

# HOMeward

SPRING 2020

## We are in this together

Health Care for the Homeless is here for people who need us most, just like we have always been. And you are with us, making sure that in Baltimore, no one is left out.

Over the last two months, COVID-19 has forced each of us to adjust to life in a crisis.

We've seen firsthand that people experiencing homelessness are at high risk. Without a home, you can't easily shelter-in-place. Without a car, it's hard to use drive-thru testing sites.

John\* came into our lobby the other day. At one point in his life, he lived on the streets for 15 years. He'd been coming to us for medical care and addictions treatment for several years and has been sober for the last two.

"I'm so glad you all are open right now," he said. "People need help and it's so important you're here."

Before he left, John said something that for years he couldn't say: "I'm going *home* to wait this thing out."

The outpouring of support and concern you've shown for the people we serve and our staff continues to inspire us. And your donations help us respond to constantly evolving needs with staffing, supplies, medicine, cleaning and more.

\*John is a pseudonym



Your support keeps staff and clients safe on the frontline of Baltimore's COVID-19 response.



We're doing everything we can to protect clients and staff and slow the spread of coronavirus, including:

- Telehealth for most appointments
- In-person visits for urgent needs at our Fallsway clinic
- On-site COVID-19 screening and testing
- Screening hotline for local shelters
- Coordination with city and county officials

For the latest updates, and ways you can help, visit our website at

[www.hchmd.org/covid-19-updates](http://www.hchmd.org/covid-19-updates)

# You can be a first responder like Gregory

SIX. That's the number of lives Gregory Harrell has saved with naloxone—a medicine that reverses opioid overdose.

He's not an EMT or a medical professional. He's a Baltimore resident and like many of us, his life has been affected by the opioid crisis.

Gregory has struggled with heroin use for decades. He lost his job and his home. When he came to Health Care for the Homeless to get help in 2015, he realized that many of the important people in his life were also using.

"I'm on my way to stopping," he says. A powerful step in Gregory's journey toward recovery has been learning the part he can play to save others from overdose.

"Being able to use naloxone makes me feel like I have a purpose," he says. "Now, when I see someone overdosing, I never hesitate to help."

Gregory also gives others the tools they need to respond. "Especially if they've just overdosed, I'll give them my extra kit—just in case they need it again," he explains.

No matter who you are or what you're going through, you can help our community respond to the opioid crisis. As Gregory reminds us, "We're all human beings. People that use aren't any different from you. Everyone deserves a chance to be treated with dignity and stay alive."



Community Health Worker Orlando Stevenson trains a group on how to use life-saving naloxone.

## Follow Gregory's lead!



You can get naloxone without a prescription. Find a pharmacy near you today:

[www.dontdie.org/pharmacies-that-carry-naloxone/](http://www.dontdie.org/pharmacies-that-carry-naloxone/)



Learn how to use naloxone here:

[bit.ly/naloxone-video](http://bit.ly/naloxone-video)



## DONATE

During this moment of crisis, you are our most reliable resource. Support clients and staff on the frontline today.

[giving.hchmd.org](http://giving.hchmd.org)



## CONNECT

Get the latest updates and stories in your inbox. Subscribe to our email list.

[www.hchmd.org/email-signup](http://www.hchmd.org/email-signup)



## STAY SAFE

Learn how to protect yourself from COVID-19 and what to do if you are sick.

[cdc.gov/coronavirus](http://cdc.gov/coronavirus)



*I always wanted to see my picture in this newsletter next to the headline, “Dorsheena fought and won.” I wanted that to be my story.*

## Dorsheena’s fight

There was a time I never thought I’d be able to tell my story. The pain and trauma were too much. But there I was in Annapolis, speaking to the state legislature. I realized my experience could help others.

Almost 15 years ago, I ended up with a criminal record following an incident where I was trying to protect my young daughter, Cherish. I didn’t know at the time, but some of the more serious charges would stay on my record, even though I was never convicted of them.

Cherish and I lost our home in 2011, and that’s when having a record really hurt me and my family. I got a voucher for housing three times, but each time, I couldn’t find a place that would accept us. The landlord either saw my history, wouldn’t accept the voucher, or both.

It is frustrating. Every time I try to get a job, I get stopped at the background check. I’m working to show I’m not the person my record says I am—I raised a daughter who is now in college—but I’m still in a transitional home.

My story deserves a better ending, and I’ll keep fighting until I get there.

I’ve learned to channel my frustration and become an advocate with the help of therapy and care at Health Care for the Homeless. That’s how I ended up in Annapolis, testifying in support of expungement expansion and the HOME Act. These policies would help thousands of people like me overcome the barrier of a criminal record while also ending discrimination against people paying for housing with vouchers.

I’m proud to say that the HOME Act finally passed, giving more people the chance to find housing. But we still have more work to do on expungement, which means I’m not done yet.

*Dorsheena Hagler is a member of the Health Care for the Homeless Consumer Relations Committee.*



Find out more about important policies and how you can help:  
[www.hchmd.org/advocacy](http://www.hchmd.org/advocacy)

## Homelessness across our country

*Barbara DiPietro is the Senior Director of Policy for the National Health Care for the Homeless Council and is employed by Health Care for the Homeless in Baltimore. The Council represents 3,000 Health Care for the Homeless programs across the country, providing training, technical assistance, research, policy and advocacy.*



### Q: Are all member programs like us?

Baltimore is one of the largest stand-alone Health Care for the Homeless projects in the country. There are plenty of people out there who provide care, but few as invested in advocacy.

### Q: How has that advocacy changed in the context of COVID-19?

I’ve been working with federal officials to develop guidance around homelessness, and I’ve seen a few big wins. The Centers for Disease Control and Prevention now urge communities *not* to clear encampments during the COVID response. Many states have banned evictions. Medicaid has made telemedicine much more flexible.

### Q: Do you see a long-term impact?

Every community is being forced to acknowledge the existence of its homeless citizens and the fundamental shortcomings of our housing and health care systems. The advocacy goal now is to make *permanent* many of these changes, and to finally recognize housing and health care as human rights.

### Q: What’s one thing we can do to help?

My quick tip: Go into favorites on your phone and plug in your policymakers’ numbers. Then call them over lunch. Personal calls work to get issues on the radar. Plus it’s a fun party trick to say, “Hey Siri, call my delegate!”

For more updates, subscribe to the Council’s monthly email list here:  
[www.nhchc.org/mobilizer/sign-up/](http://www.nhchc.org/mobilizer/sign-up/)

# Healing from surgery without a home

Just over a month ago, Diane\* was in the hospital. When she was discharged after surgery, Diane was told to rest, stay off her feet, eat right and keep her wound clean. But without a home, she couldn't possibly follow those orders, let alone begin the healing process.

Diane isn't alone. We get hundreds of calls each year from hospital staff across the city with patients facing the same dilemma. Most people need a safe and hygienic place to recover, but a cot in a shelter or a tent by the roadside is no place to heal.

Thankfully, when the hospital reached out to us, we had space to take Diane in our medical respite program. When she arrived, Diane claimed one of the 25 beds available for people experiencing homelessness.

Over the next month, our registered nurses, therapist, case manager and community health worker rallied around Diane.

"I was able to have all my medical conditions treated in one place," she says. "I kind of wish I could stay forever."

Diane got medication to treat a chronic health issue and reconnected with her sister while recovering. After one month, she was strong enough to stay with her sibling for a few days before moving to transitional housing.



*Our medical respite team is ready to help Diane and others heal.*

While Diane is one of over 200 people getting care each year at our medical respite program, we don't have nearly enough beds to meet the demand. We have to turn away more people than we can accept.

As Diane looks forward to finding a job and a home of her own, we are making plans to better meet the needs of clients in need of a place to heal.

Read about our plan to expand medical respite: [www.hchmd.org/news/saving-lives-recuperative-care](http://www.hchmd.org/news/saving-lives-recuperative-care)

\* Diane is a pseudonym.

## The need for respite care



In 10 months:  
**671** hospital referrals  
**198** people admitted



## ADVOCACY MATTERS!

**THIS SPRING, WE FOUGHT FOR AND WON...**

- Rights for youth to consent to shelter and housing
- The end to housing discrimination based on source of income

Read about our Maryland General Assembly session wins and how they improve the lives of people experiencing homelessness: [www.hchmd.org/legislative-session-2020-0](http://www.hchmd.org/legislative-session-2020-0)