



National Health Care for the Homeless Council: Improving Health through Housing

February 2017

By Brandon Shapiro
Lewin Group
Falls Church, VA

Approaches to improving the health care delivery system tend to focus on the activities that take place within the walls of a health care facility. However, medical care is only one of many factors that impact a person’s health. Addressing the social determinants of health, such as housing, education, and employment, is critical to improving the health of individuals and communities. National Health Care for the Homeless Council (NHCHC) is one of several HCIA Two projects that seek to address the social determinants of health through their interventions. The Tennessee-based nonprofit organization received a \$2.67 million award to implement a multifaceted medical respite care project targeting individuals experiencing homelessness. Among other services, NHCHC assists program participants with housing placement, addressing this basic human need as part of an overall pathway toward better health and better health care for some of the country’s most vulnerable individuals.

Medical respite care is defined as acute and post-acute medical care for homeless persons who are not well enough to recover from an illness or injury on the streets, but are not sick enough to stay in a hospital. According to NHCHC, medical respite programs can provide a cost-effective discharge alternative for hospitals while providing patients with a place to receive ongoing care while working toward their health and housing goals.

“Medical respite programs are an ideal pathway into housing for individuals whose poor health finds them cycling in and out of hospitals,” project director Sabrina Edgington told Lewin. “During their time in medical respite (which can range from weeks to months), patients have an opportunity to take pause from the stress of the streets and focus on their long-term wellness, rather than worrying about how their immediate needs for shelter and food are going to be met on any given day.”

NHCHC’s medical respite care intervention is currently operating five individual program sites in five states: Arizona, Connecticut, Minnesota, Oregon, and Washington. Each site employs case managers who work as part of multi-disciplinary care teams. Case managers begin the housing placement process as soon as an individual is admitted into a medical respite program, working with program participants and other members of the care team to develop patient-centered health and housing goals, and to address any barriers to meeting those goals.

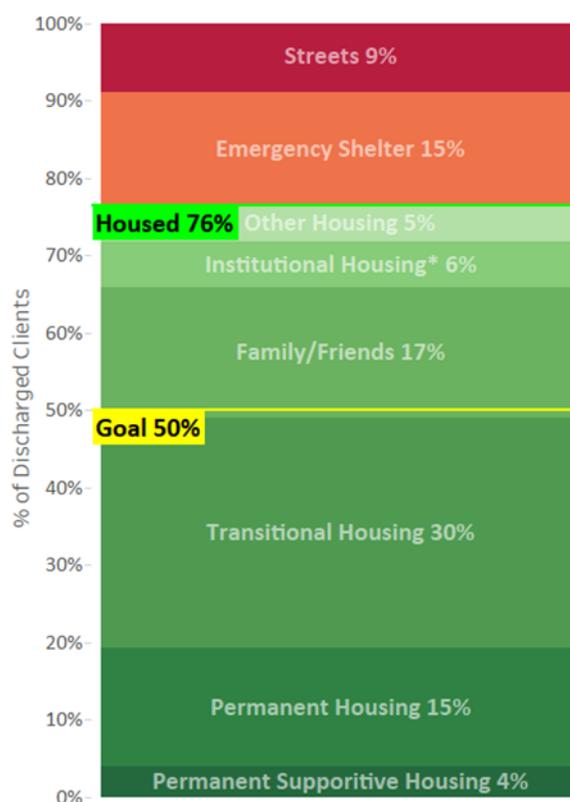
Staff from one program site, New Haven Connecticut’s Columbus House, articulated the challenges faced by individuals entering the program, as well as the impact that a stable housing situation can have on a person’s health: “While living on the streets or cycling in and out of shelters, people can’t manage their health. They don’t make or keep primary care appointments for a variety of reasons, medications kept in backpacks often get lost or stolen and the transient nature of people’s lives make it difficult to maintain good health. But once housed and with the proper supports, healthcare can come into focus and good health can be restored.”

Through nine reporting quarters, NHCHC’s intervention has served over 1,000 unique program participants. Of those served, 76% have been placed into housing situations other than the streets or an emergency shelter. All program sites have exceeded their individual goals for housing placement.

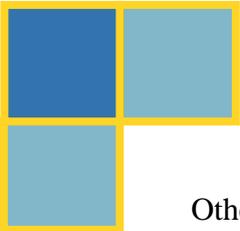
Ms. Edington attributed the project’s success to a number of factors, including internal commitment to organizational goals, flexibility in program policies to accommodate the needs of individual enrollees, and the work of highly skilled and knowledgeable care teams. Program site staff also stressed the importance of solid relationships with community partners. Phoenix Arizona’s Circle the City site noted that its program has benefited greatly from community collaboration, “both documented and informal, over the years.” Staff there also credited the site’s “hands-on approach in a fast paced environment,” adding that “A local mantra is that ‘discharge planning begins the day the patient is admitted.’”

The project’s success has come despite several challenges. Staff across program sites cite an inadequate supply of affordable, permanent housing for program enrollees, as well as an overall lack of resources to pay for housing and supporting services. Staff from Central City Concern in Portland Oregon partially attribute the lack of resources to a lack of recognition, noting “We are continually swimming upstream to fight for housing as a legitimate form of healthcare intervention.”

HCIA2 Medical Respite Programs Housed 76% of Participants



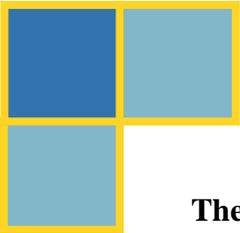
*Institutional housing includes hospice, inpatient treatment facilities, and residential chemical treatment programs. Patients exiting to a hospital and those without a known exit destination have been excluded.



Other challenges reflect the difficulty of serving a uniquely complex population. Serious mental illness, substance abuse disorders, and criminal histories among homeless individuals can act as a barrier to certain housing arrangements. The project is also challenged by the need to engage a transient population during relatively short stays in medical respite care. Staff from Edward Thomas House in Seattle Washington noted that “We have a limited amount of time to engage and build trust with a patient population that generally distrusts the medical establishment, much less accepts referrals that will help them secure housing such as treatment for mental illness and decreasing the harm related to substance use. Making progress in the housing arena can take up to two to three years for the general homeless population. The average length of stay at our Respite is about three weeks.”

Despite these challenges, NHCHC is forging ahead, its HCIA Two intervention serving as an essential component of the organization’s broader national efforts. “At the site level, some of our project sites have opportunities to expand their housing services through new funding and partnership opportunities.” Ms. Edgington noted. “At the national level, the National Health Care for the Homeless Council supports innovative health and housing partnerships through all of its educational and policy related activities.” The organization is currently developing a report highlighting best practices in bridging medical respite and housing. NHCHC also works to educate policy makers on the impact of housing on health, including how Medicaid funds can be used to support housing services.

As the project enters its third year, NHCHC is wary of potential policy changes that could hinder their intervention, particularly any scaling back of state Medicaid benefits. “Adequate health care coverage is critical to housing stability,” Ms. Edgington argued. While the policy environment may be uncertain, the project is continuing to enroll new program participants, and plans to serve over 3,000 unique individuals by the end of the Three-Year award period. Staff are optimistic about the program, and have described its potential impact in ambitious terms. As one site noted, “To look at our intervention as solely an opportunity for low-cost resolution of an acute medical condition with reduced likelihood of hospitalization is to miss a golden opportunity to truly disrupt the cycle of homelessness and have a dramatically positive long-term effect on health outcomes, quality of life, and costs.”



The project described was supported by Grant Number 1C1CMS331336 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.

