Examining the Role of Federally Qualified Health Centers in Homeless Services Connection

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SUMMARY

By examining the linkage between AltaMed Health Services' Electronic Health Records (EHR) and Homeless Management Information Systems (HMIS) data, this research identifies an important gap in those flagged for risk of homelessness by a medical provider and those connected to the Los Angeles County continuum of care. This gap suggests a missing link between healthcare and homelessness services. Future work should focus on greater connection among healthcare and homeless services, including how these systems can work together to identify housing needs and ensure linkage to local resources.

CONTEXT

Integral to providing adequate services to our unhoused neighbors is identifying individuals who are experiencing homelessness that are not yet connected to the formal homelessness services system overseen by the Los Angeles Homeless Services Authority. The linkage between AltaMed Health Services' Electronic Health Records (EHR) and Homeless Management Information Systems (HMIS) data helps to bridge this identification gap. A key component in this data linkage is the Patient-Centered Scalable National Network for Effective Research (PSCANNER), a data network housed at USC that includes several large healthcare systems and enables secure data transfer, storage, and linkage.

AltaMed, one of the largest Federally Qualified Health Centers (FQHCs) in the United States, serves over 320,000 people across 200 Southern California zip codes, providing a range of primary care, dental, specialty care, youth, and enabling services for low-income populations. Their service area includes a high proportion of Latinx people, Spanish-speakers, and people living in poverty. 41% of residents in the areas served live in poverty, while AltaMed estimates that nearly 80% of their patients identify as Latinx. Housing precarity is a significant challenge for those in AltaMed's service area, where 60% of residents report being rent burdened and 20% of renter-occupied units report overcrowding. Community and patient advocates report that homelessness is a growing concern in the communities that AltaMed serves. Between 2016 and 2020, AltaMed reported a 72% increase in patients experiencing homelessness — 1,707 to 2,938. This number is likely an undercount as AltaMed currently does not screen all patients for housing instability. Further, it is anticipated that the rate of patient homelessness will continue to grow due to economic challenges emerging due to COVID-19.

FINDINGS

Within AltaMed's EHR, 11,496 individuals were flagged as experiencing homelessness and 4,745 as doubled up/ living in overcrowded housing. Notable differences between these populations included a larger proportion of women identified as living in overcrowded housing/doubled up and higher rates of Spanish speakers reporting overcrowded housing/doubled up.

FIGURE 1. Proportion of patients known to be in contact with homeless services and those identified as housing unstable by AltaMed
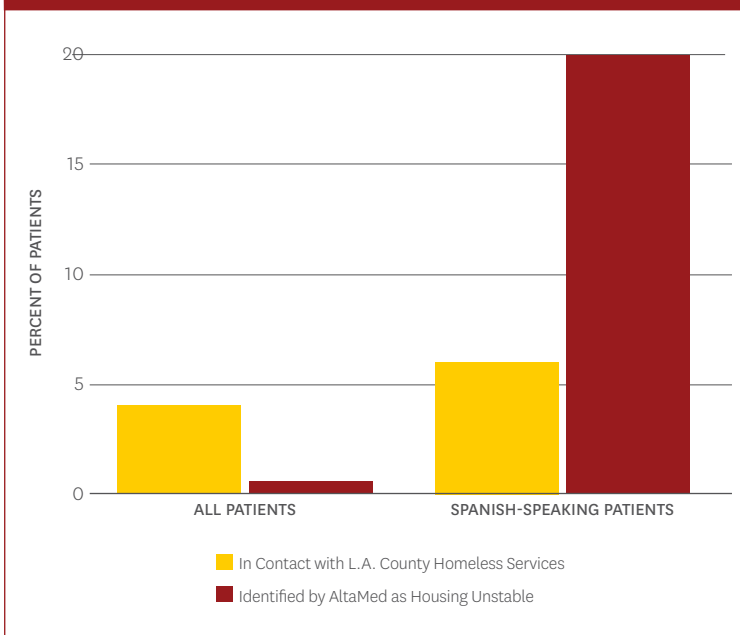
Through examining AltaMed EHR data linked with LAHSA's HMIS data files, our analysis found that nearly 13,000 AltaMed patients had contact with the Los Angeles County continuum of care homeless services system. Of those, only 14% were also identified as housing unstable by AltaMed, indicating possible issues on the FQHC side regarding identifying at-risk individuals (Figure 1). However, AltaMed also identified thousands of patients as housing unstable that were not connected to homeless services, suggesting that the LA County continuum of care would benefit from the data connection working both ways. Further, language data indicates that the FQHC is identifying higher rates of Spanish-speaking patients experiencing homelessness (20%) than appear to be connecting to homeless services (6%).

We also undertook a comparison of AltaMed patients that had interacted with the LA County continuum of care and those who seemingly had not but were flagged by AltaMed as experiencing homelessness. The data suggests that AltaMed patients that connected with homeless services were more likely to be male English speakers, between the ages of 35 and 64. Unfortunately, AltaMed's EHR dataset contains missing data across key variables like ethnicity, race, and marital status. Addressing these data limitations will be a key area for future research working with linked EHR and HMIS data.

Throughout this project, extensive effort was required to obtain the necessary permissions and agreements to receive data from various agencies. Though we succeeded in obtaining the necessary data for this analysis, additional data use agreements are required to further analyze the linked data, indicating the necessity of better data sharing processes across agencies and partners. To allow researchers to learn from this valuable healthcare EHR and HMIS data linkage efforts data, steps should be taken to better facilitate cooperation across services, potentially using PSCANNER to link databases.

CONCLUSION

This project represents an important step towards bridging the divide between FQHCs that service large populations of low-income patients and homeless service systems. Low rates of patient linkage to homeless services (16%) should raise concerns regarding service access and highlight the potential role of FQHCs in addressing homelessness among populations that might otherwise remain disconnected from homeless services. Our findings further suggest that many benefits could arise from additional work facilitating data sharing across service providers, like healthcare and other human services, in the LA County area.

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ABOUT THE HOMELESSNESS POLICY RESEARCH INSTITUTE

Established with support from the Conrad N. Hilton Foundation and the Home For Good Funders Collaborative, the Homelessness Policy Research Institute (HPRI) is a collaborative of over one hundred researchers, policymakers, service providers, and experts with lived experience of homelessness in Los Angeles County by advancing knowledge and fostering transformational partnerships between research, policy and practice.

OUR VALUES

Infuse **equity and cultural humility** into all aspects of HPRI research, conversations and convenings. Uplift **collaboration** both between researchers from different backgrounds and institutions and from the research community to the policy and practice communities.

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