

*Mayor's Task Force
on Healthcare
for the Homeless*

FINAL REPORT

July, 2004

Presented to:

Mayor Coleen Seng

and

Board of Trustees,
Community Health Endowment

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I. Leadership Letter

*From the Tri-Chairs of
the Mayor's Task Force on
Healthcare for the Homeless*

To the Residents of Lincoln, Nebraska:

We know these things:

- The number of homeless adults and children in Lincoln is increasing.
- Poor health is both a cause and a consequence of homelessness.
- A dedicated community response is necessary to change the conditions that deprive our neighbors in Lincoln, Nebraska of home and health.

It is against this backdrop that the Mayor's Task Force has worked to develop this report and a set of recommendations to improve healthcare for a most vulnerable population. We are pleased to present this report to Mayor Coleen Seng and the Board of Trustees of the Community Health Endowment.

We are very grateful to the membership of the Mayor's Task Force, including homeless and near homeless consumers, who shared their time, expertise and perspective that serves as the basis of this report. The membership of the Mayor's Task Force impressed us with their abundant level of passion, knowledge, and commitment. There is no need to move forward with apprehension. We can assure

you that our community has the expertise and initiative to implement the recommendations provided in the report.

We are also grateful to the homeless consumers who were partners in this effort by sharing their insight, experiences, and recommendations. Their contributions were invaluable in defining the final recommendations of this report.

Finally, we would like to thank Mayor Coleen Seng and the Board of Trustees of the Community Health Endowment for their leadership in addressing healthcare for the homeless, and for this important opportunity to influence public policy.

In the spirit of constructing a vibrant Lincoln for today and future generations, we challenge the whole community to boldly step forward to implement the recommendations presented in this report. *We are depending on* leadership to communicate our vision and carry it forward. *We are depending on* human and financial resources to maintain the momentum we've started. *We are depending on* a spirit of compassion to assure improved health for those with no place to call home. *We are depending on you.* Please join us.

Steve Beal
Tri-Chair
Lincoln-Lancaster
County Health
Department

Captain Joy Citta
Tri-Chair
Lincoln Police
Department

Janet Coleman
Tri-Chair
Community
Health Endowment
of Lincoln

II. Executive Summary

In March, 2004, Mayor Coleen Seng appointed and convened the Mayor's Task Force on Healthcare for the Homeless (MTFHH). Her charge to the MTFHH was to *“develop a collaborative, comprehensive, and compassionate set of recommendations that will, when implemented, effectively address the healthcare needs of Lincoln's homeless population.”*

The MTFHH met in a series of solutions-based meetings over a three-month period. In addition, members of the MTFHH, using their own insight and expertise, as well as feedback from homeless consumers, were asked to provide on-line responses regarding a series of nine discussion questions posed by Mayor Seng.

Following extensive discussion and information-gathering, the MTFHH reached consensus on the following set of final recommendations.

- Create a formalized system of healthcare for homeless persons by:
 - establishing a “medical home” for persons who are homeless by identifying one or more community healthcare providers with the capacity to serve this unique population;
 - requiring eligibility verification from partnering homeless agencies;
 - establishing a co-payment assistance fund for homeless persons at the identified community healthcare providers;
 - establishing, in cooperation with other community agencies, a menu of preventive health services for homeless persons, (e.g. blood glucose screening for Type II diabetes or depression screening) at the identified community healthcare providers;
 - increasing “drop-in” services and extending service hours at identified community healthcare providers;
 - enhancing satellite and mobile health clinic services; and
 - providing on-site child care for homeless caregiver(s) seeking services at the identified community health-care providers.
- Develop a formalized case management network among hospital emergency rooms that has sustainable funding and includes information/referral, health education, establishment of a medical home, and client follow-up.
- Expand health outreach and advocacy services, increasing the amount of personal contact with homeless persons by homeless service providers. Assure that homeless outreach workers have adequate training to identify basic health issues and make appropriate referrals.
- Provide community support and city government assistance in investigating a variety of opportunities related to healthcare for the homeless, including federal funding available through the Public Service Act, Section 330H.
- Enhance the training of healthcare and emergency providers (police, fire, paramedic, chaplaincy, and emergency room) by providing specialized cross-training in conjunction with homeless providers. Also provide educational seminars, brainstorming sessions, and networking opportunities for emergency providers regarding the unique needs of persons who are homeless, including behavioral mental health issues.
- Develop stronger relationships between homeless providers and the business/corporate sector, including the Downtown Lincoln Association, Lincoln Chamber of Commerce, and Lincoln Independent Business Association. Identify and recruit “champions” for homeless issues among the business/corporate sector.
- Utilize the recommendations of the Mayor's Task Force on Healthcare for the Homeless to encourage healthcare volunteerism.

III. Background Information

Homelessness is a growing concern in Lincoln, Nebraska. In late 2003, local Point in Time survey data collected by Lincoln's Continuum of Care Committee, indicated that at least 1,591 people were homeless in Lincoln, including 410 children. In a recent 12-month period, Lincoln experienced a 56% increase in the number of people identified as homeless who were living on the street.

Poor health is both a cause and a consequence of homelessness. According to the National Healthcare for the Homeless Council, *"Homelessness inevitably causes serious health problems. Illnesses that are closely associated with poverty – tuberculosis, AIDS, malnutrition, severe dental problems – devastate the homeless population. Health problems that exist quietly at other income levels – alcoholism, mental illnesses, diabetes, hypertension, physical disabilities – are prominent on*

the street. Human beings without shelter fall prey to parasites, frostbite, infections, and violence."

In partnership with the Community Health Endowment of Lincoln, Mayor Coleen Seng convened representatives from community agencies, healthcare organizations, emergency services, and the general community to forge a common strategic plan to address the health needs of Lincoln's homeless population. The purpose of this report is to summarize the work of the Mayor's Task Force on Healthcare for the Homeless. It is our hope that this document will bring attention to the needs of homeless adults and children in Lincoln, Nebraska, as well as to set our community on a coordinated course of action.

IV. Mayor's Task Force on Healthcare for the Homeless

A. MEETING LOCATION

All Task Force meetings were at the County-City Building, 555 South 10th Street, and were open to the public.

<p>B. MTFHH MEMBERSHIP</p> <p>Joan Anderson <i>Lancaster County Medical Society</i></p> <p>Jim Baird <i>Cornhusker Place, Inc.</i></p> <p>Steve Beal <i>Lincoln-Lancaster County Health Department</i></p> <p>Susanne Blue <i>Matt Talbot Kitchen & Outreach</i></p> <p>Kit Boesch <i>Lincoln/Lancaster County</i></p> <p>Ron Buchinski <i>People's City Mission</i></p> <p>Joy Citta <i>Lincoln Police Department</i></p> <p>Don Clark <i>St. Vincent DePaul</i></p>	<p>Janet Coleman <i>Community Health Endowment of Lincoln</i></p> <p>Cecelia Creighton <i>People's Health Center</i></p> <p>Melissa Dorsson <i>DayWatch, Inc.</i></p> <p>Amy Evans <i>Friendship Home</i></p> <p>Reverend Don Griffith <i>Volunteer</i></p> <p>Dale Gruntorad <i>Lincoln Medical Education Partnership</i></p> <p>Topher Hansen <i>Centerpointe, Inc.</i></p> <p>Joe Heatherly <i>Veteran's Administration Homeless Outreach</i></p>	<p>Robyn Henderson <i>Community Services Initiative</i></p> <p>Dennis Hoffman <i>Centerpointe, Inc.</i></p> <p>Brian Mathers <i>Lincoln Action Program</i></p> <p>Dave Miers <i>BryanLGH West</i></p> <p>Tiffany Mullison <i>Fresh Start Home</i></p> <p>Patte Newman <i>Lincoln City Council</i></p> <p>Suzy Prenger, <i>Planned Parenthood</i></p> <p>Libby Raetz <i>St. Elizabeth Regional Medical Center</i></p>	<p>Bradd Schmeichel <i>Urban Development Department</i></p> <p>Mike Spadt <i>Fire and Rescue Department City of Lincoln</i></p> <p>Rick Strong <i>Volunteer</i></p> <p>Tim Sullivan <i>Nebraska AIDS Project</i></p> <p>Wayne Svoboda <i>Volunteer Partners</i></p> <p>Tim Vorm <i>Community Mental Health Center</i></p> <p>Merry Wills <i>Cedar Youth Services, Inc.</i></p> <p>Rena Worth <i>Lincoln Housing Authority</i></p>
<p>C. STAFF SUPPORT The MTFHH was supported by the following staff:</p>	<p>Lori Seibel <i>Community Health Endowment of Lincoln</i></p>	<p>Abby Kuschel <i>Community Health Endowment of Lincoln</i></p> <p>Jodi Loos <i>Community Health Endowment of Lincoln</i></p>	<p>Corrie Kielty <i>Mayor's Office</i></p>

IV. Mayor's Task Force on Healthcare for the Homeless (*continued*)

D. KEY COMMUNITY DATA AND WORKING ASSUMPTIONS

In 2002, the Community Health Endowment of Lincoln sponsored the Blueprint Project, an effort to develop community-based solutions to improve the health status of persons in Lincoln Census Tracts 4, 17, and 18. One of the products of this effort was the *Healthcare for the Homeless Initiative*. Data collected as part of the *Healthcare for the Homeless Initiative* reveals that the health of persons who are homeless or near homeless in Lincoln is in jeopardy. For example:

- One-third (33%) of homeless males in Lincoln live on the street, another 22% are in transitional housing. Among homeless females, 17% live on the street and 26% are in transitional housing. Other homeless adults are in emergency shelter (10%), living with family/friends (18%), or in a private residence (23%).
- Nearly three-fourths (71%) of homeless individuals in Lincoln have an annual income of less than \$10,000.
- Two-thirds (66%) of homeless males and one-half (51%) of homeless females in Lincoln have no health insurance.
- Three-fourths (74%) of homeless males and nearly one-half (51%) of homeless females in Lincoln do not have a regular physician.
- More than one-half (56%) of homeless females in Lincoln have had a routine physical exam in the last year, compared to one-third (35%) of homeless males.
- Four of every 10 homeless individuals (40%) in Lincoln reported that they have received mental health and/or substance abuse treatment within the last year, 53% in the past two years.
- Homeless males in Lincoln are most likely to seek health services for alcohol/drug use (32%), dental care (19%), and mental/emotional problems (19%). Females most often seek health services for a routine check-up (36%), mental/emotional problems (29%), dental care (28%), and/or alcohol/drug use (26%).
- Homeless individuals were most likely to report that the cost of health services (66%), cost of medication (55%), lack of transportation (45%), waiting times (24%), a lack of knowledge about how to access services (23%), and trust issues (23%) as barriers to healthcare.
- One of every four (24%) homeless individuals was most likely to obtain health-related services from the emergency room.

IV. Mayor's Task Force on Healthcare for the Homeless *(continued)*

E. CHARGE STATEMENT FROM MAYOR COLEEN SENG

Mayor Seng issued the following Charge Statement to the Mayor's Task Force on Healthcare for the Homeless (MTFHH):

"Using a series of solution-based meetings over the next six months, the Mayor's Task Force on Healthcare for the Homeless is charged with developing a collaborative, comprehensive, and compassionate set of recommendations that will, when implemented, effectively address the healthcare needs of Lincoln's homeless population."

– Mayor Coleen Seng

Mayor Seng requested that the MTFHH specifically address the following nine questions:

1. Does our community offer a sufficient and appropriate array of preventive health services to persons who are homeless?
2. Are persons who are homeless in Lincoln sufficiently knowledgeable about the preventive health services in our community?
3. Do persons who are homeless in Lincoln access emergency healthcare services at an appropriate level?
4. Are healthcare providers in Lincoln adequately trained to address the specific health needs of persons who are homeless?
5. Do persons that are homeless in Lincoln make full use of the public healthcare programs for which they are eligible?
6. Is there a sufficient and organized pool of volunteers in Lincoln to provide healthcare-related services to the homeless?
7. Is there a satisfactory level of collaboration among local agencies that provide healthcare services to the homeless?
8. Is there a satisfactory level of coordination between emergency providers (emergency room, law enforcement, and fire/rescue) and agencies that provide healthcare services to the homeless?
9. Has the expertise and resources of the business/corporate community in Lincoln been effectively leveraged to address healthcare for the homeless?

F. TIMEFRAME AND DEADLINES

To ensure an efficient and convenient schedule for members, the Mayor requested that the MTFHH's work be completed within six months.

V. Task Force Data and Discussion

Each member of the MTFHH was asked to attend six, two-hour meetings, as well as to provide solution-based, on-line feedback to the nine discussion questions posed by Mayor Seng. The feedback was reflective of the task force member's own experience and expertise, as well as information obtained from homeless consumers. At the first meeting, the MTFHH Tri-Chairs made introductions, reviewed Mayor Seng's charge, provided an overview of the proposed meeting format, and summarized local and regional data related to health and homelessness. Approximately one week prior to each of the next four meetings, members of the MTFHH received an e-mail from the Community Health Endowment in which they

were asked to respond online with feedback and potential community solutions to the discussion questions posed by Mayor Seng (see Section IV. E.). The response rate by members of the MTFHH was 73%. The last meeting of the MTFHH featured consensus-building around the final set of recommendations.

Listed below is a meeting schedule of the MTFHH, including the topic of the meeting, the schedule for sending discussion questions to the MTFHH, the deadline for responding to the discussion questions, and the meeting dates.

TOPIC	Discussion Questions SENT to MTFHH	Discussion Questions DUE from MTFHH	Meeting Date
INTRODUCTION	—	—	March 29, 2004
PREVENTIVE HEALTH (Questions 1, 2)	March 30, 2004	April 8, 2004	April 15, 2004
COLLABORATION (Questions 7, 8)	April 19, 2004	April 26, 2004	May 6, 2004
HEALTHCARE SYSTEM (Questions 3, 4, 5)	May 10, 2004	May 17, 2004	May 20, 2004
COMMUNITY RESPONSE (Questions 6, 9)	May 24, 2004	May 31, 2004	June 3, 2004
SUMMARY RECOMMENDATIONS	—	—	June 17, 2004

The following is a summary of the responses provided on-line by the MTFHH and homeless consumers to the nine questions posed by Mayor Coleen Seng. The feedback is

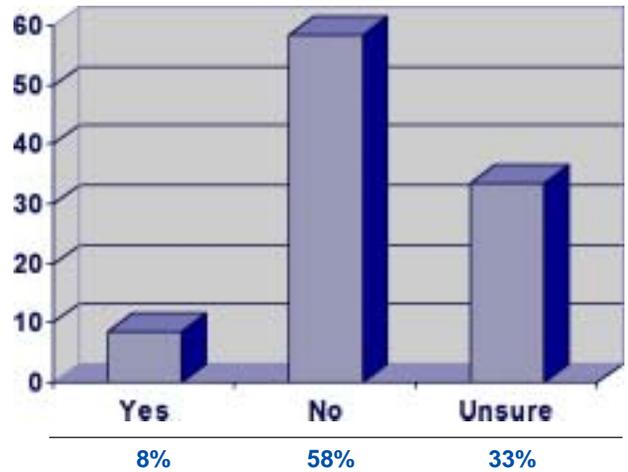
organized into four general topic areas: Preventive Health, Collaboration, the Healthcare System, and Community Response.

V. Task Force Data and Discussion *(continued)*

A. Preventive Health Services

1. In regard to PREVENTIVE HEALTH SERVICES, do you agree or disagree with the following statement?

“Lincoln currently offers a sufficient and appropriate array of PREVENTIVE HEALTH services to persons who are homeless.”



A. What PREVENTIVE HEALTH services are not sufficiently or appropriately available to persons who are homeless in Lincoln, Nebraska?

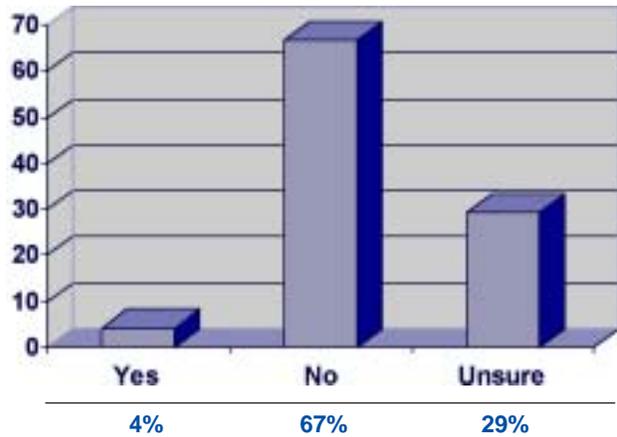
RANK	ISSUE
1	Primary health services, i.e. primary care, prevention/preventive screenings, annual physical exams, designation of a medical home
2	Dental services
3	Medication
4*	Medical transportation
4*	Mental health services
	Other: <i>Health education, immunizations, substance abuse treatment, nutrition education, expanded domestic violence services, personal hygiene services, chronic disease management, Type II diabetes prevention and risk factors, well checks, health services for children/teens.</i>

* indicates tie

V. Task Force Data and Discussion *(continued)*

2. In regard to PREVENTIVE HEALTH SERVICES, do you agree or disagree with the following statement?

“Persons who are homeless in Lincoln are sufficiently knowledgeable about the PREVENTIVE HEALTH services available in our community.”



A. What are the most significant issues that prevent persons who are homeless from being adequately informed about PREVENTIVE HEALTH services in Lincoln?

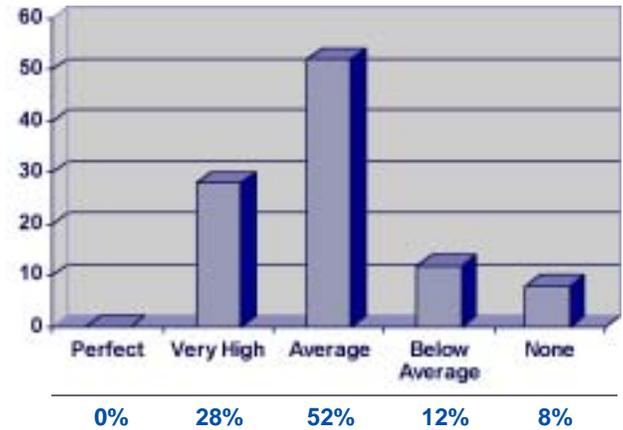
RANK	ISSUE
1	Lack of information about available services
2	Literacy and language barriers
3*	Preventive health is not a priority for the homeless person
3*	Fragmented/confusing system of healthcare
4*	Transiency of the homeless population
4*	Lack of medical transportation
5	Lack of trust between homeless persons and healthcare providers
	Other: <i>Lack of money or insurance, mental illness, substance abuse, legal problems, lack of evening services, long waiting lists, apathy, child care</i>

** indicates tie*

V. Task Force Data and Discussion *(continued)*

B. Collaboration

3. From your experience, how would you describe the current level of collaboration among local agencies that provide healthcare services to the homeless?

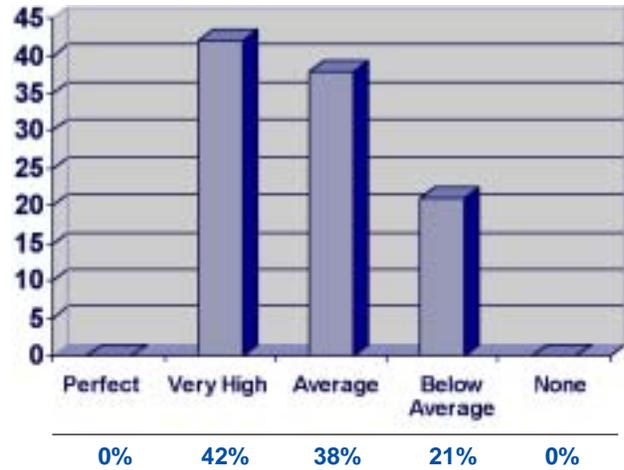


A. What specific issues prevent a higher level of collaboration among local agencies that provide healthcare services to the homeless?

RANK	ISSUE
1	Poor communication and coordination among agencies/providers
2	Lack of funding for homeless agencies
3	Confidentiality related to client records
4	Lack of a common database to track client information
	Other: <i>Lack of staff professionalism and training at some agencies, lack of a coordinated case worker/case manager program, difference in philosophies among agencies, failure to utilize faith-based organizations effectively, waiting lists, facility limitations</i>

V. Task Force Data and Discussion *(continued)*

4. From your experience, how would you describe the current level of collaboration between emergency providers (emergency rooms, law enforcement, and fire/rescue) and agencies that provide healthcare services to the homeless?



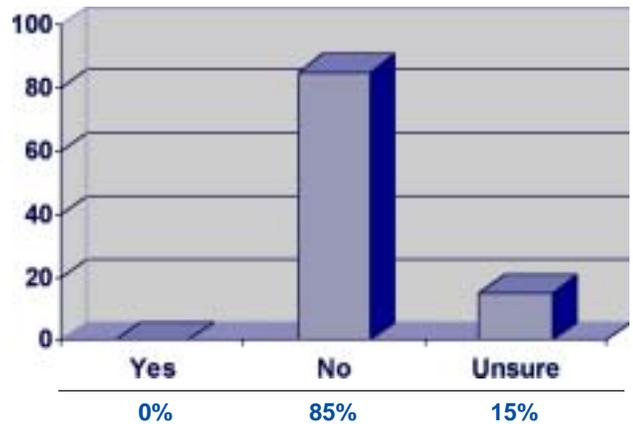
A. What specific issues prevent a higher level of collaboration between emergency providers (emergency rooms, law enforcement, and fire/rescue) and agencies that provide healthcare services to the homeless?

RANK	ISSUE
1	Provider attitudes
2	A fragmented system of referral for health-related problems.
3	Lack of knowledge/training among emergency providers
4	Lack of funding
5	Confidentiality related to client records
	Other: <i>Long waiting lists, provider fatigue, lack of facilities to treat the healthcare needs of the homeless, under-trained staff, agency understaffing, and lack of alternatives to incarceration or institutionalization for the mentally ill.</i>

V. Task Force Data and Discussion *(continued)*

C. Healthcare System

5. Do persons who are homeless in Lincoln make full use of the public healthcare programs for which they are eligible? *(Examples of public healthcare programs include Medicaid, Kid's Connection, General Assistance, Primary Care and Dental Clinics at the Lincoln-Lancaster County Health Department, Community Mental Health Center, Peoples' Health Center, Urban Indian Medical Center)*



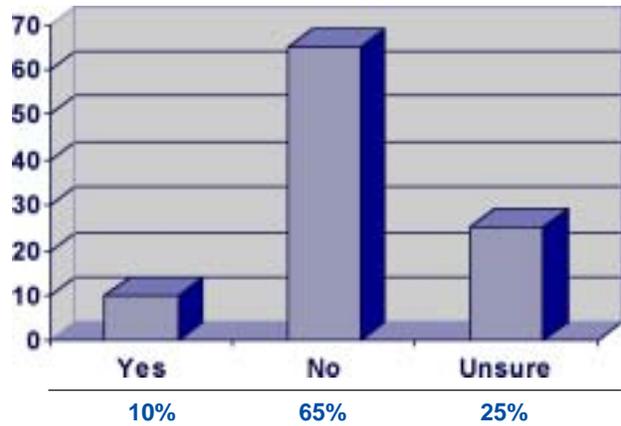
A. What are the most significant issues or barriers that hinder/prevent persons who are homeless in Lincoln from making full use of the public healthcare programs for which they are eligible?

RANK	ISSUE
1	Lack of knowledge/awareness among homeless individuals
2	Lack of transportation
3	Cumbersome intake process/paperwork
4	Mistrust of the "system" by homeless persons
5	Fees/lack of insurance
	Other: <i>Lack of individual responsibility for self-care, waiting lists, no "drop-in" services, language barriers, stigma related to homelessness, other issues take higher priority, transiency, lack of identification, lack of advocacy.</i>

V. Task Force Data and Discussion *(continued)*

6. In regard to EMERGENCY HEALTHCARE SERVICES (emergency room, fire/rescue, law enforcement), do you agree or disagree with the following statement?

Persons who are homeless in Lincoln access EMERGENCY HEALTHCARE services at an appropriate level.

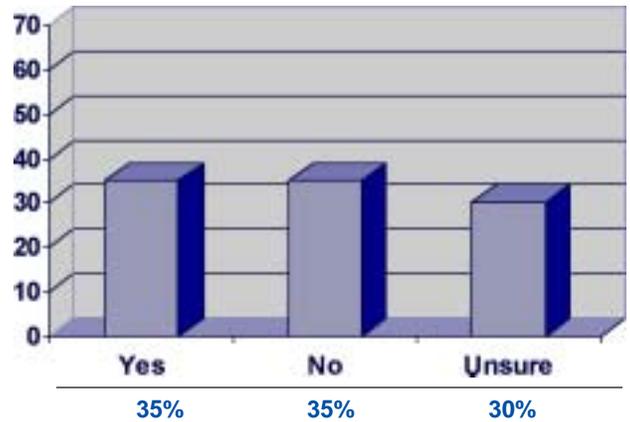


A. Why do persons who are homeless utilize EMERGENCY HEALTHCARE services at an inappropriate level?

RANK	ISSUE
1	Lack of primary and preventive care for this population
2	Emergency care is viewed as “easy, quick, always open, and free”
3	Lack of knowledge about more appropriate services
	Other: <i>Lack of other transportation.</i>

V. Task Force Data and Discussion *(continued)*

7. In general, are healthcare providers in Lincoln adequately trained to address the specific health needs of people who are homeless?



A. What specific areas of training for healthcare providers could improve healthcare delivery to persons who are homeless?

RANK	ISSUE
1*	Psychology of homelessness
1*	Common conditions of the homeless population
2	How to communicate with homeless persons
3*	How to show compassion to homeless persons
3*	Mental illness and substance abuse
	Other: <i>Available programs and services in the community, legal issues, barriers to healthcare access.</i>

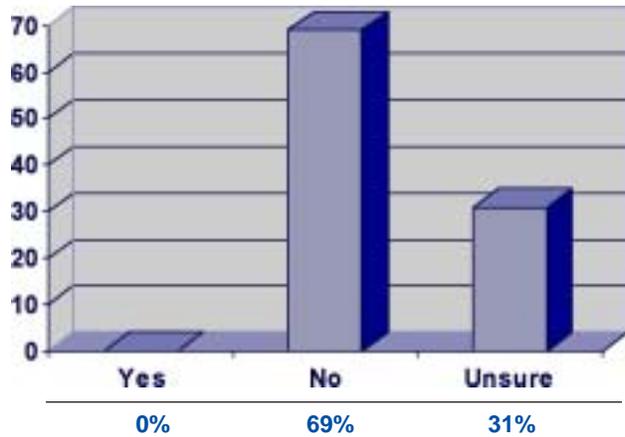
* indicates tie

V. Task Force Data and Discussion *(continued)*

D. Community Response

8. In regard to VOLUNTEER OPPORTUNITIES, do you agree or disagree with the following statement?

In Lincoln, there is a sufficient and organized pool of volunteers to provide healthcare-related services to the homeless.



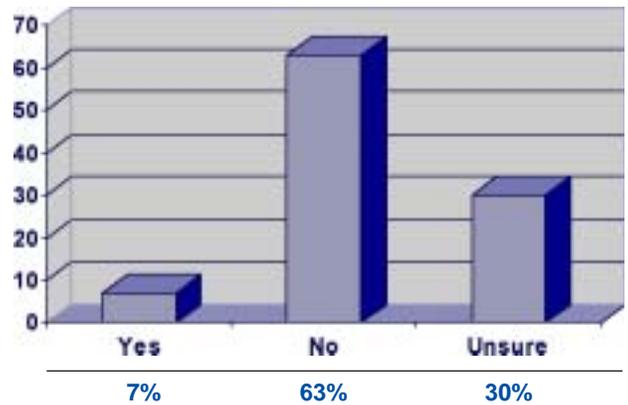
A. What are specific factors that have prevented the development of a sufficient and organized pool of volunteers to provide healthcare-related services to Lincoln's homeless?

RANK	ISSUE
1	No coordination or clear volunteer plan
2*	Lack of funding for stipends/staff
2*	Lack of knowledge about homeless needs
	Other: <i>Turf issues, liability, apathy on the part of the medical community</i>

* indicates tie

V. Task Force Data and Discussion *(continued)*

9. Do you believe that the expertise and resources of the business/corporate community in Lincoln are effectively leveraged to address healthcare for the homeless?



A. What specific issues prevent the leveraging of expertise and resources of the business/corporate community in Lincoln to address healthcare for the homeless?

RANK	ISSUE
1	Inaccurate or inadequate knowledge of homelessness by the business/corporate community
2	No organized effort or plan to leverage expertise and resources
3*	Too many community needs, not enough resources in the business/corporate community
3*	No interest in homelessness by the business/corporate community

* indicates tie

VI. Final Recommendations

The MTFHH reached consensus on the following set of final recommendations. The MTFHH recognizes that this is not an exhaustive list of community solutions related to healthcare for the homeless. However, these recommendations can, and should, receive full attention by those who wish to engage the community around this important issue and change the conditions for homeless adults and children in Lincoln, Nebraska.

- Create a formalized system of healthcare for homeless persons by
 - establishing a “medical home” for persons who are homeless by identifying one or more community healthcare providers with the capacity to serve this unique population;
 - requiring eligibility verification from a partnering homeless agency;
 - establishing a co-payment assistance fund for homeless persons at the identified community healthcare provider;
 - establishing, in cooperation with other community agencies, a menu of preventive health services for homeless persons, (e.g. blood glucose screening for Type II diabetes or depression screening) at the identified community healthcare provider;
 - increasing “drop-in” services and extending service hours at identified community healthcare providers;
 - enhancing satellite and mobile health clinic services; and
 - providing on-site child care for homeless caregiver(s) seeking services at the identified community healthcare providers.
- Develop a formalized case management network among hospital emergency rooms that has sustainable funding and includes information/referral, health education, establishment of a medical home, and client follow-up.
- Expand health outreach and advocacy services, increasing the amount of personal contact with homeless persons by homeless service providers. Assure that homeless outreach workers have adequate training to identify health issues and make appropriate referrals.
- Provide community support and city government assistance in investigating a variety of opportunities related to healthcare for the homeless, including federal funding available through the Public Service Act, Section 330H.
- Enhance the training of healthcare and emergency providers (police, fire, paramedic, chaplaincy, and emergency room) by providing specialized cross-training in conjunction with homeless providers. Also provide educational seminars, brainstorming sessions, and networking opportunities for emergency providers regarding the unique needs of persons who are homeless, including behavioral health issues.
- Develop stronger relationships between homeless providers and the business/corporate sector, including the Downtown Lincoln Association, Lincoln Chamber of Commerce, and Lincoln Independent Business Association. Identify and recruit “champions” for homeless issues among the business/corporate sector.
- Utilize the recommendations of the Mayor’s Task Force on Healthcare for the Homeless to encourage healthcare volunteerism.

For more information or additional copies of this report contact;



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