Homelessness Outreach and Advocacy Program
Community Healthlink

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162 Chandler Street, Worcester, MA
Demographics and Definitions

How do we define homelessness?

A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.

An individual who lacks a fixed, regular, and adequate nighttime residence.

How do we count how many people are homeless? How do we determine Sheltered vs. Unsheltered?

- Housing and Urban Development Point-in-Time Count
Homelessness Trends in Worcester County 2016-17

- Massachusetts is the **6th most expensive state** to live in.
- Fair Market Rent on a **moderate two-bedroom**: $1,060
  - Affordable is defined by the Department of Housing and Urban Development as **⅓ of income** spent on rent. **50%** of Worcester County renters cannot afford this rate.
  - **1-3% vacancy rate** in Worcester County, **5%** considered housing crisis.
- **4% decrease** in total homelessness persons from **1,572 to 1,507**.
- **Families with children** account for the largest percentage of homeless people in Worcester County - **61%**.
- **3,500** families in state Emergency Shelter units across Massachusetts.
- **Unsheltered** or street homeless individuals increased **97%** from 76 to 130.
- This count does **NOT include individuals living in unstable situations**.
Demographic Features

- Geographic Distribution
  - Everywhere!
  - Cars, Shelters, Camps, Houses, Halfway Houses, Transitional Housing following Justice System discharge, etc.

- Demographics vary by geography, reflect broader demographic and sociocultural trends.
  - Ex. Worcester County by in large does not have a youth homelessness issue, while Washington DC and Los Angeles do. Why?

- **Who becomes homeless is often determined by the presence or absence of protective factors** such as healthy support networks, exposure to violence, documentation, ability and disability, trauma, financial instability, health status, exposure to justice system, etc.
  - Do only people experiencing poverty struggle with homelessness? No!
Particular Clinical Needs

- Increased risk for:
  - Hospitalizations
  - Mental illness & Behavioral health
  - Malnutrition (meals commonly high salt, sugar, starch)
  - Chronic conditions (hypertension, asthma, diabetes)
  - Average life expectancy (41 years), at risk for premature death (3-4 times)

- Increased exposure to:
  - Harmful weather exposure
  - Communicable disease (e.g. TB, respiratory illnesses, HIV/AIDS, sexually transmitted diseases, etc.)
  - Violence (different forms, including sexual violence)

- Complicated Treatment/Recovery
  - Minor issues (cuts or common colds) can worsen (infection, pneumonia)
  - No safe place to store medications or syringes properly
  - Wound care (keeping bandages clean, bathing, proper rest/recuperation, assistance)

“No amount of health care can substitute for stable housing.”
~ NHCHC

Health Advocacy for the homeless with SUD

State
- DHS (Division of Housing Stabilization)
  Emergency Housing Assistance Program

International
- WHO
  The Joint UNODC-WHO Programme on Drug Dependence Treatment and Care
- NAADAC, the Association for Addiction Professionals
- Friends of HRSA (Health Resources and Services Administration)
- MHLG (Mental Health Liaison Group)
- A New PATH (Parents for Addiction Treatment and Healing)

Local
- CHL-Homeless Outreach and Advocacy Project (HOAP)
- Central Massachusetts Housing Alliance (CMHA)
- Sober House
- Dismas House, Dismas Farm

National
- HHS (US Dep. of Health and Human Services)
- SAMHSA (Helping Substance Abuse and Mental Health Services Administration)
- NIH- Helping to End Addiction Long-term (HEAL)
- HUD- Supportive Housing, Housing First
- U.S. Attorney’s Office
  Civil Rights Unit
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Be aware of your local resources and practice relevant referrals!

Resources

- Short Term Housing
  - 25 Queen Street, Worcester

- Long Term Housing
  - Tenancy Preservation Project
  - Central Massachusetts Housing Alliance

- Recovery Homes (~50)
  - Oasis House
  - Safe Haven
  - Dismas House

HOAP (Homeless Outreach Advocacy Project)
- Case Management
- Clinical Services
- Behavioral Services

Food Sources
- 25 Queen Street Shelter
- St. Francis Xavier Center
- The Mustard Seed

Additional Medical Services
- CHL Mental Health Services
- 25 Queen Street Shelter (W)
- St. Francis Xavier Center (W)

Insurance
- Medicare
- Medicaid
- MassHealth

Inpatient Addiction Services
- CHL Detox
- Crisis Stabilization Services (PASsages)
- Transitional Support Services

Further Community Resources:
Worcester Parent Guide to Community Services, 2018
Worcester Community Connections, 484 Main Street, Worcester, MA
Professions Interacting with the Homeless Population

The network of professionals that interact within the homeless population and at risk individuals is extensive. These people can be either helpful or harmful:

- **Housing and Financial Services**: Caseworkers, lawyers, secretaries

- **Medical**: Doctors, psychiatrists, psychologists, nurse practitioners, nurses, medical assistants, counselors

- **Judicial System**: Judges, lawyers, caseworkers, clinicians, parole officers

- **Community**: Priests, church members, volunteers, police, corrections

The best and most effective response is a coordinated community-based response!
The Utmost Importance of Language

- 185 homeless veterans were interviewed: The average age was 48.7 years (SD 10.8), 94.6% were male, 43.2% were from a minority population. The majority identified a recent need for care and interest in having a primary care provider. Reasons for delaying care fell into three domains: 1) trust; 2) stigma; and 3) care processes - Needing Primary Care But Not Getting It: The Role of Trust, Stigma and Organizational Obstacles reported by Homeless Veterans. O'Toole TP, Johnson EE, Redihan S, Borgia M, Rose J. J Health Care Poor Underserved. 2015 Aug;26(3):1019-31. doi: 10.1353/hpu.2015.0077.

- Higher levels of internalized stigma were associated with greater levels of depressive and psychotic symptoms 3 and 6 months later, even controlling for symptoms at baseline. Alienation and Discrimination Experience were the subscales most strongly associated with symptoms. - Internalized stigma of mental illness and depressive and psychotic symptoms in homeless veterans over 6 months. Boyd JE1, Hayward H2, Bassett EDA, Hoff R4. Psychiatry Res. 2016 Jun 30;240:253-259. doi: 10.1016/j.psychres.2016.04.035. Epub 2016 Apr 29.

Use value-neutral, clinically accurate, people-first language. ⭐️

Case: When calling 911 for a suspected overdose - Don’t use the word ‘overdose,’ consider “they’re not breathing.”
CASE

- Common population based issues (HEP A/C, HIV, Substance abuse, medication conflicts/contraindications in complex patients). Provider started with a detox referral with the hope that the patient can do more later. Patient at the end of the day chose not to get the care, people will make their own decisions, that needs to be respected to maintain good relationships and maintain people in care.

- Always encourage people to come back from a place of non-judgement and acceptance. This is difficult!

- Importance of punitive culture manifest in treatments and systems as well personal interactions
Key Tenets for Providing Care

Compassionate care
- Language that builds trust
- No size fits all

Medical care alone is insufficient
- Prioritizing/triaging needs: “What is the most important and tangible starting point for engagement?”
- Risk and harm reduction

Gaps in care (role of the healthcare providers as resource for making connections)
- Vulnerabilities & risk of being taken advantage of
- Areas of improvement (e.g., Med block 30 days)
2018 Family Housing Information Forum

An opportunity for Worcester area providers to share and learn about resources available for families who are homeless or at-risk of homelessness.

Friday, November 9th, 2018
9:30 am to 3 pm
Registration Begins at 9:00 am
Coffee and Lunch Provided

at Trinity Lutheran Church
73 Lancaster Street, Worcester, MA 01609

To Register:
Register by Wednesday, October 31st, 2018
Submit registration form and payment to Danielle LaRiviere at CMHA
dlariviere@cmhaonline.org fax: 774-242-3860
6 Institute Road, P.O. Box 3, Worcester, MA 01609

$10 Registration fee per person to help cover costs of food & supplies.
This event is open to all. Contact Danielle with any questions regarding the registration fee.

Presentation topics from a variety of speakers include:
• Homeless Prevention Resources • Navigating the Emergency Assistance (EA) System •
  • Assisting Non-EA Eligible Families • Utility Arrangement Resources •
  • Fair Housing Law • DCF & Housing • Domestic Violence Resources • and more!
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