Zumbro Valley Medical Society

SERVING PATIENTS EXPERIENCING HOMELESSNESS:
A TUTORIAL FOR PHYSICIANS IN TRAINING

November 18, 2020
BUILDING TRUST AND GAINING RAPPORT
with
Dan Fifield
Co-Founder, The Landing MN

[Transcript]

Grace Johnson, Mayo medical student: Thank you so much for being here this morning. This is our second presentation on serving patients who are experiencing homelessness. We are very excited to welcome Dan Fifield with us today. Dan is a former ER nurse. He is the co-founder and president of The Landing, which is a nonprofit that supports individuals in the Rochester area. He's going to talk to us about building trust and establishing rapport when we're working with this patient population.

Dan Fifield, Co-Founder of The Landing MN:

Thanks, Grace. Good afternoon, everybody. My name is Dan Fifield. I'm the co-founder of The Landing MN. We are a nonprofit here in Rochester, Minnesota, that works with those folks that are experiencing homelessness. I'll give you a real quick brief history of how we got started doing this. I was an ER nurse. I was a Mayo ER nurse. Prior to that, I worked in Kansas City, Missouri, Truman Medical Center. After my few years at Mayo, I went over to the other local hospital here in town to continue my ER nursing career. It was my retirement plan. Little did I know that I was going to run into a family of five that were living in a Dodge Neon with a dog and a cat the week before Thanksgiving in 2018. My actions at the time were to try and find them housing. I didn't think that I was going to be suspended for a couple of shifts because of what I did. I made a couple of phone calls. Another nurse said I gave them my personal contact information, which I didn't, but I was suspended anyway, my job was threatened. And, my wife, Holly, and I decided that it was time to take that leap of faith and take care of these folks. I left my ER nursing career, which was my dream job – I thought that was the end all cure all – to take care of these individuals that are on the streets, that are struggling, and try and help them find that place that they need to go to. Our tagline at The Landing is to give everybody a soft place to land. And, that's what we try and do.

So, one of the biggest things that we found in doing this is you have to develop that relationship, build that trust. When you work with individuals that are experiencing homelessness, you have to understand that it's not something that they wanted. It's not something that they looked for to do. It's not like everybody grows up and says, I want to be homeless. It's because of histories of abuse, dysfunction in families, bad decisions and social groups, mental health issues, paranoia and schizophrenia, and just not feeling like they can achieve anything.

We have a lot of individuals that we work with on a daily basis that have no self-worth because of the way they've been treated in the past. They don't feel like they can achieve a thing. And, it's hard. You have to understand a lot of these individuals have nothing to work with or work from. They don't have ID. They don't have an address where they can send information to. They don't have a phone that they can get phone calls on. Even if they do, a lot of the times, their phones get stolen, their ID gets stolen. Everything that they own, it gets stolen and then they have nothing. So, they just continue to spiral

downhill. It's important that they find that place, whether it's in a medical or hospital setting or in a nonprofit setting, such as ours, that they can find somebody that cares, somebody that will sit and listen to them.

The biggest thing that we can do as medical professionals, or as just human beings, is listen to somebody. If we don't listen, we don't know what the problem is. If we don't listen, we don't know what they want. It’s crucial to not try and tell them what to do, but to ask them what it is they want to do, in developing those relationships.

Mental health issues: Paranoia or schizophrenia is rampant in this population. And, it's quite honestly a very tough one to deal with when you're trying to help them negotiate a path to success. In Rochester, as it is, there are mental health treatment facilities, but it's hard to get people into. It's hard to get people in on a timely manner. It's difficult to get them to keep them on medications. It’s a lot of work to keep on top of these individuals, to make sure that that they're trying to do what they can to help themselves. And, we're here to help them.

As I said, their lack of self-worth and their feeling of worthlessness is huge. They try and do something. They try and get an apartment; well, past history won’t let them get an apartment. What do you do then, kinda thing. That goes into the system failures and the lack of follow-through. There are a lot of resources that are available out there, but it's trying to play connect the dots. When we started The Landing, my analogy for folks – and try and follow me – is the bicycle hub. The center hub on the bicycle wheel is The Landing. The spokes that are coming out are the folks that are experiencing homelessness. The outside rim are all of the services that are available out there. They're available in Rochester and, I'm sure, in every other major city across the country. But, it's how do you connect these individuals to those services? You do it by gaining their trust. You do it by making sure they understand that you're here for them. You're not here for any other reason. Try to help them understand that you're here to help them. Let them answer your questions instead of trying to answer them for them.

The system failures and lack of follow-through are a huge part of that issue. We try and set up systems where we don't have those failures here. We try and get releases signed so that we can talk to the medical professionals that are helping them deal with their mental health or their health problems. A lot of times, we aren't able to get that. So, it's a little bit harder for us, but we're trying to do the follow-through. I've got story after story of individuals that have been discharged from hospital settings without proper medications, with not understanding what it is they're supposed to do as far as follow-up. One gentleman, the biggest payday I ever got was when I got [Name] settled in his new apartment. He told me that nobody's ever cared about him like I do. That made it all worthwhile for me. But, he had right lower extremity cellulitis. He had an open wound. He was in the ICU for multiple days. He was discharged without any medications. The reason he was discharged was there was a $628 copay that he couldn't afford. It was a simple problem to take care of. A pharmacy tech solved it for me. He got his Medicare in line with where it was supposed to be and the $620 copay went to $27, which we were more than happy to pay. We got him his meds and got him into another facility for wound care and antibiotics. All's well that ends well, but it's that follow-through that they don't have the ability to do sometimes, that we have to work with to try to get that taken care of.

Dan Fifield:

What are the results of this distrust? Our homeless population that we work with is very distrustful. They've gotten a lot of false promises in the past. Yes, we'll get you housing, and they never get housing. Yes, we'll help you get medical care. They've never gotten that. And the list goes on and on. And that’s multifaceted as far as where those trust issues come from. It’s broken relationships with family members. They’ve burned a lot of bridges. It’s the inability to create new connections and relationships because of their paranoia and a lot of their other mental health issues.

Physical and mental unwellness: A tremendous amount of the population has major medical problems. We've got one gentleman we're working with right now. He's got some major tremor issues going on. I can't really get into too much more details because it's an active case. But, he's very ill. We're trying to help him negotiate through the system and make sure that all of his medical care gets taken care of. That's part of it. Their medications are another part. They can't afford them. A lot of these individuals don't have jobs. They don't have income. They can't even afford a $7 copay for a multitude of medicines. They just don't have the money. They can't qualify for GA; they don't know how to get government assistance. The list goes on and on as far as why those issues come up.
Homelessness: That's a multitude of reasons for that from mental illness, alcoholism, drug abuse, financial issues, relationship issues, things of that nature. We try and give them a place right now at The Landing at Silver Lake Station here in Rochester. We just launched this new day center two weeks ago today with the help of the city and CARES Act funding. We give them that soft place to land. We give them a place to come and get meals three times a day. A place just to be. We've got a director of social services on staff that takes care of their housing needs, as far as getting them on coordinated entry and getting them set up with that type of thing. And, we address the food insecurity problems. What are your major concerns? Well, if you're homeless, you want to know where you're gonna sleep and where you're gonna get your next meal at. We've addressed all of those issues. There's a warming shelter here in Rochester that's open in the evenings for them to sleep at. There's another facility where they can sleep as well. And, we address it during the day here at The Landing to give them a place to stay and get connected to those resources.

Dan Fifield:

Those things are important. They help them get back on their feet and going in the right direction. But, the big thing is, how do you build that trust? A lot of people want to tell these individuals what to do. It doesn't work well. They don't want to hear what you think they need to do. They want somebody to listen to them, 'cause nobody has, nobody does, listen to them for the most part. We've been very successful in building these relationships, listening to what they have to say, asking them what they want. And, sometimes they don't want to be off the streets. Sometimes this is a lifestyle that they've been doing for years and years and years, and they don't know any different. But, just listen, just don't hear them, listen to what they say, and then you just listen to them some more. You got to treat them like they're a normal human being, like they're no different than you are, like they're no different than anybody else that you meet, because they're probably not. They're just in a different set of circumstances. They've got problems that they're trying to deal with, just like everybody else does. Theirs are more visible because they, quite honestly, most of the time they don't look like you and I do. They're dirty. They haven't been able to shower. They haven't been able to do laundry. They've not had good dental care. They haven't had a haircut.

You know, people get just nasty with them. You know, why don't you get a job? Well, I love those people because I just like to set them down and say let's look at it this way: If you don't have ID, you can't get a job. If you don't have a phone, you can't receive phone calls to get the job. If you don't have a mailing address, you can't get a job. If you smell like you've been homeless for two weeks, you probably aren't going to get the job. And, if you don't have access to new clothing or a way to wash your clothing, you're not going to get a job. So, where do they start? What do they do from there? Until somebody comes into their lives that's willing to help them, whether it's somebody in an ER setting, somebody on a medical floor, a social worker there, a doctor that takes an interest in that patient beyond just their medical wellbeing, or an organization like ours that takes that interest and wants to help them get back on their feet because that's the right thing to do. They don't, they sit there and spiral. And, they may have had a great job before. They may have had things going for them. But, things happen. COVID-19

happens. We lose our job. We lose our house. We're out on the streets. Our car gets impounded. We can't get into it. We don't have our ID. We're sleeping somewhere, then somebody steals all of our stuff. We have nothing. It just happens.

So, you know, they're worried about meeting their basic needs; we think they need to get a job. We have to address those things that are more important to them than what we think. We have to address those basic needs, make sure that they have meals, make sure that they have those things that they need to survive on a daily basis. It's being sober for a day, being sober for half a day. That to a lot of these people, it's a big thing. If you're involved with them, if you're working with them in the hospital, you have to understand that's the way that they've lived, that you have to not look down on them, but try and walk beside them and understand that they're trying. They just don't know really how or the best way to try and they're looking for some guidance. Ask them meaningful questions. Ask them what they want to have happen.

We have to celebrate those baby steps. We have to work with them through their times and through their timelines and try and help them see that there is light at the end of that tunnel, that there is a better life ahead of them and celebrate those baby steps with them. They say it sometimes takes seven to eight contacts to get something to work. We found that to be the case. It's not a first time, you're a winner kind of thing. It takes time. It takes a lot of effort, but I tell you when you get the successes, they're worth every penny of the time you spent.

Dan Fifield:

The beginning of relationship-building for us started on the streets. We walked the skyways. I left my ER job on Monday morning, a year ago tomorrow. We met with the social worker at the Salvation Army the following week and said, "What do we need to do?" And now, that social worker that was at the Salvation Army is our director of social services and on our board of directors. So, it's sort of a funny, good deal. But, we had a big problem in Rochester with the folks that were homeless sleeping in skyways. And, we just went up there and we met them there and talked with them there and got to know who they were and what they needed, what we could do to help them. We found the biggest thing that we could do getting started was to make sure they had clean clothes, make sure they have food, make sure they had dry socks. We worked out of an SUV, with tubs of clothing in there and we built those relationships. We see people all the time that are living in tents under bridges, that are living in the woods, that are living off the bike paths, that are struggling, that are trying to find places that they don't know how to get to. And, we try and help them negotiate to get there.

Then we did MOU [Mobile Outreach Unit]. We worked in an SUV. We looked for a building, tried to find a building to buy, tried to raise the money to do it. That was starting in November of last year. Couldn't get the building, couldn't get the money raised. And, I had the vision of starting, buying a box truck, doing the outreach out of the back of that. We got the truck, got the branding on it. Alex and I hit the road. Three weeks later, COVID-19 hit and everything shut down, except for us. We're an essential need. We're out there. We're able to social distance. We're able to build those relationships, continue to work with these individuals and gain their trust and show them somebody cares about them. Somebody really does love them. And that works wonders when you try and make headway and get things done for this group because nobody cares. Nobody else really wants to deal with them because they appear to be unkept, unwell, not good people. But, in all honesty, they're probably some of the nicest people that we've ever met. You have to give them a chance. You have to give them an opportunity to be who they are. You have to understand that they're sometimes not the most kind and not the most acceptable people in the world. But, once you start peeling back those layers, peeling that onion back, you'll find they're really decent caring individuals that will back you up 110% of the time.

So, my words to you all as you go out and start practicing medicine, as you get on the floors, you get into the ER, you get into the clinics, wherever you're working: Don't write them off as being homeless, don't write them off as being worthless. Get to know them, talk to them, treat them like they're anybody else. Yeah, there are a lot of them that come into the ER that are drug seeking. A lot of them that are chronic alcoholics. And, they're just as mean and nasty as can be. But, they're still human beings. They still have family somewhere that worries about them. They still have feelings. And, if you can break through those, you'll gain a whole lot more than you're going to lose by doing that.

So, now we're at The Landing at Silver Lake Station. We launched two weeks ago with the help of the City of Rochester, some CARES Act funding. This is all a COVID response that we're doing right now. We have a facility that we can hold 30-ish people in the course of the day, social distanced, offer them housing services, laundry, showers, clothing, food, and helping them get through some medical issues. So that's what we do. It's been a blessing for us.

I just encourage you, as you come across these individuals, to give them a second to tell you their story because I think you'll find that a lot of the times their stories are not much different than us. They've just taken a different turn on that road. Give them a chance. Don't prejudge. Let them talk. I think you'll find that that your ability to care for them is going to be greatly enhanced. So, thanks for giving me the time. I know I probably went over a little bit over my allotted time there, Grace, but I can talk for hours about this. Let the questions begin.

Question 1:

I'm wondering about prioritizing or triaging the need at hand. For example, in seeing a patient in the emergency department, when they get discharged, if they're a homeless person, making sure that they're sent off with prescriptions and stuff, and care to be followed up is lower maybe on the priority list than accessing some of these services that you all seem to provide. What kind of advice do you have to make sure that we're having thoughtful conversations? Because that would maybe drift away from our typical counseling of discharge paperwork, prescriptions, but then also connecting them with services, as we see them on their way.

Dan Fifield:

I think that the big thing from the provider standpoint, you know, it's tough because there's a line there. You're concerned about making sure they understand their meds, making sure what their discharge orders are. They're gonna sit there and tell you they do, whether they do or not. The medications are probably one of the biggest things that they have problems with. You can give them scripts all day long and you can send them to whatever pharmacy they say. If they don't have money to get them, it's a lost cause, it's a moot point for them. I think the thing that needs to happen, and a lot of times it doesn't, is to get social services and social workers for whatever department you're in involved with the care of this patient to find out what those hurdles are for them. Especially if you get people that are coming in with any type of a cellulitis in their extremities, 'cause that's prevalent in this population, especially ones that are IV drug users, making sure that they understand the importance of the antibiotic therapy and things of that nature and what to watch out for. What we want to do and what we've tried to do is to get involved with discharge planning for these individuals to make sure, because we know most of the folks here in Rochester anyway, to make sure that they understand post discharge what they need to do. If it's a medication issue, we don't have any problem with providing funds to get medications. That's not an issue. We want to make sure that their insurance is in place. We don't want to spend thousands and thousands of dollars on meds, but antibiotics are relatively inexpensive, we just need to make sure that they've got those. We need to make sure that they understand what the discharge follow-up plan is. If you in your practice, have social services that can and will get involved, or you can talk to your patient and say, "We have XYZ organization here in town that can help you after you get out of the hospital.

Would you mind us contacting them and getting them in touch with you?" Whether you're here in Rochester or wherever you are, I'm sure that there's probably some organization that you can get together with that would be more than happy to do that kind of thing. It's saving the hospital money and that's sort of the track that I try and go down when I talk to people is that, if you get bounce backs before 30 days are up, your Medicare, Medicaid reimbursement, if they're on those types of insurance plans, you get dinged, you don't get your full payment. So, what's better? Making sure that they're taken care of or not.

Question 2:

Could you talk a bit about some of the challenges of getting people, for example, with criminal records, jobs and finding them housing and stuff like that?

Dan Fifield:

Housing is very difficult, especially in our area. There is not a lack of people looking for housing that have good steady incomes with no past history. Trying to find felon-friendly landlords is tough. Try and find landlords that will do with anybody with any kind of a sex offense is next to impossible. It's very tough. It's very frustrating. One of our goals somewhere down the road is to have another location where we have a village, if you will, of small houses that will facilitate this population, because there are a lot of them out there that can't find housing because of past criminal history. The County has come up with a couple of different programs that help to get these folks in. They guarantee some damage deposits and things like that, but there's still not enough. There are those individuals that are out there that are not actively seeking any kind of medical help, as far as the mental health type of things that need to be housed, that nobody will house because of that. They don't have any income. Stability is an issue for them. It's hard. We just keep applying and we keep applying. We say a lot of prayers hoping we can find people housing. Luckily, over the last 16 months, we've got a large, not a large, but an increased number of shelter beds that have been open in the evening. The sad thing is I have to say there's some good that came out of COVID-19. We've got an increase in shelter beds. We've got a day center now for these individuals to come to, to seek help. Hopefully after COVID-19 ends, if it ever does or however that all washes out, we continue to have these services. But, it's tough. There's no pat answer to your question. How do we get these people with criminal histories housing? Try and find a sympathetic landlord or find a lot of money and build them yourself and work with them.

Question 3:

I'm curious if you could talk a little bit about like how people's experience of homelessness might differ depending on where they are. I think we have some Arizona people on this call and you're in Rochester. What are the particular needs of someone in Rochester, as opposed to Scottsdale or other places?

Dan Fifield:

If you get down to Arizona or Florida, it's a whole lot easier to be homeless just from the simple standpoint that it's not freezing cold for the majority of the year. You can find outside areas that you can establish a camp in a little bit easier year-round than you can up here. When it hits 30 degrees below, a tent doesn't work real well. Sleeping bags can only protect you so much. I think in the bigger cities of Arizona and Florida, services are a little bit more prevalent as far as homeless shelters. We don't have a full-blown what I would call homeless shelter. We got what are called warming centers. Generally speaking, they're only open in the evenings. The one here in Rochester, the Rochester Community Warming Center that's run by the county and Catholic Charities is only open from eight to eight, 8:00 PM to 8:00 AM. What our vision is for a shelter is something that's open 24 hours a day, seven days a week, 365 days a year, where'd they sleep there, stay there, get medical attention there, things of that nature.

That’s our challenge here is that we don’t have that. We’re trying to piecemeal it together with different organizations that offer different things. It’s difficult to get them connected to those different organizations at times. Open Door Mission in Omaha, Nebraska is sort of our role model. They’ve been in business since 1950 and they’re probably the best homeless shelter I’ve ever encountered. They have a medical facility. They have a rehab facility. They have a low-income apartment building. They’ve got job training. They’ve got a women’s shelter. They’ve got a family shelter. It’s an all-inclusive, all-in-one, nobody’s turned away at the door, kind of place that I think every town of any size that has a homeless population should emulate because it’s successful. It hurts me deeply that we can’t offer these individuals more solutions than what we do. A lot of these people would be very successful if they could get a chance. It’s just being able to give them that chance.

Question 4:

How are you able to keep your empathy when you run through so many challenges and it sometimes seems like your clients don't necessarily want your help. I know you mentioned peeling the layers and how you just have to kind of be persistent about very good listening and about asking what they need. I can understand, especially from a provider perspective, sometimes feeling powerless and getting angry kind of inappropriately. How do you suggest kind of keeping yourself centered and on balance when you're dealing with the difficult things to manage?

Dan Fifield:

Great question. It's tough. It is tough. It was tough when I was an ER nurse because I saw the same people coming in daily for the same complaint. And, sometimes you can't help somebody that doesn't want to be helped. That's where that's where the rub comes in. That's where the tough part comes in. Because you really, truly want to help them. A lot of these people, my goal is to keep them pink, warm, dry, and breathing. If I can do that, I've been successful because there are those individuals that don't believe that they can be any different than what they are. They don't care because they've been in this situation for so long. That’s their world, that's the way it's been. I just have to try and look at it like it can happen to any of us, and it really could happen to any of us. Mental health disease, bipolar disorder, is prevalent in twenties. We've seen it time and time again. We have families that, all of a sudden, they have a child that's been successful that has all of a sudden developed some very significant mental health disease in their twenties and early thirties. It’s difficult to deal with.

But, to answer your question, how do you keep the empathy? Just know that everything that you do has an impact, whether you see it or not. Every act of kindness will make an impact on them. Repetitive kindness is the best way to break those barriers. Those folks that come into your office or your ER, and say, “I can't survive without the big ‘D,’ without the Dilaudid. I need that.” Well, that's what they're so used to doing. And that's what they've been given for so many years or whatever. They get horribly frustrating. Or, the chronic alcoholic that comes in and his liver panels are just whacked, and he's got varices that are about ready to break. He’s just a mess. Or, he comes in and he starts blowing varices in your ER because he won't make a difference. He's just, he's just broken. From our perspective, from my perspective, no matter how broken you are, you're still a human being. I'm still going to care about. It is tough. It really sometimes, pardon my language, it just sucks, because you want to do good for these people and they just don't care. It doesn't mean have to stop caring. It doesn't mean you stop giving your 110% to them. Because I promise you one of these days when John comes in and sees you again for the 29th time this week with the same complaint, you're going to say something that's going to click with him and it's going to stick. You're going to have maybe this much of a gain in your plan of care and your treatment. But it’s going to make a difference. You'll see it and you'll know it. You'll walk out of there and you'll have the biggest smile on your face. You'll go, “Wow, I finally broke through to this guy.”

Maybe just a little bit, but you still broke through. There are some people that I'd just as soon give up on. I just love my way through them and put up with their behavior.

Grace Johnson:

Dan, thank you again for joining us today and thank you for all the work that you do.