

**BOARD OF TRUSTEES**

**HRSA Special Called Board Meeting**

Thursday, November 9, 2023  
8:30 A.M.

BOARDROOM  
4800 Fournace Place, Bellaire, TX 77401

The meeting may be viewed online: <http://harrishealthtx.swagit.com/live>.  
Notice: Some Board Members may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

**AGENDA**

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|--|-----------------------------------|
| <b>I. Call to Order and Record of Attendance</b>   | <b>Ms. Barbie Robinson 1 min</b>  |
| <b>II. Public Comment</b>  | <b>Ms. Barbie Robinson 3 min</b>  |
| <b>III. Item(s) Related to Health Care for the Homeless Program</b>  | <b>Ms. Barbie Robinson 25 min</b> |
| <b>A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – <i>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</i></b> | <i>(23 min)</i>                   |
| • HCHP November 2023 Operational Update  |                                   |
| <b>B. Consideration of Approval of HCHP 2023 Needs Assessment Report – <i>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</i></b>  | <i>(1 min)</i>                    |
| <b>C. Consideration of Approval of the Glucometers Project Budget Related to the Harris County Hospital District Foundation Grant – <i>Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</i></b>   | <i>(1 min)</i>                    |
| <b>IV. Adjournment</b>   | <b>Ms. Barbie Robinson 1 min</b>  |

## Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the [Public Comment](#) segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

### How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
  - 2a. A hard-copy may be scanned and emailed to [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org).
  - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

### Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

### Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

# BOARD OF TRUSTEES

## Meeting of the Board of Trustees



Thursday, November 9, 2023

**Review and Acceptance of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act**

Attached for review and acceptance:

- **HCHP November 2023 Operational Update**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

*Louis Smith*

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Louis G. Smith, Jr.

Senior Executive Vice President / Chief Operating Officer

# HARRIS HEALTH SYSTEM

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## **Health Care for the Homeless Monthly Update Report – November 2023**

**Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services  
Tracey Burdine, Director, Health Care for the Homeless Program**

# Agenda

- Operational Update
  - HCHP 2023 Needs Assessment Report
  - HCHD Foundation Glucometers Project

# Operational Update

## HCHD Foundation Glucometers Project

- Award Date: **October 6, 2023**
  - Pending Board Approval
  - Funding Amount: **\$5,000**
  - Focus: To encourage diabetes self-management and decrease A1c levels.
  
- Services Provided
  - Glucometers
  - Blood Glucose Test Strips

# Operational Update

HARRIS COUNTY HOSPITAL DISTRICT (dba Harris Health System)  
 Health Care for the Homeless Program  
 BUDGET NARRATIVE  
 Harris County Hospital District Foundation – Small Grants Fund  
 October 6, 2023 through October 5, 2025

PROJECT EXPENSES:	SGF FUNDING	OTHER FUNDING/ IN KIND	COMMENTS
<b>Project Materials/ Equipment:</b>			
<i>Glucometers</i>	\$2,281.64	\$0.94	Glucometers for 162 persons experiencing homelessness
<i>Blood Glucose Test Strips Packs</i>	\$2,718.36		Blood glucose test strip packs for 162 persons experiencing homelessness
<b>TOTAL PROJECT COST</b>	<b>\$5,000</b>	<b>\$0.94</b>	<b>\$5,000.94</b>

# Operational Update

## **2023 Needs Assessment Report**

Information for the 2023 needs assessment was gathered from the HCHP Consumer Advisory Council (CAC), homeless consumers, homeless services providers, and literature reviews.

Areas of focus for the needs assessment include:

- Geographical and transportation barriers
- Unemployment
- Income level
- Educational attainment
- Health disparities
- Housing
- Health care needs
- Primary health care services and gaps
- Health care environment and operations



# 2023 Needs Assessment Report

## HCHP Barriers

- Limited Days of Services
- Limited Hours of Operation
- NP/Nursing Model/Lack of support staff limits the efficiency and productivity
- Dental Services
- Out of Network Insurance
- Charges for Emergency Room services and medical debt
- Limited Access to Respite Care

## Community Barriers

- Lack of Substance Abuse Facilities for persons without insurance
- Lack of Mental Health Resources
- Insurance
- Lack of Housing Resources
- Lack of Nutritional Foods
- Lack of Financial resources
- Lack of Transportation

# 2023 Needs Assessment Action Plan

PLAN	DO		
Root Cause(s)	Action	Responsible Person	Implementation Date
Limited days of service and hours operation at certain shelter based clinics:	<ul style="list-style-type: none"> <li>Increased days of service at HHRC and Navigation Center</li> <li>Evening Clinic at Closed Shelter locations</li> <li>Expand Outreach and Medical Mobile services</li> </ul>	Tracey Burdine (HCHP Director)  Nelson Gonzalez (Grants Manager)  James Ronk (HCHP Nurse Manager)	January 10, 2023
Limited access to Dental Services:	<ul style="list-style-type: none"> <li>Renovate Dental Mobile Unit</li> <li>Review and Expand Dental Mobile schedule and locations</li> </ul>	Tracey Burdine (HCHP Director)  James Ronk (HCHP Nurse Manager)	January 10, 2023
Charges for emergency room services, calls from collection agencies, and medical debt :	<ul style="list-style-type: none"> <li>Dedicate Outreach and Social Work Specialists to the MVP Initiative to decrease emergency room visits</li> <li>Implement Evening Mobile Clinic</li> </ul>	Bobby Hansford (Community Resource Manager)	June 01, 2020 (ongoing)

# 2023 Needs Assessment Action Plan

PLAN	DO		
Root Cause(s)	Action	Responsible Person	Implementation Date
Out of Network Charges:	<ul style="list-style-type: none"> <li>Collaborate with Patient Access, Eligibility Services, and Patient Financial services to manage patients under the HCHP guarantor.</li> </ul>	Tracey Burdine (HCHP Director)  Nelson Gonzalez (Grants Manager)  Bobby Hansford (Community Resource Manager)	September 20, 2023 (ongoing)
Limited Access to Respite Services:	<ul style="list-style-type: none"> <li>Collaborate with Population Health and ODM administration to improve intake process</li> </ul>	Tracey Burdine (HCHP Director)  Nelson Gonzalez (Grants Manager)	January 10, 2023
NP/Nursing Model/Lack of support staff limits the efficiency and productivity:	<ul style="list-style-type: none"> <li>Increase the Provider and Support Staff model within HCHP to include:               <ul style="list-style-type: none"> <li>2 NPs</li> <li>2 MA</li> </ul> </li> </ul>	James Ronk (HCHP Nurse Manager)	January 10, 2023

## BOARD OF TRUSTEES

### Meeting of the Board of Trustees



Thursday, November 9, 2023

Consideration of Approval of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for consideration of approval:

- **HCHP 2023 Needs Assessment Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

*Louis Smith*

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Louis G. Smith, Jr.

Senior Executive Vice President / Chief Operating Officer



**Health Care for the Homeless Program  
Needs Assessment Report - 2023**

**Report produced by: Nelson Gonzalez, DHA, MPH**

## Executive Summary

As a Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) the Harris Health System Health Care for the Homeless Program (HCHP) conducts a needs assessment at least every three years to demonstrate and document the needs of persons experiencing homelessness (PEH). HCHP uses this information to tailor the program to the evidence-based needs of the patients.

Information for the 2023 needs assessment was gathered from the HCHP Consumer Advisory Council (CAC), homeless consumers, homeless services providers, and literature reviews.

Areas of focus for the needs assessment include geographical and transportation barriers, unemployment, income level, educational attainment, health disparities, housing, and additional needs of PEH. In addition, the unique health care needs of PEH, primary health care services and gaps, and health care environment and operations.

### Highlights of Findings:

Housing, health care, and personal transportation are unaffordable for HCHP consumers who experience both homelessness and lack financial resources. The transitional and permanent-supportive housing resources that are available are insufficient to meet the demand.

According to the *HCHP 2022 Uniform Data System Report (2022 UDS Report)*, during the 2022 year, 99% of HCHP consumers had income levels at or below 100% of the poverty level and 0.7% had income levels 101% to 200% of the poverty level. Eighty-one percent (81%) had no health insurance.

Service area residents and PEH cope with high levels of chronic and life-threatening diseases including hypertension, diabetes, substance use, and depression. They also experience core barriers such as high rates of poverty and uninsurance, and many are linguistically isolated, which create a lack of access to care. The population also has low rates of cancer screenings, high rates of late entry into prenatal care, and low rates of acquiring recommended immunizations.

Because of the instability that accompanies a lack of housing, PEH are more likely to require recurring acute medical care through hospitalization than is the general population with the same diagnoses.

HCHP management continues to work actively with Harris Health hospital administrators and emergency room department management to develop strategies, coordinate care, and link PEH who seek primary care in the hospital emergency departments to primary care in the HCHP program.

Without the expansion of Medicaid in Texas, most PEH will remain uninsured and will continue to lack adequate access to health care including access to mental health care, substance abuse treatment, surgeries, and respite care.

## Introduction & Methodology

During 2023, the Harris Health System HCHP conducted a needs assessment, gathering data and input from diverse sources to determine the needs of PEH in Harris County and as a planning resource for future program activities. Main sources of data included:

- Meetings with key members of the community including the HCHP CAC and the management of shelter sites throughout the service area to determine needs of sheltered and unsheltered homeless populations.
- Data gathered from the 2023 needs assessment surveys and one-on-one interviews with consumers and PEH at shelters and homeless encampments and other areas where the unsheltered homeless population congregate.
- Meetings with Harris Health System management staff and the HCHP to discuss operations, needs of the program, and consumer needs.
- Data analyzed from patient satisfaction surveys from clients accessing shelter-based clinics and mobile outreach units.
- A literature review was conducted including a review of research data pertaining to PEH, peer-reviewed literature, state and federal data banks, and a review of state and federal policies.
- A review of reports and needs assessments from organizations focused on the needs of PEH such as the Coalition for the Homeless of Houston/Harris County (Coalition) and the National Health Care for the Homeless Council (NHCHC).

## Homelessness

A point-in-time (PIT) count is a United States Department of Housing and Urban Development (HUD) requirement to enumerate sheltered and unsheltered homeless persons to determine the number of homeless persons. Persons staying in emergency shelter, transitional housing, or safe-haven with beds dedicated for homeless persons or those persons who are unsheltered, staying in a place not meant for human habitation are counted. According to the HUD *The 2022 Annual Homeless Assessment Report (AHAR) to Congress* and HUD definition of “homeless,” on a single night in January 2022, 582,500 people were experiencing homelessness in the United States.

The number of homeless people on a single night increased by 0.3% between 2020 and 2022 (HUD, 2022). The 2020-2022 increase reflects modest declines (-1.6%) in the number of people staying in sheltered locations offset by a substantially larger increase (3.4%) in the number of people staying in unsheltered locations. More than half of all unsheltered homeless people were in Continuums of Care (CoCs) that encompass the nation’s 50 largest cities (54%).

Between 2020 and 2022, states with the largest absolute decreases in PEH were New York (17,093 fewer people), Texas (2,797), and Massachusetts (2,468) (HUD, 2022). Though statewide in

Texas there was a decrease in the number of PEH, locally, in Houston/Harris County there was an increase. According to the Coalition's *2023 Point-in-Time Count Report*, 3,270 individuals experiencing homelessness were observed in 2023, an increase compared to 3,223 in the 2022 count. This may be a lingering effect due to COVID-19, as some people became homeless because of loss of employment.

Of the 3,270 PEH, 1,242 (38%) were unsheltered, and 2,028 (62%) were sheltered (Coalition, 2023). Nearly one in four (24%) met the HUD definition of a chronically homeless individual. Ten percent (10%) were US Veterans. The PIT data does not include PEH spending the night in jail, which would increase the total number of PEH.

Homelessness is still a major socioeconomic issue affecting the Houston/Harris area and affecting many individuals and families. HCHP serves more PEH throughout the calendar year than the number in the PIT count. During 2022, HCHP provided services to 6,170 homeless persons. There is one person experiencing homelessness per 1,888 residents.

A large percentage of PEH are youth aging out of foster care. An estimated 20% of young adults who are in foster care become homeless the moment that they become emancipated at the age of 18 (National Foster Youth Institute, 2023). Nationwide, 50% of the homeless population spent time in foster care. Children in foster care and after exiting the foster care system often struggle with medical, behavioral health, and nonmedical needs.

According to the *2023 PIT Count Report*, only one child (under age 5 years old) was counted among the unsheltered population, but one-quarter (23%) of the total sheltered population was under age 18 (Coalition, 2023). The Homeless Education Assistance Act (HEAA) also requires a homeless count by school districts. The HEAA definition of homeless is not as restrictive as HUD's definition, and includes persons who are doubling-up or living in motels/hotels.

There are 93,096 students experiencing homelessness in Texas public schools (Texas Network of Youth Services, 2023). Fifteen percent (15%) are without a parent or guardian. In Houston Independent School District, three out of one hundred students are homeless (Rice University – Kinder Institute for Urban Research, 2020). In Texas, while all students graduate at a 90% rate, those experiencing homelessness have an 80% rate of graduation (Texas Education Agency, 2023).

The combination of the 2023 PIT count, the school district homeless count, and PEH in jail, show that there is a large population of PEH in Harris County. According to the Homeless Management Information System (HMIS) data from the Coalition, more than 21,000 people in Harris, Fort Bend, and Montgomery counties accessed some type of homeless service, and with the inclusion of prevention and other services, such as clothing and food assistance, the number is more than 52,000 people.

In 2023, 38% of those experiencing homelessness were found on the streets or in places not meant for human habitation, compared to 47% in 2022 (Coalition, 2023). Reasons that people live in encampments rather than stay in shelters include lack of shelter beds, lack of family shelters, restrictive rules, requirements to participate in certain programs that do not meet their needs, unsanitary and unsafe conditions, sobriety rules, bans for sex offenders, gender identification rules,



curfews, theft, harassment, overcrowding, can trigger anxiety and paranoia, feeling dehumanized, no parking availability for people with cars, and the rigid hours hinder employment (NHCHC, 2023). The encampments can create areas with accumulation of trash and human waste products, creating unsanitary, unsafe, and unhealthy environments. For personal security some of the persons staying in these sites may carry weapons, and weapons coupled with substance misuse and mental illness can lead to violence not only for the PEH, but housed individuals living in proximity to the encampments. When officials shutdown the encampments without finding housing resources for PEH, the persons transfer to another location.

Involuntary displacement causes people to disconnect from health care services and increases their risk of overdose and death (Barocas, Nall, Axelrath, et al., 2023). Continual displacement modeling for 20 cities revealed the following: 151% increase in overdose mortality; 11% reduction in life expectancy; 50% increase in hospitalizations; 6% increase in serious injection related infections mortality; and 38% decrease in Medication for Opiate Use Disorder initiations (NHCHC, 2023). These results have implications for the practice of ongoing encampment sweeps, bans, and move-along orders, as well as policies such as access to housing and supportive services, such as health care, that could reduce these harms.

According to the City of Houston mayor's special assistant for homeless initiatives, there are hundreds of encampments throughout the region. The City of Houston in collaboration with the Coalition, with operations run by Harmony House, opened a Navigation Center in February 2023. This facility was created for people who were in encampments that have been decommissioned to reside while they wait to enter housing. Partner agencies providing services to residents of the center include HCHP.

## **Demographics & Geographical/Transportation Barriers**

Harris County encompasses 1,778 square miles, which include 649 census tracts and 19 different municipalities or incorporated cities. Houston is the fourth largest city in the United States and the largest city in Texas. With an estimated population of over 4,780,913 people, Harris County is the most populous county in Texas and the third most populous county in the United States (U.S. Census Bureau, 2023).

The City of Houston has an estimated population of over 2,288,250 people. While most of the City of Houston lies within Harris County, parts of the city extend slightly into Fort Bend County to the southwest and Montgomery County to the north. The number of PEH in the three counties has increased, from 3,055 in 2021, to 3,223 in 2022, and then, to 3,270 in 2023 (Coalition, 2023). Most were in Houston/Harris County (91%) with 2% counted in Fort Bend County and 7% located in Montgomery County. One out of 1,888 of those living in the three-county area were experiencing homelessness on the night of the 2023 count.

Harris County is diverse, with large populations of international persons, and large segments of the population being Hispanic (44.6%), African American (20.6%), and Asian (7.5%) (U.S. Census Bureau, 2023). While nationwide rates of homelessness have decreased for African-Americans, the rate has increased for Latinos (National Alliance to End Homelessness, 2023).

According to the *2022 UDS Report*, 60% of consumers were Black and 38% White. Eighteen percent (18%) of consumers self-identified as Hispanic or Latino.

Seventy (70%) of HCHP consumers were male and 30% female. Almost five percent (4.6%) of consumers were children ages 17 and under; and 19% were ages 60 and over. Six percent (6%) of consumers had language barriers and were served in a language other than English, primarily Spanish and French. HCHP overcomes linguistic and cultural barriers by using Harris Health's Language Access Services when staff and consumers do not speak the same language.

Personal transportation is unaffordable for HCHP consumers who experience homelessness and lack financial resources. HCHP consumers rely on Houston's METRO bus system. PEH face transportation barriers, as Houston/Harris County is a car-oriented metro area. To get to a health care center, an individual experiencing homelessness may have to use multiple bus routes and spend many hours navigating the METRO system and experience various weather extremes while sick, often suffering with a mental illness or substance abuse, and sometimes caring for children.

Public transportation is a crucial resource for low-income and vulnerable communities for the function of their daily lives and to access services, such as health care. There is a link between having to travel long distances to access nutritious foods and food insecurity (American Public Health Association, 2023). This puts communities at higher risk for chronic conditions, such as heart disease, cancer, and diabetes. Transportation is important for emergency evacuations, such as floods or hurricanes, which are common in high-hazard areas, including areas close to the Texas Gulf Coast, such as Harris County (Center for Transportation – Equity, Decisions, and Dollars, 2021).

According to the *HCHP 2023 Homeless Needs Assessment Survey*, participants reported needing but not having access to: transportation (55%), bus passes (52%), and gas cards (46%). For those who needed medical care but did not seek it, among other reasons, 20% said that they had no transportation. To overcome transportation barriers to accessing care, HCHP provides bus tokens and taxi vouchers to patients to access HCHP clinics and referral appointments.

## **Unemployment, Income Level, & Educational Attainment**

Texas has lower educational achievements than the average of the United States (Census Bureau, 2023). In the United States, 89% of persons are high school graduates compared to 85% in Texas, 81.9% in Harris County, and 79.5% in Houston. In the United States, 34% of the population have Bachelor's degree or more compared to 32% in Texas. According to the *HCHP 2023 Homeless Needs Assessment Survey*, for highest level of education, 44% of respondents had a high school or GED degree, 23% had some college experience, 20% only had some high school or an eight grade or less of education, 11% had a college degree, and 1.5% had a graduate degree.

Texas had a 4.1% unemployment rate, and the Houston metro area had a 4.5% unemployment rate during June 2023 (Bureau of Labor Statistics, 2023). In the United States, 11.6% of persons live below poverty level (Census Bureau, 2023). In Texas, 14.2% of persons live below poverty level, in Harris County 16.4%, and in Houston 19.5%.

According to the *HCHP 2023 Needs Assessment Survey*, 92% of respondents were not employed. Sixty-six percent (66%) reported no source of income. The primary sources of income reported were Social Security Disability Income (SSDI) (10%), employment income (9%), Supplemental Security Income (SSI) (6%), and Social Security (5%).

According to the *2022 UDS Report*, during 2022, 99% of HCHP consumers had income levels at or below 100% of the poverty level; 0.7% had income levels at 101 to 200% of the poverty level. Eighty one percent (80.7%) of the HCHP consumers had no health insurance, 11.6% had Medicaid, 5.1% had Medicare, and 2.54% had private insurance. According to the *HCHP 2023 Homeless Needs Assessment Survey*, 40% need and do not have access to food stamps and 37% to food pantries.

For the working homeless and those housed and living paycheck to paycheck the situation was made worse by the COVID-19 pandemic and associated state closures, job losses, and economic downturns. Unemployment, housing cost burden, and living doubled up are indications of the struggle to afford housing. A medical emergency can further push someone into homelessness.

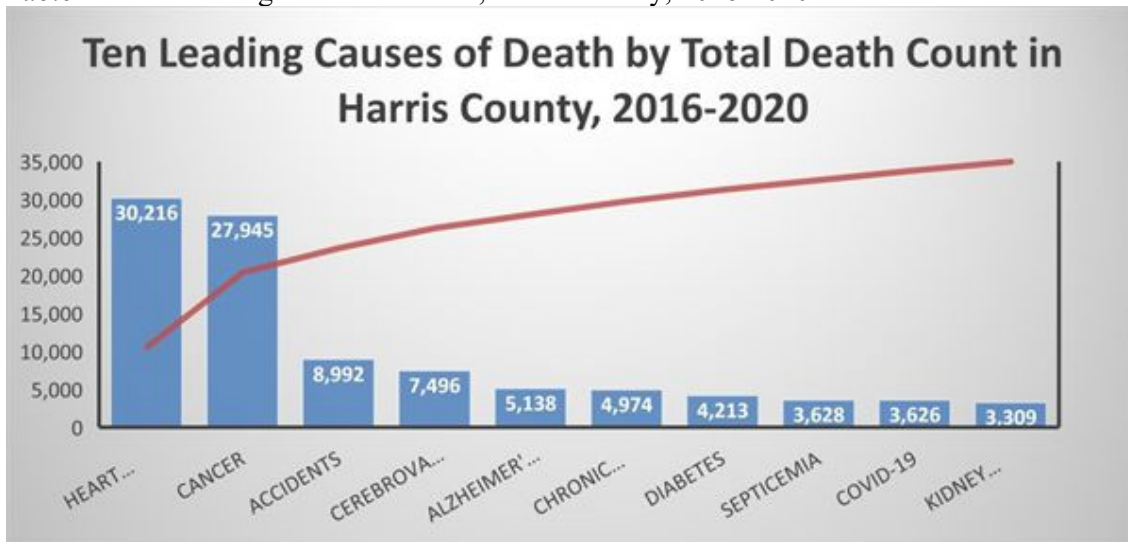
## **Health Disparities**

Service area residents and PEH cope with high levels of chronic and life-threatening diseases including hypertension, diabetes, and depression; and have core barriers such as high rates of poverty and uninsurance, and many are linguistically isolated, which creates a lack of access to care, thus the population has low rates of cancer screenings, high rates of late entry into prenatal care, and high rates lacking recommended immunizations. The age-adjusted death rate in Texas is 761.9, 720.6 in Harris County, and 748.3 nationwide (National Institutes of Health, 2023). In Harris County, 25% of women 18 and older have had no pap test in the past three years compared to 20% nationwide. In Harris County, 51% of pregnant women had late entry into prenatal care compared to 24% nationwide. In Harris County, 19% of children have not received recommended immunizations compared to 15% nationwide.

Nationally, less than 2% of pregnant women received no prenatal care during their pregnancy in 2020, in Texas 4%, and in in Harris County 5.6% (Greater Houston Community Foundation, 2023). The Texas maternal mortality rate is 22.9 per 100,000, higher than the 20.4 rate in the U.S. The infant mortality rate in the U.S. was 5.6 deaths per 1,000 live births in 2019. The mortality rate in 2018 for babies born to Black mothers was highest in Harris County, 11.19 per 1,000 live births, compared to 10.6 in the nation and 9.9 in Texas.

In 2021, the top five leading causes of death in the United States were heart disease, cancer, COVID-19, accidents, and cerebrovascular disease (Centers for Disease Control and Prevention {CDC}, 2022). In 2020, the top five leading causes of death in Harris County were heart disease, cancer, accidents, cerebrovascular diseases, and Alzheimer's disease (see Table 1) (Harris County Public Health, 2021). COVID-19 was the ninth leading cause of death in Harris County.

Table 1. Ten Leading Causes of Death, Harris County, 2016-2020



Source: Harris County Public Health, 2021

In Texas, the most common cancers are breast, prostate, lung/bronchus, and colorectal and the four make up about 48% of all cancer diagnoses (Texas Department of State Health Services, 2023). In the Texas Public Health Region 6, around Harris County, there were 32,430 estimated new cancer cases. There were 222,272 persons living with cancer – who were cancer free or receiving treatment, and 10,901 cancer deaths. The average years of life lost per cancer death was 16.7 years.

The most common medical diagnoses for HCHP consumers seen in 2022, were overweight and obesity, hypertension, depression and other mood disorders, tobacco use disorder, and diabetes. Life expectancy at birth for Harris County residents was 79.9 years in 2021, similar to 79.2 years for the state of Texas. According to the NHCHC, the average age of death for PEH is about 50 years, falling far short of the 79-year life expectancy of the average Texan. The disproportionate rates of lack of access to preventive screenings and care and higher death rates show that PEH need greater access to health care.

An estimated 37.3 million adult Americans have diagnosed diabetes, with 8.5 million of those that have diabetes being undiagnosed (American Diabetes Association, 2022). In Harris County, diabetes is the seventh leading cause of death—a rate of 21.9 deaths per 100,000 population. Data indicate that 13.5% of Houstonians have diabetes, slightly higher than the national rate of 10%, and more than 50% percent of Houstonians who died from COVID-19 in 2021 had diabetes (City of Houston Health Department, 2021). After adjusting for population, age, and sex differences, diabetic patients’ estimated health care costs were 2.3 times higher than patients without diabetes.

The adult overweight or obesity prevalence in Harris County is 62.6% (Conduent Healthy Communities Institute, 2023). The high rate of overweight and obesity contributes to the rate of

diabetes, as well as to high rates of hypertension and cardiovascular disease and mortality. Diabetes is the fourth leading cause of death in Harris County among Hispanics and blacks. Complications from diabetes include heart disease, stroke, hypertension, blindness, kidney failure, nervous system complications, and complications to the lower extremities, which can lead to amputations, and dental disease. Studies indicate that rates of diabetes among PEH are two to three times higher than in the general population (2023).

According to America's Health Rankings, 32.2% of Texans have a diagnosis of hypertension (2023). The prevalence of hypertension among PEH is 45% (CDC, 2020). Hypertension among homeless individuals often goes undiagnosed or untreated, contributing to poorer blood pressure control than that seen in the general population. Complications from hypertension include increased risk of heart attack and stroke, aneurysm, organ malfunction, vision loss, trouble with memory and understanding concepts, and metabolic syndrome.

PEH have poor diets and eat whatever they may be able to afford on a limited budget or eat the food donated to shelters and food pantries. HCHP patients report that shelter foods are high in carbohydrates, salt, and sugar. Because PEH have little control over their diet, they are at increased risk for being overweight and not being able to control their diabetes. HCHP has educated the kitchen staff of some of the shelters to encourage healthier cooking.

PEH are a sexually vulnerable population. Some turn to survival sex, including prostitution, for money, food, and shelter. Survival sex increases risk for infection with the human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs). PEH also often confront sexual abuse in the streets and in the shelter system.

In 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (CDC, 2022). According to the *2023 Point-in-Time Count Report*, 2% of the homeless had an HIV diagnosis although the true percentage may be higher since many may not have been tested and therefore do not know their status or because of stigma did not reveal their positive status. Three percent (3%) of the clients participating in the HCHP homeless needs assessment survey were willing to identify as being HIV positive. The high rates of HIV among PEH in Harris County indicate that they are disproportionately affected when compared to the 0.36% HIV prevalence rate in the general population.

PEH also tend to have higher rates and more advanced forms of tuberculosis (TB) because of their environments. TB is often associated with such conditions as substance abuse, mental illness, and infections that greatly affect the cost and complexity of providing care. HCHP collaborates with shelters to provide TB testing to new shelter program entrants.

With acute and chronic conditions, there is a need for prescribed medications. According to the *HCHP 2023 Homeless Needs Assessment Survey*, 20% reported needing and not having access to prescription drugs. Other medication concerns for PEH include not being able to afford medications, skipping doses to make the medications last longer, lacking space to store medications, lacking electricity and refrigerators for medications that require refrigeration, not maintaining medications at recommended temperatures because of extreme temperatures when staying on the streets, and privacy issues regarding taking medications for stigmatized diseases

such as HIV or behavioral diseases. Medications may be lost or stolen on the streets and in shelters. Because of issues such as trauma and lack of access to prescription medications, PEH may self-medicate with more available and affordable illegal drugs (Substance Abuse and Mental Health Services Administration, 2019 and Nishit et al., 2022).

## **Mental Health & Substance Use Disparities**

Because of the complex set of factors experienced by homeless adults such as chronic alcohol and substance abuse, various forms of physical and emotional trauma, persistent poverty, lack of affordable housing, lack of access to and lack of continuity of medical and mental health services, and the formidable task of survival on the streets or in the emergency shelter system, the homeless experience high rates of depression. The prevalence of depression in the homeless (53%) is greater than the nationwide prevalence (7.1%) (Coalition 2023). According to the *2022 UDS Report*, patients suffering mental illness primarily had a diagnosis of depression and other mood disorders, anxiety disorders including post-traumatic stress disorder (PTSD), and other mental disorders - excluding drug or alcohol dependence.

According to the *HCHP 2023 Homeless Needs Assessment Survey*, 51% reported that a professional had diagnosed them with a mental illness. Thirty-five percent (35%) responded that a mental illness impairs their ability to obtain or keep employment. Twenty-six percent (26%) reported needing and not having access to mental health care.

According to the *HCHP 2023 Homeless Needs Assessment Survey*, 32% reported drug abuse and 24% alcohol abuse. Forty-nine percent (49%) reported having been in treatment for drug or alcohol abuse. Sixteen percent (16%) reported needing and not having access to substance abuse care. Twenty-eight percent (28%) responded that drug or alcohol abuse was a cause of their homelessness. Twenty-four percent (24%) responded that drug or alcohol abuse impairs their ability to obtain or keep employment.

PEH may not only engage in the use or abuse of drugs, but also may sell drugs for income. Concerns with drug use include the association with legal problems, violence, accidents, injuries, employment issues, family disruptions, academic impairment, increased suicidality, unprotected sex, effect on health, functional limitations, and death. The most used drugs by PEH include heroin and opioid prescriptions, methamphetamine, cocaine, and alcohol (American Addiction Centers, 2023). Compared to the general population, PEH attended in the emergency room are more likely to have psychiatric or substance abuse problems. Preventing drug use and abuse in the homeless population is important in decreasing use of emergency rooms and the cost of health care.

## **Dental Health Disparities**

Good oral hygiene and nutrition are important to maintaining optimum oral health. PEH often do not have access to toothbrushes, toothpaste, floss, and water and little control over what they eat. PEH have a higher prevalence of dental pathological conditions and report larger numbers of grossly decayed and missing teeth. According to the *HCHP 2023 Homeless Needs Assessment Survey*, 58% of respondents need and lack access to dental care.

Poor physical health, malnutrition, the use of cigarettes and alcohol, substance abuse, poor personal hygiene, mental illness, accidents, and being victims of trauma and physical abuse predispose PEH to oral health problems. PEH with missing teeth have poor nutritional consumption, which results in fatigue and other physical health problems. Poor oral hygiene practices and missing teeth negatively affect emotional health and self-esteem. Individuals with missing and decayed teeth find difficulty in presenting themselves to others for employment and often shield their mouths when communicating to avoid negative reactions from others.

Barriers, such as the lack of dental insurance, restrictive public assistance benefits and eligibility criteria, long dental clinic waits for appointments and treatment, inflexible appointment scheduling, inadequate or no transportation, and negative attitudes of providers limit access to available services. Dental pain is a contributing factor for PEH utilizing the emergency rooms for dental care. The CAC and clients have noted the lack of dental services, including for dentures, for uninsured adults in general and specially for PEH.

### **Additional Needs of Persons Experiencing Homelessness**

According to the *HCHP 2023 Homeless Needs Assessment Survey*, the main cause of homelessness was economic – loss of job or loss of income (40%). The second most cited reason was illness (31%). Other frequent answers were substance abuse (28%) – drug and alcohol, relocation (13%), asked to leave a shared residence (12%), eviction (11%), domestic violence (6%), and release from prison/jail (6%).

Sixty-six percent (66%) reported no source of income. The primary sources of income reported were Social Security Disability Income (SSDI) (10%), employment income (9%), Supplemental Security Income (SSI) (6%), and Social Security (5%). Eighty percent (80%) of respondents did not have the ability to pay rent.

According to the *2023 PIT Count Report*, approximately one in ten (11%) of those experiencing homelessness had experienced domestic violence (Coalition, 2023). This percent was higher in the sheltered population (16% vs 5% among unsheltered), not surprising since there are shelter beds specifically dedicated to survivors of domestic violence. The history of domestic violence, coupled with adverse childhood events, the experience of homelessness, and other adversities and trauma, requires staff to be knowledgeable about trauma and trauma informed care. HCHP staff has been trained on trauma informed care.

On the 2023 needs assessment survey, respondents had the following needs that they did not have access to: permanent housing (70%), transportation (55%), bus passes (52%), services/resources information (44%), job training (42%), food stamps (40%), food pantry (37%), legal assistance (35%), phone (35%), storage (35%), clothing (33%), mail box service (29%), public computers (29%), identification assistance (27%), emergency shelter (22%), hygiene program/shower facilities (18%), childcare (14%), and immigration help (6%). Participants identified the following medical services as needs without access to: dental care (57%), vision care (49%), health insurance (40%), health care (31%), case management (28%), mental health care (24%), prescription drugs (18%), and substance abuse care (15%). The HCHP nurse case manager, service linkage workers, and social workers assist patients with these needs.

## Access to Care & Gaps

According to the U.S. Census (2023), 9.8% of people, or 32.6 million in the United States, did not have health insurance at any point during the year. The uninsured rate ranged from 2.5% in Massachusetts to 18.0% in Texas. Harris County and City of Houston fare worse with 22.4% of county residents not having insurance and with 26.3% of persons in the city without health insurance. The homeless are the worst off with 82% of HCHP consumers not having health insurance.

In Harris County, there are 301 census tracts that are designated Medically Underserved Areas/Populations (MUA/Ps) (HRSA, 2023). The area has 471 census tracts that are designated Health Professional Service Areas (HPSAs) for primary care (155), dental (157), and mental health (159), with some areas having multiple designations. Texas has a serious shortage of physicians; despite having 8.8% of the U.S. population, the state has 7.3% of active U.S. physicians (Texas Medical Association, 2022).

Harris County has an FTE primary care physician ratio of 1,700:1, which is worse than the 1,310:1 ratio nationwide (Texas Department of State Health Services, 2023). The Texas Hospital Association reports that Texas ranks 41<sup>st</sup> in the nation for physician-to-population ratio. For primary care, Texas ranks even lower – coming in at number 47. According to the University of Wisconsin Population Health Institute *County Health Rankings Texas State Report 2022*, the ratio of mental health providers in Texas 760:1 is lower than the US average of 350:1.

Although Harris County has 15 FQHCs, access to health care is a barrier because of the high rates of uninsurance. Many providers may not accept new Medicaid patients and many do not provide indigent care. Because of lack of hygiene, PEH can be shunned away from clinics, even from other FQHCs. The clinics and FQHCs do not want to turn off insured and paying customers. Without insurance, without housing, and with substance abuse and mental health issues many PEH access medical care in emergency rooms, including the Harris Health Ben Taub and Lyndon B. Johnson hospitals.

According to the National Association of Community Health Centers (NACHC), 1,373 federally-funded health organizations with 14,276 sites served 30.2 million people in 2021 (2023.) Over six million of those patients were uninsured. Health centers served 1.3 million PEH. Individuals experiencing homelessness account for 0.2% of the U.S. population but 4% of health center population. In Texas, health centers served 13% of the uninsured population.

In 2021, there were 299 Health Care for the Homeless programs that provided care to 906,259 homeless patients (NHCHC, 2023). There were twelve of these programs in Texas, serving 42,377 patients, 71% were uninsured. Patients at Health Care for the Homeless programs were over three times more likely to be uninsured compared to the general public (30% v. 9%), and show higher rates of being uninsured even compared to patients in all health centers (30% v. 20%). Across states that did not expand Medicaid eligibility, including Texas, there is a wide variation in uninsured rates in ranges from 45% to 75%. HCHP served a higher rate of uninsured in 2022, 81% of the consumers had no health insurance and 11.69% had Medicaid.



The *HCHP 2023 Homeless Needs Assessment Survey* showed that the major reasons for not seeking needed medical care were that the participants did not have insurance (27%), could not afford such care (25%), did not have transportation (20%), did not know where to go (12%), and were too busy or did not like to wait at a busy hospital/clinic (3%).

The CAC has reported that many PEH do not seek medical care at traditional clinic sites. For some PEH, alienation, anger, mental illness, anxiety, depression, substance abuse, disability, or confusion creates barriers to access or are unable to keep appointments. For others, the management of health conditions is of a lower priority than obtaining a meal, looking for shelter and housing, and seeking employment to meet basic human needs. Clinics and hospitals must also deal with financial considerations and eligibility requirements, which often PEH cannot provide, such as identification, proof of income, residence, etc.

PEH are primarily served by two FQHCs, Harris Health's HCHP and Healthcare for the Homeless-Houston (HHH), two programs that exclusively have PEH as their patient target population. Despite Harris County having City of Houston public health facilities, the Harris Health System, 15 FQHCs, and an extensive medical center, community resources are insufficient to provide health care to the large number of persons who are uninsured and underinsured, including providing services to PEH. The access to primary care providers is limited even in the metropolitan areas because of physician location, accessibility to transportation, income level, and physical barriers.

The strain on the public health care system is more evident when considering factors such as the continued use of emergency departments for conditions more appropriately treated at primary care facilities. Considerable cost-savings in hospital emergency department use could be achieved by linking PEH with a medical home as a diversion strategy. HCHP management is actively working with various Harris Health System departments to develop strategies, coordinate care, and link PEH who seek primary care in the hospital emergency rooms to primary care in the HCHP program.

An identified gap in the service area includes lack of accessible mental health services. According to the Harris Center for Mental Health and Intellectual or Developmental Disability (The Harris Center), nearly 500,000 adults suffer from a mental illness, 145,000 of which have a severe mental illness (2023). The high rate of uninsured residents in Harris County has resulted in many untreated mental health illnesses. Many of those waiting for services deteriorate into crisis and require intervention at psychiatric emergency centers, inpatient hospitals, or in jail. The public mental health system in Harris County consists primarily of The Harris Center and Harris County Psychiatric Center of Harris Health.

About twenty-eight (27.5%) of the US population is without dental insurance (CDC, 2021). According to the University of Wisconsin Population Health Institute *County Health Rankings Texas State Report 2022*, the ratio of dental health providers in Texas 1,660:1 is lower than the US average of 1,400:1. The availability of oral health care services for low-income uninsured persons in Harris County is minimal. There is a wait list of several months to access dental care at City of Houston and Harris Health public health dental facilities.

## **Health Care Environment & Operations**

The Texas Legislature met in January 2023 and meets again in January 2025. The legislature did not expand Medicaid eligibility. Currently, legal residents of Texas can qualify for Medicaid if they are pregnant, responsible for a minor, have a disability or a household member with a disability, or are older than 65 with low incomes. In the 2023 session, the Texas Legislature did approve bipartisan legislation to extend Medicaid health insurance for moms from the previous two months to now twelve months after pregnancy. Most PEH continue to lack health insurance, as well as dental and vision insurances.

Harris Health System is a public entity providing comprehensive and integrated inpatient and ambulatory care services to the entire population of Harris County, primarily serving the lower income, uninsured, and indigent population. Because of its public service commitment, the State of Texas subsidizes part of Harris Health’s budget with revenues generated from property taxes. The County percentage of taxes designated to Harris Health is not sufficient to meet Harris Health budget needs, and much less the additional unmet need for health care in the county.

Harris County has many health care facilities and health care providers but most are inaccessible to the homeless target population of this project. HCHP will not duplicate available services because existing safety-net providers already have heavy financial burdens of indigent care or shun from providing care to PEH. Other health providers do not offer the homeless patient-centered culturally sensitive care that HCHP can provide.

PEH primarily congregate in the Houston downtown area and that is where the majority of HCHP clinics are located, so locations and services are easily accessible to the target population. Some HCHP clinics are outside of the downtown area to extend access to other homeless populations. The mobile units allow extension of services and access to care to other areas where the homeless congregate throughout Harris County.

## **COVID-19**

During the COVID-19 pandemic, HCHP participated in two local committees, the Coordinated Homeless System Response to COVID-19 Committee and the COVID Vaccine Coordination Planning – Homeless/Housing Response System Committee. Partners and stakeholders included the City of Houston Office of Homeless Initiatives, City of Houston Health Department, Harris County Public Health, Coalition for the Homeless of Houston/Harris County, and other agencies and health centers providing services to PEH. Participation in these committees allowed for collaboration, coordination, and best use of resources for targeting services, such as COVID-19 outreach, testing, and vaccinations, and primary and COVID-19 care, for not duplicating efforts in the homeless shelter sites and in encampment areas.

HCHP provided COVID-19 education and testing to shelter management and staff. Training was offered to shelter site management on social distancing and sanitation practices to reduce the risk of COVID-19 infections in homeless shelters to residents and staff. Shelters accepted prevention efforts at the beginning of the pandemic, but as the pandemic progressed shelters became lax and

did not require masking, which led to several and repeated COVID-19 breakouts at some of the shelters.

By providing testing and linking homeless persons with COVID-19 or exposure to COVID-19 to isolation and quarantine centers, and by providing vaccinations, the spread of the disease within shelters, homeless encampments, and in the broader community should have been reduced. The reduction of the disease should have reduced the need for COVID-19 care in emergency departments and inpatient hospital settings, which should have reduced ED/hospital overcrowding and costs of care. The CAC, patients, and needs assessment participants have mentioned the importance of continuing to provide COVID-19 testing and vaccinations.

## **Shelter & Housing**

According to the Coalition, the CAC, and patients, there are various barriers to the local shelter system. PEH have been refused services because lack of capacity at shelters. Service agencies have refused services because the person lacked identification or did not meet eligibility criteria.

Shelters require sobriety, which can be a significant barrier for people who are chronic substance abusers. For couples to stay in shelters together, they may be required to be legally married, which can be a deterrent for unmarried adult couples and families to access shelter. Same-sex couples, transgenders, and transvestites can face discrimination. Very little emergency shelter for unaccompanied homeless youth under the age of 18 exists, and there are strict limitations placed on acceptance and length of stay.

Some persons may not have the skills to adapt to rules and may prefer to stay on the streets than to follow shelter regulations. Rules that may create barriers include participation in classes, pets not being allowed, required religious participation, the amount of people staying in the same room, limited hours of entry, and the requirements of some shelters to leave very early in the morning and return in the late afternoon to wait in line to be re-admitted, if space is available. Some facilities do not allow drop-ins and require scheduled intake appointments.

Some shelters require full-time work. Some are limited only to abused women and children or only to men. Sites may be outside of public transportation areas, which require people to have valid driver's license and a car or money for taxis.

Limits in length of stay range from three days to three months, and the inability to find long-term housing placements for people with significant barriers or no income results in people exiting back to street homelessness after expending their time in shelter. For security reasons shelters are not welcoming of people with behavioral health care needs or people with current substance use disorder. Shelters may not provide for secure storage of all belongings.

The City of Houston Housing and Community Development Department administers the Homeless Prevention and Rapid Re-Housing Program. The Harris County Community Services Department administers community development block grants and emergency solution grants. The Houston Housing Authority, the Housing Corporation of Greater Houston, and the Harris

County Housing Authority provide affordable housing to low-income persons through housing voucher programs, and public housing and tax credit developments.

Houston and Harris County face one the nation's most severe affordable housing shortages, which directly affects the wait time for housing placement. After many years, the Houston Housing Authority public housing waitlist opened from January 15, 2023 through February 15, 2023. At this time (September 2023), the waitlist is closed. There is no definitive time an applicant will be selected for housing. Even with the combined resources of the local housing authorities, there are thousands of people on waitlists and many more waiting to get on the next list for affordable housing and housing vouchers.

A mix of permanent-supportive housing for people who are victims of domestic violence, people with substance addiction issues, people who are HIV positive, veterans, and the general homeless population exists but with limited capacity to meet demand of need. Because of a lack of permanent supportive housing and a limited coordinated intake system, people sometimes access transitional housing as the only readily available source of housing they qualify for, but exit to homelessness upon completing the program because they are not able to be self-sufficient at the end.

Housing that is unaffordable and the costs of necessities like health care leave older adults further at risk of poverty and homelessness (National Alliance to End Homelessness, 2022). Adults who experience homelessness for the first time before age 50 tend to have had adverse experiences, substance use disorders, or mental health challenges; have been involved in the justice system; and/or were under-employed early on in life. In contrast, those who first experience homelessness at age 50 and older typically have experienced a financial or health crisis, lost a loved one, or otherwise experienced a relationship breakdown with the income-earner, and/or experienced barriers to continued ability to work.

In Texas, the fair market rent (FMR) for a two-bedroom apartment is \$1,303, and \$1,208 for the Greater Houston metro area (National Low Income Housing Coalition, 2023). To afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn \$4,345 monthly or \$52,134 annually. Assuming a 40-hour workweek, 52 weeks per year, this level of income translates into a housing wage of \$25.06. In Texas, a minimum wage worker earns an hourly wage of \$7.25. To afford the FMR for a two-bedroom apartment, a minimum wage earner must work 138 hours per week, 52 weeks per year. Or a household must include 3.5 minimum wage earners working 40 hours per week year-round to make the two-bedroom FMR affordable. The rent affordable with full-time job paying minimum wage would be \$377. The rent affordable to a recipient of Supplemental Security Income (SSI) would be \$274. In Houston, the estimated mean wage for a renter is \$26.74.

There is less housing available for rent or sale now than any time in the past 30 years, with supply shortages worsening, contributing to rising rental costs, inflation, and making home ownership more unattainable (Moody's Analytics, 2021). The median rent price in Houston for May 2023 is \$1,800. This is \$72 more than May 2022 (Zillow, 2023). For a one bedroom, the median rent is \$1,250. With 99% of HCHP consumers having income levels at or below 100% of the poverty

level, housing is unaffordable and out of reach for them. On the *HCHP 2023 Homeless Need Assessment Survey*, 80% reported that they could not afford rent.

Because of the instability that accompanies a lack of housing, PEH are far more likely to require recurring acute medical care through hospitalization than is the general population with the same diagnoses. PEH in Harris County seek health care in emergency rooms and the jail system, and compared to domicile individuals have higher rates of hospital readmission and higher yearly lengths of stay in the hospital system, which result in high costs to public systems. The lack of respite care resources for homeless persons places them at risk for noncompliance, not fully recuperating, and susceptible to infections, which result in readmission to hospitals. Currently, there is only one organization providing respite services locally, and only to men.

The pool of people at risk of homelessness, those in poverty, those living with friends and family, and those paying over half of their income for housing, has remained high despite previous improvements in unemployment and the economy. People who become homeless often have strained financial resources and are challenged by the cost of housing (e.g., rent and utilities). The homeless assistance system has decreased homelessness by increasing the flow of PEH into supportive and permanent housing, but without a decrease in the number of people who become homeless, the homeless assistance system will continue to manage large numbers of households who are simply unable to afford housing in their communities. The lack of affordable housing cannot be overcome by the homeless assistance system.

### **Patient Satisfaction with HCHP Services**

According to the 207 PEH that participated in the needs assessment survey, the scores related to satisfaction with program services are shown on Table 2.

*Table 2. Patient Satisfaction with HCHP Services*

<b>Question</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Poor</b>
Staff listen to problems & concerns	83.52%	10.23%	3.41%	1.7%	1.14%
Ease to be a drop-in patient	75.43%	12%	7.42%	2.86%	2.29%
Convenience of location	91.67%	3.89%	2.77%	0.56%	1.11%
Wait time	74.86%	13.97%	7.27%	2.79%	1.11%
Convenience of hours	84.27%	8.43%	6.18%	0.56%	0.56%
Staff explain treatment & medication	89.27%	7.35%	1.69%	0.56%	1.13%
Courteous & respectful treatment	91.57%	5.06%	2.81%	0.56%	0%
Staff provide self-care management & education	83.24%	8.67%	4.05%	2.31%	1.73%
Staff follow-up with referrals & specialty appointments	83.33%	9.52%	2.98%	1.19%	2.98%

**Source:** *HCHP 2023 Homeless Needs Assessment Survey*

## Summary

Many poor people are at risk of homelessness; ultimately, this is because it is hard for them to afford housing. As of the writing of this needs assessment report, the Texas government has no plans for increasing Medicaid access in Texas and many residents will remain uninsured, particularly those experiencing homelessness. Based on interviews with the CAC, patients, the Jensen Navigation Center Community Advisory Committee, HCHP providers, and shelter site administration and results from the *HCHP 2023 Homeless Needs Assessment Survey*, in addition to housing, food, and primary health care, other service needs for PEH are dental care, vision care, health insurance, and access to specialty care. According to the survey, top needs of respondents were housing (70%) and transportation (55%) and the top health care needs were dental care (57%), vision care (49%), and health insurance (40%).

PEH in Harris County are underserved and are economically isolated from the full array of medical services available in the County as many providers do not accept public health insurance, do not provide care for indigent consumers, or because of the stigmatization of PEH. PEH are disengaged and distrustful of public systems, have language and literacy barriers, lack transportation, face stigma, and have complex and significant physical and mental health conditions. PEH need a medical home that offers primary care services within the context of a comprehensive program that includes behavioral health services, health education, substance abuse services, dental services, and advanced clinical tools which are available in Houston/Harris County, but not for many of the uninsured.

HCHP offers comprehensive, coordinated, culturally sensitive care to allow PEH to access care. HCHP will continue to be a provider of patient-centered health care for PEH to decrease the barriers that they face while accessing health care. Providing primary medical, dental, and behavioral health care to PEH is more cost effective than providing care in hospital emergency rooms and in emergency mental health facilities.

## BOARD OF TRUSTEES

### Meeting of the Board of Trustees



Thursday, November 9, 2023

Consideration of Approval of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for consideration of approval:

- **Harris County Hospital District Foundation Glucometers Project Budget**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

*Louis Smith*

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Louis G. Smith, Jr.

Senior Executive Vice President / Chief Operating Officer

**HARRIS COUNTY HOSPITAL DISTRICT (dba Harris Health System)**  
**Health Care for the Homeless Program**  
**Budget Narrative: Harris County Hospital District Foundation – Small Grants Fund**  
**10/06/2023 - 10/05/2025**

	<b>Project Expenses*</b>	<b>SGF Funding †</b>	<b>Other Funding/In Kind ‡</b>	<b>Comment/Explanation</b>
<b>A.</b>	<b>Department/Agency Personnel:</b>	<i>Salaries and benefits should not be charged to the SGF</i>		
	<i>Project leader % of time</i>			
	<i>Project staff % of time</i>			
<b>B.</b>	<b>Benefits:</b>			
	<i>FICA</i>			
<b>C.</b>	<b>Consultant/Contract Personnel:</b>			
<b>D.</b>	<b>Travel:</b>			
<b>E.</b>	<b>Project Materials/Equipment:</b>			
	<i>Glucometers @ \$14.09 x 162 units = \$2,282.58</i>	\$2,281.64	\$0.94	\$2,282.58 worth of glucometers for 162 persons experiencing homelessness to encourage diabetes self-management and decrease A1c levels.
	<i>Blood Glucose Test Strips Packs @ \$16.78 x 162 packs = \$2,718.36</i>	\$2,718.36		\$2,718.36 worth of blood glucose test strip packs for 162 persons experiencing homelessness to encourage diabetes self-management and decrease A1c levels.
<b>F.</b>	<b>Office/Project Supplies:</b>			
<b>G.</b>	<b>Miscellaneous:</b>			
<b>H.</b>	<b>Indirect Cost:</b>			
	<b>Total Project Cost:</b>	\$5,000	\$0.94	\$5,000.94