Healthcare for the Unhoused

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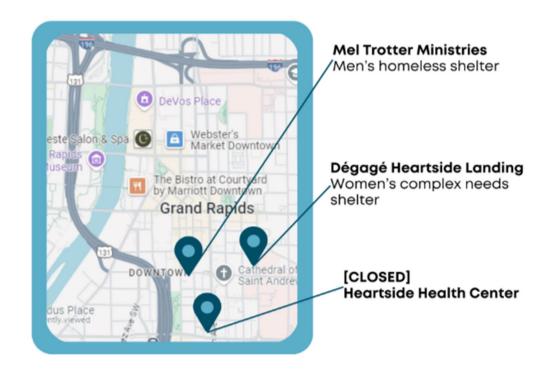
Overview

- The Journey to Healthcare for the Unhoused
- Lessons Learned Along the Way
- There's Still More Work to do



An Unexpected Change

- A large FQHC closure in 2019
 - Multiple health centers throughout Grand Rapids serving over 19,000 patients
 - One site located in the heart of downtown
 - 3,300 patients, predominately unhoused





An Unexpected Opportunity

- Catherines Health Center becomes an FQHC in 2020
 - Healthcare for the Homeless designation
- Started as a single site community health center for 1,083 patients





Getting Started

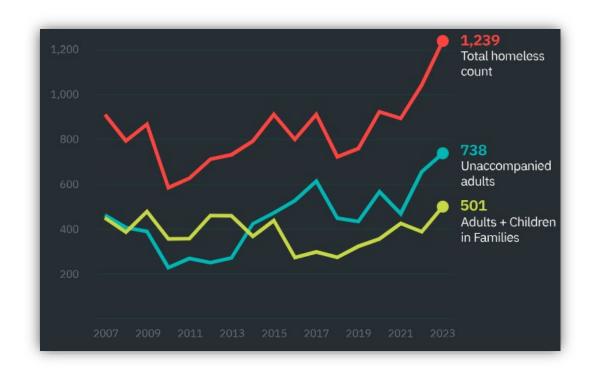
- Where do we start?
- What resources exist in our community?
- What services will we provide?
- How do we make the work sustainable?





The Need

- Kent County has the third highest rate of homelessness in the state (188 homeless per 100,000 people in 2023)
- 139 persons experiencing chronic homelessness (2023)





Identifying the Gaps

- Neighborhood association discussions
 - Still feeling the loss of the community clinic
 - Need for truly accessible healthcare for the unhoused
- Survey of the community conducted by a local university
 - Addiction, mental health, and lack of supportive resources for the unhoused



Getting Started

- Non-medical outreach at a community resource center for the unhoused
 - Building trust with patients AND community partners
- Meeting monthly with other organizations already providing outreach in our community
 - Leading with curiosity, avoiding duplication
- Intentional growth through complementary services that targeted unmet needs in our community



Crossroads Clinic

- Primary care team
 - Patient-centered scheduling
 - Point of care testing and laboratory services
- Embedded in a community resource center
 - Harm reduction supplies, hygiene and selfcare, legal aid, housing assessments, warming center, hot meals, spiritual support





Crossroads Clinic: Impact

- Refining our aim of outreach medicine
 - Listen to patient feedback
 - Enhanced primary care and convenience care
- Creating more opportunities for care
 - May 2023 to July 2024 = 341 encounters, 149 unique patient
- Partnerships
 - Emergency room physicians informing ED care plans for the unhoused
 - Medical student clinical experiences



Street Medicine

- Mobile primary care services
- Place-based outreach clinics
- Partnership with Homeless Outreach Team
 - Social worker
 - Peer recovery coach
 - First responders
- Four hours per week with two different teams





Street Medicine: Impact

- Services Delivered (Oct 2023- July 2024)
 - Encounters: 104
 - Unique Patients: 76
- Place-based services
 - Downtown library
 - Transitional housing facility
 - Women's shelter
- Recently expanded to a second partnership with housing and outreach specialists



Mel Trotter Clinic

Primary care with integrated psychiatry

Patient-centered scheduling

Embedded in a homeless shelter

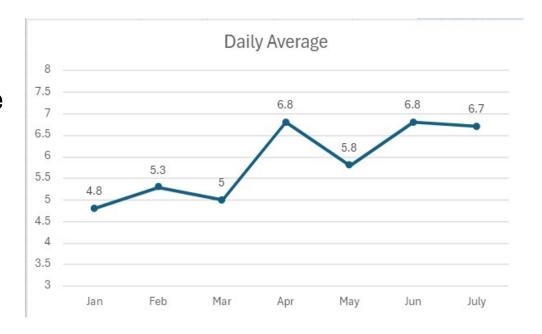
Partnership with nursing staff from shelter





Mel Trotter Clinic: Impact

- Medical services (November 2023 July 2024)
 - Encounters: 180
 - Unique Patients: 82
- Creating opportunities and access to care
 - Better engagement and adherence





Degage Heartside Landing

- Primary care team with integrated psychiatry
 - Two days per month
- Embedded in complex needs housing facility
 - 25 residents chronically homeless, prior unsuccessful supportive housing efforts
- Case conferencing, social needs and medication adherence support





Degage- Heartside Landing: Impact

- Services Delivered (February 2024 July 2024)
 - Encounters: 72
 - Unique Patients: 20 engaged as PCP
- Patient centered housing with patient centered healthcare
 - EMS activation significantly reduced
 - 2023 = 128 calls
 - 2024 (Q1 Q2) = 11
 - 100% of residents have maintained housing



Catherines Health Center

- Multi-Site Federally Qualified Health Center in West Michigan
- Enhanced Primary Care
 - Three integrated medical clinics
 - Dental clinic
 - School-based programs
 - Outreach medicine
- 5,171 patients in 2023 (1,083 in 2020)
- 30% of patients experiencing homelessness or housing instability

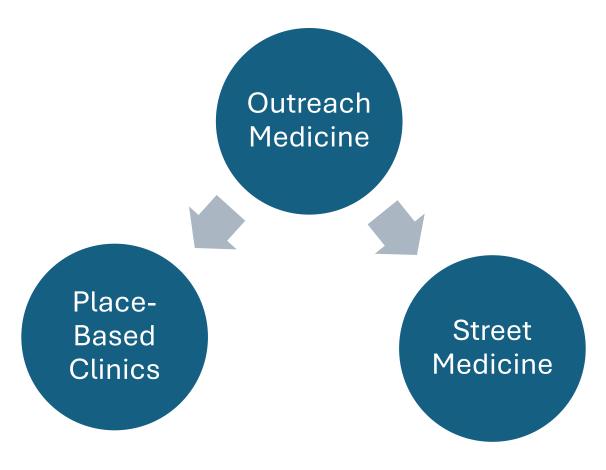




Outreach Medicine

 Place-Based Clinics: partnership to bring services to a familiar space for patients experiencing homelessness

 Street Medicine: the direct provision of healthcare to the unsheltered homeless where they live





Lessons Learned

- Culture of Caring and Curiosity
 - Take the time to understand your patients
- Be Different
 - Healthcare for the unhoused is a specialty
- Collaboration and Partnerships
 - Complex needs require complex solutions





Culture of Caring and Curiosity

- Trauma informed care
 - Understanding the context in which our patients live
- Harm reduction principles
 - Meet the patient where they are at
 - Perfect is the enemy of good
- No missed opportunities
 - Trust and consistency is everything
 - Every interaction is impactful





Be Different

- Patient designed care delivery model
 - Specialized services for the unhoused
 - Patient experience surveys, care plan adherence, service utilization
- Reconceptualizing the patient- provider dynamic
 - Meet the patient where they are
 - Emphasis on patient led visits
 - Forget what we think the patient should do





Cross-sector Collaboration

Streamline the system, dismantle the silos

 Develop a network to efficiently coordinate access to resources

 Prioritize and navigate the intersection of housing and healthcare





Who can we partner with?



















Sustainability Efforts

- Partnerships to share in the work
- Pursue grant funding and/or philanthropy to help start your program
- Leverage reimbursement for services
 - Use CMS place of service code 27
 - FQHC: Add outreach sites and mobile care to scope of services (form 5c)



What's Next?

- Dedicated and fulltime team for outreach medicine
- Medical respite center for the unhoused
- Partnerships with large healthcare systems
- Partnerships with payers
- Cross-sector case conferencing aligning resources for healthcare and housing



Questions?

