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Fall 2010

American Family Experiences with Poverty and Homelessness

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on the Road

Homeless Services for Children Go Mobile

by Lauren Blundin

Convenience. Lack of transportation. No money. Fear. Insurance. Misinformation. Language. Time. Multiple children. Pride. The list of reasons why families experiencing homelessness do not access important services from medical and dental care to free clothes, support groups, and educational help for their children are as varied as the families themselves. Many providers are taking it on the road and bringing the clinic, food pantry, or even tutors directly to the shelter door to break down the barriers that keep homeless families from using these free services.

Every Thursday morning, a bright white bus with a smiling Ronald McDonald pulls up to the emergency family shelter at D.C. General in Washington, D.C. On this bus—actually the Kids Mobile Medical Clinic (KMMC) from Georgetown University Hospital—medical staff treat children for everything from acute infections like the flu to chronic conditions like asthma, plus make sure kids' vaccinations are up to date. Services also include gynecological visits for female teens, routine blood tests, vision and hearing screenings, and once-a-month access to an ophthalmologist. A partnership with the Prevention of Blindness Society provides eyeglasses.

Medical records are kept electronically, which helps doctors and nurses give children better, more efficient care. The clinic can also connect to the D.C. immunization registry, see what vaccines their patients need, give them, and update their patients' records on the registry. The system eliminates some of the paperwork—and vaccination guesswork—for homeless parents enrolling their children in D.C. public schools.

Building Relationships with Patients One Visit at a Time

Since starting in 1992, the KMMC has provided 44,000 patient visits to children and adolescents living in the shelters, transitional housing, and other underserved communities of D.C. "We never charge our families anything, ever," says medical director Dr. Matthew Levy.

Levy and his medical crew do focus on forming relationships with their patients, building trust by treating acute illnesses such as the flu and then moving to preventive care and health education. "We spend time with our families. We know that if you see someone for a sick visit, and then a well visit, and then a sick visit—all of a sudden you have a relationship with them. Then you can start working on issues that are really important to health, like preventing obesity, diabetes, high-risk behaviors. And you can help them do better in school and in life."

Improving Lives and Saving Money

The same services and strategies used by KMMC can be found in other mobile health clinics around the country. A slow but growing trend in medical care, mobile clinics can bring quality health care—and often information or referrals to government benefits, temporary housing, mental health and addiction treatment, and more—to homeless families and children. According to the Mobile Health Map, a research project that includes Harvard Medical School's Family Van and the national Mobile Health Clinics Network (MHCN), the average mobile clinic logs 3,640 visits per year, and there are an estimated 2,000 mobile health clinics in the United States.

Mobile clinics ultimately save the health care system money, although the initial cost and operating expenses can be steep with estimated startup costs of \$500,000 and after that \$250,000 annually based on 2005 numbers provided by MHCN. For example, patients with chronic conditions such as asthma or diabetes who get help managing their illnesses from a mobile clinic will be able to avoid expensive visits to the emergency room.

The Mobile Health Map, www.mobilehealthmap.org, is an online project to map the nation's mobile clinics and help mobile health care workers to calculate the return on investment (ROI) of their clinics. To date 66 mobile health programs have used the Web site's ROI calculator.

The average ROI is 1:21. In other words, for every dollar spent, \$21 are saved.

The Origins of the Mobile Medical Movement

Mobile medical clinics are a fairly recent innovation that has grown over the past few decades. The first mobile primary care clinic was established in 1987 by the New York-based Children's Health Fund (CHF). Pediatrician Irwin Redlener and musician Paul Simon started the CHF after being inspired by a visit to a New York City welfare hotel and seeing the conditions and needs of the children who lived there. The idea for a mobile health clinic arose soon after, and Dr. Redlener's wife, Karen Redlener, joined the project to design the vehicle and have it manufactured. Karen Redlener is now the executive director of the CHF. From one project in New York City, the CHF has grown to a mobile health network of 50 vehicles for 23 programs in 15 different states and the District of Columbia. The programs are based at academic medical centers or at federally qualified health centers. In New York alone there are one dental and three medical vehicles serving children and families living in the homeless and domestic violence shelter systems.

Treating the Whole Patient

One CHF network project based at Phoenix Children's Hospital is the Crews'n Healthmobile, a mobile medical clinic for homeless street youth. Operating since 2000, the Crews'n Healthmobile sees youth for a range of issues, including mental health problems, broken bones, diabetes, hypertension, sexually transmitted diseases, and pregnancy. Although the Crews'n Healthmobile treats patients from birth through age 24, most patients are between the ages of 13 and 19.

"Last year we saw a terrible increase in numbers," says Randy Christensen, M.D., medical director. "We saw about 2,100 medical visits in 2007, 3,000 in 2008, and 3,500 in 2009. And then this July and August have been some of the busiest ever. We saw 17 kids last night, and a couple of them had seven or eight diagnoses each. They were depressed plus they had a number of medical issues requiring referrals to specialists."



A baby girl receives a thorough but friendly checkup by Dr. Cody on board the Crews'n Healthmobile in Phoenix, Arizona.

Christensen credits careful site selection as a major reason for the Crews'n Healthmobile's success. Working with community agencies, sites were selected and regular schedules to the sites are maintained so that teens can rely on the clinic.

Shortly after the Crews'n Healthmobile began to treat adolescent patients, says Christensen, "We realized we were seeing the tip of the iceberg. We looked further and saw horrible chronic foot problems or cavities or multiple rapes or mental health or substance abuse ... all these things under the tip of the iceberg we realized we needed to address in some manner." Christensen and his partners built more partnerships and gathered more resources and information for patients, "creating a network where we can hold their hand and move to whatever service they need."

Mobile Help Goes Beyond Basic Medicine

Mentoring and Career Support for Young Moms

Sometimes that hand-holding takes the form of mentoring. Kim Williams, clinical nurse supervisor for the Crews'n Healthmobile, leads the Health Care Career Club for young mothers living in the UMOM New Day Centers. UMOM provides emergency shelter and transitional housing in Phoenix and is one of the Crews'n Healthmobile's regular stops. Since joining the club, 19 young mothers

from UMOM have started nursing school or nursing assistant school.

"I'm meeting these bright, intelligent women and knowing that the community college is less than a mile down the street," says Williams, describing her inspiration for the Health Care Career Club. A number of young women expressed interest in nursing when Williams asked them about their plans for the future. "I knew they could accomplish at least the Licensed Practical Nurse by the time they left transitional housing [two years], and then have only one more year to go to the Registered Nurse. Two years is a nice long time to get some education under your belt. And education truly breaks the cycle of homelessness."

At age 17, LaChandra is the youngest member of the Health Care Career Club. Her mother is a member too. LaChandra credits the club with motivating her to go to college to pursue her dream of becoming a Registered Nurse and caring for children with arthritis. "When I was in high school, I wasn't motivated to participate in my learning, and I made bad grades," she says. "Now I am in the second semester of taking prerequisites for nursing school. My GPA was 3.0 last semester."

No matter how difficult your life situation is," says LaChandra, "You can still take steps to pursue your dreams and go to college."

More Services on Wheels

Because mobile clinics can so effectively overcome barriers to health care, they are used to deliver care in several other fields, such as dentistry. The Dallas Children's Health Project has provided mobile medical care to homeless families since 1991. In 2010 the Children's Health Fund allocated money for a dental van to the Dallas project with grant money received from *American Idol's* Idol Gives Back charity drive. In its first six months of operation, the dental van has had over 1,000 visits, an average of 170 visits monthly. Many of its patients, mostly homeless women and children, are receiving dental care for the first time in their lives.

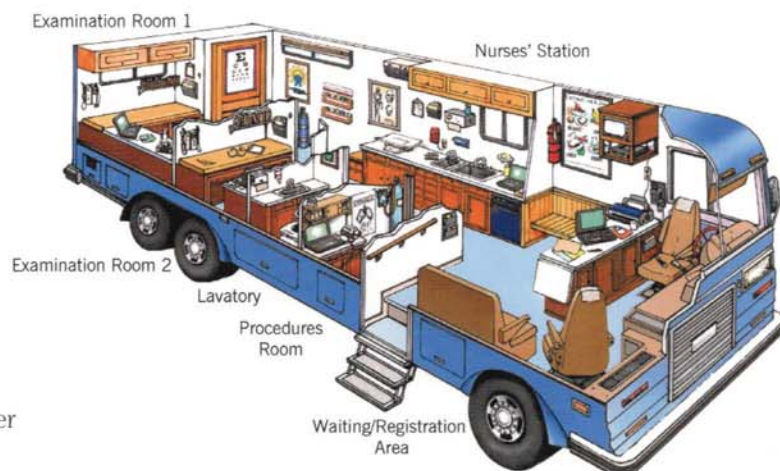
"For me as a pediatrician, the dental van has been really wonderful," says Dallas Children's Health Project medical director Susan Spalding. Previously she had nowhere to refer patients for dental care. "Now I can say, you know that big hole in your mouth? I know how we can fix that."

Community Dental Foundation (CDF) is another mobile dental clinic fixing the smiles of homeless children. Chairman and CEO Carston Loelke describes the oral health of many homeless children as "heartbreaking." To combat the problem, Loelke and the CDF dental van visit some of the largest shelters, schools, and housing projects in Maricopa County, Arizona.

One of the dental van's regular stops is the Children's First Academy of Phoenix, a public charter school for kindergarten through eighth grade serving primarily homeless and at-risk youth. Tiana Madrid is the school's health and wellness coordinator. "For most of the students, Community Dental is the first and only dentist they have ever been to," she says. "We have seen a significant decrease in the amount of cavities and periodontal disease since our first year of partnership." The payoff for students? "Well children are better able to learn, and therefore succeed."

Just as important to a child's success is nutritious food and warm clothing. Two East coast organizations are bringing food and clothing directly to homeless families.

Long Island Cares, Inc.—The Harry Chapin Food Bank, founded by the late singer-songwriter, provides food and support services for 600 agencies across the island. In March, the organization launched the Mobile Outreach Resource Enterprise (MORE) with one van providing emergency food and information and referral services. In July, vitamin distribution company NBTY, Inc. donated a second MORE van called Hope for the Homeless. Since then, MORE has focused its efforts to include homeless



An architectural rendering of the interior of the Children's Health Fund mobile clinic shows how a bus is transformed into a full service doctor's office.

families. Whether it is at soup kitchens and shelters or special events designed to reach out to the homeless population, the Hope for the Homeless van brings families emergency packets of food and sanitation kits, assesses them for benefits, and if necessary will even help them fill out applications for food stamps and other benefits.

"The face of hunger, the face of homelessness is changing," says Jessica Rosati, supervisor of program and community services for Long Island Cares. "There are families and children living in really horrible conditions right now. Our position is to offer them some immediate relief and referral for ongoing support, and thus far a lot of really great relationships have been made."

Operating for nearly 100 years, St. Vincent de Paul of Baltimore has a long history of forging strong ties to Maryland communities. Twice a week, the St. Vincent de Paul mobile clothing truck carries racks of clothing to alternating locations that include soup kitchens, shelters, transitional housing programs, an employment training program, and a homeless day center. Nearly 4,800 men, women, and children at 400 locations select clothing from the program's racks each year. About 20% of their distribution is children's clothing.

Not all mobile services operate from within their vehicles. School on Wheels provides one-on-one tutoring services for homeless students in Los Angeles, California, and Indianapolis, Indiana. Volunteer tutors go to where the students are located. This past year approximately 1,500 tutors traveled to public locations such as shelters, libraries, and boys and girls clubs to help educate Los Angeles' homeless students in kindergarten through twelfth grade.

A background check and lengthy training take place before tutors can participate in the program. Once matched with a student, tutors are required to meet with their student at least once per week. "We try to match tutors and students as closely as possible," says Catherine Meek, executive director of School on Wheels. When matching a student with a tutor, School on Wheels uses geographical location as only one determinant. Information is gathered from tutors about the age range they are most comfortable working with, their academic subject preferences, personal interests, and volunteer goals to facilitate the best possible match between a tutor and student.

Supplying tutors for the vast number of homeless students is not the only difficulty School on Wheels faces.



Nurse Kim connects with a young, homeless boy during an exam.

"Homeless children are a very mobile population. When students move we want them to continue with the same tutor," Meek explains. The greatest results are seen when a tutor has worked with their student for a prolonged period of time. When students move, they often switch schools, but according to Meek, "If we can keep the student with the same tutor then we provide the student with some form of academic consistency."

Mobile Delivery: A Model that Makes Sense

Ease of delivery for the recipient is a key factor in mobile services, whether those services are medical or other. And while a fixed-site clinic is generally regarded as the ideal situation for a patient's "medical home," the mobile clinic is an effective interim solution while homeless families find permanent housing. The National Health Care for the Homeless Council surveyed 33 mobile service providers in 24 states. These providers named their patients' two biggest barriers to health care as inaccessibility to services and a lack of health insurance. By its very nature a mobile vehicle system of services removes barriers and ties in other services and referrals in one convenient location. Across the country, organizations are finding mobile delivery works for reaching homeless families and providing a variety of services to both children and adults to lessen the negative impact of homelessness and even help them on their path out of homelessness. ■



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