Health Care for the Homeless Network
Annual Report 2017

Public Health
Seattle & King County

Community Health Services Division

Health Care for the Homeless Network 2017 Annual Provider Gathering

CONTENTS

Welcome from Health Care for the Homeless Network (HCHN)

Health Care for the Homeless Network is part of a national movement to provide comprehensive health care and secure housing for all. We are one of over 180 Health Care for the Homeless projects nationwide and one of the largest, serving over 20,000 people annually.

As co-chairs of King County's Health Care for the Homeless Network Planning Council, we ensure that local consumers and front line service providers guide decision making. These perspectives remain critical as our region grapples with the root causes of increasing homelessness.

Our 2017 Annual Report describes how HCHN continues to strengthen the health care safety net for our most medically vulnerable patients and provide leadership to bring a focus on health needs into initiatives aimed at moving people into safe and stable housing.

Key Accomplishments:

- Increased communicable disease outbreak prevention, p. 11
- Raised awareness on the continued need for hygiene services, p. 11
- Selected new East and South King County partners, p. 13 & 14
- Connected families to care through nurse-led partnerships, p.16
- Developed new community advisory board plan, p. 20

Thank you for reading on and reaching out.

Gregory Francis (l) and Dr. Maureen Brown (r)
HCHN Planning Council co-chairs

Health Care for the Homeless Network Planning Council ▪ 2017 Members

Maureen Brown, MD, Co-Chair, Swedish Family Practice
Gregory Francis, Co-Chair, Community Advocate

Margo Burnison, King County Dept. of Community & Human Services
Rebekah Demirel, Community Advocate
Sinan Demirel, Consultant
Zachary DeWolf, All Home - King County
Tricia Madden, Harborview Medical Center
Francesca Martin, Compass Housing Alliance
Maria Metzler, Downtown Emergency Service Center
Michael Quinn, Plymouth Housing Group
Eva Ruiz, Community Advocate
Jeff Sakuma, City of Seattle, Human Services Department
Charlotte Sanders, University of Washington School of Social Work
Sheila Sebron, Veteran Advocate
Kate Speltz, King County Dept. of Community & Human Services
Susan Vaughn, YouthCare

King County Board of Health* HCHN Standing Committee:
Sally Bagshaw, City of Seattle Council Member
Bill Daniell, Health Professional
Jeanne Kohl-Welles, King County Council Member
Largo Wales, City of Auburn Deputy Mayor

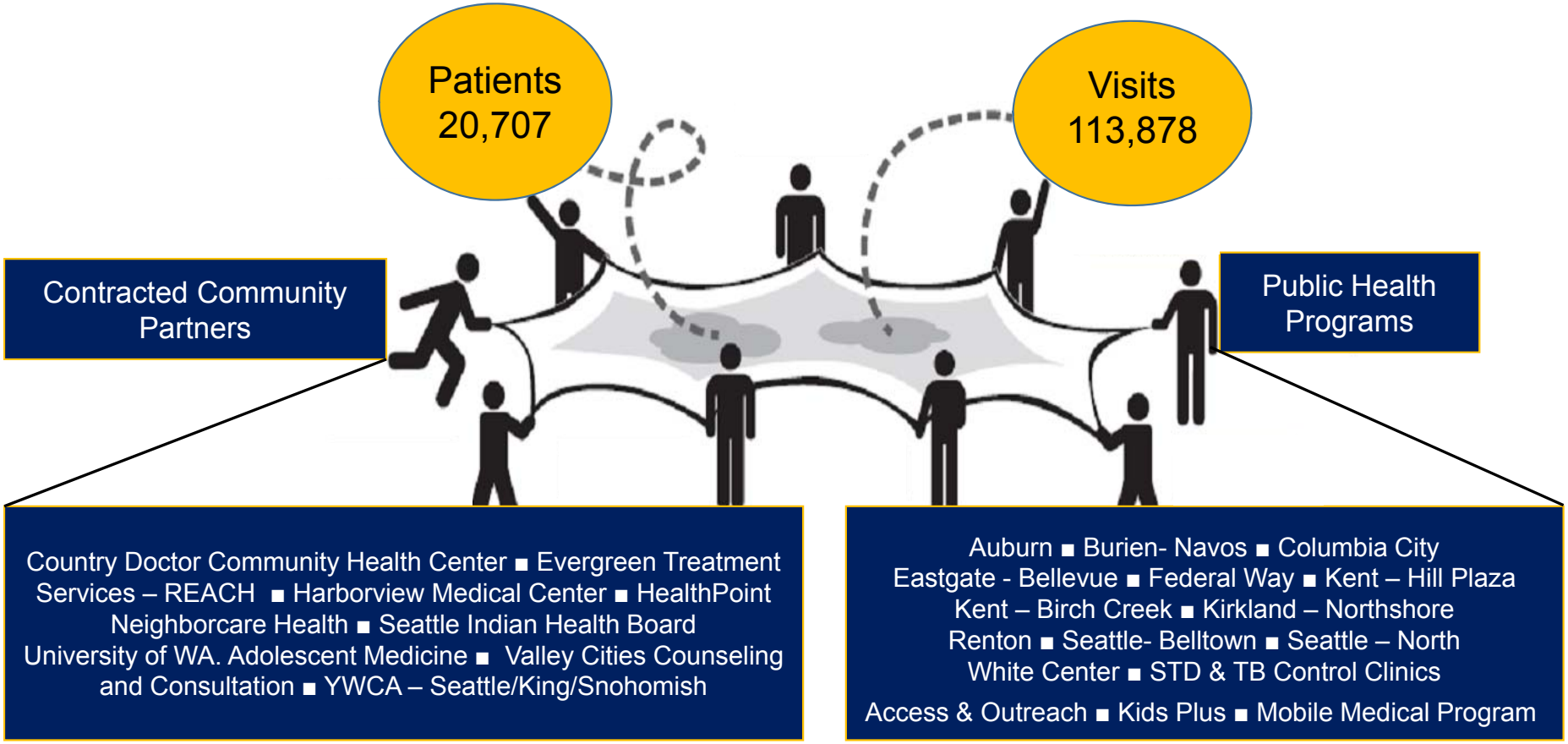
* Governance body for Public Health's 330h grant from the Health Resources and Services Administration (HRSA)

The HCHN Planning Council plays an essential consumer and community advisory role in planning and evaluation of HCHN programs and services.

It provides guidance and policy direction to HCHN administrative staff, Public Health - Seattle & King County management, and the King County Board of Health. The Council has a key role in annual community needs assessment and strategic planning.

Members include consumers, health care professionals, homeless service agency providers, and funders.

Approximately 30,000 individuals were homeless in King County for some or all of 2017. HCHN served over 20,000, many of them living outside and disconnected from needed services.

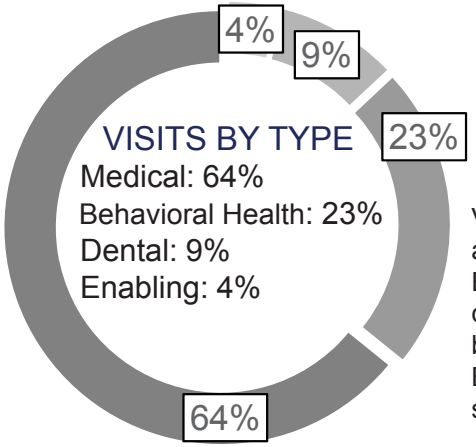


Integrated care teams start where the largest numbers of people are located. They spread out across the region to over 200 sites where individuals face geographic and other barriers to care.

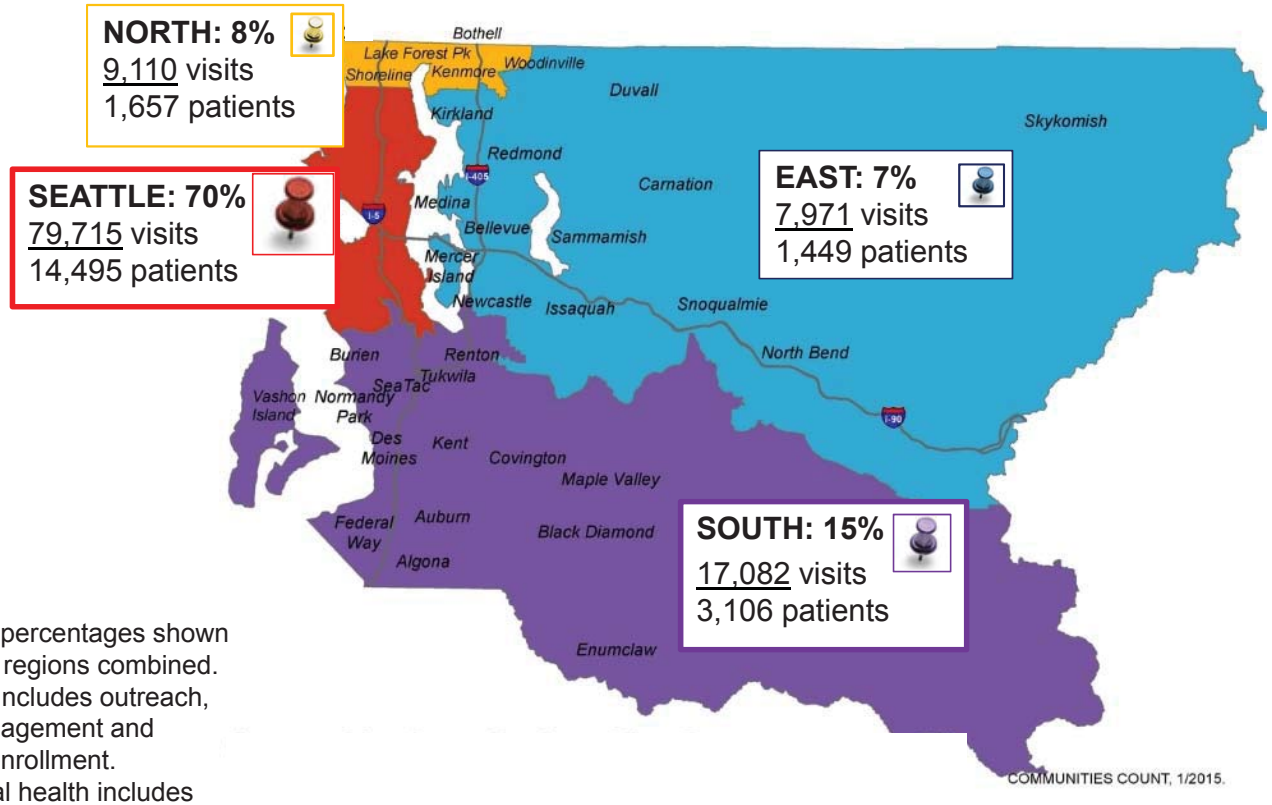
2017 ANNUAL VISITS: 113,878

- Seattle: 70%
- South: 15%
- North: 8%
- East: 7%

Visits include medical, dental, behavioral health, and enabling services provided by over 450 full and part-time providers.



Visit type percentages shown are for all regions combined. Enabling includes outreach, case management and benefits enrollment. Behavioral health includes substance use & mental health.



HCHN providers see the same emerging issues and demographic shifts as mainstream providers do. Barriers are harder to overcome when homelessness, trauma, & stigma persist.

1. THE AGING OF THE GENERAL POPULATION IS INCREASING DEMAND FOR PRIMARY CARE.

While all people need age-appropriate care, individuals who experience homelessness often feel the physical and emotional effects of aging faster and cope with multiple costly conditions.

In response, HCHN's medical, housing, and shelter partners piloted multiple projects to better prepare our safety net systems to meet the unique geriatric and end of life needs for unsheltered and chronically homeless individuals. Existing innovative projects, like the Homeless Palliative Care Outreach program at Harborview Medical Center, are finding those most in need.

2. THE NUMBER AND RATE OF DRUG & ALCOHOL CAUSED DEATHS CONTINUES TO INCREASE IN KING COUNTY.

Stigma and accessibility are commonly reported barriers for most individuals who struggle with substance use disorders. These obstacles are often compounded for homeless individuals who fear losing the little they have if they disclose struggles.

In response, HCHN increased investments in behavioral health services with a focus on Medication Assisted Treatment and Naloxone, given that heroin and/or prescription opioids are involved in most overdose deaths. We continue to integrate low-barrier and non-judgmental physical and behavioral health supports in shelters and supportive housing sites.

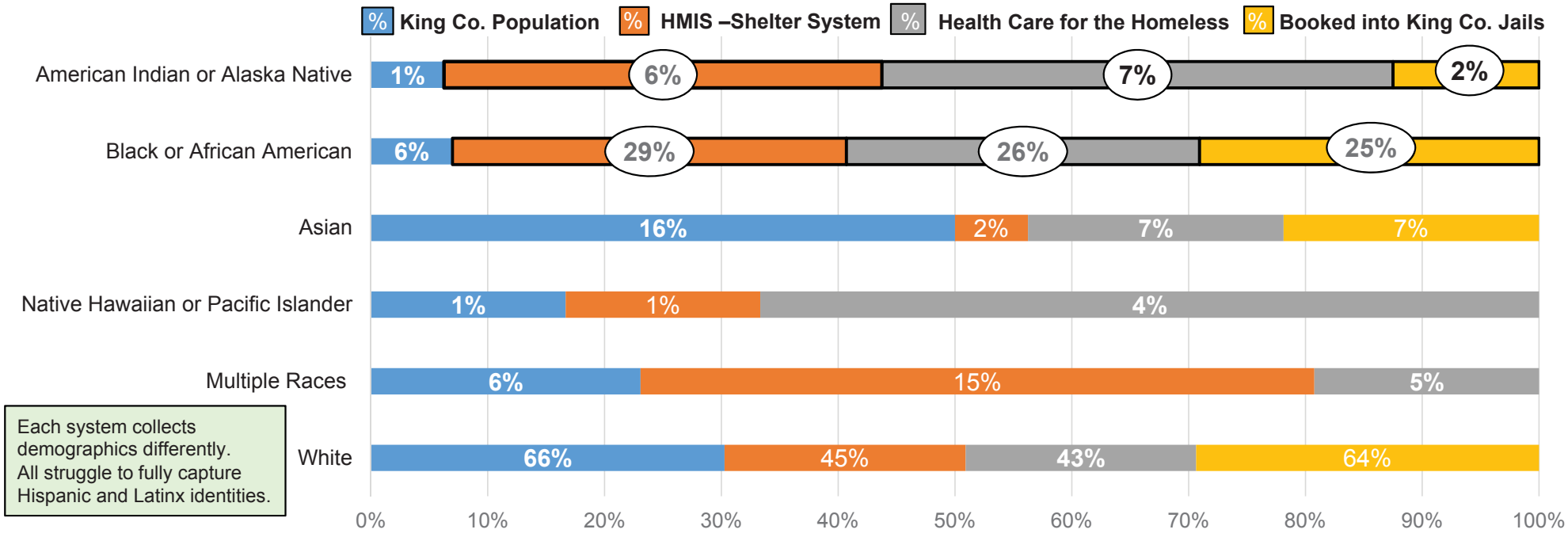
1. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Health Resources and Services Administration
https://bhw.hrsa.gov/health-workforce-analysis/primary-care-2020

2. King County 2017 Overdose Death Report
https://www.kingcounty.gov/depts/health/examiner/~/media/depts/health/medical-examiner/documents/2017-overdose-death-report.ashx

3. PEOPLE OF COLOR ARE PERSISTENTLY OVERREPRESENTED IN HOMELESSNESS COUNTS.

People of color make up the fastest growing segment in King County*. Regional population growth and differential poverty rates alone do not explain why people of color are persistently overrepresented among those who experience homelessness.

HCHN engages on multiple fronts to understand and address how racism shapes the experience of individuals within our health and housing systems. This includes examining the intersections between homelessness, health, and incarceration.



Each system collects demographics differently. All struggle to fully capture Hispanic and Latinx identities.

* Demographic Trends of King County:
www.kingcounty.gov/independent/forecasting/King%20County%20Economic%20Indicators/Demographics.aspx

In the midst of a homeless services system that struggles to keep pace with the increasing rates and complexities of homelessness, HCHN programs find and connect with our most vulnerable.

Evergreen Treatment Services' outreach worker

1. Walk-in clinics for youth and young adults tailored their strategies to assure hours and sites were most convenient and comfortable.

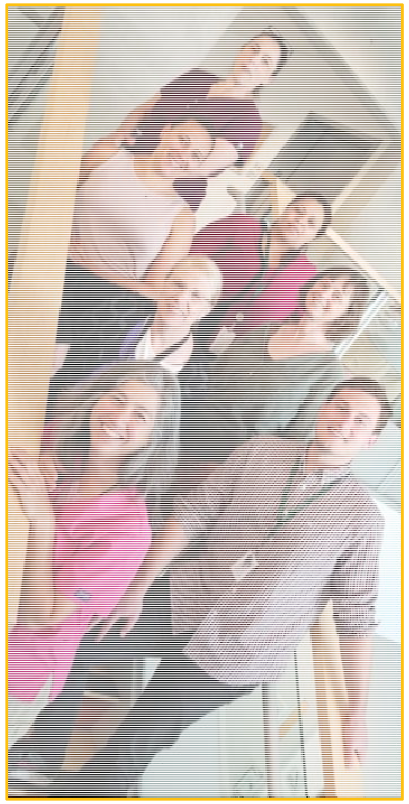
= Over **500 youth** participated in preventive services, primary care, and behavioral health visits.

2. Nurses and social workers visited families in shelters, day centers, and supportive housing.

= Over **1,000 families** linked to prenatal care, parent child health services, and stability supports.

3. Interdisciplinary teams conducted outreach in encampments, on the streets, and from jails and crisis facilities.

= Over **2,000 single adults** connected to health, housing, & social services, including benefits enrollment.



Neighborcare Health's Ballard Homeless Clinic team

Health Care for the Homeless Network

People and Programs Making an Impact in 2017

Outbreak Prevention, an Opportunity for Education

Hepatitis A is a disease that can spread easily in environments like encampments where people have limited access to facilities for hygiene and safe food preparation.

A deadly outbreak of hepatitis A among California's unsheltered community prompted HCHN to quickly mobilize a local outbreak prevention response in the fall of 2017. Efforts were successful.

HCHN, as a program of Public Health – Seattle & King County, worked with internal experts from Communicable Diseases, Environmental Health, and Emergency Management departments.

Externally, HCHN geared up its Mobile Medical vans and leveraged existing community partner relationships to rapidly disseminate information through flyers and word of mouth.

Over 500 individuals at shelters, encampments, and food banks were educated and vaccinated against hepatitis A.

HCHN's Planning Council turned the potential outbreak into an opportunity to educate multiple stakeholders and policy makers on the importance of hygiene services and restroom access.

Finding public bathrooms and safe places to keep clean are challenges for unsheltered individuals. Disease prevention and dignity are both provided when we help meet these basic needs.

HCHN staff set-up an early evening mobile clinic at a local encampment to educate and vaccinate residents.

Homeless Palliative Care Outreach Program: Harborview Medical Center

L.R. is a 61-year old man worried about his next breath. Without a new portable oxygen tank, he fears that his worsening Chronic Obstructive Pulmonary Disease (COPD) will limit his mobility even more. His isolation and depression feel heavier and heavier.

A small but mighty four person team backed by a world-renowned hospital pushed through multiple barriers to secure the tank – an essential medical supply and symbolic gesture that they are walking beside him.

The team is the Homeless Palliative Care Outreach Program at Harborview Medical Center – the first program of its kind in the country and one gaining increased visibility for their innovation and compassion.

Tony Boxwell, nurse practitioner (l) Stan Foreman, client (r)
Image credit: University of Washington Alumni Magazine

As part of a larger strategy to address the growing numbers of elderly individuals who experience homelessness, nurse practitioners and social workers go out to encampments, shelters, and emergency rooms to identify individuals coping with potentially life threatening illnesses.

Their goal is simple yet profound – keep patients comfortable and minimize pain by addressing their physical, emotional, and spiritual needs.

L.R.'s health continues to decline and he focuses on advanced care planning. The Palliative Care Outreach team is leveraging every resource within Harborview and among HCHN partners to assure that he remains housed and well cared for.

Learn more about the Palliative Care Outreach Team:
USA Today Feature on HMC's Palliative Care Outreach

New South King County Street Outreach Team Joins HCHN

Homelessness in and of itself is a crisis. Add complex behavioral health issues and criminal justice involvement and your need for a caring team on your side is that much greater. Enter CReW (Counseling, Recovery, and Wellness) from Catholic Community Services.

CReW was selected in HCHN's 2017 competitive bidding process to find and connect with South King County's most vulnerable residents. With a slogan, "*we will meet you where you're at, to help you get where you hope to be,*" CReW embodies HCHN's philosophy of care.

Team leads Matt and Jessi are charged with new program design. Their strategies that will turn that slogan into success:

- Persistence: CReW listens and learns from each individual it serves. The team knows first hand that it can take years from a first encounter under a bridge to a last one in permanent housing.
- Partnerships: South King County faces unique geographic and resource challenges. CReW reduces them through collaboration with health care, law enforcement, and housing agencies.

No one organization can solve the complexity of homelessness, behavioral health, and criminal justice issues alone. CReW's person-by-person and city-by-city approach moves in the right direction – from crisis to recovery and wellness.

Top: Jessi Hildreth and Matt Landes, CReW outreach staff
Bottom: Matt meeting with Lance, a new CReW client

New East Side Street Outreach Team Joins HCHN

How do you create a safe and accessible space for young people who experience homelessness and housing instability?

Friends of Youth knows to listen and learn from the experts – their clients. De'Mario Shepard is one of those experts:

> **"**This is the place to go. If you see most of the kids here, I am pretty sure they would be in more trouble if they did not have this place. And you can't sleep outside anymore, if you do that you are going to get locked up, so you are better off having a shelter place. And for young adults they don't have to go to the big boy, with the adult adults yet. It scares people to go to the adult one. So they go to the younger one where it's their age realm. I have been to both of them. Here you don't get judged.**"**

De'Mario, now 24, is doing his part to stay on a path of stability. He achieved his first goal to secure housing and is on his way toward achieving his second goal: applying to Bellevue College.

Friends of Youth is doing their part. They educate their communities about what system barriers can present challenges for De'Mario and they go out to find other young people in need of safe spaces.

Rae Rome, mental health outreach specialist (l)
De'Mario Shepard, Friends of Youth client (c)
Sasha Vine, drop-in & outreach coordinator (r)
Friends of Youth Drop-in Center, Redmond

Friends of Youth was selected in HCHN's 2017 competitive bidding process to provide street outreach and wraparound services to homeless youth in East and North King County.

Ensuring Safety Net Health Doors Are Open to All: Carolyn Downs Shelter Nursing Program

Bernie Creaven, a Community Health Nurse for over 15 years, understands how hard it is for families living in shelters to manage chronic disease, but when she witnessed the additional suffering her diabetic patients from the Republic of the Marshall Islands experienced, she "*couldn't leave it alone*."

She learned how a lack of access to healthcare benefits was a main reason why these patients were struggling even more – some had their legs amputated because they couldn't afford medications and co-pays. They were afraid of losing the little they had.

Bernie did what all great community health nurses do – listen to patients and collaborate with community groups to change policies that prevent vulnerable people from living healthy lives.

She relentlessly raised awareness alongside the Children's Alliance, the Washington State Commission on Asian Pacific American Affairs, and many other individuals from the Marshall Islands.

Their efforts got the attention of Washington state Senator Rebecca Saldaña who ultimately sponsored the bill that will grant health insurance coverage to some Marshall Islanders.

Learn more about Bernie's efforts and the Marshallese community here:
www.nwpb.org/2018/01/15/proposed-health-care-bill-help-pacific-islanders-washington/

Olympia, WA- HCHN Nurse Bernie Creaven (left) and Sen. Rebecca Saldaña celebrate after a legislative victory.

Many Miles to Support First Steps: Public Health's Parent Child Health Program

Transportation and cost are concerns for all newly expecting parents in rural areas. For those experiencing homelessness and housing instability, satellite clinics and home visits from Public Health nurses are crucial free services that help ensure every baby is born healthy and every parent is well-supported.

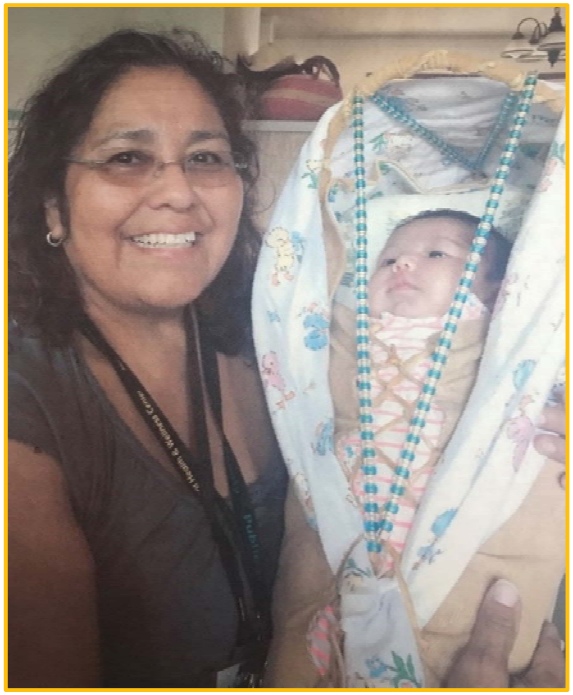
Christina Enriquez and Mary Tuncil are part of the Auburn Public Health Center team that operates Maternity Support/Women Infant & Children (WIC) satellite clinics every week in Enumclaw and on the Muckleshoot Tribal Reservation.

Their work begins with respect and understanding how homelessness in rural and tribal communities differs from more urban and suburban areas.

For Mary, supporting families in Enumclaw often means working across county lines to help families stay enrolled in health and social programs as they move back and forth between King and Pierce counties looking for housing and work.

For Christina, supporting families in Muckleshoot means working with the tribal government and elders to supplement the services the tribe directly provides for their members. Christina describes this as "repair work" that requires on-going relationship building, respect for sovereignty, and demonstration of trust.

Over 150 families experiencing homelessness and housing instability were served at our satellite clinics in King County's rural areas in 2017.



Christina Enriquez, Public Health nurse retiring after over 30 years of service

Flexibility and Focus: HealthPoint's Shelter Nursing Program

" The trust that we build out in the community is then the bridge into our clinic and to other community providers." - Kim Hess

Kim Hess, Sonja Stendal, and Laura Aguilar deliver motivation, nursing care, and enroll clients in benefits at over 20 sites throughout King County.

Adapting to change is a skill this team has mastered over the past 15 years. Changes in the emergency shelter system have provided an opportunity for the team to build new relationships with the many day centers that have opened around the county.

Day centers, like the KentHOPE Women and Children's Center, provide access to more guests and offer a trauma-informed environment where guests can approach the nurses as they choose.

Sonja Stendal meets with a guest to provide blood pressure screening at the KentHOPE Day Center.

These HealthPoint nurses have also developed a partnership with the Hepatitis Education Project. Project staff come to the day centers with the HealthPoint team and provide Hepatitis C screening while the nurses offer Hepatitis A and B immunizations. These new partnerships allow the team to deliver patient-centered care at new venues where they can serve as county-wide resources for health and communicable disease.

"What keeps me coming back each day are the clients. Their thankfulness and knowing I've made a positive difference in their lives no matter how small." - Sonja Stendal

Mobile Medical Program: Seattle & South King County

Curbside consults to people living in cars and tents.
Triage visits with tiny home village residents.
Linkages to walk-in and scheduled care at partner clinics.
These are three of the many creative ways our
Mobile Medical team engaged over 1,400 people in 2017.

Outreach and relationship-building continue to be the keys
to the program's reputation as a trusted source
of high quality medical, dental, and behavioral health care.
Faith-based organizations and community-based meal programs
continue to be essential hosts and partners.

New sites reflect new strategies to address our local homelessness
crisis. In Seattle, these include partnerships with the 24-hour
Navigation Center and several sanctioned encampments.
In South King County, new Day Centers in Auburn and Federal Way
provide opportunities to engage individuals staying outdoors.

The Mobile Medical team also closely monitored trends
and expanded availability of overdose prevention tools like Naloxone
and immunizations and vaccines against communicable disease.

Follow where the Mobile Medical team travels:
www.kingcounty.gov/mobilemed

" The goal of outreach is to make a connection.
I want someone to know I'm not walking around
in a starched white coat, but a safe person….
that when someone is ready for help,
they can get it."
- Dr. Shay Martinez, Mobile Medical Program

Connecting Back to Community: Impact of the Mobile Medical Program

"This is the first time in twenty years that I have addressed my health."

M.H. is a 56-year-old Veteran from South King County.
Like many individuals who experience homelessness, giving back to the people that lent a helping hand is important to him.

He has been a trusted volunteer at New Hope Christian Fellowship, a Mobile Medical Program host site in Kent, for nearly a decade.
He first stepped on the van for a flu vaccination and then later developed a connection to the Mobile Medical social worker, Sarah Reed.

Together, they began to navigate the healthcare system and address the common, but complex, health issues that build up after being disconnected from care and community.

Sarah and M.H. have worked together for over six years, during which time they focused on benefits enrollment, linkages to primary, dental, and vision care, coordination of emergency and specialty care, and much more.

Sarah continues to provide an equally important service: non-judgmental support and encouragement. This support is crucial as M.H. faces serious health challenges that are limiting his mobility - but not his ability to give back.

M.H., volunteer at the New Hope Christian Fellowship and Mobile Medical Program client

HCHN Planning Council Consumer Representatives Assure our *'Feet are on the Problem'*

Gregory Francis, Eva Ruiz, and Sheila Sebron help create services that were not there for them when they experienced homelessness.

Their footprints are on HCHN's most successful programs built over the past decade, like the Edward Thomas Medical Respite at Harborview Medical Center and the Mobile Medical Program.

In 2017, each were key contributors to HCHN's new governance plan which will include a distinct community advisory board for consumers and front line providers to help plan and evaluate programs.

The community advisory board will combine 'what's worked historically' with new information from people who access HCHN services today.

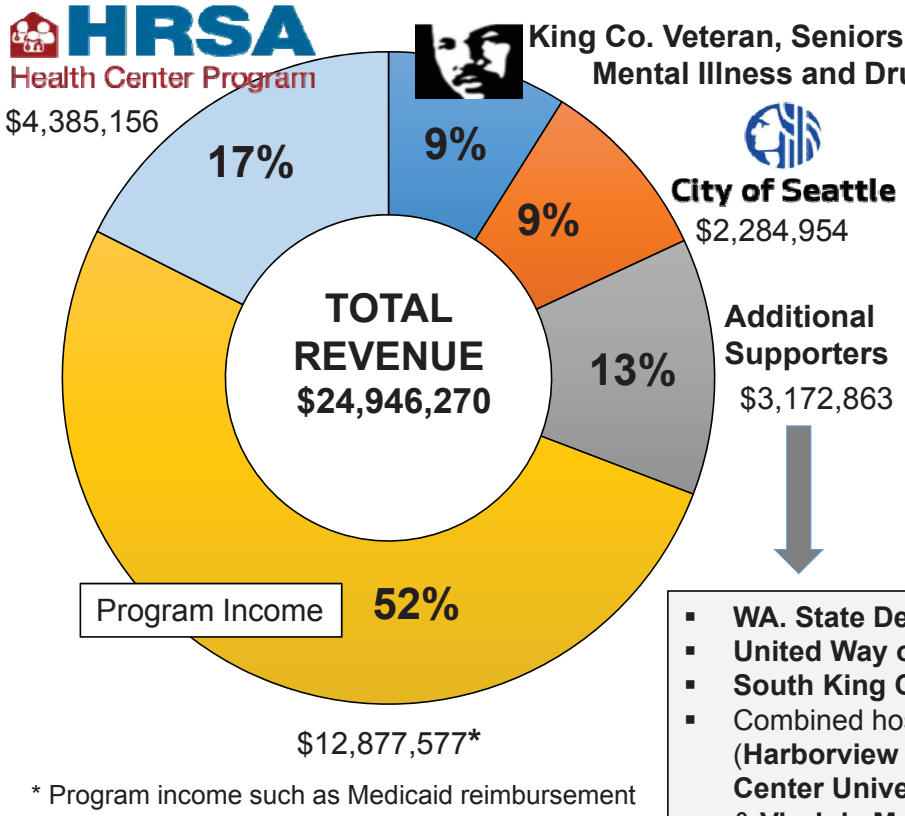
For Gregory, expanded drop-in and hygiene centers remain critical. These spaces can meet both health and basic human needs for a sense of belonging, enjoyment, and hope.

For Eva, connections to employment, education, and substance use services remain essential. These supports help people keep their housing and feel empowered to change.

For Sheila, our decisions must be guided by data. Data that comes from listening to consumers and other information from the community. This is how we will assure "our feet remain on the problem."

Sheila Sebron, Veteran advocate (l)
Eva Ruiz, community advocate (c)
Gregory Francis, co-chair and community advocate (r)

HCHN strategies translate into sound fiscal stewardship on behalf of the local citizens and multiple funders who share our mission.



* Program income such as Medicaid reimbursement

- **WA. State Dept. of Health**: $125,783
- **United Way of King County**: $224,000
- **South King County Cities Contribution**: $57,150
- Combined hospital contributions for Edward Thomas Medical Respite (**Harborview Medical Center, Northwest Hospital Swedish Medical Center University of WA. Medical Center, Valley Medical Center,** & **Virginia Mason Medical Center**: $950,000
- **Wyncote Foundation** $40,000 Anonymous donors $7,665
- Other local - program specific: $1,768,265

95% Patient Services
5% HCHN Administration

2017 Collaborators

is a key thought leader, strategic partner, and coordinates the annual Point in Time (PIT) Count for King County.
All Home brings together local governments, religious institutions, non-profits, philanthropic organizations, shelter and housing providers, the private sector and engaged citizens in a coordinated effort that both responds to the immediate crisis of homeless individuals and addresses the root causes of the problem in our region.

works with HCHN to produce the monthly Presumed Homeless Death Report.
The mission of the King County Medical Examiner's Office (KCMEO) is to investigate sudden, unexpected and unnatural deaths in King County with the highest level of professionalism, compassion and efficiency, and to provide a resource for improving the health and safety of the community.

HCHN is a member of the National Health Care for the Homeless Council.
The Council is a network of more than 10,000 doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness. They produce leading research in the field and provide training and resources related to care for persons experiencing homelessness.

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