

Good evening, I've titled my remarks: Fighting raccoons while sedated

Monday morning 9am. My day starts like 2 Mondays previous. A man walks into the office and wants to kill himself. Forget the emails and meetings and reports that are due. Kevin was awakened by the garbage truck collecting the contents of the cardboard recycling bin in which he'd spent the night. He popped out to the shock of the garbage man before he made the news. He didn't make the news a few days earlier either when he tried to kill himself by lying down in holidazzle traffic. Mpls Police brought him to HCMC; GAMC bought him a night of housing and healthcare-but he returned to homelessness the next day and fighting raccoons in the woods from his belongings the next night. He knows he can't be groggy and defend himself, in the absence of us protecting him, so forget the medicine for his mental health.

4 hours later, Kevin is picked up to be put in a crisis home for a few days to prevent him from dying. The cost of his care will equal 6 months rent in a studio apartment. He should be on the street by tomorrow. When his life fit in with us, he was a Carhartt wearing construction worker who didn't believe strong men can have mental illness. I'd like to take on the part about fostering a sense of urgency this evening.

If you've ever known a skilled carpenter, you know they don't sell their tools. Robert sold his when he lost his housing even though he hopes to return to work. The luxury home developer who brought him into the office hopes to have him back. But Robert's untreated psychosis has brought him to sleeping around the lakes. He agreed to care and within 3 days, I had an appt with a physician, he had GAMC and is now receiving mental health care. I thanked God it wasn't March 2nd, 2010.

Jim called to ask, "My blood pressure is 230/180, is that bad?" A client of Minnesota Care, Jim had not paid his premium of \$45 last month. He had had some work in the past year but is now receiving General Assistance of \$203 a month. With a premium over 20% of his income, more urgent needs took precedent. So now, the next month, he has no insurance. He asked if I could buy his two Blood pressure meds for \$95. My answer? No. He returned to the garage in which he sleeps.

While I discourage those who are supporting panhandlers, in Mary's case, she really is signing in part for her co-pays; after she lost her job, she started donating plasma but after her 280th visit they said her blood levels were too unstable so she started panhandling off 94 in April.

Molly arrives at my door unexpectedly. "I thought you might want to see me?" Without provocation, she reviewed her sexual abuse as a youth; being prostituted as a young woman, escaping her last abuser and finding sanctuary in a chemical health treatment program. Had it taken months to get her insurance, her escape wouldn't have happened. Now sober, she thanked me and said, "I think that is why God gave you to me, to give me hope". Has there ever been a person that doesn't remember you but you'll remember for the rest of your life? I didn't remember her. You have no idea the impact you can have on someone by

being their protector, their defender.

I won't talk much about what this stress does to direct service homeless advocates, police officers or health care providers; our trauma is only secondary. I will say that I am incredulous that we now live in a community where a program at St Stephens is negotiating with the Chinese for the best price on sleeping bags and tents as an alternative to emergency housing- in Minnesota-in December. I hate to point out the pink raccoon in the room but just to state what's obvious to homeless advocates: housing is health care. Housing is health care.

I am not a think tank person or an elected official and I understand that GAMC is a loss leader for managed care. I'm more of a plain talker as I think are a lot of Minnesotans. So the question I have for today is how are people who are homeless or have been having their care managed? Services like care coordination, transportation to medical appointments and personal care attendant services don't happen if you are in the woods, a garage or the wrong part of Lake Harriet.

I will ask the same question that Gov Pawlenty asked 3 years ago: Are managed care providers underwriters of risk or true partners in health improvement? We have 1 staff for every 80 people in some adult shelters plus those outside to attend to. Care coordination for the homeless people I work with is my Blackberry, medical transportation is my Jetta and PCA services take the form of Henry, the homeless wheel-chairbound senior, tucking a can of air freshener between his legs in his chair because as he states with humility, "I don't want to leave my odor behind when I leave you". Maybe it's not that we need more money but we need to spend what we have differently, in this case with housing, health care and support services linked-you don't provide one without the others.

One solution I offer is that for \$35,000 in one time start up money, we can house and continue to support 15 long-term homeless, high barrier households. St. Stephen's has moved hundreds of people out of homelessness in the past few years who had an average length of homelessness of 12 years. Alternately, tonight, one of those I work with on GAMC or Minnesota Care may take a poor man's vacation and get drunk. We will house him for \$192 for one night at detox. Another will steal some food: a booking and night in jail? \$363. One is most likely in the Emergency Dept at HCMC right now complaining of terrible back pain or truthfully stating that she wants to die. That 6 months of rent will be spent by the weekend to the tune of \$2800 for one episode at the hospital but don't worry, she'll be back again, but not before she returns to my door Monday morning at 9am. A month in shelter? \$900. An hour with a pair of beat cops to pick you out of traffic? \$120. There will be days when to save time, it would be easier for me to drive people to suburban hospitals, I don't have time to wait hours at HCMC; it's quicker for me to go to St. Francis in Scott County or Fairview Ridges in Dakota County. I promise you on everything that is

valuable to me that if we provide affordable housing for people; they will be healthier and cheaper.

It's easy to say I'll never smoke crack but none of us can say I'll never have a mental health concern or crisis won't strike me. If we all threw our problems in a pile and looked at everyone else's; we'd grab ours back in a minute. Many Minnesotans make sure they're only exposed to suffering when it fits their schedule-perhaps that's one reason people are bothered by the guy flying the cardboard sign; we hadn't planned on being interrupted by sickness or poverty today. So, my hope is that once Minnesotans know the plight of those who have so little and may lose the little they've got, they can't ignore it.

We now have 700 people in 2 shelters downtown, Salvation Army and Catholic Charities that are intended to hold 400 people. These people have the illnesses costliest to GAMC: Psychoses, depressive neuroses, chemical dependency. I want to tell you a secret: we are not sheltering mentally ill people, we are creating them. Now that we know this, we Catholics become part of the solution.

I don't believe it's that Minnesotans want people to suffer; I believe it's that they don't know how bad they are suffering-or they think it's the homeless person's fault, or that she chooses to sleep outside. Then, they are not part of the solution. I will tell you that in 15 years, I have never met someone that chooses outside over an apartment. Some choose outside over an overcrowded shelter they are afraid of and for some, the best decision they can make for their sobriety or mental health is to stay away from the shelter. For others, it exacerbates their isolation and they become more expensive.

Leviticus states you don't put a stumbling block in front of the blind or insult the deaf. I'd like to add a third. You don't ask a suffering homeless man to fight off raccoons and manage his health care from a Chinese sleeping bag alone in the woods.

A note to attendees of the Office for Social Justice Sowers meeting on Dec 7th:

I can't tell you how heartwarming it was for me to see 85 people concerned and willing to spend their free time on behalf of the homeless folks with whom I work. I told Patrick and Adam that I hope to find a way to let them know that there are people who care about them because so many think they are alone. In fact, sometimes even homeless advocates don't realize there are people concerned. Maybe that is why God

gave you to me; to give me hope.

Thanks,

Monica Nilsson

Director of Street Outreach

St. Stephens Human Services

1350 Nicollet Ave. Suite 104

Mpls, MN 55403

office: 612.879.7624

cell: 612.481.9501

mnilsson@ststephensmpls.org

www.ststephensmpls.org