Health Care for the Homeless Network

2018 Annual Report

Public Health
Seattle & King County

MISSION

Health Care for the Homeless Network (HCHN) provides high-quality, low-barrier health care services to individuals and families living homeless. We lead efforts to change the conditions that deprive our neighbors of home and health.

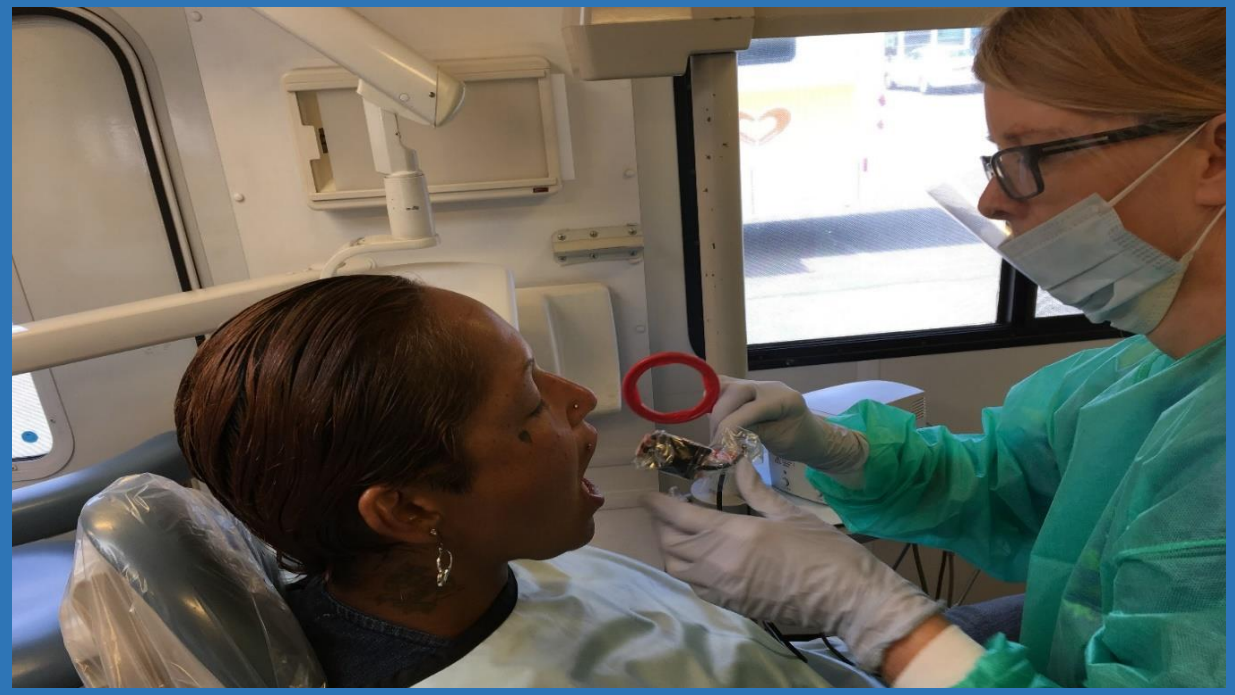
PHILOSOPHY OF CARE

Health Care for the Homeless Network (HCHN) supports the right to quality health care for all people. We recognize when trauma, discrimination, and judgment impact how individuals interact with healthcare systems.

We gather continuous feedback from community members on where the most comfortable and convenient locations are and bring requested services there.

Interdisciplinary teams coordinate medical, dental, and behavioral health care with a wide variety of community and housing supports.

We respect autonomy and work with individuals towards their self-identified goals.



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Introduction Letter
from the Health Care for the Homeless Network Governance Council

Dear Friends and Colleagues:

Our 2018 Annual Report marks a year of significant growth. Public Health - Seattle & King County formalized a new governance structure to help steward Health Care for the Homeless Network (HCHN) as we enter our 23rd year serving King County's most vulnerable residents. We are excited to serve as chairs of the new Governance Council.

While our structure has changed, our core objectives remain the same – ensure high quality health care services and eliminate disparities.

This report describes how our network engaged 21,162 individuals, our highest number in eight years.

We continue to focus on the community's key needs - human dignity, health care, and housing for all, while the challenges to meeting those needs continue to grow in complexity.

Thank you for reading on and reaching out.

Eleta K. Wright, MSW Kath Stz

Health Care for the Homeless Network (HCHN) Governance Council

Executive Committee

Chair: Eleta Wright, Nexus Youth and Families
Vice Chair: Katherine Switz, The Stability Network
Community Advisory Group Co-chair: Kristina Sawyckyj, Consumer Advocate
Program Evaluation Committee Chair: Janice Tufte, Consumer Advocate

Members

Anita Souza, University of Washington
Cynthia Brown, The Sophia Way
Gregory Francis, Consumer Advocate
Jeff Sakuma, City of Seattle, Human Services Department
Jodi Denney, North King County Community Medicine Team
Leslie Enzian, Harborview Medical Center, Edward Thomas Medical Respite
Marilyn Mills, Consumer Advocate
Melinda Giovengo, YouthCare
Michael Erikson, Neighborcare Health
Michael Quinn, Plymouth Housing
Rick Reynolds, Operation Nightwatch
Samantha Esposito, Consumer Advocate
Tara Moss, Law Enforcement Assisted Diversion (LEAD)
Zachary DeWolf, All Home - King County

as of December 31st 2018

NEW COMMUNITY ENGAGEMENT AND PROGRAM EVALUATION STRATEGIES

Two Health Care for the Homeless Network Governance Council committees enhance our commitment to consumer engagement and high quality service delivery.

The new Community Advisory Group routinely listens to community members, identifies emerging issues, and works to incorporate consumer feedback at all levels.

The Program Evaluation Committee reviews HCHN's progress towards goals and helps develop best practices to measure success from funder and community perspectives.

Together, the committees create a stronger accountability structure and enrich our understanding of community needs today.

I personally do the work because so many friends have died. Almost no one is there for me on my housing journeys. I want others to have better. I see that there is so much that we can do and want to be an agent of change.

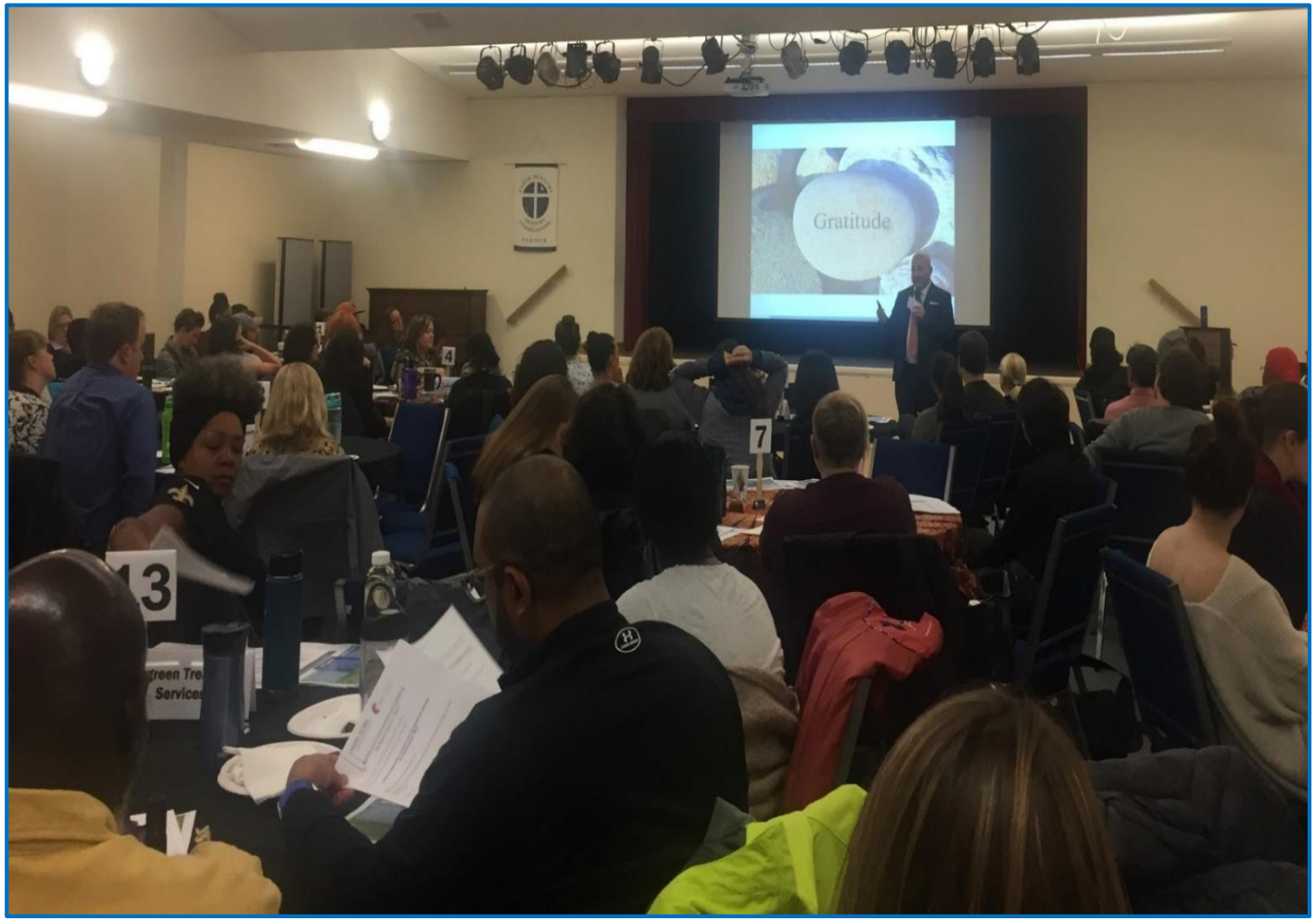
Kristina Sawyckyj
Co-chair, Community Advisory Group

Having received care from HCHN at a time in my life when the personalized care meant so much to my well being, helping me through a serious condition, I am looking forward to bringing ideas on how to measure what really makes a difference to the people we serve.

Janice Tufte
Chair, Program Evaluation Committee

Photo: HCHN's Community Advisory Group is comprised of individuals with lived experience and frontline service providers.

A NETWORK OF PROVIDERS COMMITTED TO RACIAL EQUITY AND SOCIAL JUSTICE



Health Care for the Homeless Network (HCHN) is comprised of over 450 full and part-time providers employed by Public Health and HCHN community partners.

They are connected by a shared philosophy of care and commitment to eliminate root causes of homelessness.

Building a collective understanding of racism as a root cause was a network priority in 2018.

Actions taken throughout the network included: staff training; demographic data review; partnership development; policy review to identify institutional barriers for employees and consumers of color; and strategy development to sustain these efforts.

Photo: Bernardo Ruiz, co-founder of Racing to Equity (R2E), leads a day-long training for direct service providers and supervisors at HCHN's 2018 Annual Gathering. Over 100 people attended the training and over 50 participated in follow-up affinity group caucuses. Caucuses produced recommendations for HCHN leadership to address racism and white supremacy in our daily work and strategic planning process view report here.

TOWARDS A STRONGER SAFETY NET HEALTHCARE SYSTEM ACROSS KING COUNTY

TOTAL PATIENTS: 21,162

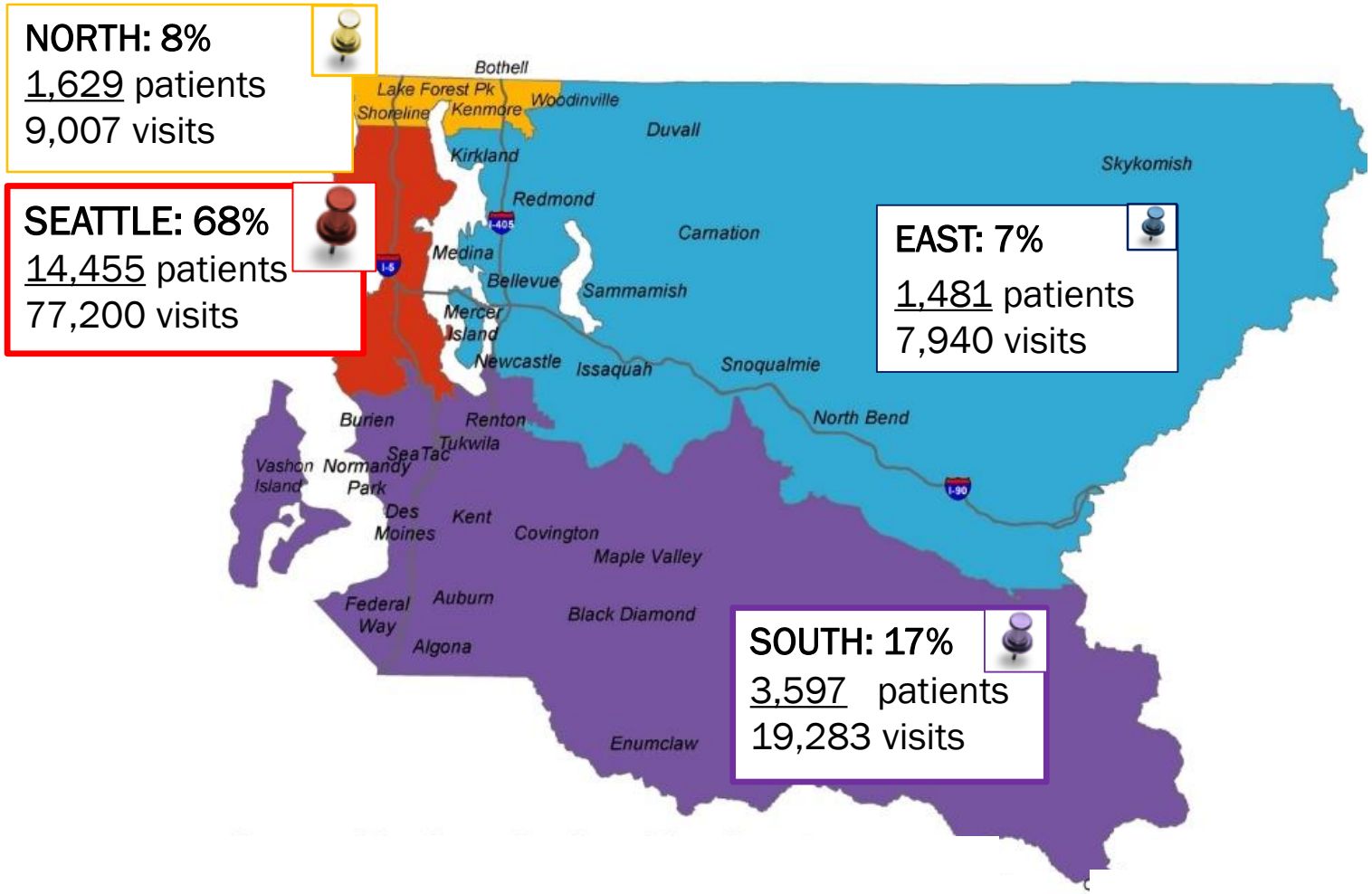
ANNUAL VISITS: 113,430

PATIENT PROFILE

African American or Black: 26%
Alaska Native or American Indian 6%
Asian: 5%
Native Hawaiian or Other Pacific Islander: 3%
More than one race: 7%
White: 45%
Hispanic or Latino: 16%

Under 18: 15%
Over 50: 30%

Female: 48%
Male: 52%
Transgender: 1%



Patients included in totals meet the Health Resources & Services Administration (HRSA) 330h homeless definition.
Additional HCHN data can be found at Uniform Data System (UDS).

STREET OUTREACH AND ENGAGEMENT

Health Care for the Homeless Network's outreach teams identify our most vulnerable neighbors.

Over 2,300 individuals engaged with an outreach worker in 2018.

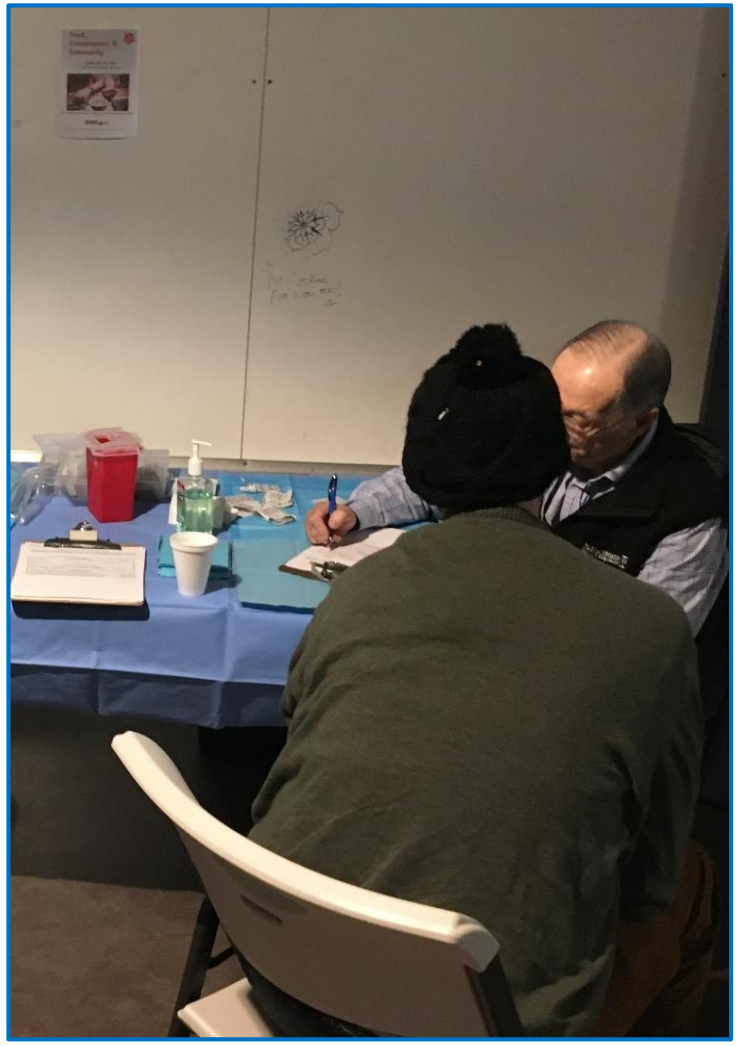
65% were connected to health, housing and/or social services.

They keep their word. When they say they will come back, they do. When they say they will find information for me, they do. That means a lot.

REACH client, S. J.

Photos: Evergreen Treatment Services – REACH staff Amanda Kerstetter (l) and Alejandra Santos Rojas (r) engage unsheltered clients in South King County.

COMMUNICABLE DISEASE PREVENTION



Health Care for the Homeless Network intensified our efforts to prevent potential outbreaks of diseases like hepatitis A.

Over 1,000 individuals in shelters, encampments, and meal programs were vaccinated in 2018.

Expanding efforts to prevent disease isn't just about getting vaccines out into the community.

It is also about making sure individuals living homeless know that we see them as humans, not just cases or risk factors.

Jody Rauch, RN, HCHN Clinical Quality Lead

Photos: Dr. Robert Johnston (l) and Gayle Kneeland, RN, (r) with the Public Health Reserve Corps hold a hepatitis A vaccine clinic at the Salvation Army Day Center in downtown Seattle.

MEDICAL CARE PROVIDED TO 14,750 INDIVIDUALS LIVING HOMELESS

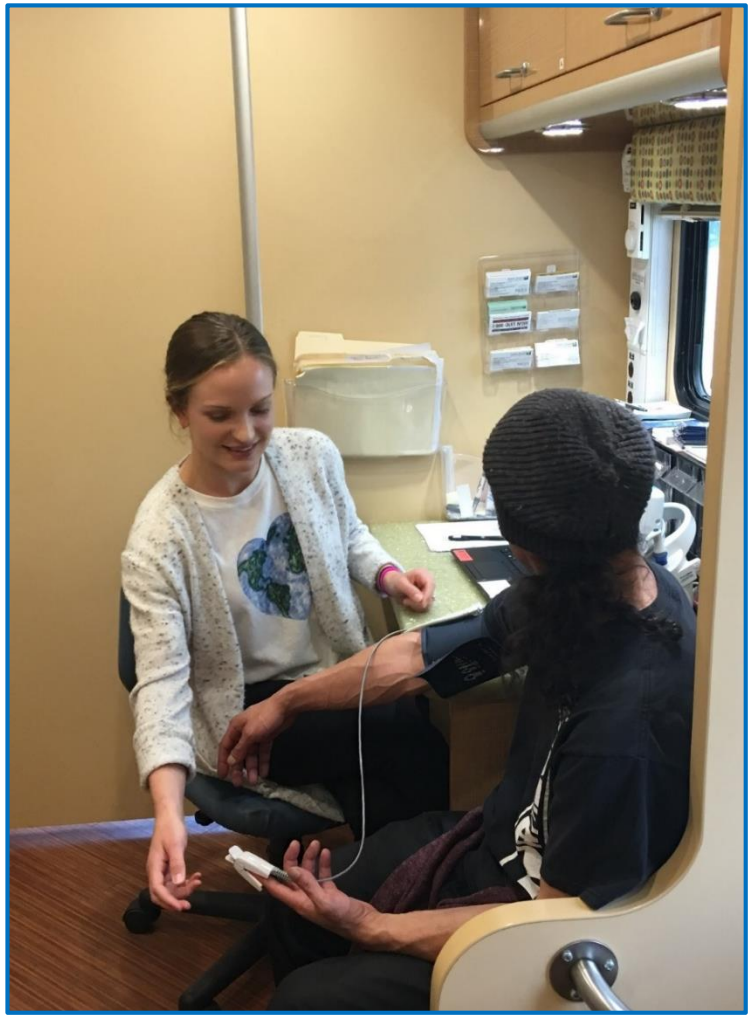
HCHN medical clinicians conducted over 70,000 visits at over 20 clinics.

More than half were conducted in field-based settings like shelters, supportive housing sites, encampments, social service agencies, and mobile vans.

Nearly 1,200 patients were diagnosed with diabetes or hypertension and received disease management supports, including linkages to specialty care.

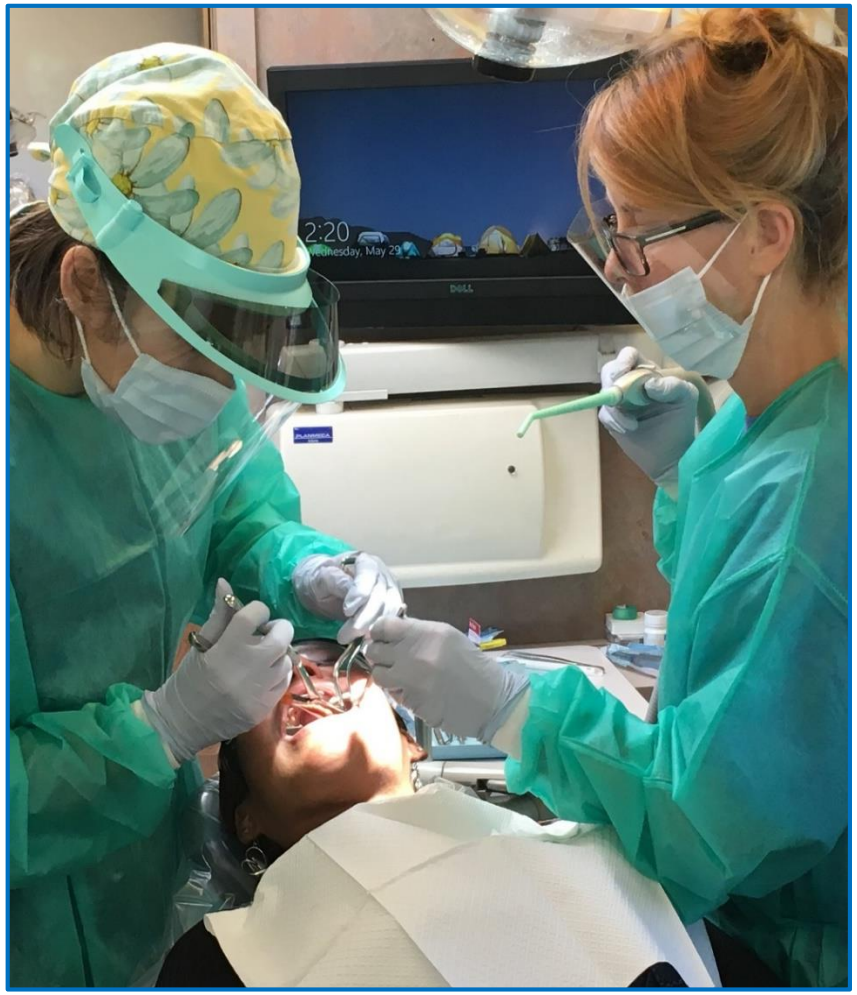
I learned realistic ways to find food at meal programs that won't make my blood sugar crash.

Eastgate Public Health Clinic patient, D.M.



Photos: Dr. Ann Giesel from the University of WA. Department of Adolescent Medicine (l) sees a patient at the Country Doctor Youth Clinic in Seattle's Central District. Sarah Pache, RN, (r) sees a patient on the South King County Mobile Medical Van.

DENTAL CARE PROVIDED TO OVER 2,880 INDIVIDUALS LIVING HOMELESS



HCHN dental clinicians conducted 8,999 visits at our four dental clinics and on the mobile dental van.

Nearly half of patients had a restorative or rehabilitative procedure. 998 had oral surgery.

The dentist was really patient with me. I had a lot of fear and hadn't been in years. I'll go back more regular and I feel less conscious about my breath.

Downtown Dental Clinic patient, K.J.

Photos: Dr. Athena Bautista (l) Julie Reddick,CDA, (r), performs a restorative procedure on the Mobile Dental van at the Transform Burien site.
Dr. Dawud Raamah (r) completes an oral exam with a patient at the Downtown Dental Clinic in Seattle.

BEHAVIORAL HEALTH CARE PROVIDED TO OVER 3,500 INDIVIDUALS LIVING HOMELESS

Stress, anxiety, and depression are normal responses to homelessness. Supports are integrated into all HCHN services.

Licensed mental health and substance use disorder specialists are also on hand to identify and treat complex conditions. They specialize in patients who struggle in mainstream programs.

HCHN behavioral health clinicians conducted over 17,000 visits.

Nearly 20% of visits occurred in supportive housing sites. Integration of behavioral health services is a key housing retention and stability strategy.

Photos: Doreen Gaffney, LMHC, (l) meets with a patient at Neighborcare Health's 45th Street Youth Clinic.
Ashley Proto, MHP, (r) from Harborview Medical Center, meets with a patient at the YWCA -Angeline's Day Center for women.

PROGRAM SPOTLIGHT - MOBILE MEDICAL

Mobile Medical is one of many programs across HCHN where patients receive integrated medical, dental, behavioral health, and social services on a walk-in basis.

What started out as a small pilot ten years ago has grown into an essential strategy to engage individuals most disconnected from care at over 20 locations throughout South King Co. and greater Seattle.

The Mobile Medical team engaged over 1,700 individuals and conducted over 4,800 visits. Forty percent were connected to additional health, housing and social services.

It is hard to get in to see doctors when you are homeless. I tell people to just go to the van, you won't have to wait, and it is a real doctor, and they will help you right then.
Mobile Medical patient, C.Z.

Photos: ***Left***: Mobile Medical Team from left: Eric Flores Morales (Public Health); Christy Fuller, LICSW (HealthPoint); Joshua Hoke (Public Health); Dr. Shay Martinez (Public Health); Sarah Pache, RN (Public Health); Sarah Reed, LASW, (HealthPoint); Leslie Bendjouya, CDP (Evergreen Treatment Services – REACH) ***Right***: Leslie Bendjouya conducts a training on overdose prevention and distributes a Naloxone kit. Naloxone is a medication to reverse an opioid overdose.

PROGRAM SPOTLIGHT – KIDS PLUS

Over 200 children and families engaged with our Kids Plus program, a team of nurses and social workers who conduct outreach in social service agencies, in shelters, on the streets, and in encampments.

Public Health's Kids Plus Program recognizes that families living homeless come in all different sizes and structures. They create tailored supports accordingly. Here is one example:

Al is a single father living in South King County with his teenage child in a RV that has no access to power or water.

The past three years have brought crisis after crisis.
They lost their housing following a job loss and the death of Al's wife.

The Kids Plus team worked diligently for months to find the right mix of medical case management, social services, and housing supports that would allow his child to stay in the same high school.

Linking them to a motel voucher program offered by the Federal Way School District and the Multi-Service Center proved to be a critical step.

Today this family is poised to move into permanent housing after their long and difficult journey.

Much healing is still ahead, and their now wider network of supports will help in the months and years to come.

Photo: Kids Plus social worker, Mary Dunbar, LMC, participates in the Family Resource Exchange Fair to support families experiencing homelessness.

PROGRAM SPOTLIGHT - BUPRENORPHINE (BUPE) PATHWAYS

People living homeless face multiple barriers when seeking support for substance use disorders. Judgment and a lack of same-day access are major factors.

Expansion of our Buprenorphine Pathways pilot program will help remove such barriers.

With support from the Health Resources and Services Administration (HRSA), we added a specially trained social worker to our integrated care team. We enhanced partnerships with other community health clinics, hospitals, and behavioral health agencies.

We are working with front-line staff and patients to create a more welcoming space and are adding treatment rooms to help meet increasing walk-in service demand.

Over 250 new patients living homeless accessed medication assisted treatment (MAT) throughout our network in 2018.

Photo: Social worker Malin Hamblin discusses medication assisted treatment at the Downtown Public Health Center.
Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies.
Buprenorphine is specific to opioid dependency treatment. Learn more about MAT and Public Health's Buprenorphine Pathways Clinic here.

FINANCIALS

HRSA Health Center Program
$5,026,751

King County - Veteran, Seniors and Human Services Levy and Mental Illness and Drug Dependency Sales Tax: $2,758,473

City of Seattle
Human Services Department
$4,664,903

Program Income/
Medicaid Reimbursement
$10,861,068

TOTAL EXPENSES
$25,063,779

Patient Services: 94%
HCHN Admin: 6%

Additional Supporters: $1,229,839

WA. State: $522,745

- United Way of King County: $178,136
- South King County Cities Contribution: $62,100
- Combined hospital contributions for Edward Thomas Medical Respite: $947,403
- Wyncote Foundation: $40,000 Anonymous donors: $2,200

ACKNOWLEDGEMENTS

HCHN Contracted Community Partners

Catholic Community Services • Country Doctor Community Health Centers • Evergreen Treatment Services – REACH • Friends of Youth • Harborview Medical Center • HealthPoint • Neighborcare Health • University of WA. Department of Adolescent Medicine • YWCA – Seattle/King/Snohomish

Funders

Anonymous donors • City of Seattle Human Services Department • King County General Fund • King County Veterans, Seniors and Human Services Levy • King County Mental Illness and Drug Dependency Sales Tax • South King County cities • United Way of King County • U.S. Department of Health & Human Services, **Health Resources and Services Administration, Bureau of Primary Health Care** • Wyncote Foundation Northwest

Edward Thomas House Medical Respite Partners

Harborview Medical Center • University of Washington Medical Center • Valley Medical Center • Virginia Mason Medical Center • King County Mental Illness and Drug Dependency Sales Tax • Seattle Housing Authority • Swedish Medical Center • Northwest Hospital

Public Health
Seattle & King County

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