

Information from the Health Care for the Homeless Program

Severe Weather Puts Homeless People and Clinicians on Alert

When three homeless men froze to death on the streets of Denver in the winter of 1996-97, the mayor's office took notice. A front-page newspaper story about the number of homeless people who die on the streets of Philadelphia put the city's health and social service systems on alert. Homeless people were among those who died in Chicago during a 1995 record-setting heat wave that garnered national attention.

Unfortunately, Health Care for the Homeless (HCH) clinicians say, it sometimes takes a highly publicized tragedy or spell of unusual weather for politicians and the general public to notice the effect of severe weather on homeless people. "Media coverage picks up when the weather gets bad, but this is a year-round problem for homeless people," according to nurse Linda Dziobek, Director of Health Services at Travelers Aid Society in Providence, RI.

Weather-Related Health Problems

Winter. Hypothermia and frostbite are two of the most common conditions

HCH clinicians treat in the winter months (see box on page 3). Hypothermia is a fall in body temperature to below 95°F that can cause a slowed heart rate and mental confusion and lead to unconsciousness and death. As the body cools off, it attempts to maintain its core temperature at the expense of the periphery, which means that fingers and toes are most subject to frostbite, notes Pat Letke, a physician assistant with Unity Health Care in Washington, DC.

“Media coverage picks up when the weather gets bad, but this is a year-round problem for homeless people.”

Dampness intensifies the effect of the cold. People who wear lightweight tennis shoes to walk in snow and slush risk having their socks or their shoes freeze to their feet. Trench foot or



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Bundled against the cold, a homeless person takes refuge in a travel agent's doorway.

immersion foot results when feet are both wet and cold for a prolonged time. Even at temperatures of 40°F to 45°F, the skin may start to separate from the foot, according to Jord Field, case manager with the Homeless Health Care Center in Chattanooga, TN. Individuals who sleep on steam grates are at greater risk for hypothermia when their clothes are wet, and they also are subject to burns, Letke notes.

Alcohol, which paradoxically makes people feel warm when heat escapes dilated blood vessels, hastens the escape of body heat. In addition, people who lose consciousness

and fall asleep in the cold are at risk of freezing to death.

Summer. Summer is no less dangerous a time for homeless people. Hyperthermia or heat stroke is a life-threatening condition in which the body becomes overheated, in some cases to temperatures of 107°F. A lack of fluids
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Researchers Test UV Rays to Fight TB

The newest weapon in the war on tuberculosis is as old as the sun. The National TB Coalition, led by principal investigator Philip W. Brickner, M.D., Chairman of the Department of Community Medicine at St. Vincent's Hospital in New York City, has embarked on a multi-million dollar, five-year study of the use of ultraviolet (UV) waves to control the spread of TB in homeless shelters in six cities around the country.

St. Vincent's Hospital, a partner in the coalition with Harvard Medical School, Harvard School of Public Health, Consolidated Edison Company of New York, and the Electric Power Research Institute of Palo Alto, CA, has received \$75,000 toward the study from the Bureau of Primary Health Care's Health Care for the Homeless Program.

"Our aim is to provide a safe, cost-effective application of ultraviolet germicidal

irradiation to kill airborne TB bacteria," Dr. Brickner said. The double-blind, placebo-controlled study will assess the public health benefits of ultraviolet disinfection and determine if it is more energy efficient and cost effective than other methods of eliminating airborne pathogens.

"In New York City, the TB rate among homeless people is 75 times the national average."

A Resurgence of TB

In the early 1950s, according to Dr. Brickner, the use of ultraviolet lamps was widely believed to cut the spread of TB, but their use fell out of favor when antibiotics and improved living conditions decreased the incidence of the infectious and potentially deadly disease. TB began to make a resurgence in the mid-1980s, however, when conditions in which the disease spreads—including poor nutrition, crowding, poor ventilation, and alcoholism—became prevalent among America's homeless population.

Individuals whose immune systems are compromised by HIV infection are especially vulnerable, and drug resistant strains

of the disease are fueled by individuals who begin, but do not follow through on, TB treatment. In New York City, the TB rate among homeless people is 75 times the national average, Dr. Brickner said. This poses a major public health hazard in crowded shelters where other homeless people and health and social service workers are exposed to individuals who may not even know they are infected.

Efficient and Inexpensive

The ceiling-mounted ultraviolet fixtures developed for this study use short-wave rays that do not cause skin cancer or cataracts, and they cost about \$35 a year to operate. Ultraviolet light, which can't be seen by the eye, lies just beyond the violet end of the visible light spectrum. When TB-laden

air circulates through the upper room, the UV radiation destroys the TB bacteria's DNA.

To date, both real and placebo ultraviolet lights have been installed in shelters in New York City and Birmingham, Alabama. Shelter residents and staff who volunteer for the study will receive tuberculin skin tests at regular intervals during alternating control and UV air disinfection periods. Other possible study sites include Chicago, Los Angeles, San Diego, New Orleans, Atlanta, and Nashville.

If this technology proves effective, Dr. Brickner said, it could be applied in other crowded settings such as schools, clinics, hospitals, prisons, and airplanes. For more information about the study, contact Dr. Brickner at (212) 604-8025. ▲

Call for Client Art and Writing

The Bureau of Primary Health Care invites Health Care for the Homeless (HCH) grantees and subcontractors to submit poster exhibits of client art and writing (stories, poems) for display at the National HCH Conference April 30 to May 2 in St. Louis, MO. Entries may include art and writing created by clients in formal therapy programs, as well as individual works. For information on submission, contact Marisa Brennan at John Snow, Inc., (617) 482-9485 or mbrennan@jsi.com.

Opening Doors is published quarterly by Policy Research Associates under contract to the Health Resources and Services Administration's Bureau of Primary Health Care.

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Severe Weather (continued)

leads to dehydration, and athlete's foot is common among people who wear sneakers without socks. Certain medications, including psychotropic drugs, steroids, and antibiotics, make people photosensitive and increase their risk of sunburn, Dziobek points out.

A Formal Response

Certain localities have formal policies to increase outreach and shelter to homeless people during severe weather. Philadelphia's "code blue," for example, is set in motion when the windchill factor reaches 10°F. Local health and human service agencies are notified, and the city opens set-aside beds in shelters and low-demand residences. A more informal "code red" is activated after several days of prolonged heat.

The District of Columbia's winter response plan is governed by a local law which requires that shelters remain open 24 hours per day when the temperature drops below 32°F. Many cities, such as Denver, allow shelter operators to exceed capacity limits in bad weather, and others, like Chicago, use city buildings as warming and cooling centers.

HCH clinicians are a vital part of these efforts. In the District of Columbia, Pat Letke participates in a yearly in-service training for shelter staff. In particular, Letke notes, it's important to teach those who work with homeless people to distinguish between sub-

stance abuse and confused behavior that is a sign of hypothermia. Genevieve Burns, an adult nurse practitioner with the Philadelphia Health Care for the Homeless Project, teaches HCH and city outreach teams how to recognize the symptoms of weather-related health problems and provide appropriate first aid.

An Ounce of Prevention

Through outreach and education, HCH clinicians do their best to coax homeless people indoors during dangerous weather. For those who remain outside, prevention is the key. Outreach workers hand out hats, mittens, gloves, boots, coats, blankets, and warm drinks in the winter, and sun block, lip balm, insect repellent, and plenty of water and/or juice in the summer. Cotton socks are appropriate all year.

In rare cases, HCH clinicians will work with local mental health authorities to have a person involuntarily committed, if they fear the individual is incapable of caring for him or herself and is in danger of dying on the streets. However, the clinicians note, securing the necessary authorization can be extremely difficult, even when the person is gravely ill.

Individuals who remain out-of-doors often have well-developed survival skills, Burns says. But even those who have learned to live successfully on the streets are caught off guard by unexpected weather. A record-breaking early snow-

fall in October 1997 sent Denver outreach workers scrambling to find clients.

"We Can Still Do More"

Even in cities with a formal response to severe weather, there are still gaps in the system. For example, Letke notes, although shelters remain open around the clock during extremely cold weather in the District of Columbia, homeless people still have to leave to find food. "My job is to advocate for the people on the street," Letke says. "I know we can still do more." ▲

Warning Signs

Hypothermia

- Appears cold and/or pale
- Cold to touch
- Slow heart rate
- Low blood pressure
- Slow respiration
- Stupor (slowed or altered mental state)
- Coma
- Unconsciousness

Frostbite

- Blanching skin (white or pale)
- Numbness
- Gangrene (skin is green and/or black)

Courtesy of Pat Letke, P.A., Unity Health Care, Washington, DC.

Meet us in St. Louis!

As the Health Care for the Homeless (HCH) Program begins its second decade, the National HCH Conference heads for the Midwest, according to Frances Marshman, M.P.H., of John Snow, Inc., project director for the conference. This year's conference, titled "Closer to Home: Local Strategies to Address Homelessness," will be held April 30 to May 2 at the St. Louis Marriott Pavilion Downtown in St. Louis, MO. The National Health Care for the Homeless Council's annual symposium follows the close of the conference on May 2.

"I'm pleased to help bring the conference to a new part of the country and to welcome participants as they begin a new decade of providing health care to homeless people," says Marshman, who takes over the reins of the conference from Connie Millard. A former deputy director at the New York City Department of Health Bureau of Tuberculosis Control, Marshman was also a policy analyst for former New York City Mayor David Dinkins and a reporter for *Venture* and *Money* magazines.

Marshman notes that the conference will feature many of the highlights participants have come to expect, including facilitated workshops and plenary sessions, a poster session, a photo exhibit, and an evening of comedy sponsored by Comic Relief. Complete details and registration materials will be mailed to HCH grantees and subcontractors in the coming weeks. For more information about the conference, contact Marshman at (617) 482-9485. ▲

New Grantees Aid Underserved Groups

Five new Health Care for the Homeless (HCH) grantees share a longstanding commitment to serving homeless and low-income individuals in their communities. The new programs were funded by the Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) in September 1997.

Two of the new grantees are community health centers that have been providing primary health care to uninsured and underinsured people, including those who are homeless. Three of the programs began as voluntary efforts, serving homeless and low-income adults and children with unpaid medical and administrative staff.

"We are pleased to welcome these new grantees to the HCH family and to support their continued efforts to increase access for homeless people to primary health care and additional medical and social services," said Marilyn H. Gaston, M.D., BPHC Director. Each of the new grantees is profiled in brief below.

Healthcare for the Homeless Program

**St. Mary's Hospital
Rochester, New York**

St. Mary's Hospital is a nonprofit, Catholic, community hospital founded in 1857 by the Daughters of Charity. The hospital provides health and social services in 11 emergency and transitional shelters throughout the city and operates a mobile medical outreach unit.

With the HCH funding, St. Mary's will address current gaps in services and increase the number of homeless people served. In particular, the program will add additional outreach staff, to find those individuals who are hard to locate and serve, and peer educators, to provide culturally sensitive behavioral interventions that focus on health education and prevention. *Contact Bonnie F. Hadden, Administrative Director, at (716) 464-3357.*

Project HOPE

**Our Lady of Lourdes Medical Center
Camden, New Jersey**

Project HOPE (Homeless Outreach Program Enrichment) is a program of Our Lady of Lourdes Medical Center in Camden, the fifth most impoverished city of its size in the nation. Since 1993, our Lady of Lourdes has sent volunteers out on week nights to provide food, clothing, and information to the area's homeless people.

Using the HCH grant, Project HOPE will expand its mobile outreach efforts and will add two clinics for homeless people, one at a nutrition center and one at a men's shelter. Clinic staff will provide or arrange for such services as immunizations, health screenings, dental care, substance abuse counseling, case management, and assistance with job training, employment, and housing. *Contact Annette Torres, R.N., Clinical Coordinator, at (609) 757-3969.*

ECHO Health Center Evansville, Indiana

A program of the Evansville Coalition for the Homeless, the ECHO Health Center is a nonprofit agency founded in 1989. ECHO Health Center had no paid medical staff until 1997. Though it had limited resources, the agency served 3,266 individuals in 1996, more than a quarter of whom were homeless.

ECHO Health Center will double its staff with the HCH grant and will establish a second site at United Carling Shelters, a multifaceted program offering housing, meals, and addiction services. Project staff will provide health promotion and prevention activities, as well as screening, diagnosis, and medical treatment. A case manager will coordinate health and social services. *Contact R. Michael Kough, Executive Director, at (812) 421-9850.*

Health Access Washoe County Reno, Nevada

Health Access Washoe County (HAWC), a three-year-old community health center, serves large numbers of uninsured working people in the greater metropolitan area of Reno, Sparks, and Washoe County. The lure of seasonal casino jobs, and the 24-hour availability of alcohol and gambling, leads to health and social problems.

With the HCH funding, HAWC will open a satellite clinic at Project ReStart, a comprehensive program that offers food, jobs, and shelter for homeless people. In collaboration with Project ReStart and the Washoe County District Health Department, the clinic will offer a full range of medical, case management, and social services under one roof. *Contact Michael P. Rodolico, Executive Director, at (702) 329-6300.*

Pueblo Community Health Center, Inc. Pueblo, Colorado

Pueblo Community Health Center (PCHC), established in 1983, is one of only two clinics in Pueblo providing health care services to individuals regardless of their ability to pay. More than 2,500 individuals are homeless each year in Pueblo County, 50% of them women.

PCHC will use its HCH funds to open a new primary care clinic in downtown Pueblo at Posado, a homeless services agency that provides referrals, housing assistance, food, and shelter. Medical staff will provide or arrange for such services as immunizations, health screenings, education, dental care, and specialty referrals. A project manager will coordinate medical and social services. *Contact Byron A. Geer, Executive Director, at (719) 543-8718, ext. 139. ▲*

NEWS FROM THE HCH CLINICIANS' NETWORK

1998 Awards Program Underway

Clinicians' Network members are invited to nominate deserving colleagues for the 1998 Award for Outstanding Service. Nomination forms have been mailed to Network members and will be due in February. The winner(s) will be announced at the annual membership meeting on April 30.

Nominees must be Network members who have worked with homeless people for at least three years. They will be judged on their creativity and vision in improving the health and quality of life for homeless people, as well as for their commitment to combating and preventing homelessness.

For more information on the awards program, contact Ardyce Mercier, Membership Committee chair, at (423) 265-5708.



1997 Award for Outstanding Service winner Janet M. Stone, Senior Case Manager at HCH in Grover Beach, CA.

New Online Services

The Network's Home Page at <http://www.nashville.net/~hch> now includes an exclusive **Members' Forum** with the following features:

- a Job Bank that posts job openings in HCH projects nationwide;
- a resume posting service for individuals seeking work in health care settings for homeless people; and
- a members-only Discussion Board where clinicians can post questions and share solutions to problems of mutual concern.

The Network is now accepting information to post on its Web site. If you have job openings at your agency,

please submit a brief description of no more than 100 words. Positions will be posted for four weeks.

If you are looking for a position working with homeless people, please submit a brief statement of 25 words or less describing the position you are seeking, along with a one-page resume. Resumes will be posted for six weeks. Send the information to the Network at hch@nashville.net; only electronic communications can be accepted. All HCH projects and their employees are welcome to participate in this electronic Job Bank and resume posting service.

Access to the Internet Discussion Board, however, is limited to current Network members. To join the Network and receive the access code to the Discussion Board, visit the Home Page or call (615) 226-2292 for a membership brochure.

Call for Nominations

The Network has mailed a call for Steering Committee nominations to its members. The Network is recruiting clinicians from regions II, III, IV, and VIII. Nominations will be due in February, and the election of new committee members will take place at the group's annual meeting, to be held on April 30 in St. Louis, MO, in conjunction with the National HCH Conference.

Any Network member may nominate him or herself or a colleague for election to the Steering Committee. All candidates must be current Network members. New Steering Committee members will begin their three-year term after the annual meeting. They are expected to serve on at least one working committee, participate in monthly committee conference calls, and complete committee assignments. Members also are expected to attend two or three Steering Committee meetings a year. The Network covers conference call expenses and reimburses travel expenses, budget permitting.

For more information on current Steering Committee vacancies or the nomination process, contact Ken Kraybill, Nominating Committee chair, at (206) 464-1570, ext. 3011.

JCAHO Holds Mock Review in Chattanooga

Just as a Health Care for the Homeless (HCH) Program provides primary care in nontraditional ways, so, too, a national accrediting organization reviewing HCH practices must be flexible in applying standards that relate to this unique approach. But quality is not compromised in either case.

Reviewers from the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) held a “mock” accreditation review at the Homeless Health Care Center in Chattanooga, TN, last summer. According to Center Director Linda Katzman, M.S., JCAHO staff told her the project would have passed an actual review. Clearly, HCH programs can meet national standards of patient care when those standards are applied in a way that reflects the “real world” setting in which they practice.

A Benchmark of Quality

National accreditation is a benchmark of quality for health care organizations. “As organizations become accredited, they position themselves to compete based on quality, to partner with other providers of care, and to negotiate financial agreements in the best interests of the organization and its patients,” notes Bureau of Primary Health Care (BPHC) Director Marilyn H. Gaston, M.D.

Recognizing the overlap between independent accreditation standards and the BPHC on-site Primary Care Effectiveness Review (PCER), the Bureau contracted with

JCAHO to implement a unified review process for health center programs that incorporates an accreditation survey for ambulatory care organizations and a review of mandatory Federal monitoring requirements as surveyed in the PCER. This unified survey process was pilot-tested at five health centers in early 1997 and is currently being used to review programs that may include homeless components. The Chattanooga project is the only freestanding homeless program surveyed to date.

Independent accreditation is especially useful for HCH programs that want to affiliate with managed care organizations, notes HCH Director Jean Hochron, M.P.H. “It is important for the Bureau to prove to patients, partners, payers, and funders that our programs provide the same standard of care as other health care organizations,” Hochron says. However, she acknowledges there are concerns about the applicability of routine standards to a program such as Health Care for the Homeless, whose providers deliver care in nontraditional ways. The JCAHO review of the Chattanooga project was designed to address these concerns.

Flexibility Required

A three-person JCAHO team, including a medical and administrative surveyor and an observer, spent three days at the Homeless Health Care Center in Chattanooga in August 1997. If this had been an actual review, the team would also have included a

fiscal surveyor, who would have gathered information for the fiscal component of the PCER.

To understand the full scope of the program’s delivery system, the JCAHO survey team accompanied a case manager on street outreach one evening, and spent the next evening at shelter sites with a nurse practitioner. “This is not the typical process for a JCAHO review, but these are not 9 to 5 health care centers,” Hochron notes.

The flexibility of the JCAHO team extended beyond their willingness to observe staff interaction with patients in the field, according to Katzman. “We were particularly impressed with the fact that the JCAHO team was very open to different types of practice that don’t fit into the standard medical model,” she says.

For example, she notes, her staff may not be able to follow standard procedures for notifying a homeless patient of abnormal lab results, since many individuals are difficult to locate. Likewise, clinicians may not be able to focus on preventive education when a patient has acute medical care needs. The JCAHO reviewers acknowledged the project for the efforts it makes in the areas of notification and prevention, even though it is not always successful.

Because the JCAHO ambulatory care survey covers such diverse programs as health centers, ambulatory surgery centers, and prison health programs, it is

designed around functional standards that focus on outcomes rather than on process, notes Lon Berkeley, JCAHO Project Director for Community Health Center Accreditation. “The ambulatory care survey is robust enough to apply to different settings,” Berkeley says. “The emphasis is on practice rather than on paper.”

Preparing for a Survey

Outside accreditation is available to, but may not be appropriate for, all HCH programs, Hochron notes. Many operate as consortia, and the individual partners already are accredited. Hospitals that operate HCH programs also are accredited. Further, HCH programs not involved in managed care networks may not have the need for an independent review.

Health care programs that choose to apply to the Bureau for a JCAHO review need about nine months to prepare, according to Ann MacIntyre, a health policy analyst in the BPHC Division of Community and Migrant Health. During this time, staff should acquire the survey tool, perform a self-assessment, and determine areas that need improvement before the accreditation visit. The Bureau covers the cost of the JCAHO review. The Fiscal Year 1998 accreditation program is set, but HCH projects interested in applying for a Fiscal Year 1999 JCAHO review should contact their local field office soon for more information. ▲

HCH INFORMATION RESOURCE CENTER CONNECTIONS

Access to Prescription Medicines

Health care providers whose patients might not have access to necessary medications can tap the growing number of prescription programs available through member companies of the Pharmaceutical Research and Manufacturers of America (PhRMA). The *1997 Directory of Prescription Drug Patient Assistance Programs* lists more than 40 participating pharmaceutical companies with 56 different medication assistance programs. The directory is available free of charge from PhRMA at 1100 Fifteenth Street, NW, Washington, DC 20005, (202) 835-3400.

Surplus Property Available

Surplus government equipment, including computer hardware, is available free or inexpensively if you know where to look. Here are some ideas:

- **General Services Administration (GSA).** For information on GSA sales of used Federal personal property, call (703) 557-7785 and ask for the address of your regional GSA office. If you have access to the Internet, you can reach GSA at <http://www.gsa.gov/region.htm>
- **Title V Surplus Federal Property Program.** The U.S. Department of Housing and Urban Development (HUD) publishes a weekly *Federal Register* notice listing available properties that are leased without charge to homeless service organizations. Contact the HUD Office of Special Needs Assistance Program, 451 Seventh Street, SW, Washington, DC 20410, (800) 927-7588.
- **National Law Center on Homelessness and Poverty.** This organization coordinates the BASE (Base and Surplus Property Education) Network. The project brings together homeless service providers, government entities, advocates, and other concerned parties to share information, ideas, and technical assistance about using base closure and other Federal surplus property to assist homeless people. Contact the National Law Center at 918 F Street NW, Suite 412, Washington, DC 20004-1406, (202) 638-2535. The Center's Internet address is <http://www.nlchp.org/current.htm#6>

- **Military bases that are closing.** Inquire at the local level by contacting the Commander's office or the city manager's office that has local jurisdiction.
- **Defense Reutilization and Marketing Service.** Generic surplus property may be available; contact your local military base for more information.

Call for Materials

The Resource Area and Tools Exchange at the National HCH Conference, April 30 to May 2 in St. Louis, MO, is an excellent opportunity to share information about your program and to exchange clinical and programmatic tools with your peers. Consider sending any or all of the following materials:

- brochures
- intake/encounter forms
- manuals/training materials
- clinical protocols
- quality assurance guidelines
- publications/newsletters
- triage policies
- videos
- bylaws
- policies and procedures
- fact sheets
- job descriptions
- information system tools

Send display copies or bulk materials for distribution to Yvonne Wallace at John Snow, Inc. (JSI), 44 Farnsworth Street, Boston, MA 02210 by **April 10, 1998**. Call Yvonne at (617) 482-9485 if you have questions. Remember, if you have something that works for your program, it will be valuable to your peers. Please share!

How Can We Help You?

For more information on resources related to the effective delivery of health care services to homeless people, contact HCH Information Resource Center Project Coordinator Nan Brady at (888) 439-3300, ext. 246, or send E-mail to hch@prainc.com.



PROGRAM

UPDATE

Health Centers Receive Increase for 1998

Funding for the Health Centers cluster, which includes the Health Care for the Homeless (HCH) Program, increased by 3 percent for Fiscal Year 1998. President Clinton signed the appropriations legislation November 13, 1997. The HCH Program will receive approximately \$71 million to provide continuing support of our 128 grantees, as well as for related initiatives.

Guaranteed Loans Available

Historically, health center programs, including HCH grantees, have faced numerous obstacles when seeking a loan to finance capital projects or managed care networks and plans. Often, the only available loans came with prohibitively high interest rates. With the Health Resources and Services Administration's (HRSA) innovative Health Centers Loan Guarantee

Program, health center programs can access capital at reasonable rates in a timely manner.

Under the program, federal guarantees may be provided for a substantial portion of the principal amount of loans from nonfederal lenders to health center programs. Up to 85 percent of the principal amount may be guaranteed on loans for the construction, renovation, or modernization of health center facilities. Loans for developing and operating managed care networks and plans may be guaranteed for up to 90 percent of the principal amount for networks, and up to 85 percent for licensed plans. Up to \$80 million in loan guarantees are currently available.

With the advent of state reforms that move Medicaid beneficiaries into managed care programs, improved access to capital will give health center programs a needed boost. For more information on the Health Centers Loan Guarantee Program, contact Joe Fitzmaurice at BPHC's Division of Community and Migrant Health, (301) 594-4300.



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Health Care for the Homeless

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