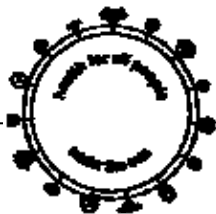


# Health Care for the Homeless and HouseCalls



February 2010

## GAMC Update

General Assistance Medical Care is a state-funded program for the poorest of the poor. The legislature established GAMC in 1975, and it currently provides health care to over 70,000 adults without children who are below 75% of the Federal Poverty Guideline (7,800/yr). GAMC also provides hospital-only care for people between 75%-175% of the FPG. Funding for this program was set to expire on July 1, 2010, but that date was moved to April 1, 2010 by the Governor's unallotment actions. About 80% of this population have mental illness and chemical dependency issues, and over half have both serious chronic conditions and multiple health problems. Losing their GAMC health care coverage will most likely cause an increase in homelessness, unemployment and crime. It will also result in the use of expensive Emergency Room care, which shifts higher costs to middle class families in premiums and property taxes.

In an attempt to provide health care for this population, the MN Department of Human Services has directed counties to begin to automatically enroll all current GAMC recipients into the Transitional MinnesotaCare program. This program will only be available to GAMC enrollees until they reach the end of their 6 month eligibility period. After that date, each individual will be required to complete a renewal for standard MinnesotaCare, and the individual will be responsible for paying a monthly premium, unless the county chooses to pay. MinnesotaCare was established as a health insurance program for working Minnesotans. It is funded through the Health Care Access Fund. Adding the entire GAMC population will bankrupt the Fund by fiscal year 2011. If there is a projected deficit in the fund, adults without children are the first group to be dis-enrolled.

Two solutions have been proposed by the state legislature. The first is a temporary solution until a

national health care reform plan is put into place, hopefully by 2013. This proposal offers a reformed program for 16 months. The new bill does 4 main things:

1. Preserves health coverage for most GAMC enrollees, but does eliminate GAMC hospital-only care;
2. Cuts reimbursement rates to providers by 50%, and hospitals would not be reimbursed for the first \$500,000 — \$1,000,000 of care provided to the GAMC population depending on the size of the hospital;
3. Shifts to a new financing structure based in the counties instead of health plans (HMO's);
4. Funds the program with a combination of fees on the hospitals and health plans.

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# Director's Column

Health Care for the Homeless has much to celebrate as the year 2010 begins. Two new services have been added during the last 12 months that enhance the range of clinical care. One is the Healing Energy clinic that is made possible through collaboration with Well Within. They supply the volunteer practitioners and HCH provides the support staff and supplies. Everyone involved agrees that the Energy Healing clinic has been successful and that it provides a unique service to help address pain and anxiety. The second addition is a Volunteer Podiatrist, Terry Vanderheiden. This specialty care meets such a need and is very popular with the patients. You can read all about podiatry services on page 7.

While clinic activities are aglow with good news, this has been a tough winter season for our patients. The unseasonably cold temperatures and the snow/ice coating makes being outdoors and getting around more challenging. The recession has continued to impact HCH patients and HouseCalls clients. Lack of employment opportunities and limited material and economic assistance from financially-strapped community agencies has reduced the available supports for those we serve.

One of the ways Health Care for the Homeless staff finds inspiration during these tough times is from those around us. One inspiration comes from the coalitions working on an alternative proposal regarding the GAMC unallotment. We have participated in their planning sessions and trust that a viable solution can be passed that will secure insurance coverage for this vulnerable population. (Read the cover story for more details). Another inspiration comes from our community partners who manage to keep meeting needs, despite the impact of funding cuts and layoffs. We marvel at how they keep activities rolling and provide services that keep people housed, fed and safe. Another quiet celebration is that the H1N1 virus peaked before it reached the metro area shelters. Preparations to manage an epidemic in the shelters were in place, but HCH staff is greatly relieved that we didn't need to activate them.



As we journey into the year of 2010, we make note that the shortest day of the year has recently passed. This means that we are already ascending back towards the light and the promise of a brighter tomorrow.

— Helene Freint

## ***GAMC Update from Page 1***

The second proposal would shift all GAMC eligible individuals to MinnesotaCare. Then the commissioner of health, after a study of the demographics of this population, would identify the characteristics of enrollees who can be served under standard MinnesotaCare and those that would need to be covered under a modified MinnesotaCare program. The modified program would include the development and implementation, by the commissioner, of a county-based health care home program. Participation by counties in the program would be voluntary. Counties would be responsible for covering the premiums for this population.

Both these proposals will continue to be debated during this legislative session that opened February 4th. We thank everyone for their interest and support of this important healthcare issue.

Sue Grosse-Macemon, CNP, *Nurse Practitioner*

# Changes at Women of Nations

Welcome to Women of Nations - Eagle's Nest, a shelter for battered women. Women of Nations opened the shelter in 1991 to provide culturally specific services to American Indian women. That deep cultural tie is still maintained, but Eagles' Nest welcomes women and children of all backgrounds into shelter where they can find comfort and encouragement. Eagle's Nest is in a period of transition. New positions have been created after an in-depth strategic plan. Michelle Thompson-Tuttle, Executive Director, was hired in September 2009. Michelle works closely with the Board of Directors and will oversee operations of the organization as well as implement the restructure of the shelter. Sarah McClellan was hired into the new Director of Programs and Training position.

Together Michelle and Sarah are a thoughtful and creative duo. They plan to create a community for women and their children that will be supportive and caring. They wish to build a place in which women and their children will feel safe, welcomed and hopeful. One goal is to look more closely at programming in order to better match the needs of the residents. This will be done through interviews and surveys. One practical outcome of this new philosophy is a change in the manner of intake. In the past, women who entered Eagle's Nest would sit and wait, sometimes for a while, until an advocate had time to attend to the new resident. Now, there is more time and attention given to the intake process, and a new resident is welcomed immediately upon arrival.

Health Care for the Homeless has had onsite services for the women and children at Eagles' Nest since the shelter opened. Jane Scallen, RN, provides nurse assessments on Tuesday afternoons, and Nancy Rech, MA, Outreach Social Worker, provides counseling on Monday afternoons and mental health screenings on Tuesday mornings. We appreciate the partnership with Women of Nations and want to extend our enthusiastic support during the transition phase.

Jane Scallen, RN, *Nurse Coordinator*

## New Ways to Cook

The Goddess Group that started in July, 2009 continues to draw 8-14 women from the Dorothy Day Center's women's transitional housing program every Tuesday morning. Our aim is always to share information about various health-related topics from pre-diabetes and stress management to heart health. With each gathering, we provide a "treat" – that was before Irene Alton, RD, joined us and put her passion for cooking into action. She does not do simple items, but rather recipes for which she has changed ingredients making them healthier and more wholesome.

Many of these changes mean moving from processed to whole grains, lower sugar and sodium content and healthier fats – be it bread, noodles and using brown rice in place of white rice! Irene stresses how easy it is to substitute/"re-arrange" any recipe and come out with pleasing, wonderful flavors. The women have really come to appreciate, enjoy and look forward to her taste challenges. Bulgur, quinoa? They've tasted it and liked it! Thanksgiving, we were treated to turkey meatloaf, mashed potatoes laced with cottage cheese and low sugar sweet potato casserole. Sometimes the women have added their own suggestions, so, during one group, we made smoothies with frozen fruits, yogurt and vanilla soy milk.

For Irene and me it has been a delight to see how positive the response has been for these "alternative" ingredients and tastes. The gals are real sports about stepping up and out of their own "taste boxes." Thanks to the Boston Scientific Foundation for grant support. The joy continues as we all grow together!

Vicki Kramer, RN,  
*Diabetes Nurse Care Coordinator*

# Holiday Angels

This Christmas season, I was fortunate to meet up with several holiday angels. The first angel I met was a firefighter named Dan. He responded to a notice I placed at my veterinarian's office for a "kitty condo." My client has two kitties who provide love and companionship and are her daily mental health therapists. Her one wish for Christmas was a "kitty condo" for her babies. Dan brought me a barely used 7 foot kitty condo. He delivered it to my house in time for me to take it to her before Christmas. He delivered it the day after his beloved cat was euthanized. What a generous spirit!

The next angel was Allison, a volunteer from Sponsor a Family. When I told her about a client who wanted a real Christmas tree for her 7 year old son, Allison sprang into action. She delivered a gorgeous tree along with beautiful ornaments!

The other angels are the wonderful people who also volunteer at Sponsor a Family. The head angel is Kitty. Every year without fail, she allows me to register clients for the wonderful program. Invariably some of these clients find me at the last minute. This year, all I had to do was call Kitty with another story about a family in need and she was there to help. Her league of angels even wrapped the presents for me. Because of these wonderful angels, I was able to provide a very merry Christmas to a grandmother with breast cancer and her four granddaughters who she is raising; a single mom with four boys who is taking care of her mother with cancer; and a young man reunited with a teenage daughter and granddaughter.

I can't thank these wonderful angels enough. Christmas can be an especially hard time for social workers who receive requests from desperate people in desperate situations. I had The Best Christmas Season because of these wonderful and generous people. Thank you from the bottom of my heart, and I will see you next year!!

Nancy Rech, MA, *Outreach Social Worker*

## H1N1 FIU Clinics

As H1N1 moved into Minnesota, the HCH staff geared up to provide vaccine to shelter residents and staff. We met with the MN Dept. of Health and Hennepin County to provide an overview of shelter challenges for spread and containment. Later, a group of Ramsey County shelter providers met to share site plans for managing a flu outbreak and to hear from us about vaccination recommendations from MDH and emergency procedures for shelters. With a plan in place, we focused on the highest risk individuals by starting with the shelters that house children and pregnant women. We have now successfully completed 5 clinics, with help from several public health nurses. Most of the clinics were well attended with about 25-30% of the population declining the vaccine. All together we vaccinated 53 children and 95 adults and gave 36 nasal vaccines. We are now offering the vaccine on an individual basis at all the shelters where we provide medical services.

Sue Grosse-Macemon, CNP,  
*Nurse Practitioner*



*Carissa Scanlan, HCH Mental Health Outreach Nurse, vaccinates a patient.*

# Stories from HouseCalls

HouseCalls plays an important role in helping to prevent homelessness due to utility shutoffs for community members that are struggling during the recession. Whereas many financial assistance programs have stringent eligibility guidelines, HouseCalls purposely reserves funds to help households that would otherwise have no other resource. This is especially important with the large number of

unemployed in our service area.

HouseCalls was able to reverse condemnation orders for an out-of-work union plumber. He wasn't eligible for Emergency General Assistance, Heat Share or any other financial assistance programs because he didn't have an income sufficient to support his expenses. He was making just enough money to pay his rent through cutting grass

and he hoped to have more income during the winter providing snow removal services. HouseCalls was able to arrange the needed financial support to resolve the shutoff order and get his power turned back on. Now that the overdue balance is paid off, he is in a position to stay on top of his Xcel Energy bill. This prevented him from having to leave his home of 45 years.

HouseCalls also prevented homelessness for an unemployed single mom with Section 8 housing, where her rent is adjusted according to her monthly income. Shut off clients with subsidized housing such as this are always a high priority for HouseCalls. The energy bill leading to the utility shut off was very large. One of the most generous financial resources is Emergency Assistance, and she had recently accessed help from them to pay the damage deposit for her new apartment. HouseCalls staff negotiated with Xcel Energy, and Xcel agreed to accept half of the balance due as payment in full. With contributions from the Community Sharing Fund and Salvation Army's Heat Share Fund, HouseCalls successfully raised the money to get the heat turned back on.

In both of these situations, HouseCalls worked quickly to prevent homelessness and stabilize the households. These stories illustrate that when HouseCalls provides a little assistance, the families can get back on track and provide for themselves. We are very proud to report that HouseCalls prevented 408 households from homelessness due to utility shutoff in the last 12 months.

Bridget Wolff,  
HC Family Service Specialist

## Is it Wrong?

Is it wrong to feel like I have no one? Because I don't. I have my kids but nothing to be our backbone.

Is it wrong to be scared that I'll end up like my family? Because I have a felony and I'm drifting away from my dreams in reality.

Is it wrong to be scared of letting my kids' fathers make decisions for them because someone else may not protect them the way I would? Because I was left to protect myself.

Is it wrong to not be able to trust no one because I'm so friendly with everyone? Because I want someone to know me.

Is it wrong to hate authority? Because they're never there when I need them most.

Is it wrong to feel there's no God? Because I stand so all alone.

Is it wrong to want someone to blame? Because I didn't do this to me. How can life be so ugly? I repeat — how can life be so ugly?

I want to stand for something  
And when the day comes  
I can answer these questions  
completely  
from 1

2

3

Cuz after all these years  
I still have no one  
And I hurt so deeply

Please, God, someone, mom  
help me....

I don't know my addiction  
But I need recovery.

*By Shakira Gray  
Former resident of Ramsey County Family Service Center — December 2009*

# Hometown Day 2009

“The van for glasses is here!” one anxious participant exclaimed as he helped to gather the rest of the group. The crew formed a line and loaded the West Side Community Health Service’s van. The van departed from Dorothy Day Center and the adventure began.

Ah, yes, it must be the first Tuesday in December – *Hometown Day*.

On this special day, LensCrafters stores all over the country donate new eyeglasses to people in need. At a local level, HCH is honored to be a part of this wonderful event, helping to identify recipients, pre-screening them and arranging for transportation to the LensCrafters store in Woodbury on the day of the event.

Upon arrival, participants were greeted with plenty of food, beverages and smiles, and LensCrafters employees helped them pick out their frames. Within

days, the eyeglasses were ready and delivered to HCH. Excited recipients flowed in to pick up their new gift, immediately testing them out. Their words of appreciation soon followed.

Twenty-one HCH patients participated in Hometown Day this year. “I feel very fortunate to work for a company that is so passionate about helping others,” explains Shelley Carlisle, Retail Manager at LensCrafters, Woodbury. “My staff and I are pleased that we have formed this relationship with West Side’s Health Care for the Homeless which allows us to help people in our own community.”

This event has become a well-known tradition here at HCH and we couldn’t be more delighted to be a part of it. Thank you Shelley and all the employees at the LensCrafters store in Woodbury for inviting us to participate each year.

Kali Aro, *Office Coordinator*

## *Learning Self Care with HCH*

Each person we meet through Health Care for the Homeless has his/her own medical story to tell. Last August, a fellow showed up at HCH clinic having had the toes on one foot removed due to complications from Diabetes. Realizing that this would require a longer stay in one of the HCH Respite Room than usual we (1) coordinated care with his foot clinic to clarify the unique treatment to be done on his foot, (2) measured the wound and (3) made sure we had enough supplies on hand to do his care at the clinic and that he had supplies for self-care on the weekends.

The patient was quickly able to take over his own daily care and was careful about getting to all of his follow-up appointments. Over time, everyone has had an opportunity to support this patient while learning a great deal about optional treatments for wound care. The healing process has taken time, but our patient has carefully monitored his blood sugar and has been able to coordinate care with a primary care provider, as well. His foot is healing, the open area is closing and just a very small area remains to complete healing.

This has been a good experience between HCH and a patient able and willing to learn his own self care treatments. It’s good to feel that we have made a difference for a patient needing such extensive care.

Vicki Kramer, RN, *Diabetes Nurse Care Coordinator*

# Podiatry at Dorothy Day Center

Foot soak, check.  
Foot massage, check.  
Foot assessment, check.  
New pair of socks, check.

Sounds familiar, right? It's a recap of what goes on during a typical Foot Care Clinic at the Dorothy Day Center (DDC). You may have heard about this service brought to DDC twice a month by student nurse groups from St. Catherine's University and University of Minnesota. You may have also heard that Vicki (HCH Diabetes Nurse Care Coordinator) and Irene (HCH Registered Dietician) are often stationed outside Foot Care Clinics checking blood sugars and talking nutrition. Well, we've added a new service to the mix, and it's a good one!

Once a month, Dr. Terry Vanderheiden volunteers his time to work in coordination with the Foot Care Clinics. Dr. Vanderheiden is a Podiatrist and can usually be found at HealthPartners Specialty Center or HealthPartners Riverside Clinic. At DDC, he's eager to help any and all with their foot problems and sees about 14 patients per clinic. He works diligently while maintaining his friendly, easy-going nature and has one goal in mind: healthy feet.

Patients are first encouraged to participate in the Foot Care Clinic, which leaves their feet clean and softened. If there are questions or concerns, students can escort patients over to Dr. Vanderheiden who is located in a room just across the lobby. Convenience at its finest! Support staff help patients fill out any necessary paperwork and then they are ready for the visit. Upon exit of the visit, patients often report how good it feels to have their

toenails clipped, callouses removed, etc., and walk away with a new stride in their step.

We are so pleased to welcome Dr. Vanderheiden and to bring Podiatry back to DDC. This incredible new service brings improved care and

convenience to patients and is a wonderful addition to the partnership.

A visit with the Podiatrist, check.

Kali Aro, *Office Coordinator*



*Natalia, a nursing student, (left) washes feet during a Foot Care Clinic. Vicki, HCH Diabetic Nurse Care Coordinator, (right) checks blood sugars.*



*Dr. Terry Vanderheiden (above) attends to a foot concern.*



**West Side**

Community Health Services

**Health Care for the Homeless  
& HouseCalls**

438 Main Street

St. Paul, MN 55102

Return Service Requested

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***How You Can Help...***

Please consider supporting our work with a tax deductible gift made by cash, check, credit card or online at [www.westsidechs.org](http://www.westsidechs.org). Unrestricted gifts from individuals allow us to direct funds where they are most needed.

Here are examples of how your gift supports our work:

- \$250 provides five homeless patients with needed eyeglasses.
- \$96 provides eight homeless patients with Seasonal Flu shots
- \$25 provides fifteen homeless patients with pharmacy co-payments.

Checks should be made payable to:

**Health Care for the Homeless**

**438 Main Street**

**St. Paul, MN 55102**

(651) 290-6814

fax (651) 290-6818

*karo@westsidechs.org*

***Health Care for the Homeless & HouseCalls are programs of West Side Community Health Services (WSCHS).  
The mission of WSCHS is caring for the health of diverse communities.***

**Thank you for your support!**

Please contact us to add/delete your name to/from our mailing list.