

Healthcare Statement: Convene working group to create a strategy to address healthcare needs for people that are homeless.

Poor health is both a cause and a consequence of homelessness. According to the National Healthcare for the Homeless Council, “Homelessness inevitably causes serious health problems. Illnesses that are closely associated with poverty – tuberculosis, AIDS, malnutrition, severe dental problems – devastate the homeless populations. Health problems that exist quietly at other income levels – alcoholism, mental illness, diabetes, hypertension, physical disabilities – are prominent on the streets. Human beings without shelter fall prey to parasites, frostbite, infections and violence.”

The year one action steps emphasize housing for people that are homeless. As the plan moves forward, action steps for years two and beyond will include strategies to address the healthcare challenges for people that are homeless.

Medical Services for the Homeless

The state of being homeless both causes and intensifies poor health. Homeless populations are at higher risk for chronic, uncontrolled medical conditions such as asthma, cardiovascular diseases, and diabetes than are people in stable housing (Bonin et al. 2004, Zerger 2002).

Health conditions requiring regular and uninterrupted treatment—including tuberculosis, HIV, substance dependence, and mental illness—are extremely difficult to manage for people that are homeless. Poor diet, exposure to the elements, lack of health insurance, irregular access to primary care, and stressors associated with homelessness increase the risk for complications of acute and chronic illness. It is unsurprising that homeless individuals often go without critically needed care, tend to require high levels of health services, and they often obtain these services through hospital emergency departments (Gundlapalli et al. 2005, McMurray-Avila 1999).

The healthcare trend today in most cities is the increasing use of managed care in hospitals resulting in shorter hospital stays and more procedures provided on an outpatient basis. The effect of this trend has an ill effect on the homeless that are often discharged from the hospital with prescriptions they cannot afford to fill, and/or with instructions for follow-up visits they are unable to adhere to. Bed rest, nutritious food, or preparations for tests or surgery are often impossible for them to carry out. This gap in health services between hospitals and being back on the streets has negative consequences for the homeless and for overall healthcare systems. The inability to follow-up with specific discharge instructions may lead to poor health outcomes, unnecessary and costly emergency room visits, and additional inpatient hospital stays. One response to this healthcare gap is the development of respite care for people that are homeless. In Harris County, there are no respite beds for the chronically ill homeless patients. Respite care provides short-term nursing and recuperative care for homeless clients with an acute medical diagnosis. Many of these clients that may not meet the criteria for hospitalization, but who are too sick to be discharged back onto the streets can benefit from a respite care program.

Respite programs not only address the acute healthcare needs of the homeless, but can often improve overall health and quality of life by connecting the homeless with much needed community services while recuperating from their illness. These community services may include individualized service plans that address the holistic needs of the client - including intensive case management to assist with applying for food stamps, disability benefits, public health insurance, substance abuse and mental health treatment, housing and other needed services.

In addition to the cost consciousness of today's healthcare environment, there is also an increased emphasis on tracking outcomes of care. In Harris County, many organizations are providing medical care and services for the homeless, but the problem lies in organizations not sharing records which causes a duplication of services and ultimately leads to higher medical cost. To be effective over a long period of time, organizations both governmental and non-profits in Harris County must develop a standardized eligibility system and a mechanism for sharing patient records. Without these resources in place, the lack of appropriate healthcare for the homeless is likely to result in various negative outcomes.

Over the next decade, Houston-Harris County will seek to improve the medical service environment for the homeless population and service providers through the following goals and strategies.

Goals and Strategies

Goal 1: Support and promote the common eligibility system endorsed by the Harris County Healthcare Alliance.

Strategy 1: Identify (20) potential organizations that may want to participate in the common eligibility system.

Strategy 2: Educate (15) organizations on the common eligibility process.

Strategy 3: Identify another (5) potential agencies that can be added to the system each year and phase their entry.

Goal # 2: Work with the Harris County Healthcare Alliance to pilot an abbreviated health report from each agency to provide effective care.

Strategy 1: Identify (10) organizations that are interested in becoming a part of the pilot program.

Strategy 2: Evaluate current health reports taken by potential organizations to determine common needs of health data.

Strategy 3: Create an eligibility health reporting framework to share information amongst different agencies.

Goal # 3: Assess the cost for homeless patients with high medical care utilization in Harris County.

Strategy 1: Obtain support from local hospitals and mental health providers to use as a homeless identifier to help identify this population.

Strategy 2: Collect common report, “State of Health” produced by the Quad Agencies to develop strategies for utilization. *

Strategy 3: Conduct study and provide to local community leaders, Coalition for the Homeless, area agencies, and provide for inclusion in the “State of Health” report.

Goal # 4: Increase the number of respite care beds in Harris County.

Strategy 1: Research other cities and hospitals that are already providing respite care types of services.

Strategy 2: Conduct a feasibility study to determine the need and cost for more beds and locate potential sites for such care.

Strategy 3: Identify and seek funding resources to provide respite care services.

Goal # 5: Create a system of intensive case management, particularly for heavy healthcare resource utilizers to help integrate back into a system of care.

Strategy 1: Work with the Harris County Healthcare Alliance to ensure healthcare resources are included in the system-wide mapping of the healthcare system for the homeless population (i.e. access points, eligibility requirements, and financial resources).

Strategy 2: Develop an inmate release discharge plan for 10% of identified inmates with chronic health conditions.

Strategy 3: Create a business plan to develop a pre-release facility and seek funding.

* Quad Agencies: Harris County Mental Health Mental Retardation (MHMRA)
Harris County Hospital District (HCHD)
Harris County Public Health and Environmental Services (HCPHES)
City of Houston Department of Health and Human Services (HDHHS)