

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL



ANNUAL REPORT

July 1, 2014 to June 30, 2015

WHO WE ARE:

Same identity, a fresh perspective

The accomplishments that this report summarizes were inspired by and designed in support of our ambitious mission: to eliminate homelessness by ensuring comprehensive health care and secure housing for everyone. Each activity described here is an effort toward achieving our mission. Whether it is confronting barriers to care for transgender individuals without homes, helping health centers understand and maximize Medicaid resources, or training clinicians in cultural humility, each activity makes an intentional effort to ending homelessness while emphasizing human value and dignity.

To help us integrate this mission more intentionally into our daily work, the National Health Care for the Homeless Council describes our activities in terms of four key values: quality, access, justice, and community. It is our hope that these values reveal the breadth of the Council's work and inspire you to learn more.



QUALITY:

Ensuring the best health care for the most vulnerable



ACCESS:

Eliminating barriers to health care and housing



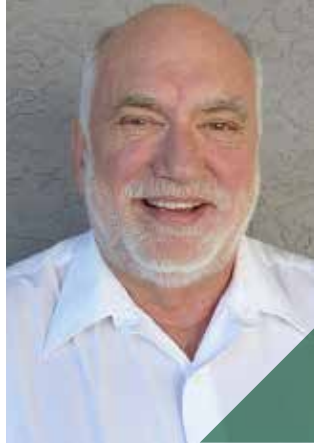
JUSTICE:

Advancing public policies that prevent and end homelessness



COMMUNITY:

Creating solidarity in the homeless health care movement



INTRODUCTION

Letter from the Executive Director

This document describes the current status and accomplishments of an organization thirty years in the making. Project Directors from the nineteen cities in the original HCH Demonstration Program formed the National Health Care for the Homeless Council in 1985. We have helped the country to realize that housing and health are intimately connected, and have developed and promoted practices that incorporate that understanding. The Council's approaches are helping to end homelessness in our nation.

For me, the Council's technical and political advances are overshadowed by the remarkable community of caregivers, advocates, administrators, funders and people without homes who have come together to support one another in this profound and challenging work. Your skill, generosity, and love make all that follows in this Annual Report possible. Thank you.

Peace,
JOHN LOZIER, MSSW
Executive Director

Letter from the President

I am pleased to present the Annual Report of the National Health Care for the Homeless Council. This modest-sized organization is a national leader in the movement to recognize housing stability as integral to the health and wellbeing of all people while providing evidence-based training and technical assistance to the health centers around the country who are caring for our most vulnerable neighbors, those who are without homes.

While both the prevalence of homelessness and the conditions facing those who experience homelessness remain disgraces to our nation, in certain areas there has been progress. Through its members, most of whom provide direct clinical services to persons experiencing homelessness, the Council supports promising approaches to improving the lives of our most vulnerable neighbors through evidence-based clinical programs designed specifically to bring accessible culturally-competent care where it is most needed. The Council simultaneously fights to improve the social and environmental conditions that are the predominant determinants of homelessness and poor health outcomes overall through conducting and distributing research and through its nationally recognized policy and advocacy activities.

I invite you to learn more about this remarkable organization and consider joining as an individual or organizational member.

Best regards,
NICHOLAS H. APOSTOLERIS, PHD, MBA
President, 2014-2015



MEMBERSHIP

If you hear someone refer to “the Council,” picture more than just the 20-some personnel in Nashville and Baltimore. The Council in its full sense is an intimate membership body of hundreds of organizations and thousands of individuals involved in ending homelessness throughout the United States. The Council brings our members together to collectively tackle the issues that underlie poor health and homelessness, and to maintain a strong national presence that shapes federal health and housing efforts.

In Fiscal Year 2015 we welcomed 19 new organizational members, and 610 new individual members, breaking the record for both tiers.

As of June 30, 2015:

INDIVIDUAL MEMBERSHIP



individuals, including clinicians, administrators, consumers, students, and others who support our mission

INDIVIDUAL MEMBERSHIP GROUPS



HCH Clinicians' Network



National Consumer Advisory Board



Respite Care Providers' Network

ORGANIZATIONAL MEMBERSHIP



total organizations representing **40** states, along with D.C. and Puerto Rico



Health Care for the Homeless Grantees of the Health Resources and Services Administration



other stakeholders, including: Primary Care Associations, HCH Subcontractors, Medical Respite Programs, Community Health Centers, National Advocacy Organizations, and Shelters

PRACTICE-BASED RESEARCH NETWORK



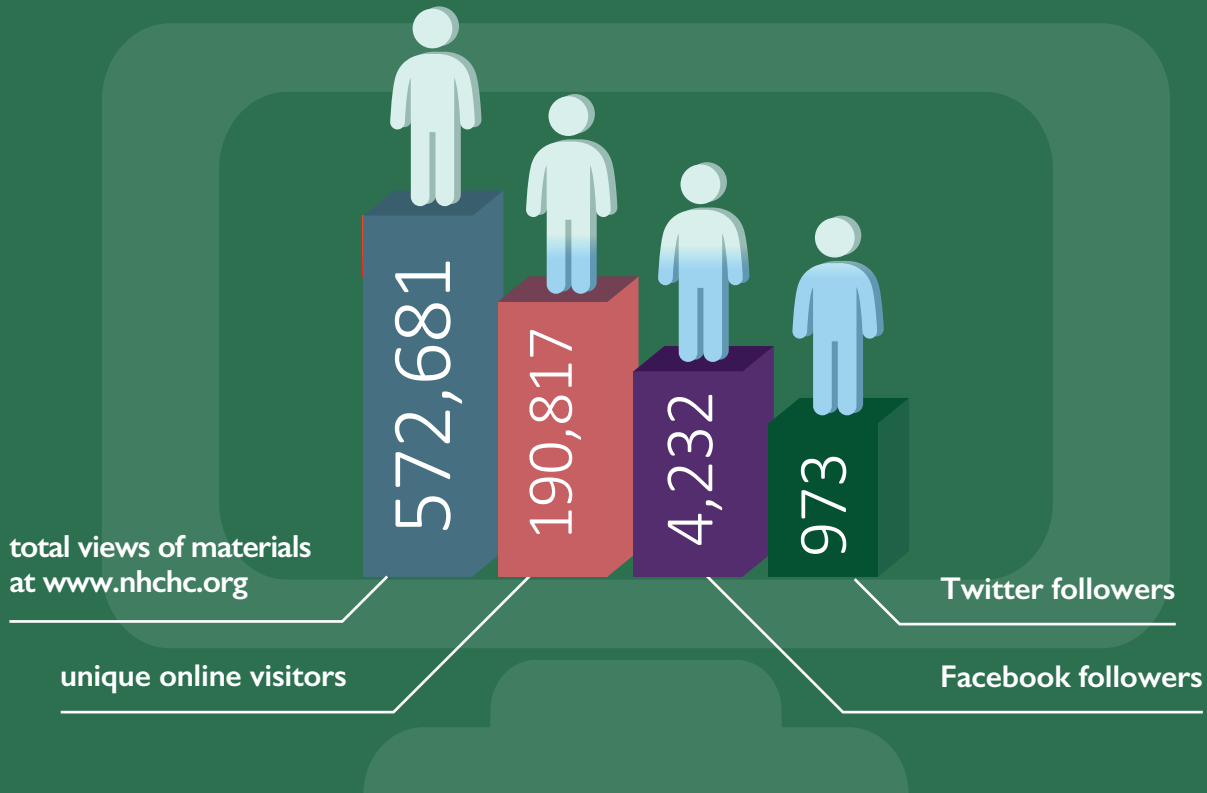
total organizations across **28** states and D.C.



Health Care for the Homeless Grantees

COMMUNICATIONS

ELECTRONIC REACH



PUBLICATIONS:

1. *Healing Hands:*

- A Troubled Homecoming: Understanding & Treating Veterans Experiencing Homelessness
- Seeing People as They See Themselves: Health Care & Access for Transgender Individuals Experiencing Homelessness

2. *InFocus:*

- Gender Minority & Homelessness: Transgender Populations
- Social Networks & Homelessness
- Vision & Oral Health among Individuals Experiencing Homelessness

3. Health Centers & Academic Institutions

4. Health & Homelessness among Veterans: Development and Pilot of a Military History Screening Tool

5. Early Impacts of the Medicaid Expansion for the Homeless Populations

6. A Quick Guide on Board Composition for Health Care for the Homeless Projects

7. Living & Working in the Coverage Gap: Homeless Health Care in States Yet to Expand Medicaid

8. Medicaid & Permanent Supportive Housing: A Quick Guide for Health Centers

9. Homeless Care Providers & Rapid HIV Testing

10. Five HCH Mobilizer action alerts on topics including: HCH Day and National Health Center Week, Voter Registration, FY15 Budget and the Primary Care Funding Cliff.

WEBINARS

1. Early Impacts of the Medicaid Expansion, 360 attendees
2. Medical Respite Standards, 92 attendees
3. A Costing Tool You Can Use: Demonstrating the Value of Services for People Experiencing Homelessness, 67 attendees
4. Living & Working in the Coverage Gap, 66 attendees
5. Making the Business Case for Community Health Outreach Programs, 55 attendees

KEY ACCOMPLISHMENTS

NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE & POLICY SYMPOSIUM: WASHINGTON, DC. MAY 6-9, 2015

920 TOTAL REGISTRANTS

354 ORGANIZATIONS REPRESENTED, INCLUDING 135 HEALTH CARE FOR THE HOMELESS GRANTEEES

4,191 CME CREDITS CLAIMED

KEYNOTE REMARKS BY:

- SECRETARY OF HEALTH & HUMAN SERVICES, **SYLVIA MATHEWS BURWELL**
- HEALTH CARE AUTHOR AND JOURNALIST, **T. R. REID**
- LGBT HOMELESSNESS LEADER AND ACTIVIST, **JAMA SHELTON**
- CEO OF MERCY CARE ATLANTA, **TOM ANDREWS**

TRAVEL SUBSIDIES PROVIDED FOR **32** CONSUMERS.

EVALUATIONS OF THE NATIONAL CONFERENCE INDICATED THAT:



REGIONAL TRAININGS

FALL REGIONAL TRAINING: BERKELEY, CALIFORNIA. AUGUST 14-16, 2014

205

REGISTRANTS REPRESENTING 12 HCH GRANTEES

282

CME CREDITS CLAIMED



OF LEARNING OBJECTIVES MET

10

CONSUMER SUBSIDIES PROVIDED

MOST POPULAR SESSIONS: BUILDING A TRAUMA-INFORMED ORGANIZATION AND CARE MANAGEMENT AND SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS FREQUENT USERS OF CRISIS HEALTH CARE SERVICES

SPRING REGIONAL TRAINING: NEW YORK, NEW YORK. MARCH 26-27, 2015

122

REGISTRANTS REPRESENTING 11 HCH GRANTEES

156

CME CREDITS CLAIMED



OF LEARNING OBJECTIVES MET

20

CONSUMER SUBSIDIES PROVIDED

MOST POPULAR SESSIONS: HOMELESS POLICY 101: INTRODUCTION TO NEW YORK HOMELESS POLICY & ADVOCACY AND BUILDING HEALTHY COLLABORATIVE RELATIONSHIPS: COORDINATING ACCESS TO LOCAL ASSETS

KEY ACCOMPLISHMENTS CONT.

TECHNICAL ASSISTANCE (TA)

305 TOTAL TA REQUESTS

V The Council is funded to provide TA to all HRSA health center grantees, but we respond to any and all inquiries. We receive TA requests from organizations and individuals, including homeless service providers, students and faculty, independent consultants, the media, federal agencies, individuals experiencing homelessness in need of services, and others. Key requests include:

131 REQUESTS FROM HCH GRANTEEES

20 FROM EDUCATIONAL INSTITUTIONS

19 FROM PRIMARY CARE ASSOCIATIONS

HHS REGIONS 4 AND 9 SUBMITTED THE MOST REQUESTS

MOST COMMON SUBJECTS FOR TA:

- Medical Respite Care
- Workforce Development
- Meeting Program Requirements and training Boards of Directors

SITE-BASED TRAININGS FOCUSED ON:

- Trauma-Informed Care
- Medical Respite Program development
- Preparing for HRSA Operational Site Visits (OSV)
- Motivational Interviewing
- Outreach Practices and Programs

POLICY & ADVOCACY-RELATED TA:

- New York policy roundtable: As part of its regional training in March, the Council convened a roundtable of state-level policymakers, HCH grantees, and other homeless service providers to discuss how the state's delivery system reform incentive payment (DSRIP) system can best meet the needs of people experiencing homelessness.
- From Health Care to Housing Forum: To document the current challenges and opportunities regarding the role of Medicaid, the Council convened a day-long forum in May of federal officials from HUD and HHS, national partners on issues related to health, housing, and homelessness; and a wide range of HCH grantees in Medicaid expansion and non-expansion states. With a focus on needed advocacy areas, the role of traditional funding sources and managed care organizations, as well as new service delivery systems, the forum helped bring together a common understanding of what's needed to maximize Medicaid for a vulnerable population.



FOCUS AREAS

Homelessness is a complex, multi-faceted problem, and the health care response to homelessness must contend with the human mind and body, and with the social and political contexts in which they exist. As such, the Council's research, clinical and administrative guidance, and policy and advocacy work pertain to a range of topics all aimed to address the unique health needs of people experiencing homelessness and support the transition into permanent housing. Here we highlight a few significant foci of the Council's work.

Access to Services

Access to quality care is core to the Council's mission to end homelessness. Consistent with our tradition, the Council maintained support for a single payer national health insurance system. While we advocate for a more inclusive and efficient health care system, we cannot ignore people's current health care needs. We worked with the Kaiser Family Foundation to develop a policy brief and webinar highlighting the positive impact of Medicaid expansion. In addition, we developed guidance for health centers to communicate with elected officials in both expansion and non-expansion states in order to improve opportunities to support innovative ways to improve long-term health and housing for people experiencing homelessness. Along with our efforts to expand Medicaid in more states and ensure the most efficient use of Medicaid funding, we continued to support communities with their local outreach and engagement efforts by offering trainings at our regional and national events. The Council took a more direct outreach and enrollment role in our home state of Tennessee where we administered the TennCare Shelter Enrollment Project, a state-funded program designed to ensure that families experiencing homelessness have access to care. Through this project, the Council worked with emergency residential shelters to enroll 134 children experiencing homelessness in TennCare, Tennessee's Medicaid program.

Community Health Workers

As an awardee in the the first round of the Health Care Innovation Awards funded by the Center for Medicare and Medicaid Innovation, the Council is concluding its Community Health Worker (CHW) project. Fifteen Community Health Workers were employed at twelve different HCH sites in eight states. Over the three-year period the CHWs were instrumental in connecting frequent users of Emergency Departments to primary care. It was inspiring to see how the CHWs perfected different tasks such as outreach, navigation, and referral to social services. They assisted clients in meeting self-care goals and in many instances helped their clients obtain housing. Throughout the process the CHWs blossomed into problem-solving para-professionals and became integral members of the health care team. The true success of this project is that eight of the twelve participating HCH clinics (San Fernando CA, Santa Clara CA, Houston TX, Omaha NE, Chicago IL, Hyannis MA, Nashua NH, and Manchester NH) will continue this model of care and will retain CHWs fulltime at their facilities. We are extremely pleased that these sites recognize how important CHWs are and will sustain and expand on the project.

FOCUS AREAS CONT.

Care for Transgender & Gender-nonconforming Individuals

Frequently grouped together with lesbian, gay, bisexual, and sometimes queer/questioning individuals, transgender and gender non-conforming (TGNC) persons are a marginalized part of society. In addition to a Healing Hands article describing best practices in clinical care for TGNC individuals experiencing homelessness, Council staff organized and facilitated several trainings to increase cultural sensitivity on the part of service providers working with transgender and gender-nonconforming clients, staff, and peers. A workshop titled Practice Transformation: Improving Access to Care and Quality of Care for Unstably Housed Transgender and Gender Non-Conforming Persons was conducted at the New York Regional Training. Ninety-one percent (91%) of the evaluation respondents reported that the information obtained during the training would change the way they approach their work. The corresponding Learning Lab held at the 2015 National Conference also received high praise in evaluations. Due to the number of persistent service access barriers that contribute to a disproportionate risk of housing instability and inequities in health for this population, the Council continues our work in this area for FY16.



Cultural Humility

The Council promotes the practice of Cultural Humility, which is the concept of mutual respect in delivering health services to individuals experiencing homelessness. Understanding the cultural elements that influence an individual's beliefs related to health, healing, wellness, illness, and disease is integral to providing effective care. Patient-centered care necessitates Cultural Humility especially when serving

vulnerable populations. To cultivate this principle, the Council hosted a Preconference Institute at its 2015 National HCH Conference in Washington, DC, with emphasis on providing culturally appropriate care to subpopulations within the homeless community, such as LGBTQ youth and the older adult populations. One hundred percent of the attendees would recommend the training to others. One participant in the PCI expressed the following: "I am going to own my truth: I registered for this training because my licensure requires cultural competence CEUs. This far exceeded my expectations and I am so thankful. So wonderful! It's really refreshing and was so good for my practice." The Council believes, as cultural humility expert Dr. Melanie Tervalon has said, that "applying cultural humility involves self-reflection and lifelong learning. There is room to grow with each interaction." Therefore, additional trainings are planned for FY16.

Consumer Engagement

Over the past year, the Council has continued its strong tradition of engaging the voice of those with the experience of homelessness in our work. In coordination with the National Consumer Advisory Board (NCAB), the Council works to engage the consumer voice partially through the Consumer Participation Outreach Survey (CPO). This year, the group named "safety and security" as the focus of the upcoming survey. Given our consumers' difficulty in engaging with systems in the past, and in order to achieve quality and access to our services, our consumers must feel safe in the spaces we create. The 2015-2016 CPO survey will be conducted at 10 HCH grantees and gather perspectives from at least 1,000 consumers in order to better understand consumers' feelings of safety and security (physically, psychologically, and emotionally) when receiving services at their HCH projects. Following one of the core principles at the Council that policy solutions are always better when informed directly by those impacted by the results, NCAB will use the results to improve current practices, identify policy changes, and inform training around security and safety, both on the national level and at the local HCH projects.

Legislative Advocacy

With its private funding, Council staff distributed calls-to-action to Council members and actively engaged Congressional offices to advocate for funding of programs important to the HCH community, including SAMHSA mental health funding, HRSA health center funding, and targeted HUD funding for affordable and supportive housing. In partnership with coalitions and other advocacy organizations, including the Corporation for Supportive Housing, the National Association of Community Health Centers, the National Alliance to End Homelessness, and the National Low Income Housing Coalition, the Council continues to advocate for policy changes that address the causes of homelessness to ensure that homelessness is brief and rare.

FOCUS AREAS CONT.

Rural Homelessness

In 2014, the Council received a mini-grant from the Vanderbilt-Meharry Alliance in Nashville to partner with Cherokee Health Systems to explore the definition and management of homelessness in rural East Tennessee. Using the data from this pilot study, we will seek funding in the spring of 2016 to conduct a research project geared to build capacity in rural communities and neighboring urban communities, and develop strategies to promote and reinforce coordination and collaboration across homeless system agencies and programs in rural areas, which may include Telehealth and mobile health services.

Traumatic Brain Injury

Traumatic Brain Injury (TBI) is a significant public health problem in the United States; it is common in the general population, but especially so in the homeless population. In FY15, the Council surveyed HCH Medical Directors to identify practices for screening, assessment, and treatment of TBI. The survey revealed that while the majority of Medical Directors practicing in HCH settings suspect the prevalence of TBI is high in their patient population, very few of the respondents are currently diagnosing and treating this condition. At the 2015 National Conference, the Council provided a “Learning Lab” intensive workshop on Diagnosing and Engaging Patients with Traumatic Brain Injury for over 40 attendees. The Learning Lab featured two notable experts in the field of Brain Injury: Dr. Angela Colantonio, Senior Scientist at Toronto Rehabilitation Institute, and Dr. Carolyn Lemsky, Neuropsychologist with the Community Head Injury Resource Services, in Toronto. Additionally, Ryan Porter from Albuquerque Health Care for the Homeless shared how their Health Center diagnoses and treats patients with TBI.

Medical Respite Care

The Council leads the field in helping communities establish medical respite programs. Today over 70 medical respite programs are available to people experiencing homelessness in the United States. Many of these programs used the Council’s resources, trainings, and technical assistance to support program development and operations. To help medical respite programs deliver quality services, the Council has brought together national experts to develop and test medical respite program standards. The Council is also working to help sustain medical respite programs through its Health Care Innovation Award funded by the Center for Medicare and Medicaid Innovation. We will use this award to demonstrate the impact of care on health care quality and cost in five states. We anticipate that the findings will support greater public investments in medical respite care.



Permanent Supportive Housing

To complement new HHS resources on supportive housing and focus action items for the HCH Community, the Council consolidated a broad range of information related to Medicaid into a single “quick guide” and moderated an online conversation with national subject matter experts to further examine how homeless service providers are using Medicaid to broaden the reach of traditional services to those living in supportive housing environments. The Council also completed its first year as a subcontractor for the Corporation for Supportive Housing (CSH) in which we helped to conduct and analyze a needs assessment looking at Health Center involvement in frequent utilizer initiatives. The Council and CSH subsequently hosted a range of technical assistance and training events based on the assessment. This partnership is supported by a new national cooperative agreement administered through the Health Resources and Services Administration.

FOUR STORIES OF IMPACT



In June 2014, a New Jersey organization requested Technical Assistance (TA) on its application for a New Access Point (NAP) award before the Funding Opportunity Announcement (FOA) had been released.

This agency had previously applied and was denied funding, but sought out the expertise of the Council on the second attempt. Over the course of three months, two TA consultants used tele-conference and email, in addition to reviewing over 300 pages of application materials, to improve the grant proposal. During this timeframe, the FOA was announced, and the TA requestor submitted the application on time. In August 2015, we were notified that the NAP was awarded, and the recipient credited their success to the assistance of the Council.

Neighborhood Health in Nashville, Tennessee, participated in an HCH Practice-Based Research Network (PBRN) study to explore the feasibility of hosting a Nicotine Anonymous (NicA) meeting at its homeless health center for twelve weeks. Bill Friskics-Warren (Director of Homeless Services at Neighborhood Health) designated a case manager (Randall Venson) at the clinic to facilitate these NicA meetings. The Council provided training materials, a webinar, and technical assistance to help Neighborhood Health prepare for study implementation. Although the designated case manager was unsure of what the meetings would accomplish because of unsuccessful previous attempts in providing smoking cessation programs, he was able to recruit approximately twenty-five people each week to attend the meetings (average meeting attendance in the literature is five to seven people). During these NicA meetings, the group discussed tobacco

addiction and supported each other in efforts to stop smoking. The group's overall success convinced Neighborhood Health to continue hosting NicA beyond the study's end date. A year later, the group is still meeting.

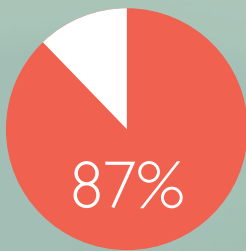
The Council is a unique gathering place for people working to end homelessness through a variety of means, in particular for clinicians at Health Care for the Homeless projects. At the 2015 HCH Clinicians' Network membership meeting in May, the keynote speaker shared her powerful story of becoming homeless due to a health crisis, the clinic that helped her through, and the ways that she now gives back to help others. Clinicians in attendance were deeply moved by this storytelling and networking event

where individuals from two sides of the Health Care for the Homeless movement acknowledged the value that each of us brings to our work and cause, and drew on each other for support and inspiration.

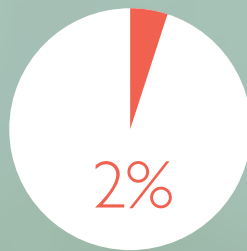
At its 2015 National Conference, the Council invited consumers to participate in a Learning Lab on Traumatic Brain Injury (TBI) where attendees benefited from hearing a first-hand experience from a patient who was recently diagnosed with TBI. Marian Bacon, who is a National Consumer Advisory Board (NCAB) regional representative, shared her heartfelt story regarding diagnosis of TBI. Although Marian stated she had been seeing doctors for quite some time, she was properly diagnosed only a few weeks before coming to the 2015 conference. In her testimony Marian stated she was "shocked, scared, and frustrated at all the number of misdiagnoses and maltreatment she received from health care providers over the years." She told how many employees at the clinic would "freak out" when she had an episode of misbehavior or confusion. She said that only one doctor really tried to talk to her and find out what was wrong. Often the staff would call the EMT service instead of trying to resolve issues. As she told her story and shared the different apps she now uses to remind her of appointments and when to take her medication, attendees were impressed with how she has adapted to her new diagnosis. The feedback from the Learning Lab was overwhelmingly positive; attendees appreciated the "practical tips for working with patients with TBI." One attendee said it best: "Thanks so much for having a person with the experience share...the highlight of the entire conference for me."

FINANCES

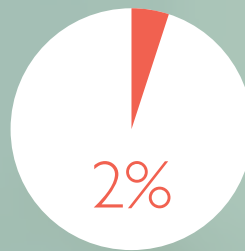
EXPENSES TOTAL: **\$3,648,246**



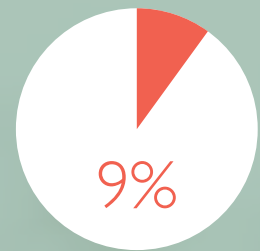
Programs
\$3,161,027



Advocacy
\$75,481

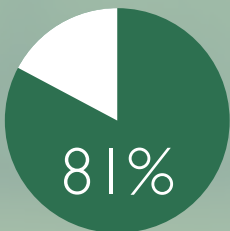


Membership &
Development
\$73,089

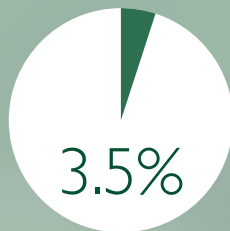


Administration
\$338,649

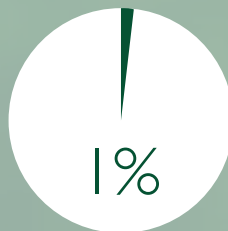
REVENUE TOTAL: **\$3,757,183**



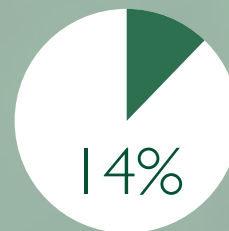
Grants
\$3,047,740



Membership
Dues
\$130,625



Corporate & Individual
Contributions
\$40,168



Program
Income
\$520,050



Other
\$18,600

DONORS

THE ADVOCACY AND OPERATIONS OF THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL WERE SUPPORTED BY THE GENEROSITY OF THESE DONORS. THANK YOU!

Alison Cunningham

Allen Patterson

Amy Grassette

Anne Gentil-Archer

Barb Wismer

Barbara Conanan

Bill Friskics-Warren

Brandon Cook

Brian Strand

Brooks Ann McKinney

Carol Simler

Carolyn Robey

Chris Echterling

Christie Steier

Community Foundation of
Middle Tennessee

Community Mental Health Services
of Saint Joseph County

Cindy Crain

David Krantz

David Kumpf

Debbian Fletcher-Blake

Delaney Mary

Dennis Hamilton

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Marita Rice

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Maria Elisa Obias

Pamela Atkinson

Paul Gregerson

Pearline Byrd

Pepe Leonard

Phil Canaline

Randal Pinnelli

Chris Retan

Reva Greenberg

Richard Aldrich

Robert Donovan

Rose Dunn

Sabrina Edgington

Sheila Crowley

Susan Tighe

Suzanne Rotondo

Ted Amann

Theresa Brehove

Tom & Andrea Tatlock

Tom Andrews

True Worth Resource Center

Truong Khanh

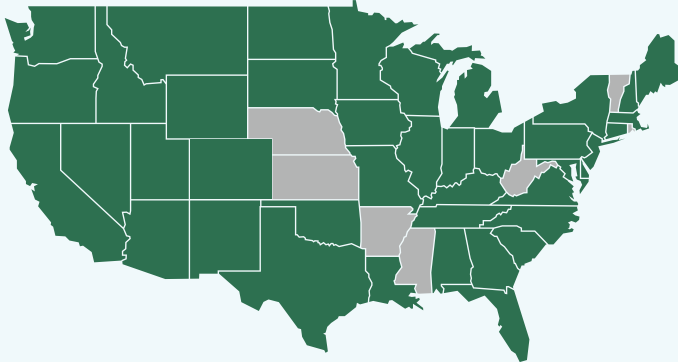
Virginia Bartlett

Wayne Anderson

Will Cheek

William Freeman

2014-2015 ORGANIZATIONAL MEMBERS



Alabama

Whatley Health Services, Tuscaloosa

Arizona

Circle the City, Phoenix

Maricopa County Department of Public Health, Phoenix

California

Share Our Selves, Costa Mesa

Solano Community Health & Social Services Dep., Fairfield

Corporation for Supportive Housing, Los Angeles

John Wesley Community Health Institute, Los Angeles

Alameda County Health Care for the Homeless Program,
Oakland

Center for the Vulnerable Child at Children's Hospital,
Oakland

Shasta Community Health Center, Redding

Saffron Strand, Richmond

Health to Hope Clinics, Riverside

Sacramento Health Care for the Homeless Program,
Sacramento

Clinica De Salud Del Valle De Salinas, Salinas

Family Health Centers of San Diego, San Diego

Northeast Valley Health Corporation, San Fernando

San Francisco Community Clinic Consortium, San Francisco

San Mateo Medical Center, San Mateo

Ritter Center, San Rafael

Santa Barbara County Public Health Department,
Santa Barbara

Santa Cruz County Homeless Persons Health Project,
Santa Cruz

Marin City Health & Wellness Center, Sausalito

Care Link - Community Medical Centers, Stockton

Venice Family Clinic, Venice

Ventura County Public Health - Health Care for the
Homeless, Ventura

Colorado

Ascending to Health Respite Care, Colorado Springs

Colorado Coalition for the Homeless, Denver

Metro Community Provider Network Homeless Project,
Englewood

Connecticut

Charter Oak Health Center, Hartford

Generations Family Health Center, Willimantic

District of Columbia

Christ House, Washington

National Health Foundation, Washington

National Low Income Housing Coalition, Washington

Unity Health Care, Washington

Florida

Neighborhood Medical Center, Tallahassee

Tampa Family Health Centers, Tampa

Genesis Community Health, Boynton Beach

Camillus Health Concern, Miami

Broward Health, Fort Lauderdale

House of Hope, Fort Lauderdale

I. M. Sulzbacher Center, Jacksonville

Georgia

Mercy Care Atlanta, Atlanta

First Choice Primary Care, Macon

Idaho

Dirne Health Center, Coeur D'Alene

Illinois

Heartland Health Outreach, Chicago

Interfaith House, Chicago

Southern Illinois Health Care Foundation, Sauget

Indiana

Regional Mental Health Center, Hammond

2014-2015 ORGANIZATIONAL MEMBERS CONT.

Iowa

Community Health Care, Davenport

Kentucky

Kentucky Mountain Health Alliance, Hazard
Family Health Centers Louisville, Louisville
Mountain Comprehensive Care Center, Prestonburg

Louisiana

Baton Rouge Primary Care Collaborative, Baton Rouge
New Orleans Health Care for the Homeless, New Orleans

Maine

Portland Community Health Center, Portland
Nasson Health Care, Sanford

Maryland

Health Care for the Homeless, Baltimore
National Association of Community Health Centers, Bethesda
Montgomery County, Rockville

Massachusetts

Boston Health Care for the Homeless, Boston
Community Health Connections, Fitchburg
UMASS Dep. of Family Medicine & Community Health,
Fitchburg
Duffy Health Center, Hyannis
Eliot Community Human Services, Lexington
Center for Social Innovation, Needham
Mercy Medical Center, Springfield
Community Healthlink, Worcester

Michigan

Community Mental Health Services of St. Joseph County,
Centreville
Advantage Health Centers, Detroit
Detroit Central City Community Mental Health, Detroit
Cherry Street Health Services, Grand Rapids
Mercy Health Saint Mary's, Grand Rapids

Minnesota

Hennepin County Health Care for the Homeless,
Minneapolis

Missouri

Swope Health, Kansas City

Montana

Riverstone Health Care, Billings
Montana Primary Care Association, Helena

Nevada

Community Health Alliance Nevada, Reno
Northern Nevada Hopes, Reno

New Jersey

Atlanticare Health Care Services, Atlantic City
Project H.O.P.E., Camden
City Of Newark Dep. Child & Family Well-Being, Newark

New Hampshire

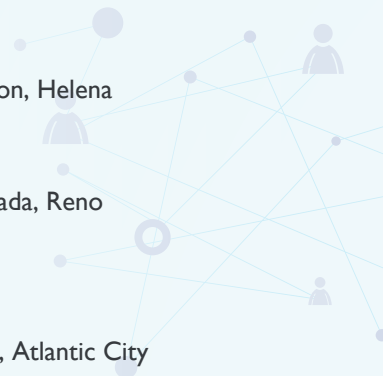
Bi-State Primary Care Association, Bow
Health Care for the Homeless, Manchester
Harbor Homes, Nashua
Families First Health & Support Center, Portsmouth

New Mexico

Albuquerque Health Care for the Homeless, Albuquerque
First Nations Community Healthsource, Albuquerque
La Familia Medical Center Health Care for the Homeless,
Santa Fe

New York

Neighborhood Health Center, Buffalo
Bowery Residents Committee, New York
Brightpoint Health, New York
Care for the Homeless, New York
Children's Health Project at Montefiore Medical Center,
New York
Comunilife, New York
Institute for Family Health, New York
Janian Medical Care, New York
Lutheran Community Medicine Program, New York
Project Renewal, New York
Upper Room Aids Ministry of Harlem United, New York
The Greater Hudson Valley Family Health Center, Newburgh





North Carolina

Haywood Street Respite, Asheville

North Dakota

Family Health Care Center, Fargo

Ohio

Cincinnati Health Network, Cincinnati
Care Alliance Center, Cleveland
Columbus Neighborhood Health Center, Columbus
Ohio Association of Community Health Centers, Columbus
Samaritan Homeless Clinic, Dayton

Oklahoma

Healing Hands Health Care Services, Oklahoma City

Oregon

Central City Concern, Portland
Outside In, Portland

Pennsylvania

Desales Free Clinic, Center Valley
Community Health Partners for Sustainability, Philadelphia
Project H.O.M.E., Philadelphia
Public Health Management Corporation, Philadelphia
Primary Care Health Services, Pittsburgh

Puerto Rico

Migrant Health Center Western Region, Mayaguez

South Carolina

New Horizon Family Health Services, Greer

South Dakota

Community Health Center of Black Hills, Rapid City
Falls Community Health, Sioux Falls

Tennessee

Chattanooga-Hamilton County Health Department,
Chattanooga
Christ Community Health Services, Memphis
Neighborhood Health, Nashville
Safe Haven Family Shelter, Nashville
Tennessee Primary Care Association, Nashville

Texas

CommunityCare, Austin
Metro Dallas Homeless Alliance, Dallas
Tarrant County Coalition for the Homeless, Fort Worth
True Worth Resource Center, Fort Worth
Bee Busy Wellness Center, Houston
Harmony House, Houston
Harris Health System, Houston
Healthcare for the Homeless Houston, Houston
El Centro Del Barrio, San Antonio
Heart of Texas Community Health Center, Waco

Utah

Association for Utah Community Health, Salt Lake City
Fourth Street Clinic, Salt Lake City

Virginia

The Daily Planet, Richmond

Washington

Health Care for the Homeless Network of King County,
Seattle
Neighborcare Health, Seattle
Metro Development Council Health Care for the Homeless,
Tacoma
Yakima Neighborhood Health Services, Yakima

Wisconsin

Partnership Community Health Center, Menasha
Outreach Community Health Centers, Milwaukee

Wyoming

Community Action Partnership of Natrona County, Casper
Wyoming Primary Care Association, Cheyenne

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