

Homeless and Health Care in Minnesota

When I say homeless, the most common image that comes to mind is a single adult standing at an intersection holding a sign. Seeing them evokes sympathy or skepticism, maybe even both. We wonder if they are truly homeless and if they plan to drink away the money generously given. What if you had a different visual image?

You're at Health Care for the Homeless and today is a walk-in medical clinic. One patient is feeling dizzy and clammy after three days without her hypertensive medications. A second patient was treated for an injury in a hospital emergency room and was given a written prescription for an antibiotic that he doesn't have the money to fill. Another is a mother with a 5-year-old who reports that the child has had a temperature, lethargy and loss of appetite for several days.

These too are homeless people. Their health care needs represent a typical day at any of the 185 federally funded Health Care for the Homeless (HCH) programs that served over 600,000 homeless patients across the country last year. The Twin Cities metro area is fortunate to have two of the HCH programs right here. The east metro is served by the HCH program of the West Side Community Health Services, a community clinic located on the West Side of St. Paul. The west metro's HCH is located in Minneapolis and is part of the Hennepin County Health Department.

On any given night, there are about 9,000 homeless men, women and children in the state of Minnesota. Of these, children account for 45 percent of the total population of homeless in the state. Another startling fact is that while African Americans comprise only 3 percent of

the adult population in Minnesota, they represent 38 percent of the homeless adults in the state.

People are often curious to understand the causes of homelessness. The best explanation is that it is usually a set of complex circumstances that leads to a downward spiral. But there's an additional element that is best explored by having you ponder this situation for a moment. Imagine that you are about to lose your housing. Would you make a few phone calls and be able to find a safety net of family and community to catch you? Would they take you and your family in, store your furniture and help you until you could get back on your feet? For the people HCH serves, there is no safety net. Patients tell us that almost everyone they know is in similar distress, living on the edge of another crisis. It's more like a free fall with no parachute.

Here is a brief presentation of what causes people to become homeless.

- **Poverty** is the main reason. Limited income barely covers the monthly expenses and any unexpected need (e.g. car repair) causes a crisis. There's no emergency savings.
- **Employment** opportunities don't pay livable wages and the jobs are less secure as well. Many of the unskilled jobs are part time and do not offer health benefits.
- **Public assistance programs** have tightened eligibility criteria and reduced caseloads. Children and families, single adults and the disabled are all being hurt by the cuts.



Supply Drive

Collection Dates:

February
1-28, 2009

Have your organization collect hygiene supplies and non-prescription medication to be donated to the homeless adults, youth and children at HCH.

Call Doreen at (612) 362-3705 for details
or go to www.metrodoctors.com

- **Affordable housing** options are very limited and waiting lists are years long.
 - The **lack of affordable health care** can lead to missing work, losing a job, inability to pay rent, eviction and homelessness.
 - Women fleeing **domestic violence** have often had to make the difficult choice between abuse and homelessness. Think again of the lack of a safety net.
 - People with **mental illness** and **chemical dependency** issues can have difficulty maintaining their housing and job. They often have burned bridges by misbehaviors with their personal and community resources. The danger is that their impairments make them more vulnerable.
- Taking all this into consideration, HCH programs are designed to work effectively with the strengths and challenges of the population. Here are three major components shared by all HCH programs around the country:
- All HCH programs work to increase access. Both metro HCH programs accomplish this by using a walk-in model and by co-locating in shelter/drop-in sites where homeless people are already receiving other services.
 - All HCH programs deliver care in a respectful and non-judgmental manner that builds rapport as the starting place to make positive things happen.
 - All HCH programs must either provide or make direct connections for patients to chemical and mental health services. This reflects federal understanding of the high incidence of mental health issues in the homeless population. The findings of

By Helene Freint

the 2006 Wilder Research Center's State-wide Survey on Homelessness indicate a growing percent (52 percent) of homeless adults who report a mental health diagnosis.

With that general overview in place, here is a specific glimpse of West Side's Health Care for the Homeless program. HCH uses a multi-disciplinary team that visits nine locations each week. The busiest is the clinic within the Dorothy Day Center which provides primary and urgent health care, ophthalmology, acupuncture, chiropractic, psychiatry and counseling for mental health and chemical dependency. A formulary of commonly prescribed medications is kept onsite and dispensed at a physician dispensing clinic.

The key component of the HCH practice is to address the whole person as fully as possible in that visit. We anticipate that people may not return for follow-up because there is so much instability in being homeless. So during a patient visit, this moment is ours to make a difference.

Unique challenges of the HCH practice are dealing with serious chronic illness in a limited scope environment. Our linkage to West Side Community Health Services ensures we can connect patients to complex lab and x-ray services and more flexible hours of operation. Patients have walked-in for a first time visit needing to find dialysis now that they're in Minnesota, need to have their INR checked or arrive with a bag of 12 medications that they don't understand how to take. One provider exclaimed that patients present with blood sugar levels and other vital sign readings that textbooks say are fatal. Yet here they are and HCH staff does what they can to treat, educate and follow-up. Another challenge HCH supports is the recommendation for bed rest which is hard to accomplish if you're homeless and don't have a bed. HCH can admit homeless patients to its four Rest Beds while they recuperate from illness, injury or post-hospitalization. In addition to patients we identify at HCH clinics, we also coordinate admission to the Rest Beds with hospital staff and then assist patients in completing follow-up visits as recommended. HCH admitted 70 homeless patients to the Rest Beds in the last 12 months.

An HCH volunteer clinician, Dr. Rene

Pelletier provides weekly eye exams to identify those who need glasses. He connects personally with each patient and wants to hear their story. He patiently maneuvers with trial frames and the donated equipment that complements his specialty skill. Dr. Pelletier gets a special joy when patients indicate they need glasses to complete a job application. It's his contribution to helping the patient move another step toward stability. He has called a friend to help an unemployed welder connect to a job and he's able to network to find pro bono care. Dr. Pelletier's patients can get cranky waiting their turn but they are transformed during the visit and exit with a smile and a hope for tomorrow.

West Side's HCH relies on a multitude of community partnerships. The village of support is much too long to list, but some star players include HealthEast Pharmacy Downtown which leads the pack of neighborhood pharmacies that honor HCH vouchers to cover prescription costs. St. Paul Opticians accepts HCH eyeglass vouchers to cover the cost of frames and glasses. The College of St.

Catherine and U of MN Nursing schools bring nursing students year round to provide foot care that pampers the patients and introduces students to community health. HCH can make incredible things happen for patients. But it is the support of our informal partners that often cinch the deal.

Friends ask how we can keep doing this intense and challenging work. The answer is that we are trying to create a positive and respectful interaction with each and every patient that may signal that they deserve to be heard, to be seen and to have a chance at life. Even if they move on, we hope the patients take that memory of being treated with respect into their next contact. We are doing what we can to heal the world one patient at a time. ♦

Helene Freint, program director, Health Care for the Homeless & HouseCalls, West Side Community Health Services.



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