



Project Name: Human Centered Service Design Process

Contractor: Mark VanderKlipp, MZAC Venture LLC

Activity: Interviews and “shop-alongs” with homeless and formerly homeless individuals_

ACTIVITY OVERVIEW

This report is compiled based on 14 interviews conducted with homeless and formerly homeless individuals in Grand Traverse County between June and July, 2019.

Woody Smith, a subcontractor of MZAC Venture LLC and Ryan Hannon, Street Outreach Coordinator for Goodwill Industries of Northern Michigan, conducted 10 interviews with literally homeless individuals and one formerly homeless individual.

- A young woman, currently housed but formerly homeless, meeting homeless friends in the woods south of the Goodwill Inn
- Two men, living on the bank of the Boardman River south of the Goodwill Inn
- One woman, living on the bank of the Boardman River south of the Goodwill Inn
- One transgendered person, living on the bank of the Boardman River south of the Goodwill Inn
- One woman, currently sheltered at the Goodwill Inn Homeless Shelter, interviewed on the bus
- One man sheltering under the pavilion at Traverse City Veterans Memorial Park
- Three men, living in “the pines” south of 11th Street at the Grand Traverse Commons
- One man, living in “the pines” north of 11th Street at the Grand Traverse Commons

Woody Smith, a subcontractor of MZAC Venture LLC, accompanied by case managers working for Northern Michigan Supportive Housing (NMSH), conducted interviews with three formerly homeless individuals currently living in NMSH housing.

- One man, living in a home in Blair Township
- Two men, living in separate apartments in Traverse City

Note: The original intent of this activity was to accompany homeless individuals on visits to health care practitioners, but this proved difficult to coordinate with homeless clients. Instead, we expanded the number of interviews from the proposed 6-8 to a total of 14 and spoke to a number of individuals with recent interactions with the health care system.

FINDINGS

1. Being homeless creates and complicates health challenges; access to safe housing dramatically improves health.

Many of those interviewed reported having chronic health conditions including respiratory infections, heart disease, cancer, mental health disorders and untreated injuries. Some of these people have received episodic health care, but being homeless interferes with access to transportation, communications and other systems that support receiving regular and preventative care. Co-occurring conditions such as Substance Use Disorder and mental health issues (depression, schizophrenia) also impact ongoing health care.

Several interviewees acknowledged having health conditions directly related to living in the out of doors or in unsafe housing – respiratory problems, gastrointestinal distress associated with eating spoiled food or drinking untreated water, back pain and injuries sustained while moving over ground with poor footing and the like.

Those formerly homeless clients currently living in supportive housing reported much more consistent access to care and better outcomes compared to when they were literally homeless. It was clear from interviews that the active involvement of case managers supports better follow through on referrals and courses of treatment.

2. In most cases, homeless individuals are able to have acute health challenges met, but very inefficiently and with relatively poor outcomes.

The default for most of these individuals is to not seek or receive any medical care unless they are in acute distress. At that time, they tend to go to the closest emergency department. Interviewees reported mixed experiences from EDs in Northern Michigan, ranging from excellent to adequate. Several reported negative experiences with dismissal

“Mostly when you are homeless, they rush you in there [the hospital, if an acute condition is presenting]. As soon as you start moving around and stuff, they rush you out of there.”

“I won’t ever go back to Munson [Medical Center in Traverse City]. I was in the ER for seizures. They put an IV in me for like 8 hours, gave me some fluids and kicked me out at 4 in the morning. They treat you like crap. No questions. They just come in every hour to take your vitals, and they don’t care. I’d rather die than go back in there.”

When patients with SUD are dismissed from acute care settings, health advice tends to center on detox or rehab, to the exclusion of other health conditions and contributing factors.

Note: The majority of these clients report having health insurance (often as a result of being sheltered through the Goodwill Inn otherwise connected to homelessness support services).

3. In some cases, homeless individuals are able to maintain access to primary care after becoming homeless. Having a primary medical home dramatically improves health.

When respondents reported having a specific primary care doctor (Traverse Health Clinic, Crystal Lake Clinic), they were more likely to report care of chronic health conditions and greater overall confidence in working with the health system.

4. Denial of services has potent long-term impacts and ripple effects.

One respondent reported being “banned” from the Munson Medical Center ER. It appears this individual was agitated and was asked to leave on one occasion, but his impression is that he could never seek services in the future and would likely die if an acute condition manifested.

When a patient is denied services without a “warm hand off” to another provider or suggested next steps, he/she may believe that a door has closed permanently.

5. Access to mental health services in particular is a gap in terms both of availability and in information conveyed.

One interviewee is currently being treated at Northern Lakes Community Mental Health (CMH) in Traverse City and reports a very good experience.

“CMH has been really good. They are caring and they really look after you.”

However, 4-5 individuals report being turned away by the CMH agency they contacted. Their reactions ranged from disappointed resignation to anger.

“I have depression and anxiety. When those crop up it gets in the way of me taking care of my other health issues. I completed a telephone intake with CMH over the phone. I heard that one lady is on maternity leave and the other two are full. I just want to sit down and talk to somebody, but they told me they have no room. No, they did not suggest any other alternatives.”

“I guess I’m just not crazy enough for CMH.”

This is a key area where capacity should be enhanced and/or the referral and coordination system with other agencies or providers should be improved.

6. Homeless and formerly homeless individuals may require enhanced help with referrals.

Serving the needs of these clients poses unique challenges for providers. “Sometimes I get up and I just don’t feel like [going to an appointment], so I won’t go.” The support of case managers in permanent supportive housing improves patient health.

7. Many providers provide positive experiences for interviewees.

Many interviewees report having positive experiences with the Traverse Health Clinic (THC) as their primary care office. One of the formerly homeless individuals has diabetes which he is actively managing with help from THC.

“They are good. They keep everything up and going for my health care situation.”

“I always have the same doctor at Traverse Health Clinic. I’ve learned from the doctor how to manage my conditions, eating habits, medications...it’s been very good.”

Two interviewees are receiving care from Crystal Lake Clinic because they have been patients there since they were children. They reported receiving good care and help managing long term and chronic conditions.

Meridian (insurance provider specializing in Medicaid) is generally seen as cooperative, kind and helpful.

8. There are overall gaps and inefficiencies in the system; local providers work hard to try to address these through collaboration and workarounds with mixed success.

Some state mandated bureaucratic requirements can pose particular challenges for these clients.

“There are work requirements to get access to food stamps. I have pancreatic cancer that has spread to my hip and I also have an enlarged heart. I haven’t yet gotten a determination on my disability status. How am I going to work 20 hours a week?”

Committed and caring people work hard to find a way every day.

“I needed to go to Ann Arbor to see a neurologist. Meridian covered the expense of the visit, but there was nothing for transportation. Northern Michigan Supportive Housing was able to find the money.”

9. Some interviewees expressed a desire to have a visiting nurse who would visit them “wherever they are” in literal homelessness.

South of the Goodwill Inn. This is a group that was expressing a lot of desire for self-sufficiency while camping. One of the respondents said something like (“It would be great if a nurse could come out here to check on us once in a while. Things come up (signs of illness) and it would be good to ask questions without having to go to the hospital.”) The other three individuals all nodded and agreed.