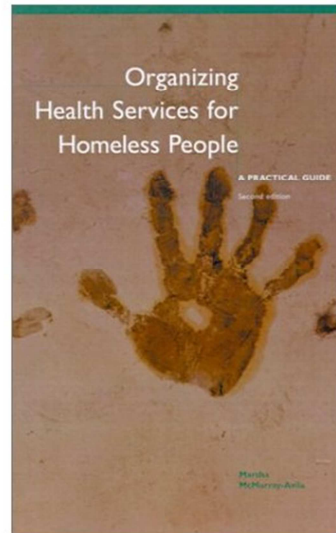


3.3: Approaches in the early years

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

This section provides a brief overview of crucial elements that the earliest HCH projects learned to incorporate into their models of care.



*Organizing Health
Services for Homeless
People: A Practical
Guide*

by Marsha McMurray-
Avila

The early Health Care for the Homeless experience was recounted in 1991 in Marsha McMurray-Avila's book *Organizing Health Services for Homeless People: A Practical Guide*. The book is in its second edition and is available from the National Council and from on-line booksellers. The key elements of HCH practice that Ms. McMurray-Avila described remain important today, and will be explored in course modules that follow this brief summary, taken directly from the book.

Outreach



*Abby Lehrman, BS, outreach worker,
San Francisco Community Clinic Consortium*

HCH physicians, nurses, social workers, and others skilled at making connections with homeless people (often including persons who have experienced homelessness themselves) seek out and bring care to homeless people wherever they are -- in encampments, under bridges, on the streets, in jails, at soup kitchens, and other service sites.

Service locations



*Betty Schulz, CPNP, RN stands in front of the
Mercy Children's Health Outreach Project in Baltimore*

HCH clinics are located in or near shelters and other places where homeless people congregate.

Designed for Accessibility

- Extending hours
- Providing transportation
- Using sliding payment scale



Photo courtesy of Care Alliance HCH, Cleveland, OH

HCH projects focus on accessibility of services for their clients, sometimes operating on evenings or weekends, providing transportation and other enabling services, and adjusting fee schedules for people who simply cannot pay even small amounts.

Sensitivity



*Celia at St. Francis House in Boston.
Photo by James O'Connell, MD*

- Engaging individuals who are homeless often involves overcoming significant fear and suspicion
- A patient, nonjudgmental, persistent approach is often required

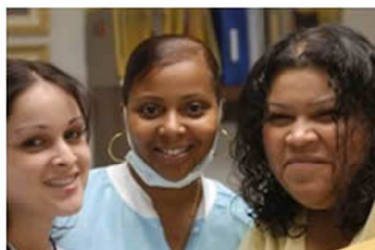
HCH staff endeavor to understand the unique circumstances and stresses associated with homelessness. They understand that the process of engaging individuals who are homeless often involves overcoming significant fear and suspicion, and that a patient, nonjudgmental, persistent approach is often required.

Comprehensive services

- Understand health care and other basic needs are interrelated
- Use multidisciplinary clinical teams
- Integrate primary care with the treatment of mental health and substance use disorders
- Secure housing, entitlements, and jobs

HCH providers understand that health care and other basic needs are interrelated, and strive to address each client's needs holistically through the use of multidisciplinary clinical teams. Integration of primary care with the treatment of mental health and substance use disorders is a hallmark of HCH practice, and efforts to secure housing, entitlements, and jobs are intrinsic to this approach.

Referrals



© Mark Hines

Onsite and referral resources

Coordination of a wide range of onsite and referral resources receives particular attention in the HCH approach to care.

Clinical adaptations

One example of clinical adaptation tools available through the Clinicians' Network.

- Prescribing simple medical regimens with few side effects
- Screening for common problems



WHAT IS HOMELESSNESS?
A homeless person is an individual without permanent housing who...

- lives on the streets;
- stays in a shelter, mission, single room occupancy facility, abandoned building, vehicle, or other unstable situation;
- lives 'doubled up' with friends and/or extended family members; or
- does not have stable housing to which to return following release from a prison or hospital.

Discussions of the instability of an individual's living arrangements is critical to the definition of homelessness. People (Photo: © David Green/Getty Images); Child (Photo: © David Green/Getty Images); Man (Photo: © David Green/Getty Images); Shelter (Photo: © David Green/Getty Images); Vehicle (Photo: © David Green/Getty Images).

HOMELESSNESS AND HEALTH:
Challenges to Care

Unstable housing

- Increases risk for serious health problems
- Complicates treatment adherence and recovery

Limited access to nutritious food & water

- Frequent meals with little dietary intake
- Higher risk for dehydration

Higher rates of communicable diseases

- Respiratory/physically transmitted infections including HIV
- Sex diseases and infections

Substance use, care plus medical conditions

- Increased risk for substance use disorders with multiple comorbidities
- More acute life-threatening conditions due to delayed care

Lack of health insurance/coverage

- Limits access to specialty care and prescription drugs
- Over half of homeless people nationwide are uninsured

Lack of transportation

- Limits access to health care
- Fewer able to attend employment, especially in rural areas

Disenfranchisement/inaccessible health care

- From lack of health insurance, readily accessible health services that are ill prepared to deal with complex problems or problems

Chronic stress

- Acutely associated with homelessness, struggle to meet basic needs
- Has negative effects on health, development, and learning

Developmental discrepancies

- Developmental discrepancies/psychological symptoms contribute to problems of age, gender, diagnosis, or medical/patient history

Higher rates of abuse

- Over 50% homeless women victims of sexual/physical assault
- Homeless children 2-3 times more likely than others to be abused

Behavioral health problems

- Higher incidence of mental illness, substance use disorders
- Increased risk for disease, can interfere with treatment adherence

Physical/cognitive impairments

- Secondary to trauma, mental illness, chronic substance use, infections, stroke, trauma, poisoning, developmental disabilities

Barriers to disability assistance

- Ineligibility due to complexity of requirements for SSI/SSDI claims
- Limited access to housing and health care, especially for veterans

Cultural/linguistic barriers

- Mistrust over represented health disparities apparent
- Limited English proficiency/cultural inobservance of providers critical to care

Limited education/literacy

- Less likely to have completed education beyond high school
- Many do not read English well or are unable to read at all

Lack of social supports


- Lack strong sense of origin, meaning, life, services or support from others
- Absent from family and friends, stigmatized, isolated

Criminalization of homelessness

- Arrests for activities that are permissible within the privacy of a home
- Homelessness often compounded during arrest, not reduced
- Criminal record an obstacle to employment, housing, services

For more information, contact the National Health Care for the Homeless Clinic Network at www.nhcn.org.

YOUR LOCAL CONTACT:



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To promote favorable clinical outcomes, HCH providers have developed techniques such as prescribing simple medical regimens with few side effects, or screening for common problems during the first encounter with a client.

Client involvement



*Boston CAB members at their monthly meeting
Photo by Sharon Morrison*

HCH projects are careful to involve their clients in developing realistic treatment plans, in the governance of their agencies, in evaluating the efficacy of homeless services, and in advocating for service improvements and policy change.

Broad Applicability of the Model

- Can be adopted or modified by:
 - Emergency shelters
 - Community health centers
 - Hospitals and public health

*Report of the RWJ Demonstration Project in the
Newsletter of the Robert Wood Johnson Foundation*

RWJF Presents Federal Officials with Guide to Homeless Care

Foundation staff members presented U.S. Public Health Service (PHS) officials with a guide to health care for the homeless as the government began to implement the Stuart B. McKinney Homeless Assistance Act (PL 100-77) in February.

The guide is based on the Health Care for the Homeless Program, a \$25 million national initiative jointly funded by the foundation and the Pew Charitable Trusts. The program will conclude later this year.

Prepared at the request of PHS officials, the guide responds to 23 questions about the following aspects of the program:

- Project management and the role of community coalitions;
- Effective organization of health care services for the homeless;
- Recruitment and training of project staff members;
- Strategies for coordinating health and social services;
- Successful patient outreach efforts and patient transportation; and
- Community relations.

According to Harold Dame, who directs the federal health grants program for PHS, "The Johnson/Pew projects have become the national model for providing health care to the homeless. At the same time, they serve as their respective communities' social conscience by focusing awareness on this critical need."

Program Served as Legislative Model

The guide represents the latest foundation contribution to the development of

The HCH approach to care described in these slides is one that can be adopted or modified by a variety of community service providers such as emergency shelters, community health centers, hospitals, and public health departments to meet the health needs of displaced persons.