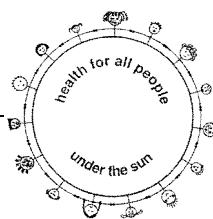


Health Care for the Homeless And HouseCalls



November 2008

HouseCalls Prevents Homelessness

While Americans commiserate over the high price of groceries and the fiasco with Wall Street, HouseCalls staff spent the last 6 months rescuing 411 families from losing their housing. These aren't the front-page stories of high financing schemes but the daily news of people living on the edge of poverty.

Here's a few examples:

A two-parent family with 5 children. The father is disabled by mental illness and his SSDI claim is pending. The family income is generated by his wife's operation of an in-home daycare. HC facilitated a payment arrangement with contributions from several sources and helped to get the electricity re-connected. This allowed the family daycare business to stay open and secure their household income.

A single mother who is attending classes to become a Medical Administrative Assistant. Despite Section 8 subsidized rent, her limited income of \$311 in Child Support isn't enough to keep up with her mounting Xcel bill. HC staff worked with Xcel to keep her utilities connected during the lengthy application process. The mom qualified for energy assistance because of a HC loan and she was able to pay off the overdue balance. It's a special celebration when a HC's intervention helps keep a family in affordable housing.

A mom with two children got laid off from work while going through a divorce. As she waited for her first unemployment check, she received a disconnection notice from Xcel Energy. Without any income, this family did not qualify for most assistance programs. The exception was HC and staff was able to loan the \$175 needed to avert the utility

disconnection. Without HC's flexible design, this family may have lost their housing. HC staff received a very touching thank you card expressing this mom's appreciation for the help.

It is always stunning to learn that not paying utility bills may ultimately lead to losing your housing through a public health order to condemn the property. What starts as a financial issue becomes one of human safety and, if left unresolved, turns into a crisis that can lead to homelessness.

The inability to pay utility bills is such a national phenomenon that the Budget Reconciliation Act of 1981 established a program called LIHEAP (Low-Income Home Energy Assistance Program), and it assists people with the lowest incomes and the highest energy costs. The federal program is implemented locally by Community Action Programs (CAP), the welfare department and agencies for the aging. LIHEAP funds are supplemented to a limited extent by state grants, energy suppliers and utilities, church

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The Mental Health Clinic

The HCH Mental Health Clinics at the Dorothy Day Center are always busy. The mix of patients includes those who are new to psychiatry, some that are just new to HCH and some returning patients who come each month for medication management and support.

“Most of our patients are in some sort of crisis and can’t wait,” said one staff member. “We hope to see them, start appropriate treatment, and find another place for them to get longer term care if they need it. We try to work ourselves out of a job.”

The staff at the HCH Mental Health Clinics sees their role as that of dealing with crises and initiating short-term treatment. The average individual is seen for less than three visits. The clinic staff takes pride in the fact that the wait for an appointment for a new patient is much shorter than the wait at most area clinics.

Here’s a few stories to illustrate how we work with the patients we meet.

John (not his real name) was first brought to the clinic by a housing inspector. According to the inspector, John had been living in a house which had been condemned due to structural failures and lack of electricity and water. The police had been called to escort John from the house.

John was initially reluctant to talk with the staff at the clinic, but did tell Ashley, the Clinic Coordinator, that he had lived in the house for many years, a house that his parents had owned. She learned that he

was eligible for a number of services, but refused to accept them, or even to apply for them. He said he refused to have anything to do with the government.



Now in his late fifties, John also declined to sleep at Dorothy Day, although he would come for meals. He said he preferred to stay out-of-doors.

Although John agreed to come back to the clinic to talk with the staff, he was unwilling to discuss his history or his symptoms. One day, however, he confided to Karen, HCH Mental Health Nurse, that he heard a voice. He said it was “probably a spirit.” It told him not to trust anyone. He said the voice was angry, shouted at him and often kept him awake at night. When told there were medications that might help with the voice, he eventually, after several more visits, agreed to give the pills a try.

I wish I could say the voice went away when John took the medication. It didn’t, but it did stop telling him what to do and became friendlier and less frightening. Along with this, John agreed to visit the Access team of case managers and to follow some of their recommendations. With

their help, he is now living in an apartment near the house where he grew up.

Another patient, Sasha (not her real name), aged 23 and the mother of two daughters ages 3 and 5, was referred to the clinic by the staff at the shelter where she was living. The shelter staff said that Sasha was depressed. They added that Sasha spent most of the day in her room at the shelter, seemed to have little energy, did not participate in the program and tended to leave much of the care of the children to other mothers at the shelter.

Sue, HCH Nurse Practitioner, was at the Mental Health Clinic when Sasha came in. Sue noted that Sasha’s speech was soft and slow, her hair was quite thin, and her skin was dry and flakey. Sasha said she had no energy. Sue ordered blood tests for thyroid function and referred Sasha to come to the HCH Medical Clinic to see Sue for follow up. It turned out that Sasha’s symptoms were caused by her being hypothyroid. Once she took thyroid replacement medication, she became more energetic and resumed being able to care for her children and to participate in the program.

Such is the work at the clinic, at times hectic and confusing, sometimes gratifying and always interesting.

John Rauenhorst, MD, *Psychiatrist*

Patient names and histories have been changed to protect the confidentiality of the patients.

HouseCalls Prevents Homelessness, Continued from Front Page

donations and local charitable funds from organizations like the Salvation Army. "Though it may seem costly and take a lot of agencies and effort, energy assistance is well worth it," says Kay Wittgenstein, HC Co-Director. "Preventing homelessness is a smart investment because we ward off many negative outcomes that are costly to the children, families and community."

Here's a brief summary of what happens when a client calls HC reporting a utility shutoff. The staff assesses which intervention will work best, makes referrals to CAP and others, determines whether sufficient funds have been gathered and negotiates with the utility company to ensure the crisis is resolved. The HC program is designed to find ways to help people who may not qualify for other programs. This flexibility fills a gap in the patchwork of energy assistance resources.

So here is how things are shaping up for this winter. The bad news is that home energy costs for the 2008-09 are expected to rise. Local suppliers forecast an annual increase of \$400 per household.

The good news is that LIHEAP funding for 2009 is the highest in the history of the program. 4.5 billion will be allocated in block grants this year, which is double the 2008 allocation of 2.6 billion.

HC is proud of the tremendous success they have in stabilizing housing through utility assistance. At an average cost of just \$400 per household, the HC staff prevented 411 families from losing their housing and the incidental harms of bad credit on their rental and utility history, loss of furnishings if storage is unaffordable and the traumatic experience of homelessness on the whole family. As we continue to read about slowing economies and record high unemployment figures, HC has helped make our small corner of the world a bit safer for vulnerable low-income households.

Bridget Wolff, *Family Service Specialist*
Helene Freint, *Program Director*

October Flu Clinics

Two shelter sites, the Dorothy Day Center and the Union Gospel Mission, received an extra "dose" of care this season: Flu Clinics!

HCH staff and volunteers administered 114 flu shots at the Dorothy Day Center and 44 at the Union Gospel Mission, totaling 158 vaccinations. HCH is also offering flu shots at clinics in the Dorothy Day Center and Family Service Center throughout the flu season.

Because homeless shelters and drop-in centers tend to be crowded environments with shared public facilities, flu viruses thrive and can spread much more quickly and easily. With this kind of close contact, it is especially important for people who reside in these facilities to protect themselves from the risk of infection, and getting vaccinated is a good place to begin! We also stress to our patients that washing your hands regularly and covering your cough/sneeze are effective strategies to protect them and others from becoming ill.

Thank you to our Flu Clinic volunteers who helped to make the flu clinics a success: Maren Nelson, Barb Bernardy Rose and Suzanne Lowell.

Kali Aro, *Office Coordinator*

An Ounce of Prevention is Worth a Pound of Cure

ô Benjamin Franklin

One of the service sites that HCH visits is the Ramsey County Family Service Center (FSC). We hold onsite clinic three times a week, providing acute and preventative care, counseling, an Arts and Crafts group for children, and dental hygiene services.

Shelter residents are allowed to stay at this site for thirty days per calendar quarter. With the time pressure the families feel to acquire housing in 30 days, while also worrying about everyday obstacles (i.e. figuring out how to get to work this week), health concerns are often put on the back burner. Such delays can allow a problem that could have been prevented to develop into something that needs attention.

It is known that the leading causes of death in the United States are largely preventable, and that health education is an effective tool in promoting, maintaining and restoring health. With this in mind, we wanted to invite FSC residents to stop for a moment and focus on their health, both physical and mental, and to learn about preventative strategies that can keep everyone in the family healthy. So, we decided to host a health fair!

Stationed in the hallway outside the clinic where the heaviest foot traffic takes place, the team was charged, onlookers were curious and the fair began. While some were having their blood pressure checked, others were having blood drawn for blood sugar checks or

asking questions about their persistent heart burn. The aim and importance of the health fair, as HCH Nurse Practitioner, Sue Grosse-Macemon, explains, was to ôlet [shelter residents] know about resources available to them and to focus on prevention ô that is the key.ö She also mentions that another important component is to ôintroduce them to complimentary and alternative medicine.ö We designated an exam room for Healing Touch for those who were in much need of some serious stress relief. A display of brochures, pamphlets and info sheets on a multitude of topics lined the tables as we congested the shelter hallway. It wasn't long before inquisitive residents were stopping to ask questions and signing up for health screenings.

It's unfortunate that we get so busy with our everyday life that we lose sight of our own well-being. This is especially difficult for those who are homeless and facing such serious issues as finding stable housing. Yet, it was promising to witness all the people at FSC taking responsibility for their health, motivated and interested in learning new ways to establish and maintain a healthy living style for them and their families. We look forward to more fairs to come!

Thank you to Catholic Charities staff at the FSC who supported us during and leading up to the health fair.

Kali Aro, Office Coordinator



Making Connections for Homeless with Diabetes

The 2006 Homeless in MN: A Statewide Survey reported that 7% of respondents have been diagnosed with diabetes. Missing in this number are those who have pre-diabetes or are undiagnosed. Pre-diabetes is a quiet, subtle development of diabetes, which, if caught early, can be reversed or at least delayed. At HCH, thanks to a grant from the Boston Scientific Foundation, we are able to include the search for those at risk for pre-diabetes as we work to also identify and treat those with diabetes.

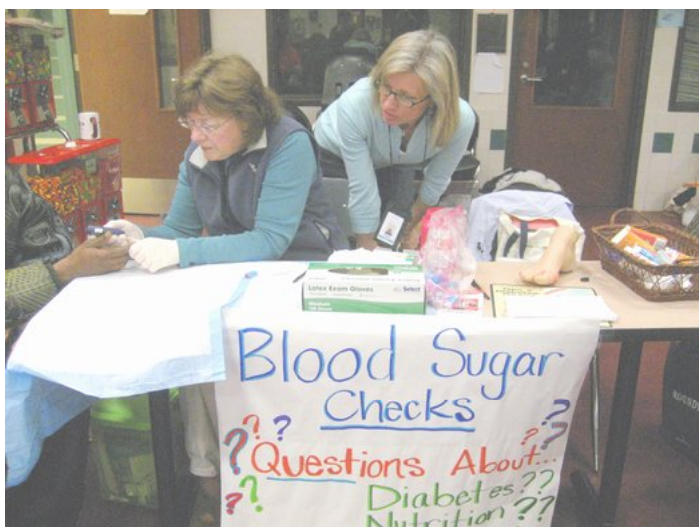
One of the positive impacts of the focus on diabetes is that more people are being tested during clinic visits and then successfully referred for onsite nutrition and diabetes education. Another leap forward occurred when we figured out how to solve the problem created by asking a homeless patient to show up fasting so that we can more accurately test a blood sugar level. Because a fasting blood sugar means that an individual has to skip breakfast, we realized that we can offer a restaurant gift card as a solution to feeding them and as a reward for showing up fasting. It's working out well. Later this month, we will add another test to our arsenal. The HgbA1c measures blood sugar levels over time which helps to identify those who may be developing diabetes or helps to check the status of those diagnosed with diabetes.

The largest impact has been gained through the health fair-style Diabetes Education/Nutrition events. Susan,

HCH Dietician and I set up a table in the Dorothy Day Center (DDC) lobby and conduct blood sugar screenings and nutrition education using a DDC meal tray with food models of recommended portions. The Education Table attracts a broad audience and we know that the DDC community understands much more about diabetes now, in part because they express their worries about a friend or family member with the disease. This supportive environment is very beneficial.



I recently joined a patient at West Side Clinic for his doctor's appointment. He lost his job and health insurance over a year ago and ran out of all his medications. He came to HCH stating that he was not feeling well and asked if we could help. We have been able to assist him with getting back on track with his health care and the prescriptions that are needed to help control his chronic diseases. By attending his visit at West Side Clinic, I helped connect the provider to HCH and the services that I have to assist the patient with follow-up education and testing. Communication between the two clinics is now established for this patient.



I know our community events at the DDC are helping to lessen the fears which accompany the diagnosis of such a chronic disease. We are looking forward to tackling the challenges in running group classes on pre-diabetes, newly diagnosed and those already diagnosed. Look for our update in the next newsletter!

Vicki Kramer, *Diabetes Nurse Care Coordinator*

RNC Impact on the Homeless

Media reports during the RNC informed us about the protests, the skirmishes and arrests. What was it like for the downtown homeless population who were right across the street? Here are some of the positives and negatives reported by staff:

Positives:

- The police were respectful and protective of the DDC guests despite initial worries about all the imported police.
- Many guests chose to relocate during the RNC and so the census was much lower than normal.
- The DDC card was accepted as valid identification.
- Police helped escort homeless people through the barriers.
- Bikes and backpacks were allowed, despite warnings in advance to the contrary.
- Police alerted Dorothy Day about imminent tear gas use so clients could be moved inside to safety.

Negatives:

- Cement barriers were clearly visible outside DDC and many clients found this disconcerting, especially people with mental illness.
- Some of the clients sought counseling with DDC staff to help them calm down.
- Some felt afraid and stayed inside DDC for the duration and this resulted in them feeling trapped.
- Some of those that did venture out complained that they couldn't follow their normal route and this made for lengthy detours.

Downtown service providers' greatest concern was to ensure that the homeless could get where they needed to and to feel welcome and safe in their neighborhood. In many ways, that goal was met.

Helene Freint, *Program Director*

Twin Cities Homeless Memorial March and Service

Thursday, December 18, 2008 in Minneapolis.

MN researcher, Dr. John Song, found that homeless people have a unique fear about dying anonymously and undiscovered. To ensure that doesn't happen, join the annual Memorial March which starts at 5PM at the Hennepin County Government Center. Marchers carry signs with the name and ages of each person who died homeless in the Twin Cities. If you prefer, you can meet the Marchers at 6:30 at the Simpson United Methodist Church for the Remembrance Service and Meal. For more details, visit www.simpsonhousing.org/memorial

A Farewell from Sarah

At the end of October, I said goodbye to my role as the Nurse Coordinator and to my family at Health Care for the Homeless. Thank you to all HCH staff, partnering shelters and our patients. I have enjoyed my time here (almost 2 ½ years!), and I cherish the opportunities I had to work with so many caring people. Thank you all for the encouragement and support you have shown me. My new position at Regions will keep me downtown and whether on 74 bus or on my unit at the hospital, I will always keep a watchful eye and a warm heart for my HCH friends.

Sarah Kromroy, RN,
(former Nurse Coordinator)

One Day Mission at the St. Paul RiverCentre

Go on a Mission trip right here in your own backyard! Join us at the St. Paul/Ramsey County Project Homeless Connect on June 29, 2009.

Dental care is one of the greatest unmet needs in the homeless population. There is such limited access for urgent and preventative dental services for uninsured or underinsured homeless adults in our community.

We are looking for dentists and dental hygienists who can volunteer time at the RiverCentre or can open up timeslots in your office to see homeless patients.

Go on a Mission trip and save on airfare! For more information about the dental services, contact Helene at 651-290-6815. You can also learn more about the Project Homeless Connect and other volunteer opportunities at www.projecthomelessconnectmn.org

Health Care for the Homeless/HouseCalls
438 Main Street
St. Paul, MN 55102

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Health Care for the Homeless & HouseCalls

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WSCHS is caring for the health of diverse
communities.

Our administrative offices are located at:

West Side Community Health Services

153 Cesar Chavez Street

St. Paul, MN 55107

Phone: 651.222.1816