



Advocates in Washington D.C.

Last week a delegation of CFH advocates traveled to Washington D. C. to meet with the Congressional representatives of CFH's 23 federally qualified health centers along with 100's of community health center (CHC) champions from across the nation. New York State had a strong presence in the Congressional halls where we all wore blue in solidarity.

Our major policy ask is the continuation and expansion of the Community Health Center Fund (CHCF) which accounts for about 70% of funding for CHCs like Care for the Homeless (the other 30% comes from annual discretionary appropriations). The CHCF fund expires on September 30th of this year and CHCs are advocating for stable funding that would reduce the uncertainty caused by year to year renewals of this critical investment in by year to year renewals of this critical investment in access to health care.

For 50 years, CHCs have served 23 million consumers nationwide providing high-quality comprehensive primary medical and mental health care in more than 9,000 underserved communities. In New York State any changes in funding would have a great impact on the 678 federally funded CHCs that serve 2,132,003 patients. These funds guarantee cost-effective primary medical and mental health care along with a wide range of specialty services specific to the populations that we serve. Sustained and increased funding would ensure health center programs can continue to serve vulnerable communities, programs that include the 340B drug pricing program that allows patients to buy their medications at affordable prices, programs that prevent & treat substance use disorders, and initiatives that expand telehealth services. We also asked our Congressional representatives to join the bipartisan Community Health Center Caucus to help champion health care access to vulnerable populations.

Three pieces of legislation have been introduced to date. The first is the Community Health Investment, Modernization, and Excellence (CHIME) Act (S. 106) introduced by Senator Blunt (R – MO) and Stabenow (D – MI) which extends the CHCF for five years, starting at \$4.2 billion with \$200 million increases each year. The second is the Community and Public Health Programs Extension Act (S. 192), introduced by Senate HELP Committee Chairperson Alexander (R – TN) and Ranking Member Murray (D – WA) which extends the CHCF for five years at level funding of \$4 billion each year. And the third is the Community Health Center and Primary Care Workforce Expansion Act introduced by Senator Bernie Sanders (I-VT) and House Majority Whip James Clyburn (D-SC) which extends the CHCF for five years with a 10% annual growth. If you care about the invaluable services that CHCs offer, call your Representatives and ask them to co-sponsor one of the current bills. You can reach your member of Congress at 202-224-3121.



Left: CFH advocates at the U.S. Capitol Right: CFH and other advocates meet with Congressional Offices

The Aging Homeless Population



The Emerging Crisis of Aged Homelessness:

Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?

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Much has been written about the post-World War II 'Baby Boom' and its impact and influence on American society. Increased risk of homelessness has been a part of this impact as competition for jobs, unemployment, a downward pressure on wages, an upward pressure on housing prices, and a recession in the 1970's and 1980's led to a surge of people living in poverty.

A new study conducted by the University of Pennsylvania, "The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?", presents an important 13 year projection about the baby boom population (born 1955-1965) experiencing homelessness in three cities: Boston, New York City and Los Angeles. The purpose of the study is to encourage

dialogue about an impending public health crisis and to offer policy suggestions to avoid costs associated with unstable housing and divert savings to housing solutions. The forecasts are similar in all three cities where the number of homeless people aged 65+ is predicted to grow between two and three times that of 2017 numbers. In New York City, it is stated that the number of homeless adults 65+ will grow from 2,600 in 2017 to 6,900 by 2030.

The study shows that as the aged homelessness population grows, the usage and costs of services (for example hospital visits and nursing home stays) will continuously increase in all three cities. New York City data, for example, suggests that combined shelter and healthcare costs, are projected to triple from 2011 to 2030, from approximately \$150M to \$461M annually. This increase is caused by the premature aging of this generation as older adults have medical ages that far exceed their biological ages by 20 years, thus experiencing geriatric medical conditions

The Aging Homeless Population cont`d ...

like cognitive decline and decreased mobility at a much younger age than their housed counterparts resulting in higher health care and nursing homes costs.

It is a given that aged populations have more health care needs, and the same goes for those experiencing homelessness. But, if there are early interventions in the form of housing, the projected savings for the 55+ cohort is impressive! Housing interventions can lead to a cost reduction of \$1,900 - \$2,200 per person per year, that comes from reduced use of shelter, health and nursing home services and related expenditures. This approximates to about \$20M in annual savings for NYC. A permanent housing placement will not only reduce the number of elder adults experiencing homelessness in NYC, but it will also lead to better health outcomes. It is important when deciding on future policy initiatives that we consider the demographic trends of homelessness and do what is possible to mitigate the health consequences. Not to mention allowing the aging population to live in dignity without being trapped in homelessness.

Without housing solutions, substantial public resources will unnecessarily be spent on excess shelter, health care and long-term care costs. As the elderly component of the homelessness population grows, a more courageous, sustained and humane response is the right thing to do.

Making Affordable Housing A Reality



Client leader Michael Austin is speaking at a press conference in front of City Hall

On March 22nd Client Leader Michael Austin represented Care for the Homeless at a City Hall press conference immediately before a City Council Housing and Buildings Committee hearing. The topic was the House Our Future Campaign asking Mayor De Blasio to set aside 30,000 units of affordable housing in his Housing New York Plan 2.0, that includes 24,000 new construction units. Client advocates shared personal stories of the difficulty in finding affordable housing options, with many living in shelter for years. Michael Austin shared the following story:

"My name is Michael Austin and I'm a client advocate with Care For The Homeless. I have the misfortune of being undomiciled or homeless in one of the richest cities in the world and I've been homeless for roughly 8 years. Finding a viable way out has been nerve wrecking. By attempting to get assistance through various agencies I have learned that that there is a tier system in receiving assistance, First is individuals with mental health issues, second is individuals that are formerly incarcerated or with substance abuse issues, and third is the "general public".

Why is there so much "red tape" to find assistance & get viable housing? Each tier is important and if there was enough supply of affordable or supportive housing for extremely low-income New Yorkers, there would be no distinction between each category.

My question is, why are so many resources going towards short term solutions when they could be better re-tooled for truly affordable rents, saving the city, state and tax payers hundreds of thousands, if not millions of dollars?

I was so blessed to take a course last summer in website design and now I'm pursuing a career in encryption & cyber-security. Unfortunately, without affordable, safe, secure and sensible housing, I don't have the opportunity to make that dream a reality. I can't compete with the rising cost of rents here when Hudson Yards developers spent \$23 billion to make their dreams a reality. Or when someone can purchase a penthouse on Central Park South for a record \$238 million, a purchase that has changed the landscape for future purchases in North America. How will I ever compete with that?

I had the misfortune of having four friends die while waiting for housing, two who froze to death in the street, one who died two days before his housing was approved...I pray I don't end up like that.

If we want to make an impact on the increasing numbers of people experiencing homelessness, De Blasio needs to commit to developing 30,000 units of affordable housing for homeless New Yorkers, that includes 24,000 units of new construction. It's the right thing to do that will put us on the path towards ending homelessness in NYC."

The Busy Advocate's April Calendar

Tue., Apr. 9th, 1:30 p.m., NY City Council Meeting, City Hall Council Chambers, New York, NY, 10007.

Wed., Apr. 15th, 10:00 a.m., Committee of Public Housing meeting on NYCHA management oversight, City Hall Council Chambers, New York, NY, 10007.

Thur., Apr. 18th, 1:30 p.m., NY City Council Meeting, City Hall Council Chambers, New York, NY, 10007.

Wed., Apr. 24th, 12:30 - 2:00 p.m., CFH Consumer Advisory Board Meeting, 30 E. 33rd Street, 5th floor conference room, New York, NY, 10016.