

Serving Patients Experiencing Homelessness

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Homelessness Definition

Literally Homeless

- Has a primary nighttime residence that is not meant for habitation;
- Living in a shelter designated to provide temporary living;
- Exiting an institution where s/he has resided for 90 days or less and met the above criteria before entering that institution

Imminent Risk

- Lose residence w/in 14 days, lacks resources to obtain other permanent housing

Chronic Homelessness

- Homeless individual with a disability
 - Continuously for 12 months, or 4 separate occasions in past 3 years totaling 12 months

Homelessness in Minnesota

- Wilder Foundation 2018 MN Homeless Study
 - 19,600 experiencing homelessness on any given night
 - Increase by 10% between 2015 and 2018
 - Children and youth represent 46%
 - Families decreased by 5%
 - 25% increase in older adults (55+)
 - ACEs – 73% report 1, 59% report multiple
 - 76% of women have experienced physical or sexual violence
 - 77% of adults have a chronic health condition
 - 60% serious mental illness, 24% substance use disorder, 48% physical health condition
 - 30% report being employed

Homelessness in SE MN CoC/Olmsted County

- 3-Day Registry – October 2019
 - 105 individuals unsheltered
 - 35 unknown
 - 30 not entered in Coordinated Entry System
 - 75 fallen off the CE priority list
 - 74% with serious mental illness, 71% with substance use disorders
- Point In Time Count – January 2020
 - 459 people - 146 children and youth, 313 over age 18
- July-September 2020
 - 450 individuals on Coordinated Entry Priority List
- October 27-29, 2020
 - 3-Day Registry

Patient Example

Larry

- 68 yo, Native American
- Homeless for last 4 years – in and out of shelter/streets
- Long history of substance use disorder (alcohol)
- Toes amputated on both feet
- Recent hospitalization through ED for wound on foot
- Discharged with antibiotics 3x/day
- Follow-up appointment with internal medicine

Larry's Story

- Seeking Larry for opportunity at Silver Creek Corner – met him at the Day Center
- Described his recent hospitalization and having a Rule 25 done in the ED
 - “waiting to go to treatment”
- Completed assessment at Fountain Center – arranged for treatment at agency specializing in treating people who are Native
 - Placement at Doc's Recovery House
- Follow-up appointment in primary care – medications at Dorothy Day
- Hadn't taken his antibiotic in 7 days – left DD to sleep on street
- MD – Larry requesting gabapentin

Assessment

- Read medical record, last visit, health history, health insurance
- Consider conditions of homelessness
 - Food access – low quality
 - Fresh water
 - Unsanitary conditions
 - Lack of access to showers
 - Very few personal belongings – may desert them
 - Exposure to violence
 - Weather extremes
- Approach with empathy, respect, and without judgment – trust is difficult
 - Many report experiencing discrimination – starts with reception
- Provide person-centered, trauma-informed care

Assessment

- Ask where the patient is staying – looks can be deceiving – “Where did you stay last night?”
- Income – means to obtain prescriptions, medical supplies, simple analgesics
- Consider what is most important to the patient – this will increase motivation to follow through
- Assume there is a history of trauma
- Ask direct, specific questions – don’t make assumptions
- Probe about food insecurity, personal safety
- Person involved? Case manager, family member – get ROI to speak with them
- Consider dental care
- Comorbid conditions
 - Mental illness and substance use disorders – capacity of patient to follow through with recommendations

Plan and Follow-up

- Consider ability to follow through with recommended plan
- Address immediate needs first – build trust and motivation to return
- Engage support system – reach out
- Simple prescribing
 - Minimize dosages
 - Taking medicine with food
 - Consider dependence history and potential for misuse/selling
- Storage – have medication boxes on hand to assist – develop plan with patient to store medications on person
- Offer medical supplies that they won't be able to purchase themselves
- Offer immunizations at time of appointment
- Offer written instructions on wallet size card – be mindful of reading ability

Plan and Follow-up

- Consider prescriptions
 - Benzodiazepines have street value, drugs metabolized in the liver, some medications can be used to get high or enhance effects of drugs, if seeking SUD tx – nothing that can be considered addictive, diuretics – exacerbate dehydration
- Schedule more frequent follow-ups to build trust
- Anticipate unscheduled office visits/phone calls
- Referrals to social services, other community resources
- Update emergency contact information – sign ROI's
- Be able to provide some resources in the moment

Resources

- Be aware of resources in your area – Green Book, food resources, shelters
 - Where to access psychiatry, substance use disorder treatment
 - Coordinated Entry System
- Have bags available to offer a patient – socks, personal hygiene products, bus passes, gift cards to convenience stores
- Offer cab coupons, Uber gift card, bus pass for return visits
- Reach out to case manager, shelter staff, outreach workers
- Connect with social worker to make referrals, apply for health insurance
- Coat rack for donated coats/hats/gloves in winter months

Resources

- National Healthcare for the Homeless Council
 - <https://nhchc.org/>
- Wilder Foundation Homeless Study
 - <https://www.wilder.org/wilder-research/research-topics/housing-and-homelessness>
- Three Rivers Community Action Program (SE MN CoC)
 - <https://www.threeriverscap.org/>
- HUD Exchange
 - <https://www.hudexchange.info/programs/coc/>
- Stories From the Shadows: Reflections of a Street Doctor
 - Dr. James O'Connell