



HENNEPIN COUNTY  
MINNESOTA

2017

Healthcare for the Homeless

*Program Bulletin*

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This report is dedicated to the hardworking and passionate staff of Health Care for the Homeless and the community board

# 01 Our Patients

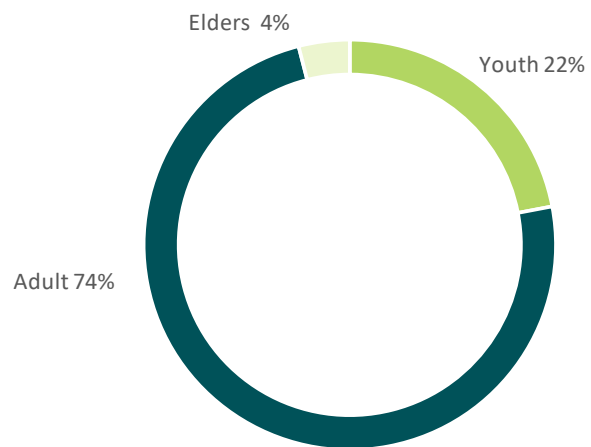
Patients Served	.....	4,383
Total Visits	.....	13,169

## Demographics

The following figures highlight the demographic makeup of patients served by Health Care for the Homeless (HC-HCH) in 2017. The figures are broken down by age, race, top health conditions, life expectancy, health issues and racial disparities.

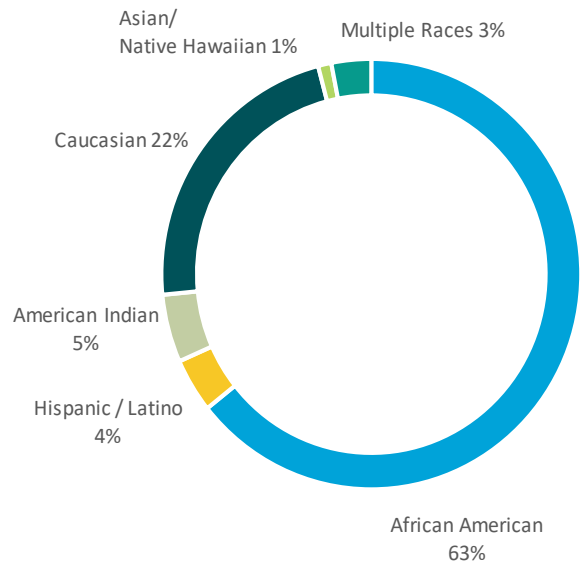
### Age

Of the 4,383 total HC-HCH patients served in 2017, 74% were Adults, 22% Youth and 4% Elderly (aged 65+).



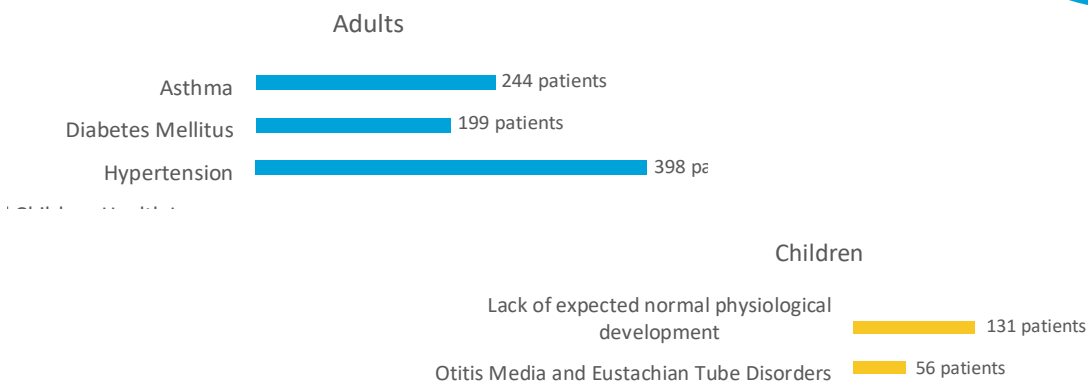
### Race

The racial breakdown of the HC-HCH patient population for 2017 were reported as follows: 63% African American, 22% Caucasian, 5% American Indian, 4% Hispanic or Latino, 3% Multiple Races and 1% Asian or Native Hawaiian.



### Top Health Conditions

According to the 2017 Uniform Data System (UDS) report for HC-HCH, these are the top UDS reportable diagnoses for homeless patients:



# 02 Disparities of Homelessness

Disparities can be found in the homeless population on a number of health measures when compared to the non-homeless population. Here we have a breakdown of our patients' health and demographic disparity data for 2017:

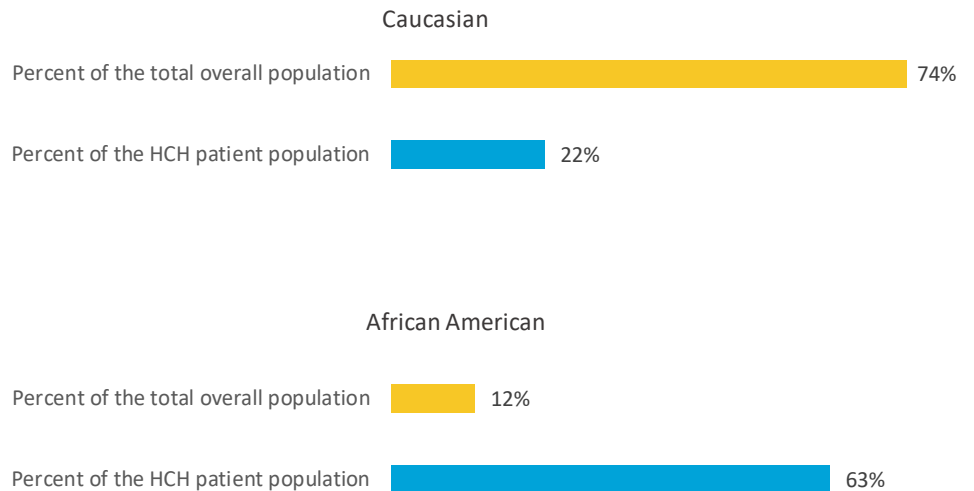
## Life Expectancy in Minnesota



## Racial Disparities

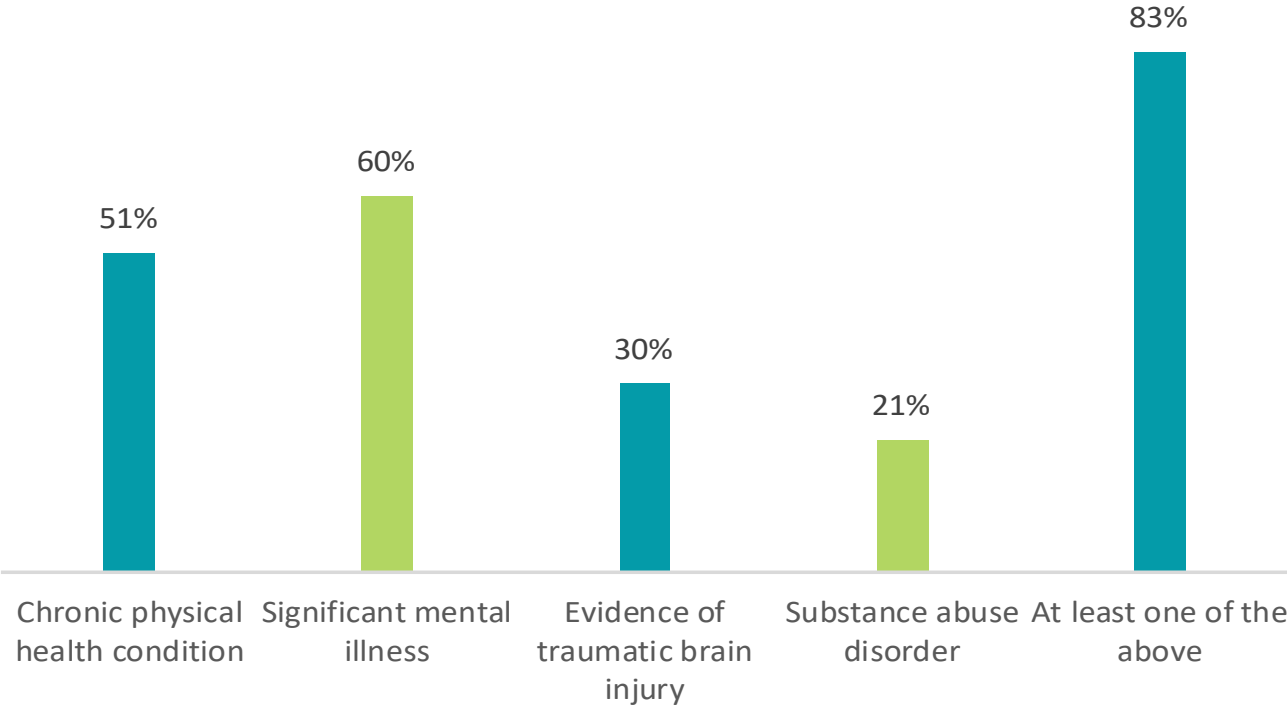
When comparing the population differences between the total population of a race and the HC-HCH patient population, it is apparent that there is a significant disparity between the Caucasian and African-American groups.

Although African-Americans make up 12% of the total overall population, they represent 63% of the HCH patient population. In contrast, the Caucasian HCH patient population is at 22% although they make up 74% of the total overall population.



# Health Issues

In 2015, Wilder found that all homeless adults surveyed were more likely to have these health issues:



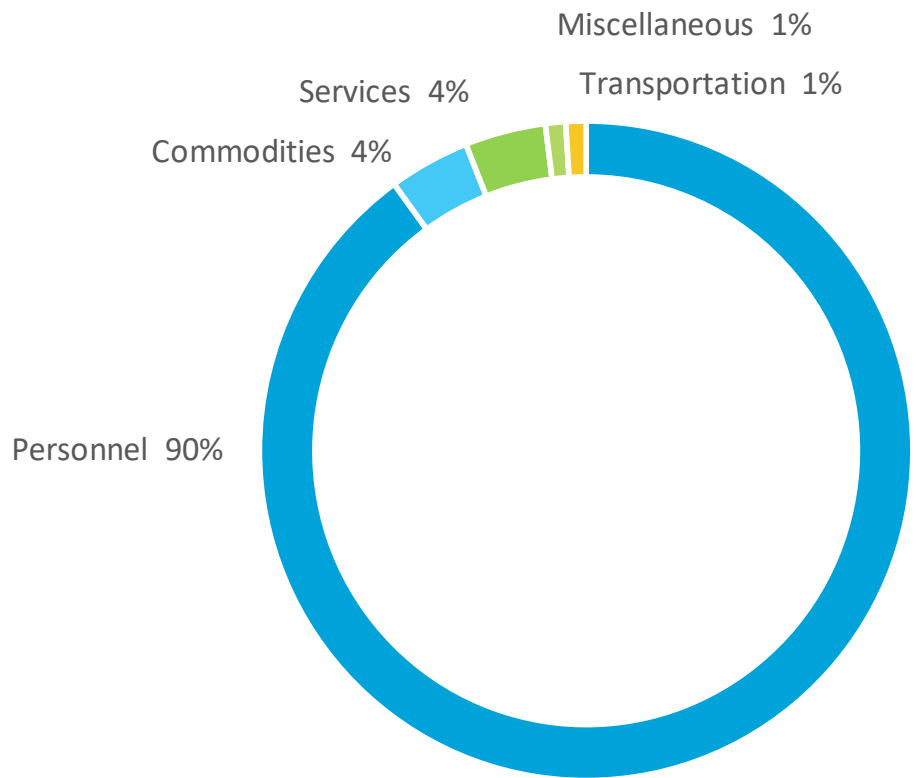
Of the 2017 HC-HCH patient population, 60% had a significant mental health illness, 51% had a chronic physical health condition, 30% reported a traumatic brain injury, 21% had a substance abuse disorder and 83% of the patient population had at least one of these listed health issues.



# 03 Budget and Expenses

## Budgeted Expenses

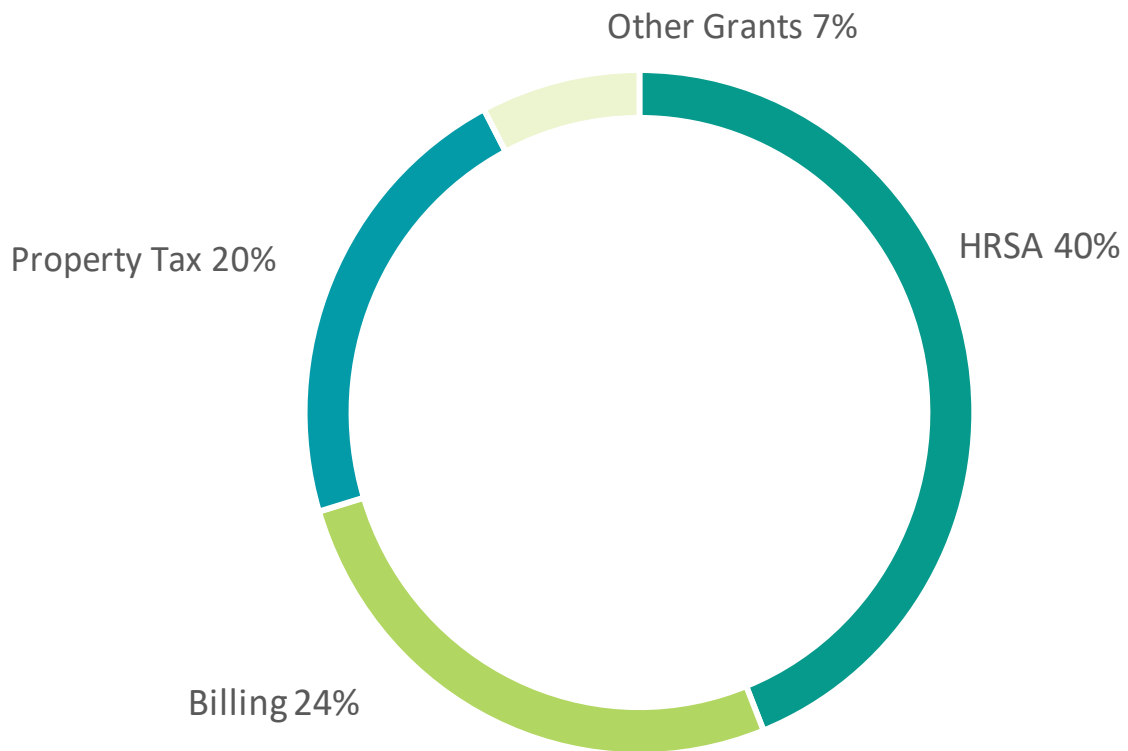
The following figures shows the budgeted expenses allocated for HC-HCH in 2017:



Personnel made up the most of HC-HCH's budgeted expenses at 90%. The remaining expenses were allocated between commodities (4%), services (4%), transportation (1%) and miscellaneous expenses (1%).

## Revenue

The following figures shows HC-HCH's revenue in 2017:



The annual revenue breakdown for 2017 is as follows: HRSA at 40%, property tax at 20%, billing at 24% and other grants at 7%.

# 04 Services Offered

Below is a list of full primary and mental health services offered in clinic and through outreach for HC-HCH:

Primary Care	Radiology	Transportation
Mental Health Care	Pharmacy	Interpretation
Preventative Health Screenings	Substance Abuse Services	Access to Specialty Care
Well Child Care	Clinical Case Management/ Care Coordination	Medical Respite
Family Planning	Benefits Eligibility	Housing Navigation for Patients with Complex Needs
Laboratory Services	Health Education	

# 05 Pillars of Strength

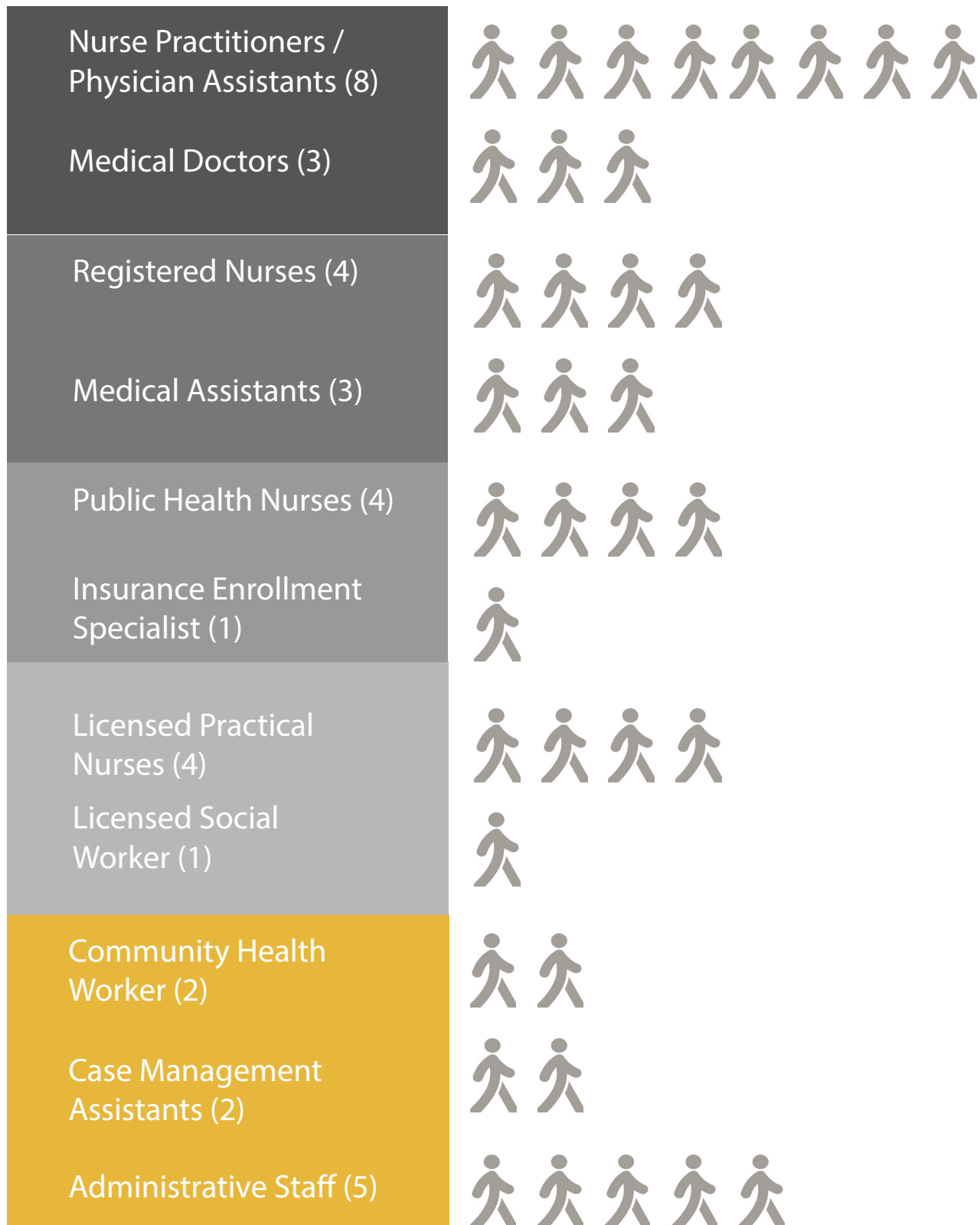
Community	Public Health Department	Hennepin Healthcare	Staff
<p>No charge for space in return for services to facility clients</p> <p>Partners to locate patients for follow up &amp; referrals to HCH</p> <p>Remarkable insight and experience- shelter staff live with HCH patients</p>	<p>Infectious Disease / Epidemiology (eg. Measles, TB, HepA, Norovirus)</p> <p>Emergency Response (eg. Super Bowl)</p> <p>Administrative support (eg. grant writing, facilitation &amp; planning support)</p> <p>Community Based Mental Health Center</p> <p>Housing Stability (eg. CoC, housing dev, legislative advocacy)</p>	<p>County hospital and clinic network</p> <p>Provide in scope services not able to be provided in shelter setting (eg. Obstetrical Care)</p> <p>Owens and provides EPIC, the shared electronic health record</p> <p>Medical direction, physician &amp; residency program</p> <p>Participate in evidence-based research</p>	<p>“Get a lot more angels” (HL 2016)</p> <p>Remarkable at developing relationships</p> <p>They balance collaboration on patient care while protecting private health data</p> <p>Passionate advocates committed to the mission of HC-HCH</p>



# 06 Organization and Structure

## Staff

A total of 40 staff are employed by HC-HCH who work in multi-disciplinary teams aimed at helping clients achieve the best possible health outcomes:



## Sites

There are 9 clinic sites in Minneapolis. The clinics are located in drop-in and homeless shelters. In addition, there are over 10 nursing outreach sites available. Our sites operate on a team based care model (below):



# 07 Clinic Progress

## Clinic Measures Monitored

Below is a list of clinic measures regularly monitored at HC-HCH:

Adult weight screen & follow-up

Asthma pharmacologic therapy

Low birthweight

Cervical cancer screening

Childhood immunizations

Colorectal cancer screening

Uncontrolled diabetes

Controlled hypertension

Prenatal care during first trimester

Tobacco use screening & intervention

Adolescent weight assessment & counseling

Coronary Artery Disease

Ischemic Vascular Disease

HIV timely follow-up

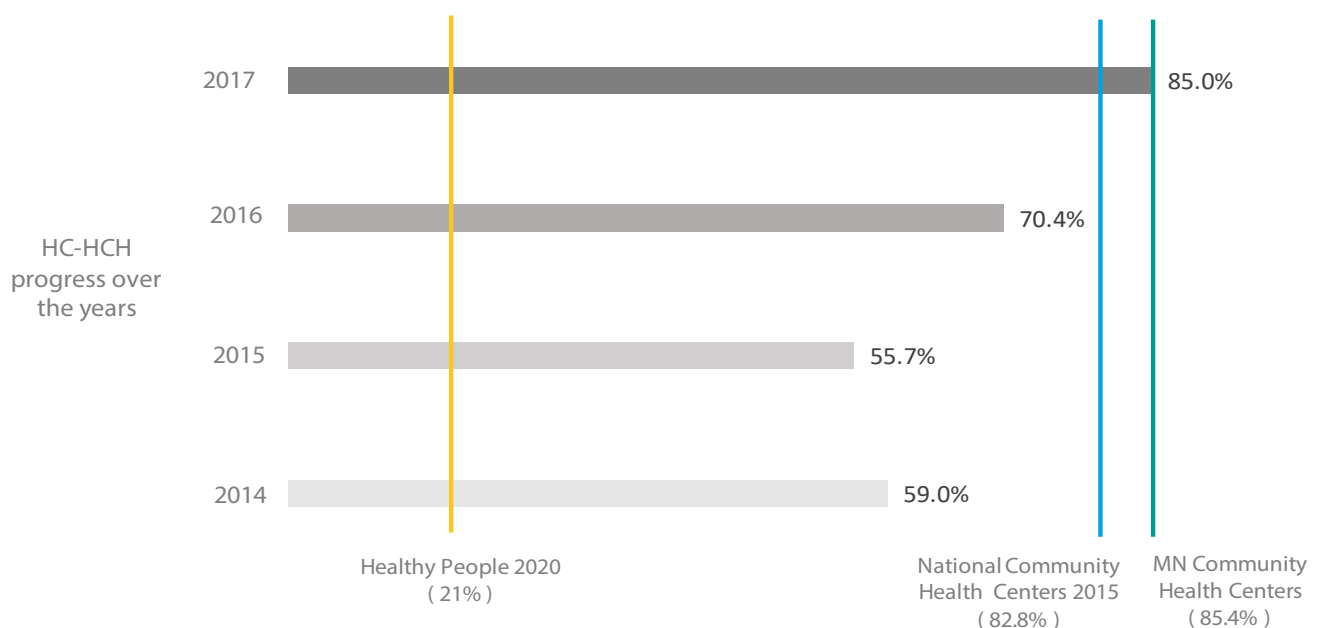
## Tobacco Abuse Screening and Cessation Counseling

Controlled hypertension is one of the clinical measures that HC-HCH monitors. Tobacco use screening and cessation initiatives can influence this measure by improving patients' blood pressure.

Utilizing baseline data, the quality improvement team led the effort to provide more clients with the information they needed to reduce their tobacco use.

HC-HCH used quality improvement processes to increase the number of clients who receive tobacco use screening and cessation counseling at its nine clinic sites.

Managers utilized frequent and encouraging data feedback to inspire the team to continue its efforts.



# 08 Quality Improvement Initiatives



HC-HCH frequently uses quality improvement processes to influence its clinical measures and improve patient health and wellbeing. The following pages list our key initiatives in detail.

## Mental Health

Sixty percent of homeless adults and 64 percent of long-term homeless adults report a mental illness. HC-HCH recently added mental health services, including a team of nurses, licensed social workers, and a psychiatric nurse practitioner.

The team is working closely with the Hennepin County Mental Health Center to facilitate integration of care and warm handoffs.

## Nexplanon

When a woman and her family are homeless, an unintended pregnancy creates increased stress and adds enormous challenge to a situation already full of hardship.

Access to effective, long-acting contraception, like the implant Nexplanon, is imperative to prevent unintended pregnancies. Prior to this quality improvement project, insertion of the implant was not offered at HC-HCH clinics, and only 14 percent of women who were referred to a partnering organization to receive the implant attended the appointment.

Rather than referring patients to an outside agency for the implant, HC-HCH began offering same-day insertion of the contraceptive implant at its clinics. After this practice change, there was a statistically significant increase in contraceptive implant insertions from 14 percent to 80 percent.

## Opioid Epidemic

The United States is facing a serious opioid epidemic; more than six out of 10 drug overdose deaths involve an opioid. In the past three years, HC-HCH has worked with 63 patients who are using heroin or opioids. These patients have been given kits of Narcan (a medication that can prevent or reverse the effects of opioid overdose) and staff have administered Narcan 21 times during emergencies.

HC-HCH was recently awarded federal funding to address the opioid epidemic through the distribution of Narcan kits and delivery of mental health and substance abuse services.

HC-HCH partnered with St. Stephen's Human Services – Street Outreach team to move a man into supportive housing. This individual had lived outside since 1987.

He slept in Loring Park for years and was most recently camping near Target Field Stadium. The patient had presented vulnerabilities (e.g., wearing a snowsuit and thick hat during the summer) and was hospitalized briefly. Afterward, he was willing to engage with HC- HCH.

Staff helped him get his social security card, ID, and start benefits. Then he moved into the Continental Hotel, a Minneapolis facility that has affordable apartment homes for formerly homeless individuals.



## Doula

Homeless pregnant women are at a greater risk for difficult deliveries, negative birth outcomes, and decreased breastfeeding rates than pregnant women residing in stable housing.

A doula is a pregnancy and labor support person who provides prenatal education, comfort during childbirth, assists with breastfeeding initiation, and provides general newborn care education. HC-HCH clinic providers and nurses now offer doula-related education and referrals for pregnant homeless women during their clinic visits. This helps to bridge the gap between HC-HCH patients and community-based doula organizations serving low-income women.

An HC-HCH patient had been repeatedly diagnosed with syphilis for over 30 years. She'd had variable treatment results due to a lack of follow-up and a poor understanding of the infection.

From Minnesota Department of Health records, it didn't appear that she had completed the three-dose antibiotic treatment that she needed.

Delayne, an HC-HCH nurse, built rapport with the patient, obtained the antibiotic, and coordinated the injection schedule. For the first time, the patient completed all three weeks of the antibiotic in a row and on time.

## Shelter-Based Prenatal Education

In 2016, registered nurses from HC-HCH began offering women at People Serving People classes about reproductive health, pregnancy, and post-partum care. HC-HCH conceived of the classes after a pregnant woman with three kids went into labor at the shelter. The woman didn't have a ride to the hospital or a babysitter for her kids. Desperate, she called 911.

"We recognized that there was a huge need for education on reproductive health," registered nurse Emily Thor says.

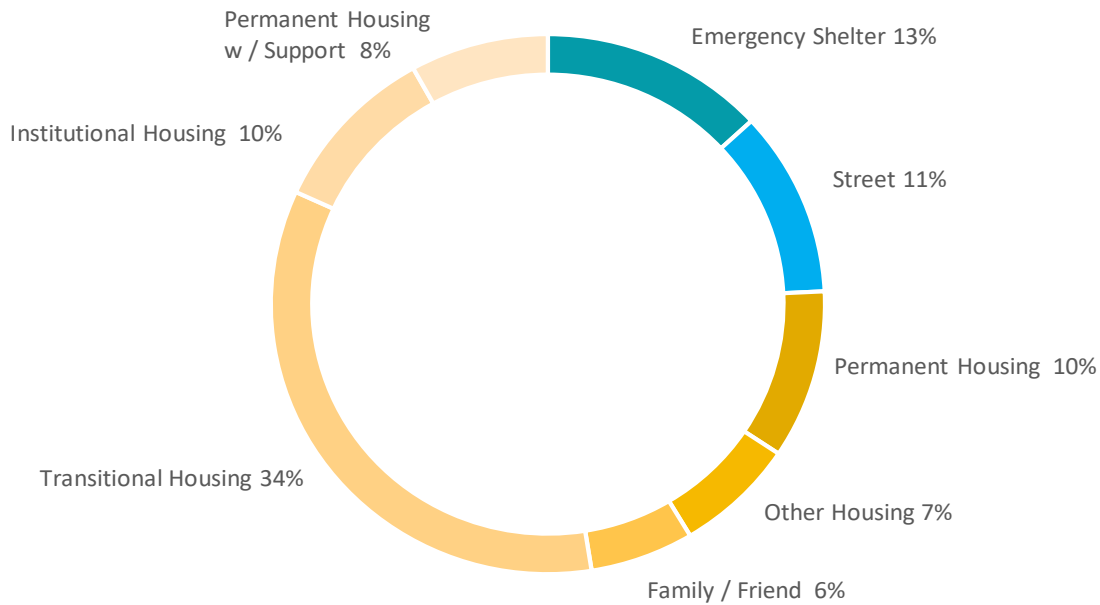
In a 2017 class, registered nurse Naomi Windham addressed a myriad of concerns. Windham talks through each of the women's concerns, occasionally sharing her personal experiences. "Knowledge is power," she says. Through the initiative, HC-HCH pairs pregnant women with a doula who helps her create a birth plan, attends her birth, and assists her with post-partum concerns. HC-HCH also began loaning mini fridges to breastfeeding women so they could refrigerate their milk.

Initial results are promising. Between 2014 and 2015, there was a nine percent increase in pregnant patients assessing first trimester prenatal care, a two percent increase in healthy birth weights, and a 22% increase in women having one or more pap smears.

# Medical Respite

The HC-HCH medical respite program provides care for homeless individuals who are too sick to recover on the streets, but who are not sick enough to stay or continue to stay in the hospital. The program recently completed a two-year, multi-site research study. Preliminary results show that the respite team successfully connected people to vital benefits and demonstrated that housing is healthcare, by housing 76% of participants.

Hennepin County medical respite housed 76% of participants



## Medical Respite Program

Fifty-three year-old Scott has many chronic medical conditions from a lifetime of substance abuse. Recently, Scott was sleeping in the cab of his truck and becoming increasingly ill; then, the police intervened and brought Scott to the hospital. After his hospitalization, Scott was set to be discharged to the streets, but a social worker connected him with Harbor Light Center’s medical respite program instead.

At Harbor Light, Scott sleeps in a medical bed in the medical respite wing. The more spacious wing makes it easier for him to access the bathroom, his locker, and other parts of the shelter. Scott receives much of his medical care at Harbor Light’s HC-HCH clinic. He also attends Alcoholics Anonymous and Narcotics Anonymous meetings at the shelter. Because of the medical respite program, Scott’s not living in his truck. He hasn’t had any complications since his hospitalization or been re-hospitalized. And he’s sober and receiving regular health care.



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