

# 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. -

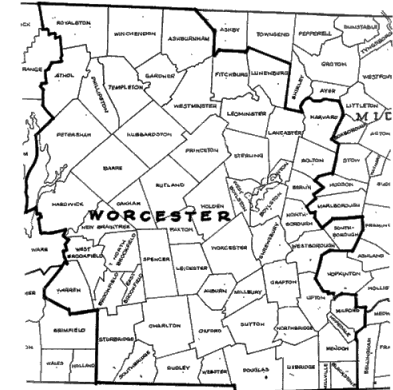


An individual who lacks a fixed, regular, and adequate nighttime residence -



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  $\frac{1}{3}$  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

**Can be different everywhere and at different points in time!**



- 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 homeless? No!

# Particular Clinical Needs

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



~ NHCHC

- 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)

# Health Advocacy for the homeless with SUD

## State

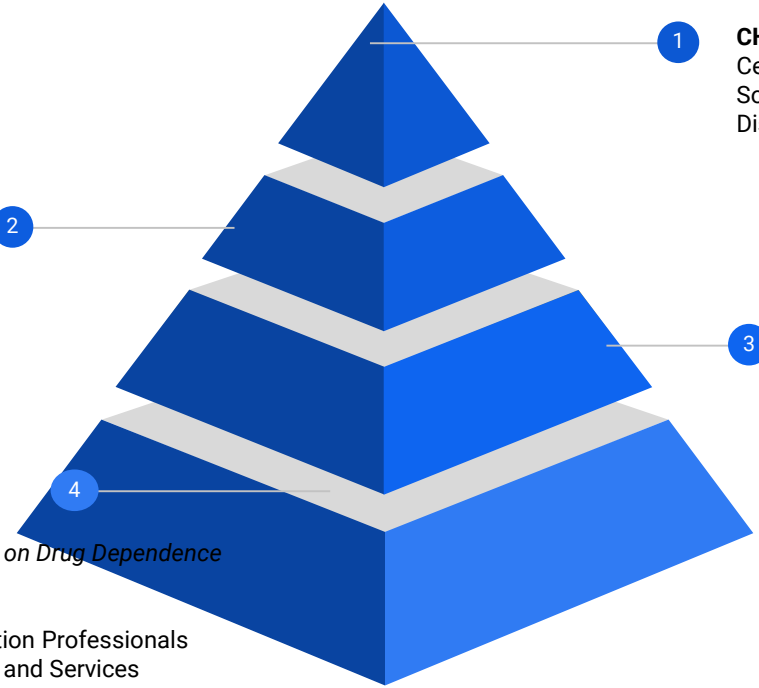
**Opioid Working Group** (inc. Chapter 55 of the Acts of 2015 Chapter 133 of the Acts of 2016)

**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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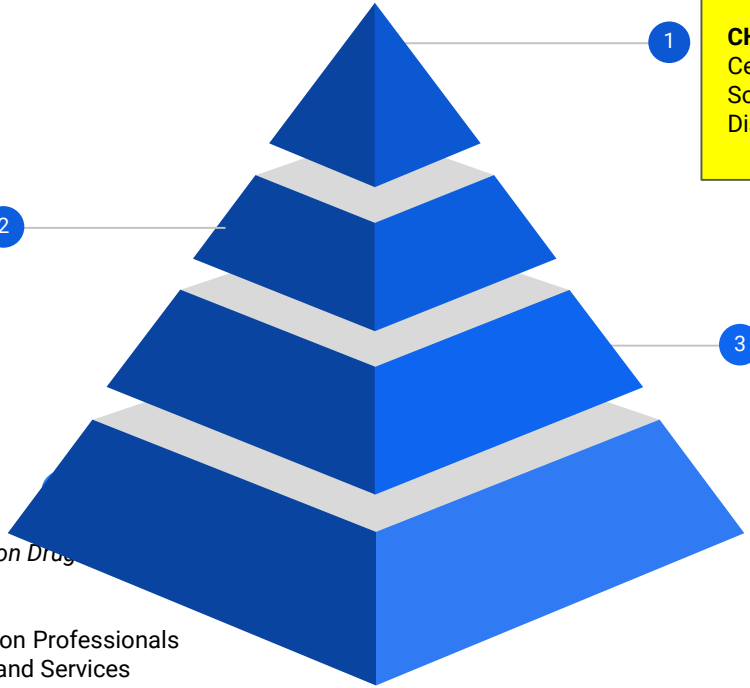
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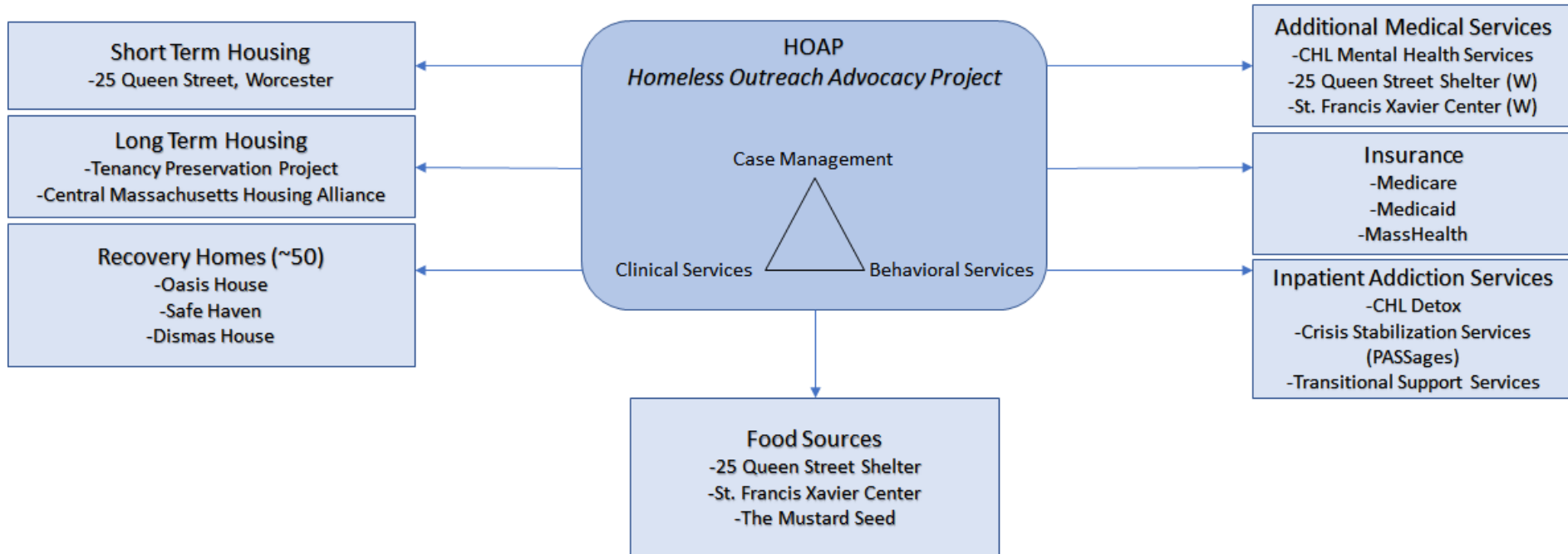
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Be aware of your local resources and practice relevant referrals!

# Resources



## 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 ED3, Hoff R4. Psychiatry Res.](#) 2016 Jun 30;240:253-259. doi: 10.1016/j.psychres.2016.04.035. Epub 2016 Apr 29.

Instead of...	Try...
Addict, Alcoholic, Junkie, etc.	Person with substance use disorder (SUD)
Addiction	Substance Use Disorder (SUD)
Dirty	Tested positive
Clean	Tested negative
Former addict	Person in recovery
Suicidal	Having thoughts of self-harm

**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 31<sup>st</sup>, 2018**

Submit registration form and payment to Danielle LaRiviere at CMHA

[dlariviere@cmhaonline.org](mailto:dlariviere@cmhaonline.org) fax: 774-243-3860

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 Arrearage Resources •
- Fair Housing Law • DCF & Housing • Domestic Violence Resources • and more!

# Acknowledgements

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