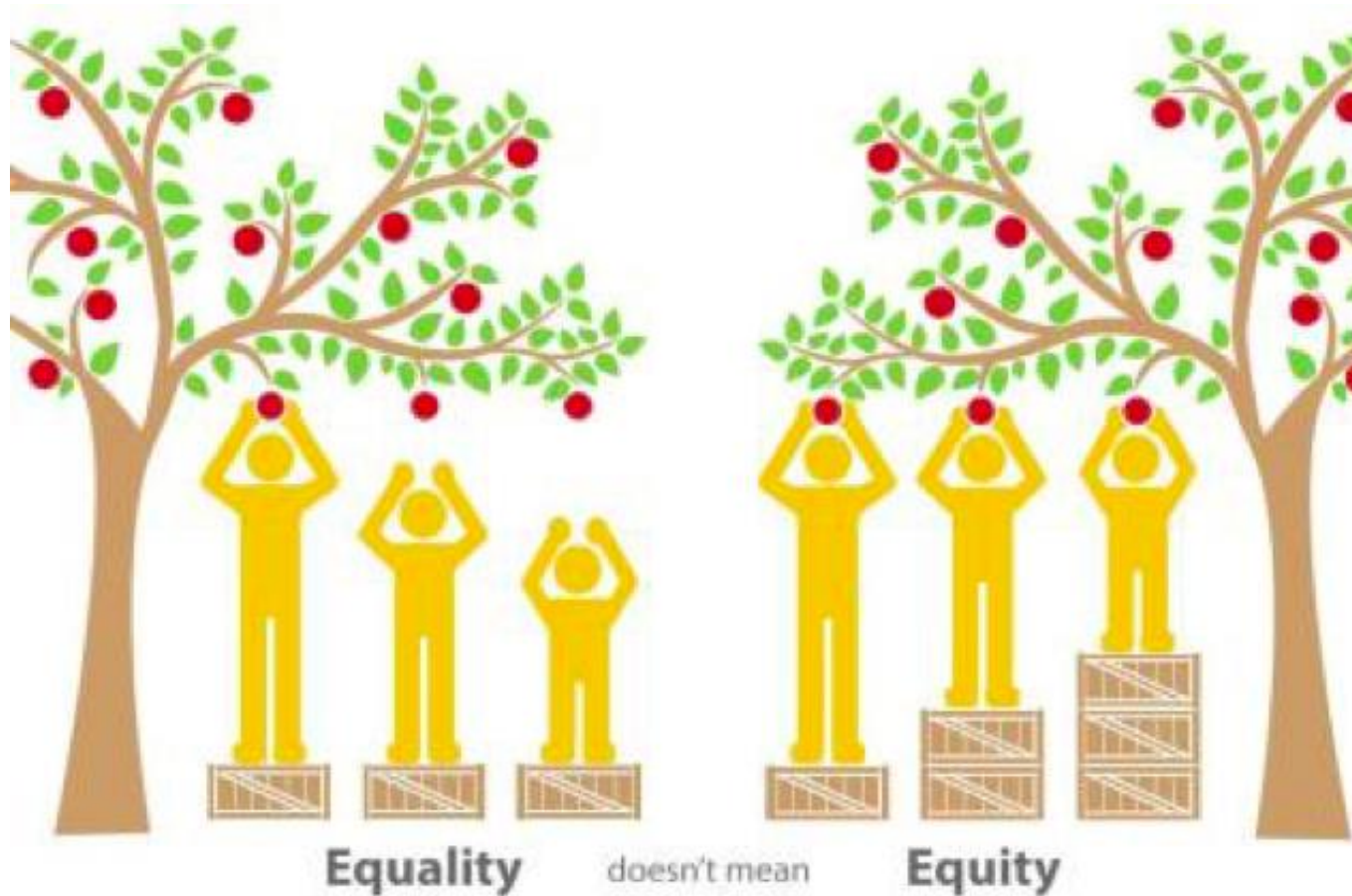


CLINICAL PERSPECTIVES

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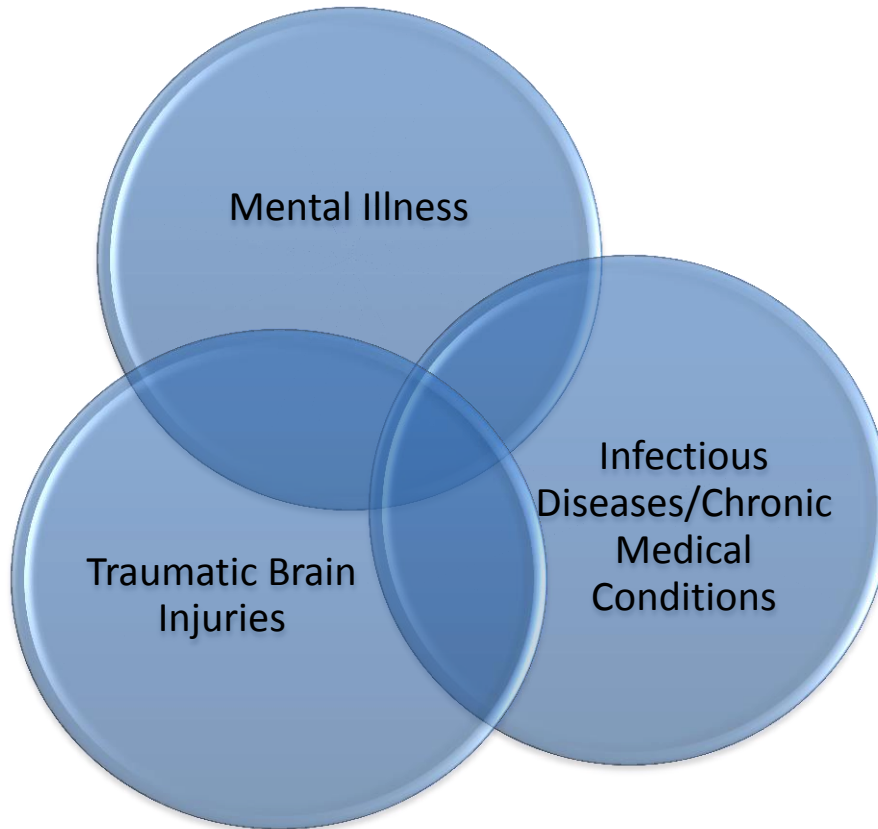
Decreasing Barriers to Care



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Complex Patient Populations



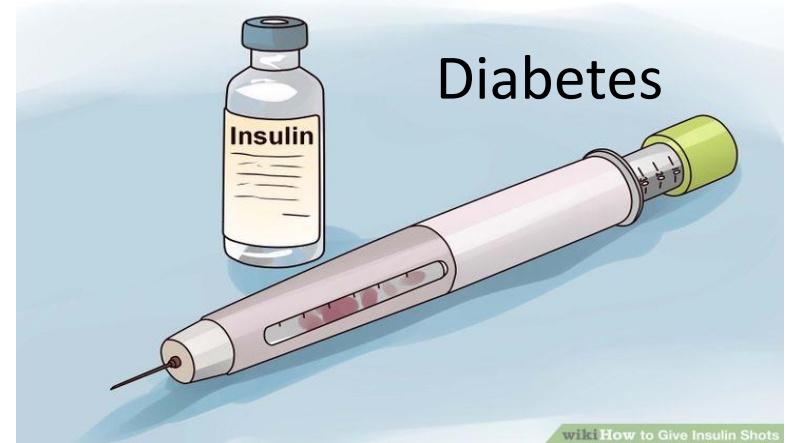
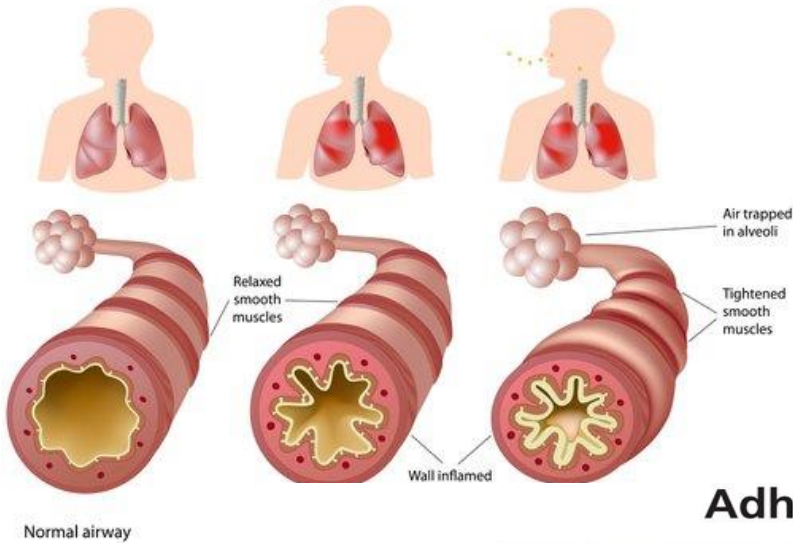
Homelessness decreases life expectancy by 20-30 years (Morrison, 2009).

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Managing Chronic Medical Conditions While Homeless

Pathology of Asthma



Adherence

HIV/AIDS



Benefits of Adherence



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Creative Relationships



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Medical Legal Partnerships

- Legal problems are health problems
 - denial of benefits like disability or health insurance, poor housing conditions that are not up to code, seniors denied access to supportive services like long-term care, lesbian, gay, bisexual, and transgendered rights, and immigration status.
- Medical-legalpartnership.org

155	139	34	126	52	64
Hospitals	Health Centers	Health Schools	Legal Aid Agencies	Law Schools	Pro Bono Partners

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Untapped Resources

- Healthcare happens beyond the walls of hospitals and clinics
- Go where the clients are
- Get involved



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miriam's kitchen



HEALTHY MEALS



CASE MANAGEMENT



ADVOCACY



HOUSING SERVICES



OUTREACH TEAM

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Pathways to Housing DC

- “We start by housing people directly from the streets, without preconditions. Then we address their underlying issues around mental health, addiction, medical care, employment, and education to help integrate and welcome them back into our community.”
- <https://www.pathwaystohousingdc.org/>



- Services include: drop in center, wellness center, shelter, and housing
- The wellness center provides women with direct healthcare and wellness consultations bi-weekly dental clinic, primary care, and mental health operated by Unity Health Care

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GEORGETOWN MINISTRY CENTER

SEEKING LASTING SOLUTIONS *to homelessness* ONE PERSON AT A TIME

Drop in center

- Showers and laundry
- Case Management
- Computers, phones, and mail
- Food

Outreach

- Medical
- Mental Health

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Housing Saves Lives!

- Once someone is housed, health outcomes improve:
 - Rates of addiction decrease
 - Overall mental wellbeing improves
 - Decreased ER utilization

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... And Money

- Jails, hospitals and emergency shelters are the most expensive forms of housing
- Housing:
 - Decreases healthcare costs
 - Decreases emergency services utilization, such as police, EMS, jails and psychiatric facilities



Transitioning to Housing

- Housing Saves Lives!!! (But it doesn't stop there)
- Orientation to new resources & connecting with medical care are essential for safe and health transitions
- Observational study about the mortality people in housing first programs:
 - Chronic illnesses appear to be more causes of death among HF participants, indicating the need for integrating medical support and end-of-life care
 - Henwood, Byre, & Scriber (2015)

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So how can this all be addressed at a single doctors visit?

SOCIAL SERVICES

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Social Services

Social Services address barriers that prevent patients from getting better

- Provide wrap around services (case management)
- Provide support as patients make changes



What is case management?

- Health Insurance
- Housing
- Landlord disputes
- Income applications
- Money management
- Education



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Case Study

- 54 year old man
- Hepatitis C untreated
- Severe weight loss
- No insurance
- Unhoused



Interventions

- Patient received housing first housing voucher
- Case manager was able to contact the ESA (DC Economic Security Administration) and resolve the issues



Results

- Patient was able to start treatment
- Patient's health dramatically improved
- Patient was able to store his medications



Patient support

Many chronic health care conditions require life style changes.

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Case Study

- 30 year old Caucasian woman
- Untreated mental health concerns
- Had several untreated health conditions
- Homeless, and high risk



Intervention

- Provided housing through the Coordinated Entry program in DC.
- Required intensive case management intervention to follow up with the housing.



Results

- Assigned to an ACT team (intensive mental health treatment) as part of housing
- Mental health symptoms dramatically improved after being housed
- Still receives medical treatment at the same clinic



Thank You!

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