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Practice -- A Clinical Resource
Guide for Health Care for the
Homeless Programs

To: Health Care for the Homeless Grantees
State Primary Care Associations
State Primary Care Offices

The enclosed Program Assistance Letter (PAL) describes clinical issues specific to the Health Care for the Homeless (HCH) Program, section 330(h) of the Public Health Service Act. Although the HCH Program shares many traits with other section 330 health center programs, there are also, in some instances, differences in the methods in which services are carried out, given the complex needs of homeless individuals.

Hopefully, this Resource Guide will provide a greater understanding to both current and prospective grantees of the clinical components of delivering services to homeless individuals. This guidance should be utilized as a companion document to the Bureau of Primary Health Care Policy Information Notice 98-23, Health Center Program Expectations.

If you have any questions regarding this PAL, please do not hesitate to contact your Health Resources and Services Administration Field Office.

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Enclosure

cc: ES/BPHC

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PRINCIPLES OF PRACTICE

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**A CLINICAL RESOURCE GUIDE FOR
HEALTH CARE FOR THE HOMELESS PROGRAMS**

Health Care for the Homeless Branch
Division of Programs for Special Populations
Bureau of Primary Health Care
Health Resources and Services Administration
Department of Health and Human Services

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INTRODUCTION

The purpose of this Resource Guide is to provide a greater understanding of the clinical components of the Health Care for the Homeless (HCH) Program, section 330(h) of the Public Health Service (PHS) Act. Ideally, this Resource Guide may help both current and prospective grantees funded under the HCH Program better understand the delivery of services to homeless individuals. This guidance should be utilized as a companion document to the Bureau of Primary Health Care (BPHC) Policy Information Notice 98-23, Health Center Program Expectations.

A. Program Goals

The goal of the HCH Program is to improve the health status and outcome of care for homeless individuals and families by improving access to primary health care and substance abuse services. Access is improved through outreach, case management, and linkages to services such as mental health, housing, benefits, and other critical supports. Providers in HCH programs seek ways to create new approaches to deliver comprehensive care, unite providers through collaboration, decrease fragmentation of human services, and advocate on behalf of homeless people.

B. Challenges

The BPHC recognizes that this is an ambitious responsibility. The challenges of the program are to:

- \$ include homeless people in the development and oversight of the HCH program in order to foster client-centered approaches to treatment;
- \$ create a service delivery system (hours, location, language capacity, etc.) and mix of services that are responsive to the needs of homeless people;
- \$ coordinate a comprehensive referral system;
- \$ ensure that homeless persons are aware that services are available and that they obtain all assistance needed to access these services; and
- \$ effectively integrate the above activities so that they support homeless people in achieving housing stability.

II. DEFINITIONS

Section 330 identifies the health care and collateral services to be provided to underserved and vulnerable populations by all health center grant recipients. For the purpose of this Resource Guide, it is necessary to define some terms in the context of the HCH Program.

A. Case Management - Included in the legislation in section 330(b)(1)(A)(iii) as a required primary health service, case management is defined as patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, educational, or other related services.@ In the context of the HCH Program, case management is a practice modality which, in coordination with the physical health/mental health/chemical dependency treatment of the clients, addresses the problems and needs associated with the condition of homelessness.

Case managers coordinate support services to meet the basic needs of an individual by: 1) helping individuals obtain safe, affordable, and permanent housing; 2) assuring access to treatment services; 3) providing crisis assistance; 4) identifying educational and employment options; and 5) developing a social support network. Typical activities of case managers can include accompanying the client for appointments, consulting with other care-givers, providing counseling and advice, teaching living skills, and advocating on behalf of the client. Case management activities are carried out within a context of on-going assessment, care planning, and monitoring.

While not necessarily needed or utilized by every client, case management services should be offered to those clients who need them. Because problems and needs vary from one homeless individual to another, the scope, intensity and process of providing services varies. For example, the case management relationship may be short-term or long-term in duration, primary or ancillary in role, intensive "hands-on" or more advisory in approach. Effective case managers are client-centered, respectful, flexible, patient, collaborative and creative in carrying out their work. A case manager's professional training may vary depending on program design.

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B. Complementary Treatment Modalities - There is a growing body of evidence that some alternative forms of health care (e.g., massage, acupuncture, chiropractic, homeopathy, etc.) have been found to be beneficial in treating the needs of some homeless individuals. These alternative treatments may be offered depending on the resources and expertise of the individual

programs.

C. Dental Services - Section 330(b)(1)(A)(i) indicates that health center programs should, at a minimum, provide oral health assessment and education. In addition to standard preventive care such as assessment, cleaning and education (which includes pediatric dental screening), every effort should be made to provide additional corrective and emergency dental services. If services are beyond the budgetary scope of a program, every effort should be made to develop referral resources so that these services can be offered. Where feasible, dental services should not be limited to extractions but should include restorations and prosthetics.

D. Enabling Services - Listed in the statute in section 330(b)(1)(A)(iv) as a required primary health service, enabling services include outreach (defined separately below), translation services, and transportation. Transportation assistance may be provided in a number of ways such as bus passes and/or taxi vouchers, or directly by the grantee. It is critical that the absence of transportation not become a barrier to care. Enabling services also include assistance in establishing eligibility for and receiving benefits from public entitlement programs including income support, Medicare, Medicaid, Supplemental Security Income, Veterans Benefits, and food stamps.

E. Homeless Individual - A homeless individual is defined in section 330(h)(4)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with

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a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.

F. Outreach - Outreach is defined as an effort to approach and engage homeless persons with the objective of developing a relationship of trust. Listed in section 330(b)(1)(A)(iv) as an enabling service, outreach is critical to the success of any HCH program and is to be included as a required service in all 330(h) programs. For homeless programs, outreach takes on a

special importance due to the alienation and estrangement of homeless individuals, and should be performed where homeless people are found, such as shelters, the streets, parks, camps, libraries, bus stations, and public buildings. These relationships can enable the outreach worker to offer alternatives to the homeless individual's current living situation; inform the individual of the availability of health care, substance abuse, mental health, social service and other related services; and assist him/her in accessing needed services and provide ongoing emotional support and follow-up. A successful outreach program begins by addressing an individual's immediate survival needs, providing health education, distributing some basic necessities and supplies that contribute to health promotion (e.g., hygiene items, condoms, bleach, etc.), and establishing trusting relationships.

Programs are encouraged to utilize outreach workers who are the most appropriate and acceptable to the people they serve. While an outreach worker must certainly be a person with integrity and professionalism, that worker need not have a professional degree and/or be licensed unless required by the State. The outreach worker should receive adequate training in dealing with homeless persons and be knowledgeable of local resources.

G. Screening - Section 330(b)(1)(A) includes screening in the context of preventive services (e.g., breast and cervical cancer, elevated blood lead levels, dental, etc.). In every case where screening occurs, the provider must make arrangements for follow-up when problems are identified. When a patient is diagnosed with a complex condition such as cancer or HIV, adequate treatment is often beyond the clinical and budgetary scope of the HCH program. In these

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instances, the patient should be referred to the appropriate services and provided assistance in accessing these services. The patient's medical record should reflect the referral.

H. Substance Abuse Services - These services are defined in section 330(h)(4)(B) to include treatment for abuse of alcohol or other drugs, counseling, and other medical or psychosocial treatment services. Typical components of substance abuse services, often provided through referral, may also include screening and diagnosis, detoxification, referrals for individual or group counseling, self-help groups, alcohol and drug education, residential recovery programs, rehabilitation, remedial education, vocational training services, and alcohol/drug-free housing.

I. Transitional Housing - Once a homeless person obtains housing, he or she is often considered to be in a transitional status for a considerable period of time. It is not uncommon for an individual who has been homeless to obtain housing but, due to illness, substance abuse, loss of employment or other circumstances, subsequently return to homelessness. Each HCH program may set its own definition of transitional housing based on available resources.

However, it is the intent of the HCH program to continue services to formerly homeless individuals for up to 12 months after the individual has obtained housing.

III. PROGRAM SERVICES

A. Primary Health Care and Substance Abuse Services

Section 330(h)(2) of the PHS Act requires that HCH programs provide primary health care and substance abuse services to homeless individuals and families, as well as to previously homeless individuals while they are in transitional housing. These services should include a comprehensive program of preventive, episodic, and ongoing care for acute and chronic conditions. Services should be provided within a case management modality, as described in Section II of this guidance.

Substance abuse services include treatment for alcohol and/or drug abuse. The goal of substance abuse services is to provide assistance for homeless persons to abstain or to decrease the negative consequences of their use of substances. Grant funds may be used for a variety of treatment modalities in various settings, including

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non-hospital and social detoxification, residential treatment such as halfway houses and social model homes, and case management/counseling support in the community.

B. Additional Services

Section 330(b)(2) defines additional services as those "that are not included as required primary health services and that are appropriate to meet the health needs of the population served by the health center involved." Programs should develop their own array of services based on the needs of their patients and available resources.

Mental health services are not a required component under the HCH program. However, arrangements for the delivery of mental health services is a critical aspect of a responsive service delivery system. Diagnosis and treatment of these disorders is often difficult due to the nature of the illness itself, the conditions associated with being homeless, and a lack of critical support services.

In many cases, the diagnosis and treatment of mental illness is complicated further by the co-occurrence of substance abuse disorders. Such dually-diagnosed individuals are particularly vulnerable to housing instability and homelessness. Providing services for these individuals presents a significant challenge for HCH programs. For various reasons, many of these

individuals are not served at all, or not very well, by the mainstream mental health or substance abuse treatment systems. Intervention typically requires a patient, flexible, and persistent approach over a lengthy period of time. The HCH program, using an interdisciplinary team approach with linkages to other services, can be effective in addressing the complex problems and needs of these dually-diagnosed individuals.

To the extent that the required services are not compromised, HCH programs are strongly encouraged to provide, or make arrangements for clients to access, the following additional services:

- \$ Adult vision and hearing screening
- \$ Complementary treatment modalities (see Section II)
- \$ Directly observed therapy
- \$ Employment/job training assistance
- \$ Housing assistance
- \$ Nutrition counseling
- \$ Podiatry services
- \$ Representative payee services

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- \$ Respite/convalescent services
- \$ Restorative dental services
- \$ Vision services and eyeglasses

IV. DELIVERY OF SERVICES

A. Service Delivery Models

A variety of community-based organizations sponsor HCH programs. Currently, nearly half of the programs are sponsored by federally-funded community and migrant health centers; the remaining programs are supported by public health departments, hospitals, community coalitions, and other community-based groups.

The diversity of needs among homeless persons in various communities, and the variety among local service delivery systems, has spawned a diversity in service models. Many HCH programs provide services in stable clinic sites, whereas some programs are strictly shelter-based. Other HCH programs use mobile units of various types to take health care services to locations where homeless individuals are found, including the streets, parks, and soup kitchens. Many programs utilize a hybrid of several types of service delivery models. Some HCH programs utilize paid primary care providers including physician assistants and advanced

practice nurses, while others depend on a closely scheduled volunteer staff to provide the bulk of the care.

Each individual HCH program is free to determine which service delivery system or combination of systems is appropriate for the clients and geographic area it serves. The appropriate model for a particular program should be determined following a thorough needs assessment. It should also be carefully re-assessed whenever environmental changes dictate, preferably at least every 5 years, to assure that the HCH program is meeting the needs of the maximum number of people with as high a degree of efficacy as possible.

B. Accessibility and Availability

In order to create optimal availability and accessibility of services, programs must overcome common obstacles homeless people face in accessing health and social services. Some approaches include:

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- \$ establishing hours of service that are convenient for homeless individuals and families;
- \$ providing services in locations where homeless people gather regularly;
- \$ taking services directly to homeless people who are the most vulnerable and least likely to seek assistance;
- \$ minimizing language and cultural barriers through use of culturally competent staff;
- \$ providing transportation assistance for follow-up appointments with HCH or referral agencies;
- \$ promoting awareness of available HCH services in the community through direct outreach to homeless people; and
- \$ building trust with homeless people by treating them with dignity and respect.

C. Collaborative Partners

Programs that serve homeless individuals are expected to establish collaborative linkages with other programs which serve homeless people in their communities. These linkage partners should include existing health care providers, local social service agencies, shelter providers, and

other providers of housing services. Programs should also actively participate in, and provide leadership to, community coalitions which address the needs of vulnerable populations.

In addition to the various Department of Health and Human Services programs to assist homeless persons, HCH programs should be aware of other programs within the Federal Government that exist to help homeless individuals. For example, there are programs in the Departments of Housing and Urban Development, Labor, and the Veterans Administration which specifically target homeless people. There are also local and State government programs, as well as those in the private sector, that exist to aid homeless individuals. Programs are strongly encouraged to apply for funding from these other programs. Likewise, programs are also encouraged to access resources from programs that are not specifically targeted at the needs of homeless people, such as Medicaid, Maternal and Child Health, Ryan White, and similar programs.

5. ADDITIONAL RESOURCES

Additional resources for current and prospective grantees funded under the HCH Program are available through:

HCH Information Resource Center
Policy Research Associates, Inc.
262 Delaware Avenue
Delmar, NY 12054
Phone: Toll-free (888)439-3300, ext. 246
E-mail: hch@prainc.com
<http://www.prainc.com/hch>

Another excellent resource is Organizing Health Services for Homeless People -- A Practical Guide, by Marsha McMurray-Avila, which is available through:

National Health Care for the Homeless Council
P.O. Box 60427
Nashville, TN 37206-0427
(615)226-2292
E-mail: hch@nashville.net
<http://www.nashville.net/~hch>