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Public Health



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Fun MN Fact #1

The Minneapolis Sculpture garden at Walker Art Center is the largest urban sculpture garden in the US.





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An overview of today's presentation:

- Homeless Services Landscape in Hennepin County
- Overview of YouthLink/YOC
- 9 Guiding Principles
- Historical Context of our Partnership
- Challenges



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Homelessness in MN and Hennepin County

- On any given night, an estimated 6,000 Minnesota youth experience homelessness. This includes an estimated 2,500 minors age 17 and younger, and 3,500 young adults age 18-24.¹
- During the week of May 8, 2018, there were 1235 people in shelter in Hennepin County – 1003 adults; 232 children



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Homeless Services Landscape in Hennepin County

**Adult
Shelter
Connect**

The five Minneapolis shelters serving single adults in Hennepin County have formed the Single Adult Shelter Collaborative. On October 17, 2016, the Collaborative opened the Adult Shelter Connect in order to assist single adults experiencing homelessness in accessing and navigating the single adult shelter system in a more logical and dignified way.



Youth Services Network

Helping youth find shelter and services

[← Back](#)

[Not a youth?](#)

I'm looking for...



Search

 Shelter



 Outreach workers



 Drop In Centers / Basic Needs

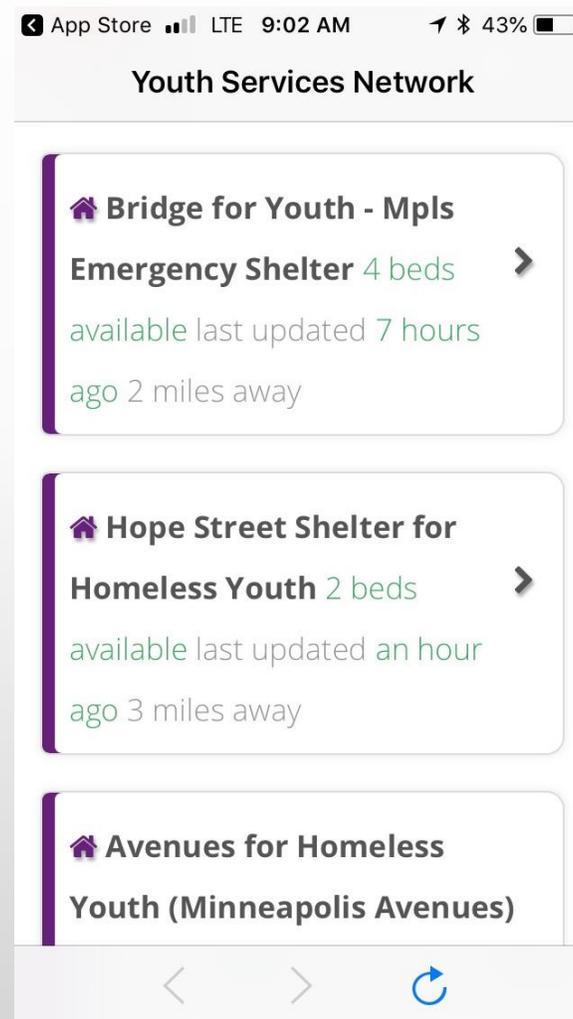
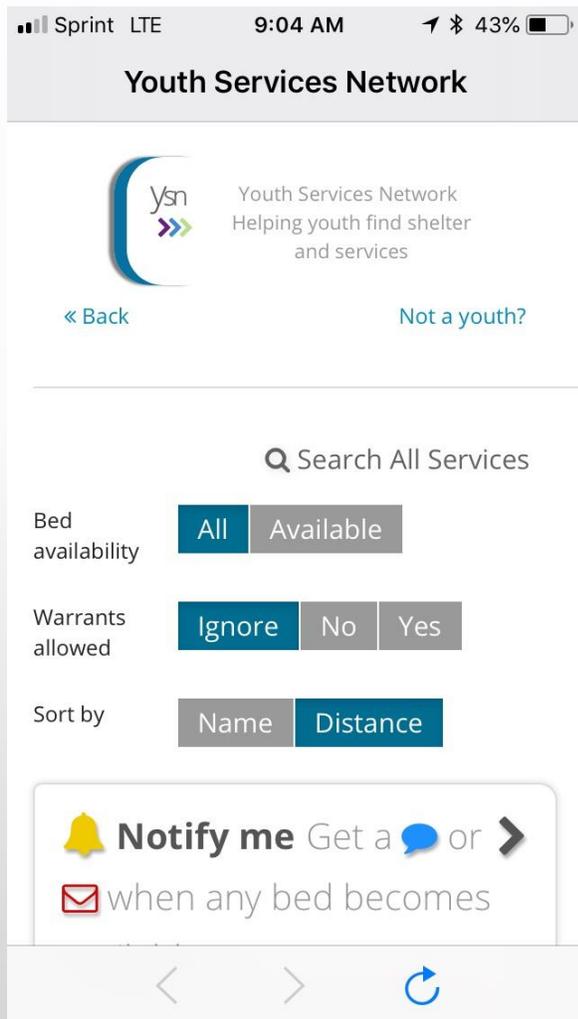


 Food





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Coordinated Entry Homeless Assistance

The Coordinated Entry System is the county's approach to organizing and providing housing services for people experiencing homelessness in Hennepin County.

Because housing resources are limited, this process is designed to ensure that individuals and families with the highest vulnerability, service needs, and length of homelessness receive top priority in housing placement.



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Fun Minnesota Fact #2

The Mall of America is the size of 78 football fields and has no heaters (NO furnaces!). It maintains a comfortable 70 degrees year round with passive solar energy from 1.2 miles of skylights and heat generated from body heat.





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Overview of YouthLink

- Started in 1974
- Moved to current location in 2000
- 2000's: Acquired and built 3 site-based housing programs
- 2011: Became the Youth Opportunity Center
- 2017: Renovation for DT View begins
- 2018: 46 units of Affordable Housing Complete
- 16-24 year olds
- Experiencing homelessness or are precariously housed
- Drop In Center Model
- Low barrier access
- Voluntary Programming



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Intro Video

<https://www.youtube.com/watch?v=EnAY223AVOE&feature=youtu.be>



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9 Guiding Principles¹

Facing adversity and trauma is a common thread amongst young people experiencing homelessness. But each youth is an unique individual. How we approach and support each young person also must be unique.

In 2012, six nonprofit organizations in the Twin Cities of Minnesota supporting young people experiencing homelessness began collaborating around shared principles

<http://www.youthlinkmn.org/nine-guiding-principles/>

1. <https://www.terralunacollaborative.com/>



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9 Guiding Principles

Organizations that successfully support individuals accessing their space and services take a principles-based approach to their work, rather than a rules-based approach

- Guidance and direction
- Framework for approach, engagement and support
- Anchor for relationship building process
- Incorporated into fabric of agency

YouthLink Wellness Wheel





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Fun MN Fact #3





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Hennepin County Health Care Homeless

- Hennepin County HCH started in 1988
- Public entity program
- Hennepin County Board of Commissioners
- HCH Community Board



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Hennepin County Health Care for Homeless

- Nine separate clinic sites
- Nine separate partnerships



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HCH- YL Partnership

- MOU -- Memorandum of Understanding
 - Written by Hennepin County Attorney's and signed by both YL and Hennepin County HCH
 - Understanding that HCH is a guest in the YL space
 - No money exchanges hands



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Examples of MOU Language

- Partner obligation Youth Link will not charge HCH any rent for HCH's use of the Premises so long as HCH provides the on-site clinic health services
- Youth Link agrees to provide HCH and its visitors with reasonable access to the Premises during Youth Link's regular business hours.
- Youth Link retains the sole authority to determine who may enter the Premises.
- Youth Link shall have the sole responsibility for the security for individuals obtaining services at the Premises



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HCH - YL Partnership

- **MOU**

- **Examples of Language**

- **JOINT OBLIGATIONS**

- HCH and Youth Link will ensure consultation, collaboration, and communication between each other.
 - HCH and Youth Link acknowledge that Youth Link will actively pursue funding tied to the vision and mission of Youth Link, including seeking support for core programs and services offered to youth
 - HCH and Youth Link will collaborate on educational outreach and wellness activities



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Value of Co-location

- Meeting people where they are
- HCH is in 9 sites – all of those clinics look very different -- value of co-location is the same
- Important that partners have a shared mission and can move together
- HCH can not meet all needs, partners can fill in gaps
- Endorsement of one another, helps build trust



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Other HCH shelter based clinics in Hennepin County





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**Hennepin
for Deaf/Hoaring
Hearing Ground Clinic**

When it comes to getting the health care you need, it can be challenging for people with hearing loss. We're committed to reducing barriers such as access, insurance, transportation, and scheduled appointments.

- You are on a walk-in basis.
- Clinic hours are scheduled when clients are on-site.
- Staff work with clients to facilitate their participation in meeting their health care needs.
- Clinic services will not be denied based on the ability to pay. Staff will work with patients to address coverage if they are eligible.
- Staff will assist clients to learn to use the resources available to them through their health insurance for needed appointments.



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Save for Fun Fact #4

Minnesota has 90,000 miles of shoreline, more than California, Florida and Hawaii combined.

Our license plates say “land of 10,000 lakes” but we actually have 11,842 lakes in our great state.





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HCH-YL Partnership

- Early partnerships in program providing care to youth with Project Off Streets and 410 Shelter
- Youth Link grew and requested more time for HCH services
- HRSA expansion grant allowed Hennepin County HCH to hire of nurse practitioner and increase clinic hours and services at YouthLink



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HCH-YL Partnership

- Dissatisfaction developed between HCH-YL and partnership ended
- Local FQHC provides care for clients at Youth Link for few years
- Hennepin County HCH has opportunity again to partner with YL and takes over clinic services



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HCH-YL Partnership

What went *wrong*?

What are we doing *right* now?



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Successful Partnership

1. Trust and transparency between partners
2. Communication
3. Committed and knowledgeable providers of adolescent-young adult health needs
4. Shared values



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Communication

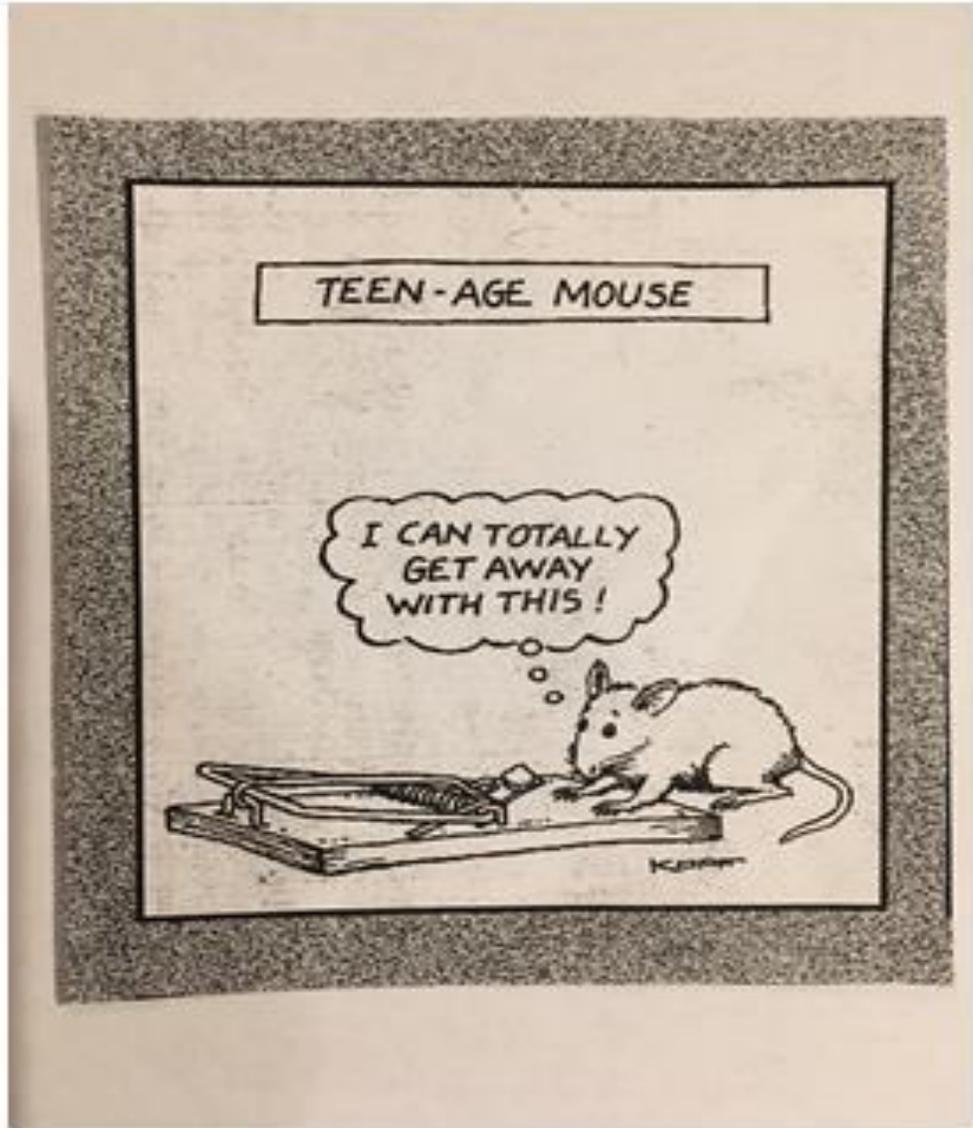
- Quarterly partner meetings
- YL staff invited to HCH meetings
- Websites/FB: staff pictures, communicate events
- Shared use of data systems
- ROI signed in clinic for care coordination with YL



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***What is unique to providing
health care to youth
experiencing homelessness?***





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Adverse Childhood Experiences ^(2,3,4)

- Number of ACEs is a predictor of health as an adult
- Dose response to stress
- Prolonged stress can disrupt brain development and cause cognitive impairment
- Positive → Tolerable → TOXIC

2 American Academy of Pediatrics. (2014). Adverse Childhood Experiences and the Lifelong Consequences of Trauma. Retrieved from American of Pediatrics: https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

3 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245–258

4 Center on the Developing Child at Harvard University. Key concepts: toxic stress. http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response. Accessed May 13, 2018



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PROTECTIVE FACTORS

*Youth are **RESILIENT***

Healthy Attachment

Relationships



Barriers to Accessing Health Care ⁽¹⁾

- Poor relationships with adults
- Stigma of drug use
- Sexual Orientation
- Gender Identity
- Mental illness
- Lack of cultural competence of health provider
- Not of age to consent for care

¹ National Health Care for the Homeless Council. (October 2015). Behavioral Health among Youth Experiencing Homelessness: A Quarterly Research Review of the National HCH Council, 3:4. [Author: Claudia Davidson, Research Associate] Nashville, TN: Available at: www.nhchc.org.



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Know Your Laws: Minor Consent

*“A minor living apart from his or her parents or legal guardian and who is managing his or her own financial affairs may consent for his or her own medical, mental, or dental care services.”
(Minn. Stat. 144.341)*



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*How do you deal with the
teenage mouse?*



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Teenage Mouse

Non-judgmental

Trusting Youth-Adult Relationships

Harm Reduction

Trauma –informed Care



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Video Finale

<https://vimeo.com/103302730>



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Questions?

Hospitals and Housing: strategies for collaboration during an uncertain time



**Brooks Ann
McKinney, MSW**
**Director of
Vulnerable
Populations**
Mission Health
Asheville, NC

HOUSING IS HEALTH CARE

- * Understanding of housing & health
 - * HELLO? Housing is a social determinant of health...this is not new news.
- * Medicaid expansion has positive effects of this crisis, but.....
- * Prescriptions for housing

Dr. Jim O'Connell said it best:

“The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care...I dream of writing a prescription for an apartment, a studio, an SRO, or any safe housing program, good for one month, with 12 refills.”

Current State of Hospitals in Non Expansion States

- * All hospitals have strict regulations, utilization management accountability, with increased pressure to reduce readmissions and cost at the same time.
- * In non expansion states, 200% and below poverty level do not receive Medicaid services that others do...So, hospitals are having to cover the costs through charity care, foundations, etc when there is lack of reimbursement (especially in Emergency Rooms)

The State of Hospitals Cont'd

- * There are existing high utilization meetings in almost every department of hospitals
- * Regulations and oversight under:
 - . The Joint Commission on Accreditation of Healthcare Organizations
 - . The Occupational Safety and Health Administration
 - . The Environmental Protection Agency
 - . The Centers for Medicare and Medicaid Services
 - . The N.C. Division of Facility Services

Recommendations from USICH and beyond....

[USICH.GOV](https://www.usich.gov)

PARTNERING WITH HOSPITALS TO END HOMELESSNESS

People who experience homelessness often access hospital services in ways that are costly and avoidable and do not resolve their underlying health crises. Many hospital leaders understand that housing is an important social determinant of health, and that housing stability is an essential foundation for achieving better health outcomes for people who have disabilities and chronic health conditions.

New approaches to financing health care create both opportunities and strong incentives for hospitals to work with community partners to invest in improving the health of patients and communities, and to reduce avoidable emergency room visits, hospital stays, and readmissions.

Explaining our Hospital and Housing Collaboration Strategy

- * There is not an easy answer..steps lead to successful outcomes.
- * Every community is different, so resources and access to services will determine the outcomes and successful collaboration.
- * Assessment and gaps analysis will help identify strategies...with all stakeholders at the table if possible.
- * IT TAKES TIMES, not an easy fix.

FOUR Points: Collaboration with COCs, Coordination of Care Models, Data/Education, and Funding Opportunities

- * Hospital participation in local Continuum of Care(COC), housing discussions, law enforcement meetings, up to date
- * Increased participation of housing and supportive agencies attending patient care meetings for high utilizers
- * Lunch n Learns to get agencies to come in and educate about services to discharge planners, case managers, etc

Coordination of Care

- * In Reach Model: Case managers reach out to PATH team, etc can come see patients before they are discharged to be assessed for services (VISPADT, entry into HMIS, status update for housing)
- * High Utilizer/FUSE meetings:
 - * Community agencies and providers all at one table, discussing gaps in care and a solution...best when patient can attend to empower them and show them how much support they have.

Strategies for Data Collection and Coding

- * Data collection ideas:
 - * ICD 10 coding
 - * Z59.0
 - * Already in the system, just has to be implemented
 - * Data analyst, IT, or finance department can examine data by patient identifier...but need ROI signed

Coding for Homelessness

- Z59.0 ICD 10 code for homelessness
- May need administrator or coding department to educate physicians, etc
- Another way is to find data analyst or other staff that can pull homeless identifier in notes or address of shelters in the EMR
- Example:
 - In psych department, just used shelter address to find homeless and added up cost for one year: 12 million. This drove investment into new crisis center facility.

Grassroot Data Collection

- » Gathered data on patients that were frequent flyers to ED and inpatient.. used CMS definition for high utilization
- » Proved the #of admissions pre and post receiving care from agency/clinic..or after in stable housing.
- » Cost analysis can help, but remember one outlier can throw off data.
- » Shared real stories and asked consumers to come to share successes.
- » NOTE: One story may change one perspective, to open a door to funding.

High Utilizer/Frequent Flier Data

- * Hospitals can be hard to navigate when trying to get data due to department and billing silos...also, there is a big difference between actual cost and charges
- * Community Benefit departments and care management may be the best bet, but simply documenting number of visits before and after housing intervention can project cost savings

Educating that Housing Is Health Care

- » Understanding the correlation between housing & health
- » Why housing leads to stability
- » Focus on social determinants in population health management...why FUSE and PSH address those needs
- » Show research from other hospitals, NHCHC.org

Its all about relationships and collaboration

- Find a champion in the hospital that can start advocating for patients experiencing homelessness
- Have data ready to prove that your agency/clinic can be a positive return on investment
- Invite administrators/executives to your proposed site or to a planning meeting
- Try to recruit hospital staff to homeless coalition or to COC leadership meetings

Other Strategies for Engagement: Patients/ Care Coordination

- » Meet with head of case management and/or discharge planners at the hospital: “fire in the belly” approach
- » Brainstorm ways to connect to patients before they are discharged, or a referral system
- » Try to support their discharge planning standards under CMS, regulations are strict and any support helps

PSH/FUSE Model in Asheville, NC

- * In 2013, CSH facilitated a Hard to House Summit with local stakeholders
- * FUSE had been started at jail, and hospital had a community high utilizer meeting
- * Targeted workgroup formed with hospital(myself) lead housing agency, PHA, City, and County government....
- * 2 years of development and many lessons learned....

Why it's been successful

- * FUSE patients need integrated care that comes to them, so in our PSH model, the New Access Point application included public housing sites...the HCH clinic staff do outreach to where the patients live.
- * County funded security, case management with lead housing agency, HUD leased building, infrastructure for clinic and Community Benefit from Hospital funded agencies that provide the services
- * In one year, 100% retention rate for 16 units..ask Homeward Bound about details, they are awesome!
- * Now a new project is already in the works...

FUNDING

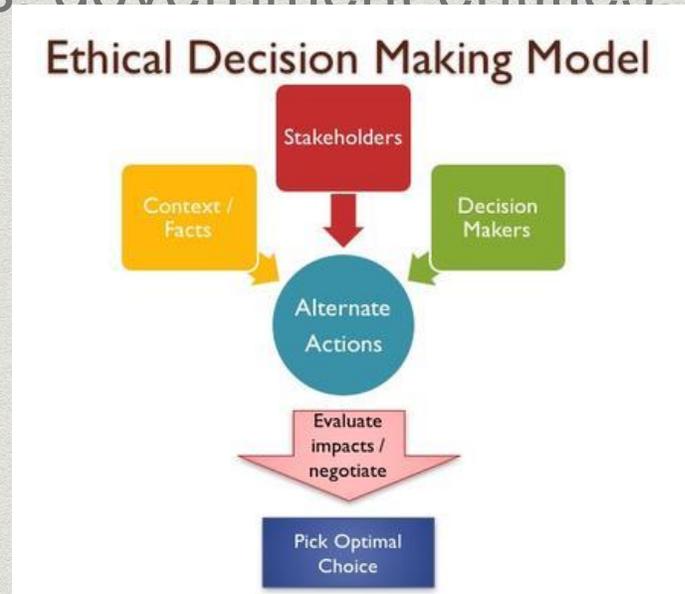
- * Community Benefit funding: requirement for all non profit status hospitals under IRS form 990 to receive tax exemption.
 - * Agencies funded have to prove they meet the health needs of community within scope of the Community Health Needs Assessment(CHNA)
- * Other systems have foundations, seed money, depending on revenue and structure
- * 1115 Waiver opportunity may be able to support services. For more info, go to CSH.org

SUMMARY

- * Find out how hospitals can invest in agencies that support housing, medical care, and agencies that serve the homeless population.
- * If the hospital can support agencies that supply subsidy for housing, then this pays for housing.
- * Be creative, and remember its a “help me, help you” approach
- * And remember this is all about SAVING LIVES.
 - * Don’t get caught up in the politics, this is about caring and loving others, not money or yourself.
 - * #justsayin

Case Studies

- * As a group come together and find a solution to the scenario given. List stakeholders, consumers, government entities, etc., involved



- * Select a note taker and individual who will present to the entire group after time is up.

Scenarios

- * In your community a body cam video is released showing a homeless man being beaten by a police officer for jaywalking...as advocates, how do you best respond?
- * In your community a wildfire takes out land that an encampment with over 200 individuals lived experiencing homelessness..how does your community respond?

Scenarios

- * Your local psychiatric hospital has been discharging individuals with little or no resources and it's disclosed that a patient experiencing homelessness walks off the side of the facility parking deck to his death...how do you respond?
- * A well know business woman is murdered downtown in a parking deck by a man who was newly homeless to the community, who had been recently discharged from a long term psychiatric facility....how do you respond?