HEALTH AND HOMELESSNESS BEFORE AND AFTER COVID

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NIHCM Webinar
June 18, 2020
OUTLINE

1. Who we are & what we do (& why it’s relevant to you)

2. Overview of Homelessness and Health care

3. Innovation Focus: **Medical Respite Care** (aka “recuperative care”)

4. Response to and Lessons from COVID Pandemic

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**National Health Care for the Homeless Council**
Grounded in human rights and social justice, the NHCHC mission is to build a high-quality, equitable health care system through training, research and advocacy in the movement to end homelessness.
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
300 HCH PROGRAMS NATIONALLY

- HRSA Health Center program – FQHCs serving a “special populations” group
- 330 HCH programs served ~1 million patients in 2018 (250K in California)
- Primary care, mental health, addiction treatment, dental, case management, outreach, health education, preventive care, etc..

Fact Sheet: [The Health Care for the Homeless Program](#)
HCH PROGRAMS AND INTEGRATED HEALTH

- The HCH model includes Outreach, Mental Health and Substance Use Disorder services
- From the beginning:
  - HCH programs have addressed social determinants of health as part of treating people holistically
  - HCH programs have used multi-disciplinary teams to treat the complexity of their patients’ needs
  - HCH programs have met patients ‘where they are’ in non-judgmental, accessible ways
  - HCH programs have employed trauma-informed and harm-reduction practices
- HCH programs serve 4% of FQHC patients, but deliver 38% of MAT services
HOMELESSNESS & HEALTH

- **Poor health** causes homelessness

- Homelessness causes **new health problems** & exacerbates existing ones

- The experience of homelessness makes it **harder to engage in care** and receive appropriate services

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On average, people without homes die 30 years earlier than their housed counterparts. #VisualizeHomelessness

Source: HPMD Public Statement and Advocacy Agenda
<table>
<thead>
<tr>
<th>Health Needs &amp; Utilization</th>
<th>Barriers to Health Care Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic, acute &amp; behavioral health conditions</td>
<td>ID, mailing address/phone, transportation, paperwork, income</td>
</tr>
<tr>
<td>Use of EDs, hospitals, SNFs, inpatient MH, detox, jails, EMT, police, etc.</td>
<td>Ability to engage in follow-up care, medication mgmt, insurance requirements</td>
</tr>
<tr>
<td>Social services needs such as housing, food, transportation, case mgmt</td>
<td>Rigid treatment models, stigma, distrust, admin hurdles</td>
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</tbody>
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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

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**Diversity of Programs**

- Size
- Facility
- Length of stay
- Staffing & services
- Admission criteria
RESULTS OF MEDICAL RESPITE

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)

HOMELESSNESS AND COVID

- People Experiencing Homelessness (PEH) are at increased risk from COVID
- Both CDC and HUD issued guidances for protecting PEH and reducing transmissions in congregate settings and for unsheltered PEH
- Use of Alternate Care Sites (ACS) for Isolation and Quarantine for PEH
- More humane approach to encampments
- Challenge of Testing
- Pandemic brought into sharp relief inequities and inadequacies of our health and social systems
COVID AND MEDICAL RESPITE RESOURCES

- A WEALTH of Material on COVID at www.nhchc.org/coronavirus
- Medical Respite Care Program Directory
- Respite Care Providers Network
- Policy brief: Medical Respite Care: Financing Approaches
- Policy brief: Medical Respite Care Programs & the IHI Triple Aim Framework
- Policy brief: Managed Care and Homeless Populations: Linking the HCH Community and HCH Partners
- Technical Assistance requests