

August 14, 2010

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation  
Office of Planning and Policy Support  
Attn: Strategic Plan Comments  
200 Independence Avenue, SW, Room 408B  
Washington, DC 20201

To Whom it May Concern:

We the undersigned organizations are writing this letter to provide comments on the Department of Health and Human Services' (HHS) draft Strategic Plan for Fiscal Years 2010-2015. We are excited about the work you and your staff are planning and look forward to the next five years of work.

We appreciate the acknowledgement within Goal 3 on pages 38 and 42, which addresses homelessness for families, children, youth and individuals as a key strategy to HHS fulfilling its mission.

However, we want to impress upon HHS that homelessness is not merely an economic or human service issue. There are opportunities within the health care delivery system to address and prevent homelessness and the chronic conditions many people experiencing homelessness live with daily.

Evidence of this was recently provided in the American Journal of Public Health. AJPH published an article titled, "The Unmet Health Needs of Homeless Adults: A National Study," where the authors found significant unmet health needs for people experiencing homelessness. Over 950 clients were included in this study, and 73 percent reported at least one unmet health need in the last year and 49 percent reported two or more unmet health needs. In addition to basic medical and surgical care, mental health services, eye care and dental services were among the hardest for homeless populations to access. Untreated illness is a barrier to employment and acquiring permanent housing which results in people remaining homeless. Other studies conducted have shown that homeless persons are three to four times more likely to die prematurely than their housed counterparts, and are more likely to be high utilizers of health services. Remedying this requires a concerted effort by HHS and should be acknowledged in any strategic planning.

For example, within Goal 1, Objective A, we encourage HHS to make sure outreach and enrollment strategies to hard-to-serve populations (as highlighted on pg 10, line 307) includes specific efforts for homeless populations. To this end, we encourage HHS to help finance these efforts through Medicaid, continued block grant or health center funding, or other mainstream sources. Also, within Goal 1, Objective C, the strategic plan includes a strategy to *'increase access to comprehensive primary, preventive and specialty services by expanding the number of medical homes for children, youth and adults.'* We hope HHS recognizes that medical homes are possible for homeless populations and that connecting health services with housing and intensive case management helps clients adhere to medical advice, helps them to keep doctors appointments, and gives a medical professional the opportunity to coordinate care for the patient.

There are also additional strategies we encourage HHS to include in the final strategic plan. These recommendations seek to support principles in the Administration's recently released plan to end homelessness titled, "Opening Doors: A Federal Strategic Plan to End Homelessness."

#### Proposed Additions to HHS' Strategic Plan

- Under Goal 1, Objective A add the following strategy:
  - Work with States to ensure newly eligible Medicaid populations have adequate benefit packages to address complex needs, which includes comprehensive primary care and the full range of mental health and substance abuse services (to include residential).
- Under Goal 1, Objective D add the following strategy:
  - Help communities and states target health services and supports to frequent users of hospital and health system services.
- Under Goal 1, Objective E insert the following:
  - In lines 490-500, include a goal that HHS programs track client housing status
  - In lines 562 and 563, include Health Care for the Homeless programs as a specialized type of Community Health Center.
- Under Goal 1, Objective F add the following strategy:
  - Help integrate health data systems with data systems from other federal agencies and encourage partnerships such as what exists between SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) and HUD's Homeless Management Information System (HMIS).
- Within Appendix B: Performance Measures include the following:
  - Under Goal 1, Objective B – Increase the capacity of hospitals, FQHCs and other health clinics to serve adults who frequently use hospital and other health system services for avoidable reasons.
  - Under Goal 1, Objective E – CMS: Reduce number of uninsured persons experiencing homelessness, particularly those individuals who are at high-risk of mortality and/or high cost utilizers of emergency health services.
  - Under Goal 1, Objective F – AHRQ: Increase the number of communities that have integrated their health data systems with social service data systems.
  - Under Goal 2, Objective B – Increase federal and local interagency collaborations that comprehensively address the health and human service needs of vulnerable populations.
  - Under Goal 3, Objective B – SAMHSA: Decrease the number of persons with behavioral health challenges experiencing homelessness
  - Under Goal 3, Objective E – HRSA: Increase access to housing for people living with HIV/AIDS to reduce risky behaviors, improve adherence to treatment plan and reduce rates of transmission.
- Overall  
It is important for homeless populations to have access to integrated primary and behavioral health care. Throughout the strategic plan, improving access to behavioral health services is mentioned but there are few references that speak to integrating primary and behavioral health services as a strategy. For anyone, easily accessing multiple services is important, but this is especially true for people experiencing homelessness. They have limited resources for

transportation, less flexible schedules due to rules to access shelter or work arrangements, and often are engaged with multiple services systems which also require separate appointments. Providing the incentives for health providers to integrate services is an essential strategy to effectively serve homeless populations.

We appreciate your willingness to accept our comments and look forward to working with you as HHS implements this strategic plan.

Sincerely,

Corporation for Supportive Housing  
Covenant House  
National Alliance to End Homelessness  
National Coalition for Homeless Veterans  
National Health Care for the Homeless Council  
National Law Center on Homelessness and Poverty  
National Low Income Housing Coalition