

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

ANNUAL REPORT

JULY 1, 2015 TO JUNE 30, 2016

Same identity, 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

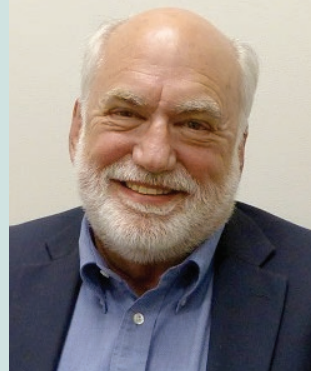


COMMUNITY

Creating solidarity in the homeless health care movement

Letter from the Executive Director

This Annual Report portrays our organization's determined pursuit of a big and elusive goal: health care justice. The population we serve bears an extraordinary burden of injury, disease, trauma and stress, and is largely disenfranchised in the health care system. Increasingly, as this system evolves and as more people without homes gain Medicaid coverage through the Affordable Care Act, leaders in health care turn to the Council for the benefit of our rich experience. We are more than happy to share via our publications, webinars, consultations, conferences, and technical assistance, some of which is detailed herein.



In many instances, we can document our impact and count our results. In other cases, we cannot demonstrate that our efforts to train providers or shape public policy result in someone escaping the double trap of poverty and illness, but those victories of strong and resilient individuals are our most satisfying successes. They occur every day, throughout the nation, and the National Health Care for the Homeless Council helps to make it happen.

In the last year of my tenure as the Council's executive director, I am proud to be retiring from an organization with an excellent staff, deeply involved membership, strong financials, and a profound commitment to human rights. Thank you for your investment in this organization, and for your support of our work.

Peace,

John N. Lozier, MSSW
Executive Director

Message from the President

It is an honor to present the Annual Report of the National Health Care for the Homeless Council. As the Council concludes its 30th year of supporting members and colleagues, we can all appreciate its contributions in identifying and advocating for issues that affect those without homes. These 30 years represent the production of hundreds of publications, the training of thousands of conference attendees, and innumerable hours of technical assistance. Most importantly, its members look to the Council as the best source for guidance and support. This mentorship can be difficult to measure, but it is the commitment of the Council's members and extraordinary staff that keeps us all dedicated to ending the tragedy of our generation that is homelessness.



All committed to this work acknowledge there will be an end to homelessness in this country. The National Health Care for the Homeless Council will perpetuate the understanding that housing is the prescription for good health care and poor health care is exacerbated by a lack of housing. The answer is simple but the road to get there is complicated. Your time to peruse this annual report and examine the work done by the Council is the first step in our advocacy to reach those who share the same care and concern our members do. I hope that your knowledge of this social determinant that we call homelessness is enriched by this report, and that it motivates you to become involved in the Council.

Kind regards,

Doreen Fadus, MEd
President 2015-2016

As of June 30, 2016:

Total Membership

4,482

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

The Council is the membership association for Health Care for the Homeless grantees, Medical Respite providers, and other stakeholders addressing the nexus of poor health and homelessness. With a rapidly growing network of individuals and organizations, the Council's members are the core of its identity, breathing life into everything we do. Individual membership is free, while organizational membership dues start at just \$500, a modest investment that principally supports our advocacy. Learn more at nhchc.org/join.

Fiscal Year 2016 was the most successful term on record for both individual and organizational members: 37 organizations and 801 individuals joined our cause, strengthening our collective voice on behalf of and including people without homes.

Organizational Membership

199

Total organizations representing 43 states, along with D.C. and Puerto Rico

151

Health Care for the Homeless Grantees

48

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

HCH
Clinicians'
Network

2,252

National
Consumer
Advisory
Board

1,163

Respite Care
Providers'
Network

1,067

Practice-Based Research Network

61

Total organizations across 28 states and D.C.

53

Health Care for the Homeless Grantees

Electronic Reach



Publications

- In Focus:
 - a. Advance Care Planning for Individuals Experiencing Homelessness
 - b. Vital Role of Case Management for Individuals Experiencing Homelessness
- Policy Briefs:
 - a. How Has the ACA Medicaid Expansion Affected Providers Serving the Homeless Population: Analysis of Coverage, Revenues, and Costs
 - b. Medication-Assisted Treatment: Buprenorphine in the HCH Community
 - c. Managed Care and Homeless Populations: Linking the HCH Community & MCO Partners
 - d. Hospital Community Benefit Funds: Resources for the HCH Community
- Healing Hands:
 - a. Dental & Vision Care for Homeless Patients
 - b. Care Coordination
- Project Profiles on Permanent Supportive Housing
 - a. 10th Decile Project: Los Angeles
 - b. Integrated Care for the Chronically Homeless: Houston
- Fact Sheet: Prevention & Responses to Infectious Diseases Within the Homeless Population
- Quick Guide: Addressing Patient Satisfaction in Health Care for the Homeless Projects
- Using the Social Ecological Model to Examine How Homelessness Is Defined and Managed in Rural East TN
- Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions
- Engaging Youth Who Are Homeless: Core Practices & Services
- HCH Costing Toolkit Overview
- Integrated Care for the Chronically Homeless
- Five HCH Mobilizer action alerts on topics including: Raising the Debt Ceiling, Budget Negotiations and Ending Sequestration.
- Health Reform & Homelessness: 16 Key Advocacy Areas for the HCH Community
- Addressing the Opioid Crisis: Priorities for the HCH Community
- HCH Advocate Statement of Principles
- Policy Priorities for the Health Care for the Homeless Community
- Comments on CMS Hospital Discharge Requirements
- Comments on the Joint Commission's Proposed Standards for Permanent Supportive Housing Services
- Comments to HUD on Proposed Prohibition of Smoking in Public Housing

Webinars

- **Engaging Homeless Youth:** Recommendations & Resources (July 29, 2015)
120 participants
- **Managed Care and Homeless Populations:** Linking the HCH Community and MCO Partners (April 5, 2016)
209 participants
- **Serving the Homeless Community:** New Findings on the Impact of the ACA Medicaid Expansion (Kaiser Family Foundation) (April 16, 2016)
- **We All Do IT:** The Role of Technology in UDS reports (May 3, 2016)
144 participants
- **Hospital Community Benefit Funding:** Potential Resources to Meet the Needs of Homeless Populations (July 12, 2016)
97 participants

998
Registrants

352
Organizations

514
App Users

96%

96% of evaluation respondents strongly agreed or agreed that learning objectives were met.

National Health Care for the Homeless Conference & Policy Symposium: Portland, OR May 31-June 3, 2016

998 total registrants,
434 first-time attendees (43%)

352 organizations represented, including 126 Health Care for the Homeless Grantees, and 125 organizational members

3,259.25 CME Credits claimed

514 mobile app users produced 90,020 in-app actions

Keynote presentations by:

Founding Director and Senior Advisor, The Satcher Health Leadership Institute, 16th Surgeon General of the United States:
Dr. David Satcher

Chief Accountable Care Development Officer – Michigan, St. Joseph Mercy Health System / Trinity Health: **Dr. Paul Harkaway**

Travel subsidies provided for **66** consumers: 49 supported by HRSA, 17 supported by the generosity of Trinity Health System.

3 site visit locations hosting **180** registrants

Exclusive performance by comedian Paula Poundstone

New storytelling initiative: interviewed **33** storytellers producing 8 hours of footage

Awards:

Inaugural Philip W. Brickner National Leadership Award presented to:
Jim O'Connell, Boston MA

Karen Rotondo Award for Outstanding Service presented to:
Elizabeth Salisbury-Afshar, Chicago IL

Medical Respite Award for Excellence presented to:
Michelle Schneidermann, San Francisco CA

Ellen Dailey Consumer Advocate Award presented to:
Art Rios, Portland OR
Joanne Guarino, Boston MA

Regional Trainings

Fall Regional Training: Philadelphia, PA: October 15-16, 2015

94 registrants representing 8 HCH grantees**213** CME hours awarded**99%** of learning objectives met**10** consumer subsidies provided

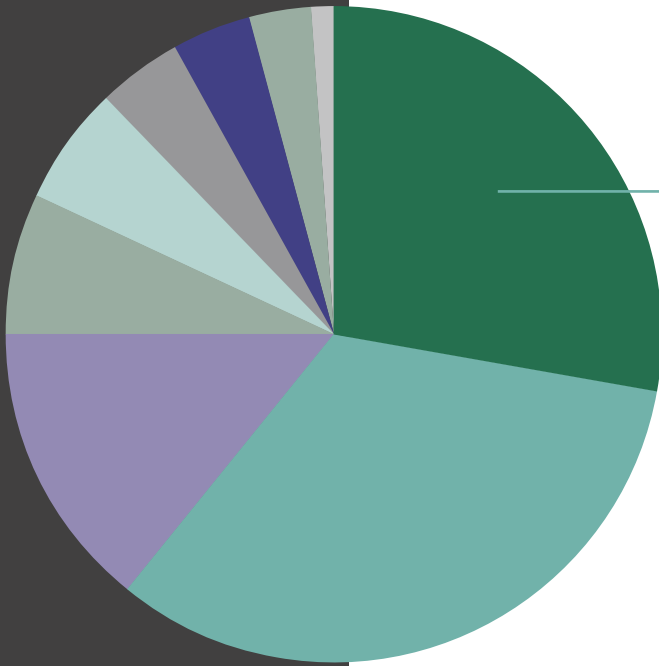
Sessions included: Behavioral Health & Primary Care Integration; Building Successful Community & Academic Collaborations; Accessing Supportive Housing for Your Patients; Empowering the Voice of Consumers; Health Reform & Medicaid Expansion; Homeless Medical Respite; Advocacy 101: How to Affect Policy Change; Homelessness & Other Trauma Experienced in Childhood; Understanding the Current Status of Opioid Dependence in Homeless Populations; and Medical-Legal Partnership 101.

Spring Regional Training: Denver, CO: March 31-April 1, 2016

163 registrants representing 24 HCH grantees**165.5** CME hours awarded**95%** of learning objectives met**10** consumer subsidies provided

Sessions included: Improving Outcomes through Cultural Humility; Building a Trauma-Informed Organization; Behavioral Health Integration; Advocacy, Policy Change, and the Health Care for the Homeless Community; Moving Forward & Keeping the Faith in Non-Medicaid Expansion States; Building Bridges with Law Enforcement; Engaging Consumer in Governance; Challenging Cases in Chronic Pain Management; Outreach to Homeless Populations Outside of the City; and Delivering Military-History-Informed Care to Homeless Veterans.





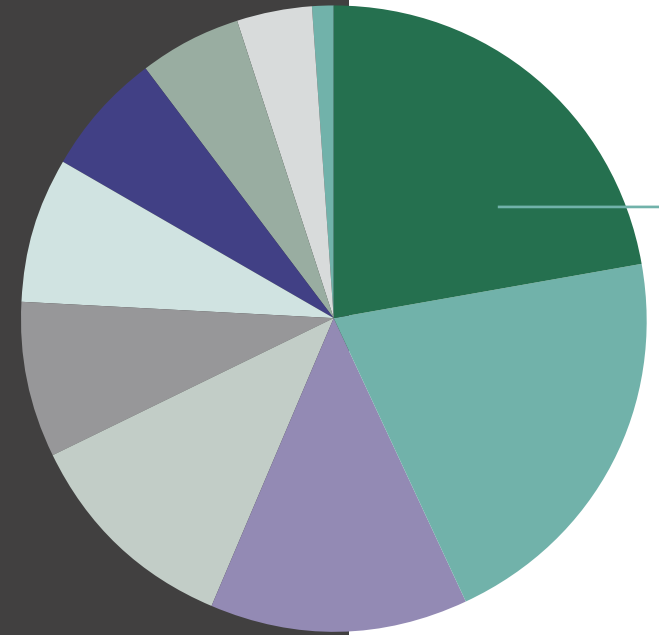
Technical Assistance (TA)

386 total TA requests in FY16
(21% increase over FY15)

- HCH Grantees: 28%
- Individuals/Other: 33%
- Non-Profits/Shelters: 14%
- Non-HCH Health Centers: 7%
- Hospital/Medical Entities: 6%
- Educational Entities: 4%
- Government Entities: 4%
- Primary Care Associations: 3%
- Legal Entities: 1%

Onsite TA Topics:

- Medical Respite Start-up
- Outreach Strategies
- Consumer Governance
- Trauma-Informed Care
- HCH Operations
- New Access Point Applications

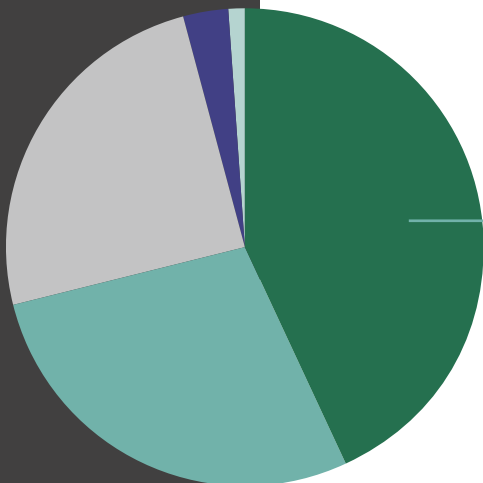


HHS Regions by Number of Requests:

- Region 9: 20.2%
- Region 4: 19.0%
- Region 5: 12.1%
- Region 3: 10.3%
- Region 10: 7.2%
- Region 6: 7.0%
- Region 2: 5.7%
- Region 8: 4.9%
- Region 1: 3.3%
- Region 7: 1.0%

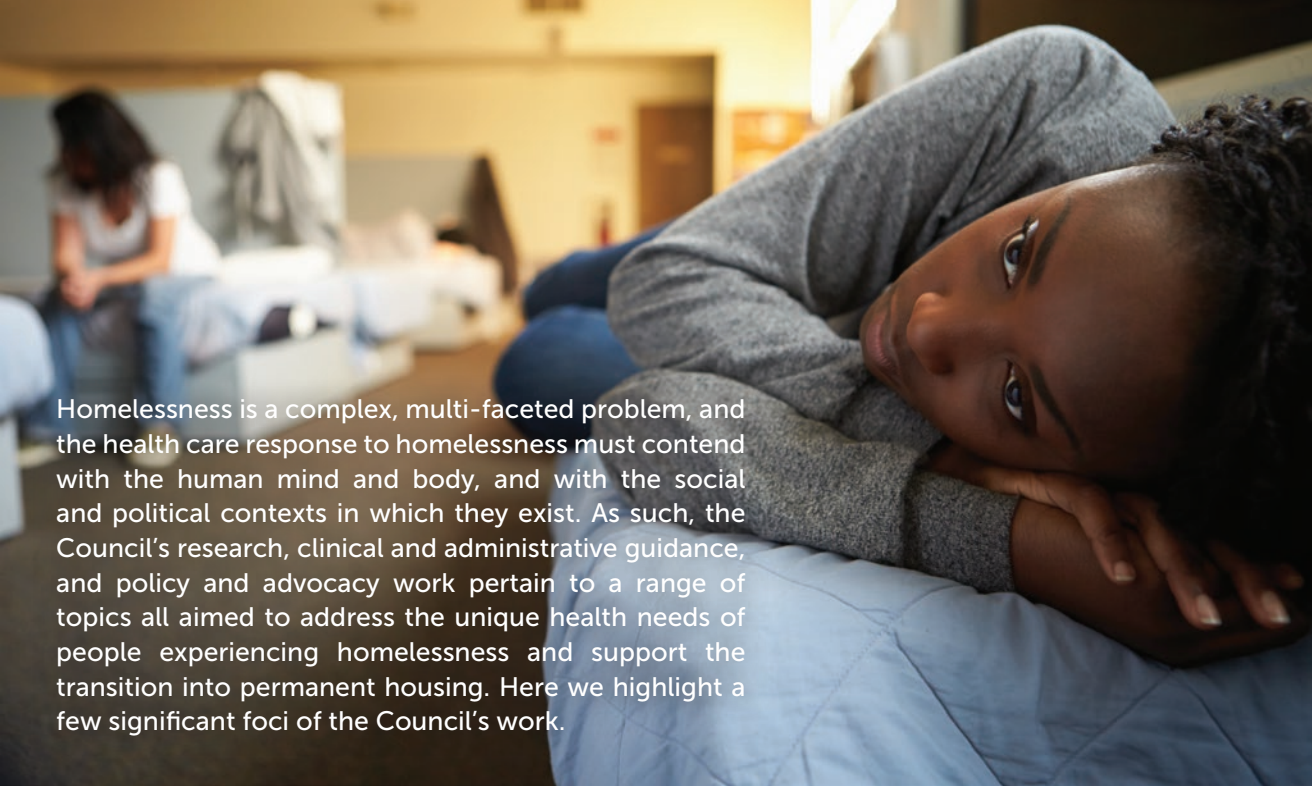
Top TA Request Categories

- Administration
- Medical Respite Care
- Individual Client Needs
- Research



TA Responses

- General: 42%
- Direct Referral: 27%
- In-Depth: 24%
- Onsite: 3%
- Virtual: 1%



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.

Behavioral Health & Opioid Use

This year saw important achievements in the Council's advocacy for changes to the behavioral health system. The Council established five legislative policy priority areas, which included behavioral health reforms that: reduce barriers to care, treat addiction and mental illness as a disease, reduce stigma, and link services to housing and employment. As Congress drafted legislation addressing the opioid crisis, the Council educated members of Congress by producing three important documents on behavioral health reform, addressing the opioid crisis, and medication-assisted treatment (MAT). Along with our strategic national partners, the Council's Policy Team met with members of Congress to advocate for: increased MAT patient limits; expanded buprenorphine prescribing rights to Nurse Practitioners and Physician Assistants; treating addiction as a disease, rather than a criminal activity; and ensuring that homeless populations be given priority consideration within the Comprehensive Addiction and Recovery Act of 2016. Complementing our advocacy with training, the HCH Clinicians' Network developed a Healing Hands focusing on substance use, trauma, mental health, and homelessness among youth. Moreover, the Council's Education Committee formed a Substance Use Disorder Work Group in order to assess the needs of the Council's members and to help develop better trainings, resources, and other deliverables. Looking forward, the Council continues to broaden its partnerships, including the Mental Health Liaison Group, a coalition of more than 66 organizations, in order to ensure that the Council will be at the

forefront of advocating for persons experiencing homelessness as Congress shifts its focus towards mental health reform.

Examining Safety at HCH Sites

The National Consumer Advisory Board (NCAB) finished their biannual Consumer Participation Outreach Survey (CPO), a consumer-led research project designed to learn the concerns and needs of consumers. We use these data to improve practices and identify policy changes that would help us meet needs more effectively. This survey studied 537 consumers' perceptions of safety at six different HCH projects, the results of which emphasized that respect is critical to people feeling safe, and a majority of participants (95%) did feel they are treated with respect at their HCH project. The survey raised a number of important questions about how we define respect, and how we provide training for staff to create safe environments for our consumers. It also underscored the need to balance safe access for all clients with the reality that many of our consumers are trauma survivors. NCAB is now working with an ad-hoc Safety Task Force comprising consumers, providers, administrators, and security staff charged to continue examination of these issues from a national perspective, cultivating resources for local HCH projects to apply these lessons to their communities and organizations.

Medical-Legal Partnerships

Criminal and civil legal issues among populations experiencing homelessness vary, and if left unaddressed, may prolong homelessness. These

problems are not health care problems per se, but rather legal needs that profoundly affect health, known as health-harming civil legal needs. Legal partners can be very helpful in addressing the Social Determinants of Health, which influence an individual's wellbeing. The Council has partnered with the National Center for Medical-Legal Partnership (another National Cooperative Agreement agency) to identify the civil legal needs for individuals experiencing homelessness. We conducted two surveys, the first of which asked health care providers who were also members of our HCH Practice-Based Research Network about the legal issues impacting the health outcomes of their patients. The second survey asked a small sample size of consumers about civil legal needs they had experienced while homeless. Forty percent (40%) of the consumer respondents stated they had experienced five or more civil legal needs, including landlord issues, evictions, employment discrimination, ID problems, legal status, and criminal records as barriers to housing. Based on the findings of these surveys, the Council will pursue funding to study how medical-legal partnerships established in HCH settings can address the civil legal needs of individuals experiencing homelessness.

Medical Respite Care

The Council leads the field in providing resources, training, and technical assistance to support communities as they work to establish medical respite programs. To help these organizations deliver quality services, the Council brought together national experts to develop and test medical respite program standards, which serve as a framework to help programs operate safely, effectively, and seamlessly with local health care systems. With the standards complete, the Council now seeks an accrediting body in an effort to establish a formal accreditation process for medical respite programs. The Council continues to provide technical assistance to help existing and new programs adhere to these standards. Additionally, the Council is working to help sustain medical respite programs through its Health Care Innovation Award funded by the Center for Medicare and Medicaid Innovation. Now in its second year, this three-year project is meant to demonstrate the impact of medical respite care on health care quality and cost.

Community Health Workers

Community Health Workers (CHWs) can play a vital role in care coordination, outreach, and enrollment in HCH and support improved outcomes, reduced costs, and advanced care delivery. To support the

integration of CHWs at Health Care for the Homeless programs, the Council developed a comprehensive online resource entitled *Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs*. This resource guide shares insights from the Council's three-year demonstration project funded by the Center for Medicare and Medicaid Innovation, which focused on the integration of CHWs into 12 HCH projects. Incorporating feedback from supervisors, CHWs themselves, and others involved in the project, this guide explores the responsibilities of CHWs, as well as successful recruitment, supervision, and integration strategies that may assist HCH projects seeking to employ CHWs. Adding a dynamic, multi-media component to the resource, narrative material is complemented by a series of podcast interviews, *CHW Voices*, offering perspectives from CHWs and their supervisors.

LGBTQ Homelessness

While the unique health needs of lesbian, gay, bisexual, queer/questioning, transgender and gender-nonconforming (LGBQ-TGNC) individuals have gained more attention in recent years, the Council recognizes that health centers may still find themselves underprepared to adequately treat this historically underserved population. In FY16 we interviewed homeless service providers who use specific service models for TGNC persons in an effort to increase our understanding of the development, implementation, and sustainability of their program. Based on these results, the Council provided a workshop at the 2016 National Conference featuring a panel of transgender providers addressing the steps to consider when establishing and improving services for TGNC persons. In addition, the Council contributed to an online resource called *At the Intersections* in collaboration with the True Colors Fund and the National LGBTQ Task Force. This resource provided an overview of health issues among LGBTQ homeless youth and highlighted lesser-known topics such as physical health issues, rural youth homelessness, immigration, and the intersectionality of race. With our commitment to increasing access and quality of care for the most vulnerable, the Council will publish a guide in FY17 on establishing and improving TGNC services and pursue funding to assess physical and mental health issues, unmet health needs, barriers and facilitators to care, and patient experience of TGNC persons experiencing homelessness.

Women Experiencing Homelessness

Over the past 20 years, women have become one



of the fastest-growing groups within the homeless population, constituting more than one third of sheltered homeless adults. Though homeless women struggle with high rates of substance use and co-occurring mental and physical health problems, systems of care are usually structured to support men and often leave women out. Confronting this disparity, the Council partnered with the University of Massachusetts Medical School (UMMS) to conduct a national study of women accessing primary care in eleven Health Care for the Homeless grantees across nine states. The study confirmed a high prevalence of substance use and co-occurring mental health problems among women experiencing homelessness and identified the unique challenges in accessing behavioral health services. We concluded that the care delivery necessitates targeted substance use treatment services that also address psychiatric co-morbidities, physical and sexual violence, domestic violence, risky sex behaviors, child care, and social support services. Having presented these results at the 2016 National HCH Conference, the Council has also accepted an invitation to present them at the 9th Annual International Women's and Children's Health and Gender Group Conference. Using the data from this study, we will develop a special issue fact sheet and pursue a larger grant with UMMS to develop and implement an intervention for substance use disorders within this population.

Youth Experiencing Homelessness

Youth without homes represent one of the largest subgroups of the overall homeless population in the US. In addition to their experiences with unstable housing, most have faced a number of

adversities, including: family rejection, neglect, and abuse; economic hardship; and difficulties accessing homeless services. Youth experiencing homelessness are at significant risk of diseases, injuries, and developmental delays that can impair their functioning, potentially for their entire lives. This year the Council developed multiple resources to help providers engage and serve youth experiencing homelessness. Our resource Engaging Youth Experiencing Homelessness: Core Practices and Services examines practices and services that HCH grantees have found to be helpful in engaging youth experiencing homelessness. To build on this work, we dedicated an issue of In Focus, our quarterly research review, to behavioral health among youth experiencing homelessness. In our home state of Tennessee, we conducted intensive outreach and education through our TennCare Shelter Enrollment Project, which is an effort to ensure that children and youth living in shelters have health care coverage and receive appropriate health care screenings and primary care. We also expanded our reach by partnering with the School-Based Health Alliance and National Network for Youth to educate a broader constituency on the health needs of youth experiencing homelessness.

Medicaid Managed Care

The Council made significant strides in addressing the implications of Medicaid Managed Care on Health Care for the Homeless, primarily by developing strategic partnerships with MCOs. We collaborated with UnitedHealthcare, for example, to publish a policy brief and host a webinar describing managed care plans and illustrating the shared

goals of HCH programs. We anticipate these collaborations will foster closer relationships at the local level, ultimately yielding better-quality care and health outcomes (e.g. investments in case management, medical respite care, and supportive housing). The Council's policy team expanded this conversation at a full-day Preconference Institute and other workshops in Portland where MCO and HCH leaders were joined by other stakeholders including hospitals and other policymakers. The interests of these stakeholders are sometimes presumed to contradict one another, and thus this gathering was an unprecedented step toward finding common ground and enhancing all of our services for people without homes. Finally, the Council took advantage of the opportunity to submit comments on the Center for Medicare and Medicaid Services' draft regulations of managed care; our challenges to CMS pertained to how managed care covers institutional care, how reimbursement rates are set, how capacity for services is determined, and how social determinants of health are included in risk assessments.

Permanent Supportive Housing

This was the Council's second year as a subcontractor for the Corporation for Supportive Housing (CSH). In this continued collaboration, the Council and CSH produced a series of four project profiles highlighting health and housing partnerships around the country. The profiles provide an overview of how frequent user initiatives in Los Angeles, Houston, Ann Arbor, and Orlando were initiated, their approach and resources, the partners involved, and how they have impacted their communities. To more closely engage health centers in each other's work in this area, CSH and the Council created a virtual peer exchange bringing together four communities with housing first programs to discuss challenges, promising practices, and evaluation plans. Each community has incorporated health into their housing-first model, with health centers at the core. The Council's partnership with CSH also included a Needs Assessment measuring Health Center involvement in serving Olmstead populations and a subsequent training based on the identified service gaps. This was one of several trainings hosted by CSH and the Council aimed to strengthen the intersection of health and supportive housing.



Summer Solstice: Honoring Strength and Resilience

Most in the HCH community are familiar with Homeless Person's Memorial Day, a 20-year tradition occurring on the winter solstice that has honored individuals who have lost their lives while enduring homelessness. A few years ago, Care for the Homeless in New York organized a counterpoised event encouraging us to remember that our fight for justice comes not from despair, but rather the hope that we can end injustice. Thus, on June 21 (the first day of summer and longest day of the year), they began to celebrate those who have overcome their individual homelessness, and to affirm that as a society we can end homelessness for everyone.

We know that it is far too easy to become homeless, yet it is no easy task to break out of homelessness. People without homes face many systemic barriers, from the high cost of housing to low wages and inadequate public assistance programs, all complicated by poor health and poverty. Yet some individuals surmount these incredible hurdles, finding access to stable housing that allows them to reclaim their lives. The Summer Solstice, a day filled with light, is a fitting time to honor their accomplishments and to draw inspiration from them as we continue in the struggle for justice.

This year, three HCH projects hosted such celebrations of survival and resilience, and the



Council supported the event for the first time through our nationwide communications. The Council perceives these events as important opportunities to highlight the stories of those who have overcome homelessness despite the odds, giving us the hope that together we can find the strength to create the political will to end homelessness for everyone. We encourage all HCH grantees and organizational members to celebrate the next Summer Solstice!

The Power of Storytelling

Health Care for the Homeless is the story of a thousand stories, and the Council endeavored to illuminate a few of those tales at its 2016 National HCH Conference & Policy Symposium. In a unique digital storytelling initiative assisted by the National Consumer Advisory Board Storytelling Committee, HCH Stories, the Council invited consumers, administrators, service providers, and advocates to share their personal stories of Health Care for the Homeless. Over the course of two days, 33 attendees from across the United States shared their experiences on-camera with Council Communications Manager Rick Brown to contribute to the oral history of HCH.

In moving sessions— stories told through smiles and tears alike—participants related personal journeys from homelessness to housing, tales of treating and bearing witness to the resilience of consumers, and reminiscences from the first days of the 19-city Robert Wood Johnson/Pew Memorial Trust HCH Demonstration Program. The empowering video interviews illustrated the power and values of HCH,

allowing participants to claim and communicate their experiences while reflecting on the transformative influence of the field on their lives, perspectives, and health.

These powerful stories have formed the foundation of *HCH Stories*, an ongoing video series that debuted online on HCH Day, August 10th, with a tale of tragedy and recovery from Calvin Alston from New York. It is the hope of the Council that these video vignettes will not only share participants' personal perspectives on HCH, but also help build awareness of the critical impact of HCH in the lives of people experiencing homelessness.

Chronicling the HCH Movement

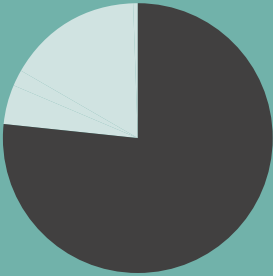
At its National Conference in June 2016, the Council organized a half-day session called *HCH Pioneers explore the past and address the future of HCH*. Its purpose was to document the 30-year history of Health Care for the Homeless according to its seminal leaders, with additional reflections on where the movement is headed. The Council filmed the session in order to account for every moment and inform a professionally-composed proceedings document.

Roundtable discussions were punctuated by presentations from those responsible for the first HCH programs across the country. For example, the most tenured "pioneer" Marianne Savarese described her tutelage under the late Philip Brickner at St. Vincent's Hospital in New York; Dr. Brickner is credited for the inception of the HCH model of care that still informs present-day practices, for which he was honored at the 2016 Conference with a new National Leadership Award in his name. Marianne rose from these ranks as a nurse and now leads the exemplary HCH program in Manchester, New Hampshire.

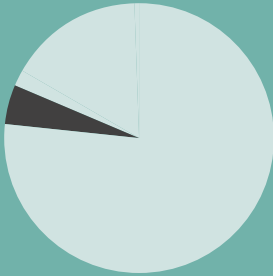
After rich discussion and more presentations—with a hearteningly high number of young people in attendance—John Lozier took to the podium to adjourn the meeting. But logistics gave way to reflections as John took stock of his tenure as the Council's founding Executive Director, pointing to his retirement in December 2016. As he reflected on his perpetual and foundational desire for peace (having lost his brother to Agent Orange poisoning in Viet Nam), John was uncharacteristically moved to tears, after which few dry eyes remained in the room. His closing words were met with a rousing ovation and presentation from Board leaders of a new scholarship in his name. It was a deeply meaningful way to mark John's achievements and his final HCH conference.

FINANCES

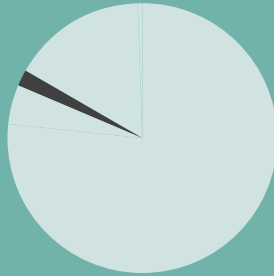
Total Revenue: \$3,510,266



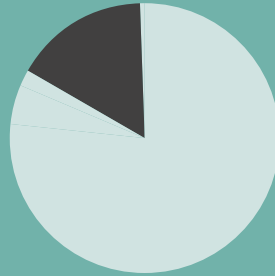
Grants
\$2,697,066
76.8%



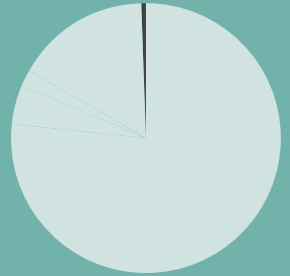
Membership
Dues
\$164,675
4.7%



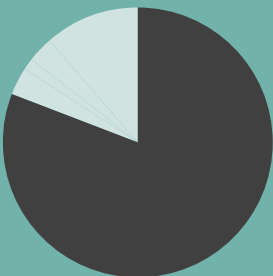
Corp &
Individual Gifts
\$66,306
1.9%



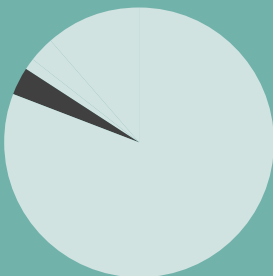
Program Income
\$569,710
16.2%



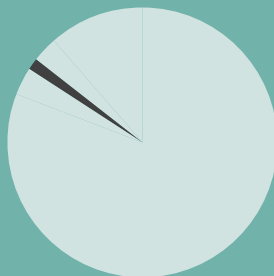
Other
\$12,509
0.4%



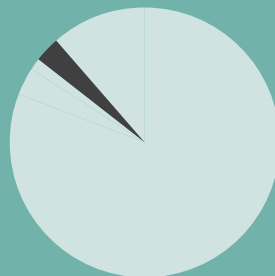
Programs
\$2,812,251
80.9%



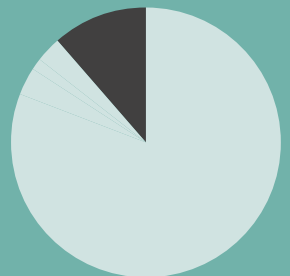
Advocacy
\$118,035
3.4%



Membership
\$48,218
1.4%



Development
\$104,401
3.0%



Administration
\$394,419
11.3%

Total Expenses: \$3,477,324

The advocacy and operations of the National Health Care for the Homeless Council were supported by the generosity of these individuals and institutions. Thank you!

Gifts made between July 1, 2015 and June 30, 2016.

Adele Cohen	Edwin Dellert	Kristin Hasson	Patricia Jassak
Alexis Weinstein	Elizabeth Buck	Lara Shew	Patricia Post
Alfonsina Truchan	Elizabeth Swann	Laurie Haworth	Patrick Cavanaugh
Alice Brickner	Erica Kruse	Lee Carroll	Patrick Perri
Amber Roth	Erin Schwarz	Leslie Tallyn	Pearline Byrd
AmeriCares	Eve Wilson	Leticia Bresnahan	Philip Dombrowski
Amy Grassette	Evelyn Calhoun	Lily & Jay Catalano	Pooja Bhalla
Amy Pisman	Frances Isbell	Linda Baer	Rachael Hunsucker
Amy Romanoff	Frank Berry	Linda Masiello	Raj Chablani
Amy Sparks	Fred Karnas	Linda Stone	Randal Pinnelli
Andrea Harshman	Friederika Poulos	Lindsay Nelson	Randall Jacobs
Anne Grupe	Gail Triggs	Lisa Navracruz	Rebecca DeVivo
Annie Mcalmon	Gary Cobb	Loretta Aloï	Reece Pierce
Annie Nicol	Gayla Bruner	Lynne Callea	Rhonda Hauff
Ansell Horn	Gordon Bonnyman	Marcia Jackson	Rhonda Mendoza
Apatow Mann Family Foundation	Gregory Morris	Margaret Farkas	Rhonda Metzler
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Association for Continuing Education in the Health Professions	Gretel Greenhouse	Maria Elisa J Obias	Robert Oermann
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Barbara Conanan	Henry Kumpf	Marianne Savarese	Roland Arthur
Barbara DiPietro	Howard Angela	Marion Scott	Rose Dunn
Barbara Huffman	Iris Pressman	Marita Rice	Rosemary Shugar
Barry Bock	Janet Schultz	Mark Casanova	Roxanne Bolinger
Bob Donovan	Janey McGarry	Mark Fox	Ruth Cohen
Bobby Watts	Jean Hochron	Mark Giese	Sabrina Edgington
Bonnie Bixler	Jeff Singer	Marlene von Friederichs- Fitzwater	Samantha Williams
Brian Bickford	Jennifer Alessi	Mary Ales	Sandra Mohr
Brooks Ann McKinney	Jennifer Hyvonen	Mary Ellen Benzik	Sara Fagerlie
Carla Brink	Jennifer Metzler	Mary Grantner	Sarah Anderson
Carol Murphy	Jennifer Nelson-Seals	Mary Lowe	Scott Orman
Carrie Fields	Jeri Foley	Marybeth Shinn & David Krantz	Sharon Cathcart
Chauna Brocht	Jerri Davis	Maureen Neal	Sharon Popielewski
Chiara Marin	Jessie Gaeta	Meera Beharry	Sheila Crowley
Community Foundation of Middle Tennessee	Jim Torres	Melissa Carter	Sigrid Olson
Concept Technology	Joanne Rolls	Melville Charitable Trust	Siobhan Joan Dolan
Conrad Hilton Foundation	Joceline Lemaire	Michael Durham	Stacey Davidson
Crissy Zitka	John Gilvar	Michael Porter	Steven Casebeer
Curtis Stauffer	John Lovejoy	Michelle Nance	Steven Folstein
Cynthia Cisneros	John Lozier	Monica Moore	Steven Hurdle
Damon Marquis	John Prendergast	Monique Johnson	Sue McGuinness
David Modersbach	Joseph Benson	Monique Lemaire	Suzanne Ziemnik
Dean Beals	Joseph Mega	Nakisha Kinlaw	Ted Amann
Dean Parry	Judith Ribble	Nancy Elder	Thomas Fontana
Debbian Fletcher-Blake	Julia Zur	Nancy Hanson	Thomas Hanson
Deborah Walsh	Julie Kozminski	Nancy Hostetter	Timothy Holder
Debra Mahan	Julie Loomis	Nancy Klinge	Timothy Johnson
Destry Sulkes	Julie Tagliareni	Neil Donnelly	Tina Hayes
Diane Murad	Justin Gorinson	Nicholas Apostoleris	Tom & Andrea Tatlock
Diane Simmons	Karen Batia	Noyah Natural Cosmetics	Tom Andrews
Dion Richetti	Kathleen Orsetti	Odette Spencer	Trinity Health
Doreen Fadus	Keith McCormish	Pamela Atkinson	Valarie Dowell
Doug Van Ramshorst	Kevin Lindamood	Pamela Mason	Victor Hatcher
Ed Stellan	Kevin Nagengast	Pamela Root	Vincent Keane
	Kimberle Morrison	Patricia Deshields	Wayne Anderson
	Kimberly Corbin		Will Cheek
	Kresge Foundation		

Alabama

Alabama Regional Medical Services: Birmingham
 Community Wellness Coalition: Montgomery
 Franklin Primary Health Center: Mobile
 National Aids Housing Coalition: Birmingham
 Whatley Health Services: Tuscaloosa

Arizona

Circle the City: Phoenix
 Maricopa County Department Public Health: Phoenix

California

Adventist Health – Central Valley Network: Hanford
 Alameda County Health Care for the Homeless:
 Oakland
 Care Link, Community Medical Centers: Stockton
 Center for the Vulnerable Child: Oakland
 Clinica De Salud Del Valle De Salinas: Salinas
 Contra Costa County Health Services: Martinez
 Elica Health Centers: Sacramento
 Family Health Centers of San Diego: San Diego
 Gardner Family Health Network: Alviso
 Health to Hope Clinics: Riverside
 Homeless Health Care Los Angeles: Los Angeles
 Illumination Foundation: Irvine
 JWCH Institute: Los Angeles
 Los Angeles Christian Health Centers: Los Angeles
 Marin City Health and Wellness Center: Sausalito
 Mendocino Community Health Clinic: Ukiah
 National Health Foundation: Los Angeles
 Northeast Valley Health Corporation: San Fernando
 Petaluma Health Center: Petaluma
 Ritter Center: San Rafael
 Sacramento Co. Health Care for the Homeless:
 Sacramento
 San Francisco Community Clinic Consortium:
 San Francisco
 San Mateo Medical Center: San Mateo
 Santa Barbara Co. Public Health Department:
 Santa Barbara
 Santa Cruz Co. Homeless Persons Health Project:
 Santa Cruz
 Share Our Selves: Costa Mesa
 Shasta Community Health Center: Redding
 Solano Community Health & Social Services Dep.:
 Fairfield
 St. John's Well Child & Family Center: Los Angeles
 Tom Waddell Health Center: San Francisco
 Venice Family Clinic: Venice
 Ventura County Public Health: Ventura
 West County Health Centers: Guerneville

Colorado

Ascending to Health Respite Care: Colorado Springs
 Association of Gospel Rescue Missions:
 Colorado Springs
 Colorado Coalition for the Homeless: Denver
 Metro Community Provider Network: Englewood
 Peak Vista Community Health Centers:
 Colorado Springs

Connecticut

Generations Family Health Center: Willimantic
 Charter Oak Health Center: Hartford
 Columbus House: New Haven
 Community Health Center, Inc.: New Haven

District of Columbia

Christ House
 National Low Income Housing Coalition
 Unity Health Care

Florida

Brevard Health Alliance: Melbourne
 Broward Health: Fort Lauderdale
 Camillus Health Concern: Miami
 CL Brumback Primary Care Clinics: Palm Springs
 Community Health of South Florida: Miami
 Genesis Community Health: Boynton Beach
 IM Sulzbacher Center for the Homeless: Jacksonville
 Neighborhood Medical Center: Tallahassee
 Tampa Family Health Centers: Tampa

Georgia

First Choice Primary Care: Macon
 JC Lewis Primary Healthcare Center: Savannah
 Mercy Care: Atlanta

Idaho

Dirne Health Centers: Coeur d'Alene

Illinois

Aunt Martha's Youth Service Center: Aurora
 Central Counties Health Centers: Springfield
 Heartland Health Outreach: Chicago
 Lawndale Christian Health Centers: Chicago
 The Boulevard: Chicago

Indiana

HealthNet: Indianapolis
 LifeSpring Health Systems: Jeffersonville
 Regional Mental Health Center: Hammond

Iowa

Community Health Care, Inc.: Davenport

Kansas

Grantham University College of Nursing: Lenexa

Kentucky

Bluegrass Community Health Center: Lexington
 Family Health Centers—Phoenix: Louisville
 Kentucky Mountain Health Alliance: Hazard
 Kentucky River Foothills Development Council:
 Richmond
 Mountain Comprehensive Care Center: Paintsville

Louisiana

Health Care for the Homeless: New Orleans
 Tulane Drop-In Health Services: New Orleans



Maine

Nasson Health Care: Sanford
Portland Community Health Center: Portland

Maryland

Health Care for the Homeless, Inc.: Baltimore
Montgomery Co. Dep. of Health & Human Services:
Rockville
National Assn of Community Health Centers:
Bethesda

Massachusetts

Bridgewell: Lynnfield
Center for Social Innovation: Needham
Community Health Connections: Fitchburg
Community Healthlink: Worcester
Duffy Health Center: Hyannis
Eliot Community Human Services: Lexington
Greater Lawrence Family Health Center: Lawrence
Boston Health Care for the Homeless Program:
Boston
Health Care Without Walls: Boston
Mercy Medical Health Care for the Homeless:
Springfield

Michigan

Advantage Health Centers: Detroit
Cherry Health: Grand Rapids
Covenant Community Care: Detroit
Detroit Central City: Detroit
Genesee Health System: Flint
Oakland Integrated Healthcare Network: Pontiac
Trinity Health: Livonia

Minnesota

Hennepin County: Minneapolis
West Side Community Health Services: St. Paul

Mississippi

Jackson-Hinds Comprehensive Health Center:
Jackson

Missouri

Swope Health Services: Kansas City

Montana

Montana Primary Care Association: Helena
Riverstone Health: Billings

Nevada

Community Health Alliance: Reno
Northern Nevada HOPES: Reno

New Hampshire

Bi-State Primary Care Association: Bow
Families First of the Greater Seacoast: Portsmouth
Harbor Homes: Nashua
Health Care for the Homeless: Manchester

New Jersey

Atlanticare Health Services: Atlantic City
Jewish Renaissance Foundation: Perth Amboy
Newark Dep. of Health & Community Wellness:
Newark
Project Hope: Camden

New Mexico

Albuquerque Health Care for the Homeless:
Albuquerque
El Centro Family Health: Espanola
First Nations Community Healthsource: Albuquerque
La Familia Health Care for the Homeless: Santa Fe
New Mexico Primary Care Association: Albuquerque
Presbyterian Medical Services: Santa Fe
St Luke's Health Care Clinic: Las Cruces

New York

Brightpoint Health: New York
 Care for the Homeless: New York
 Comunilife: New York
 Corporation for Supportive Housing: New York
 Daman Family Care Centers: Briarwood
 Harlem United: New York
 Janian Medical Care: New York
 Neighborhood Health Center: Buffalo
 New York Children's Health Project: New York
 NYU Lutheran Family Health Centers: Brooklyn
 Project Renewal: New York
 The Bridge: New York
 The Greater Hudson Valley Family Health Center:
 Cornwall
 The Institute for Family Health: New York
 Urban Pathways: New York

North Carolina

Appalachian Mountain Community Health Centers:
 Asheville
 Haywood Street Respite: Asheville
 Lincoln Community Health Center: Durham
 National Center for Homeless Education:
 Browns Summit
 Piedmont Health Services: Carrboro
 Western NC Community Health Services: Asheville

North Dakota

Family Healthcare Center: Fargo

Ohio

Care Alliance Health Center: Cleveland
 Center for Respite Care: Cincinnati
 Cincinnati Health Network: Cincinnati
 PrimaryOne Health: Columbus
 Samaritan Homeless Clinic: Dayton

Oklahoma

Community Health Centers, Healing Hands:
 Oklahoma City

Oregon

Coast Community Health Center: Bandon
 Central City Concern: Portland
 Outside In: Portland
 Wallace Medical Concern: Portland

Pennsylvania

Desales Free Clinic: Center Valley
 Primary Care Health Services: Pittsburgh
 Project HOME: Philadelphia
 Public Health Management Corporation: Philadelphia

Puerto Rico

Migrant Health Center Western Region: Mayaguez

South Carolina

New Horizon Family Health Services: Greenville
 South Carolina Primary Health Care Assn: Columbia

South Dakota

Community Health Center of the Black Hills: Rapid City
 Community Health Center: Sioux Falls

Tennessee

Cherokee Health Systems: Knoxville
 Christ Community Health Services: Memphis
 Hamilton County Health Department: Chattanooga
 Neighborhood Health: Nashville
 Safe Haven Family Shelter: Nashville
 Tennessee Primary Care Association: Nashville

Texas

Bee Busy Wellness Center: Houston
 Communitycare: Austin
 El Centro Del Barrio: San Antonio
 Harmony House: Houston
 Harris Health System: Houston
 Health Care for the Homeless – Houston: Houston
 Heart of Texas Community Health Center: Waco
 JPS Health Network: Fort Worth
 Metro Dallas Homeless Alliance: Dallas
 True Worth: Fort Worth

Utah

Association for Utah Community Health: Salt Lake City
 Fourth Street Clinic: Salt Lake City
 Midtown Community Health Center: Ogden
 Mountainlands Community Health Center: Provo

Vermont

Community Health Centers of Burlington: Burlington

Virginia

The Daily Planet: Richmond
 Southeastern Virginia Health System: Newport News

Washington

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 Health Care for the Homeless Network King County:
 Seattle
 Neighborcare Health: Seattle
 Yakima Neighborhood Health: Yakima

Wisconsin

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Wyoming

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 Wyoming Primary Care Association: Cheyenne

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