Benton County Health Services

2017 Homeless Related Services Summary

The following is a summary of the services provided to BCHS clients experiencing homelessness and housing instability, including planning and policy efforts dedicated to expanding access to and availability of affordable housing in Benton County. This summary aligns with the interventions and strategies outlined in the 2017 update to the Housing Opportunities Action Council's (HOAC) "Community Strategies to Overcome Homelessness and Barriers to Housing." In 2017, BCHS served an unduplicated count of 798 persons meeting HRSA's definition of homeless totaling 9,436 patient encounters. Of these, 3.74% were migrant/seasonal farm workers and 2.99% were U.S. veterans. Additional persons served through outreach, harm reduction, and health navigation services may not be included in this total.

Intervention Area 1: Community and Organizational Systems and Policy Change

Strategy 1.5: Align advocacy and planning efforts with other key sectors (i.e. economic development, health care, etc.).

- Healthy Communities (HC) Program completed the update to HOAC's "Community Strategies to Overcome Homelessness and Barriers to Housing" and presented results at the 2017 Oregon Homeless and Affordable Housing Conference.
- HC team provides technical assistance to other County and City Departments on aligning work with updated HOAC Plan (Parks and Recreation, Community Development, CHC, etc.).
- HC team is participating in HOAC's Housing Supply Work Group that has developed an affordable housing policy agenda. Mental Health (MH) representatives serve on HOAC's Governance Council, City's Community Development Advisory Committee, and MH Work Group.
- Communicable Disease (CD) is working with homeless service providers to create capacity to provide showers, handwashing facilities, laundry, safe-food storage, and other hygiene/sanitation facilities to prevent Hep A infection and transmission.
- Health Navigation (HN) and Harm Reduction (HR) Programs coordinated with Corvallis Police Department and other homeless service providers to host the 2017 Homeless Resource Fair.

Intervention Area 2: Comprehensive Care Coordination

Strategy 2.1: Provide case management services aligned with health care transformation.

- Women, Infant and Children (WIC) Program provides supplemental nutrition assistance, clothing and diapers for homeless and at-risk families and coordinates with hospitals, medical providers, COI, and local churches.
- CD and Public Health Nursing provide Flu, TD, STI, HIV, TB, and Hep C testing, treatment, and vaccination services in coordination with Corvallis Day Time Drop-In Center, Stone Soup, COI and the cold weather shelters (317 persons vaccinated in 2017). PH also served additional 73 persons, totaling 111 encounters. CD will offer Hep A vaccinations through PH Modernization pilot project in 2018.
- Environmental Health (EH) works with the American Red Cross to monitor warming shelter operations, and inspects and licenses St. Mary's, Stone Soup, and OSU's food pantry. EH conducted a dangerous building investigation after a fatality of a homeless person in 2017.
- Oral Health schedules dental van for homeless persons (cleaning, x-ray, exam, filling, and extractions) and distributes home care kits (34 persons totaling 119 encounters in 2017).
- Health Navigation (HN) provides Oregon Health Plan (OHP) enrollment assistance for homeless at the Day Time Drop-In Center, co-located a Health Navigator at Samaritan's Geary Street Clinic and as a part of SHS's resource team, and links children and families served by the school health navigators to the McKinney Vento Program.

- During 2017, BCHS served 676 homeless persons totaling 2,807 encounters through the CHC's primary care medical home. 204 persons received Mental Health/Alcohol and Other Drug services totaling 6,399 encounters.
- Developmental Diversity (DD) Program provides coordination/universal case management services for over 550 people in Benton County.
- Assertive Community Treatment (ACT) makes referrals to soup kitchens, food banks, SNAP, OHP, and residential treatment for homeless clients.

Intervention Area 3: Prevention

Strategy 3.1: Expand linkages with existing and/or new supported employment programs.

- DD Program provides supported employment services to over 250 people, with the highest rate of supported community employment in the state and three times the state average.
- MH provides supported employment services and works with employers to cultivate job placements. During 2017, 25 unique patients received supported employment services.

Strategy 3.4: Improve capacity to engage residents and landlords to address renter grievances.

- ACT and Health Navigators (HN) advocate for clients by submitting appeals/reasonable accommodation requests to property owners when denied housing due to criminal and/or poor rental histories.
- DD universal case managers work with landlords to mitigate housing concerns by assisting clients with accessing support for financial management and representative payee services to ensure rent payments.

Strategy 3.6: Increase capacity to provide mental health treatment and detox services.

- ACT and Early Assessment and Support Alliance (EASA) assists clients in managing mental health symptoms in order to maintain housing.
- ACT and EASA helps clients access respite shelters, medical care, residential treatment, and transportation.
- Crisis responds to requests from the Day Time Drop-In Center and Public Library.
- During 2017, there were 1,960 behavioral health/mental health crisis encounters. There were 903 unique patients seen.

Intervention Area 4: Street Outreach and Rapid Response

Strategy 4.1: Expand street outreach capacity in city and rural Benton County.

- Harm Reduction (HR) Program provides street outreach in homeless camps and through other homeless service venues and offers rapid HIV/STI/Hep C testing and referral services and linkage to OHP and health care.
- HR Program served 170 homeless persons and delivered 960 gallons of water and 500 hand warmer/soap kits to homeless camps.
- Navigation to specialty primary care provided by Dr. Micek, High Complexity Care provider at CHC, and the only certified provider of Suboxone treatment in the region, occurs routinely.
- HR staff provided training and technical assistance to HOAC's new Street Outreach Resource Team (SORT) initiative and organized a 3-day training in May 2018 for all homeless outreach staff in the county.
- MH is developing a new Crisis Outreach Team to improve outreach, engagement and referral services across law enforcement and mental health for homeless persons.
- Oregon Health Authority awarded Benton County a 5-year HIV/STI grant to expand harm reduction services in the

region. Three new harm reduction outreach workers have been hired across Linn and Lincoln Counties and the Confederated Tribes of Siletz Indians to work with Benton County on expanding outreach capacity among homeless, IDUs, LGBTQ, and MH populations. HR Specialist is providing technical assistance to Lincoln County and the Tribe in implementing new syringe exchange programs.

Strategy 4.3: Strengthen partnership with Parks & Recreation and Law Enforcement to mitigate illegal camping.

- HC staff serve on City Parks and Recreation Advisory Board (PNARB) and worked to identify trauma informed mitigation strategies related to illegal camping in PNARB's strategic priorities.
- HC, HR, and MH staff worked with City and law enforcement to convene a planning team to develop new protocols for clearing homeless camps, resulting in a formal system for 72-hour notification to allow outreach works to better support homeless in transitioning and accessing other services.

Strategy 4.4: Strengthen partnerships with Law Enforcement and Mental Health.

- Crisis provides 24-hour response to the public and coordinates with law enforcement.
- Crisis offers Counselor of the Day walk-in services to the public during normal business hours.
- MH is working with city, county and OSU law enforcement to train all officers on MH Crisis Intervention strategies.

Intervention Area 5: Housing

Strategy 5.5: Improve capacity of section 8 housing choice voucher program.

- ACT and HN staff assist clients in completing Section 8 applications and provide advocacy and assistance in identifying landlords willing to accept Section 8 vouchers.

Strategy 5.7: Secure more permanent supportive housing for special populations.

- Developmental Diversity (DD) case managers help homeless and housing unstable clients access and maintain housing. 125 people are supported in group homes, 65 in foster homes, and 50 in supported living. Most others receive some form of assistance in their own or family home. DD also utilizes Oregon's new 811 housing program.
- DD helps homeless and housing unstable clients access income support (SSI, SSDI, SNAP, etc.).

Intervention Area 6: Community Integration and Neighborhood Belonging

Strategy 6.1: Implement social marketing campaign to educate the broader community about the complexity of homelessness/housing instability.

- HC team is supporting HOAC's Housing Supply Work Group to implement Meyer Memorial Trust grant focused on mobilizing community support for policy initiatives that increase availability of affordable housing. HC team is funding a Housing Policy Intern to work with the Housing Supply Work Group in 2018.
- HC team is coordinating with HOAC Administrator on disseminating information, best practices, and data on health and housing and impact of homelessness on community health and wellbeing.
- PH Epidemiologist regularly provides data and analysis to local housing partners to support affordable housing planning, grant writing, strategic policy work, and alignment with the Community Health Improvement Plan (CHIP), of which access to affordable housing is a major priority health intervention in 2017-2023.

2017 Homeless Patient Statistics

According to the Health Resources and Services Administration (HRSA), a person experiencing homelessness is defined as someone living in a shelter, in transitional housing, with others, on the street, in a camp, or under a bridge. Non-homeless people include those who are not currently homeless as well as those at risk for homelessness and those who are not currently homeless but have been in the past 12 months.

In 2017 3.74% of our homeless patients were migrant/seasonal workers and 2.99% were US veterans.

	Patients*	Encounters	Service Fees***	Payments Received
Dental	**34**	**119**	**17,435.01**	**6,519.15**
Dental	14	76	10,572.50	5,443.00
Dental Outreach Benton County	11	25	3,723.75	774.15
Dental Outreach Linn County	9	17	3,138.76	302.00
Dental Volunteers	1	1		
Mental Health / Alcohol and Other Drug	**204**	**6,399**	**542,971.34**	**77,243.64**
Mental Health Outpatient	154	5,742	439,454.34	74,578.73
Mental Health Safety Net Services	123	657	103,517.00	2,664.91
Primary Care	**676**	**2,807**	**318,975.81**	**62,811.34**
CHC – Benton Health Center	278	1,155	135,553.92	27,660.58
CHC – Lincoln Health Center	84	312	39,052.26	5,592.50
CHC – Monroe Health Center	36	101	10,517.77	3,261.42
CHC – East Linn Health Center	261	1,054	111,938.67	23,180.88
CHC – Alsea Health Center	6	9	1,140.06	71.44
CHC – Sweet Home Health Center	55	176	20,773.13	3,292.67
Public Health	**73**	**111**	**7,633.12**	**4,870.53**
Unduplicated Counts**	**798**	**9,463**	**887,015.28**	**151,444.66**

***Patients:** Count of patients receiving each service. Patients may be duplicated among services. The sum of "Patients" will be greater than the unduplicated count.

****Unduplicated Counts:** Distinct count of patients, regardless of services received. Patients receiving all services will be counted only once.

*****Service fees:** Full charge amount of services provided before any insurance billing or discount write-off.