HOMEWARD

We hired a Real Estate Developer!

Now that Health Care for the Homeless is building housing, we hired a Real Estate Developer with more than two decades of experience in residential and commercial projects, Jill Steele-McGhee.

What makes our approach to affordable housing unique?

We're not just supplying affordable housing; we also provide health care and supportive services once individuals and families move in. Our approach is far more integrated, not only in terms of housing accessibility, but community engagement.

"With each new project we become part of a larger community."

How has disinvestment shaped housing in Baltimore City?

Policies have prevented whole segments of the population from being able to purchase or rent the homes of their choice for decades. Those policies have led to poverty, lower education and poor health outcomes in Black and brown communities. I want to be part of the cure by creating more equitable housing.

Why is community engagement so essential to the work?

Community residents understand the stress points of their neighborhoods and what makes each one so special. Engaging with local communities offers a great space for education, where we can learn more about the character of a neighborhood and also make sure folks understand that housing is a form of health care.

What does it mean for the agency to pursue affordable housing development?

To go from providing care and connecting people to housing resources to now developing permanent, affordable housing units is significant. It moves us forward in our mission to eliminate homelessness, and ultimately that's why we come to work every day. We're not only co-developers but co-owners. With each new project we become part of a larger community.

Watch the latest Community of Practice to learn how disinvestment, gentrification and displacement are shaping Baltimore communities: ***www.hchmd.org/topic-6-0***

Housing shouldn’t be this hard

After months in a shelter, Joyce is settling into a new apartment and neighborhood.

Joyce was at her breaking point.

She was 67 years old and had been in a Baltimore County shelter for six months.

“During that time, everything was just going backwards. I guess you would say I didn't have a home to go to. Or anything. And then when I had to give up my puppy, I just lost my whole life,” she says.

The shelter only made her feel more out of control. From wake-up calls at 6 a.m. and strict 9 p.m. curfews to restrictive food and medication schedules, living in the shelter quickly took a toll on Joyce’s mental and physical health. She needed to find housing and fast.

But shelter staff didn’t have the capacity to help Joyce navigate the labyrinth of barriers to affordable housing.

As Lead Therapist Case Manager Audrey Kelly, LCSW-C explains, “Shelters are really a short-term fix to a long-term problem. The long-term problem is that we have rampant homelessness. We have rampant poverty. We have social networks that are totally stripped right now.”

The treatment of housing as a market commodity instead of a fundamental human right has created a system that keeps those who most need housing from accessing it. To get a housing subsidy like a Section 8 voucher, a person experiencing homelessness must:

- Come to a center like Health Care for the Homeless and connect with a Certified Navigator to assist with the housing process.
- Complete a city housing application that requires a birth certificate, social security card and proof of income (Often lost, damaged or stolen if you’re living on the street).
- Meet with the navigator once per month (difficult during a pandemic).
- Wait to receive a voucher. This can take anywhere from two to eight years.
- Complete Housing Authority of Baltimore City application—which includes a background check.
- Receive a voucher and find private housing that accepts the voucher within 60-120 days.

But a voucher comes with many restrictions.

“Clients are so excited when they receive a voucher, but they run into certain brick walls,” explains Therapist Case Manager Kyle Berkeley, PhD, LMSW. “They might find a place that meets their needs, but then a landlord doesn't want to take the voucher or a place is out of the price range for a voucher. There’s a lot of gatekeeping.”

Joyce has experienced these and other barriers firsthand. “If you ain’t got credit, if you’re not making a certain amount of money, if you can’t get a job, if you can’t cover the bills—you’re not going to get out of the shelter. You’re not going to get a place to live,” she says.

During her shelter stay, Joyce connected with Umoh Udok, a Case Manager at our Baltimore County clinic. Together, they began the months-long process of applying to apartments.

Even though Joyce would have preferred Essex, where she spent the last fifteen years, she faced losing her shelter bed if she rejected more than three apartments.

After almost daily phone calls, Umoh and Joyce found a place in Towson. She moved in two days later on November 19.

While she's still figuring out how to navigate a neighborhood she didn't choose, she's glad to be out of the shelter. "I just go day by day, find something to do, just go out and walk around or sit down and talk with some of the people in this apartment building. It's a lot better than being there in that shelter. It really is. I would never wish that on anyone."

Learn more about the barriers we've all put up for people like Joyce at the 2022 Virtual Chocolate Affair. Tickets are Pay-What-You-Can at ***chocolateaffair.org***

In Maryland:

55,000 households on the waiting list for public housing and Housing Choice Vouchers

Baltimore City has

1,500 fewer

vouchers today than it did 5 years ago

HABC FY2020 Annual Plan

193,819 extremely low-income renter households

62,026 affordable and available rental homes

National Low Income Housing Coalition (2019)

In 2020:

Overdose deaths in Baltimore City are

3x higher than the homicide rate.

dontdie.org

84% of reported overdoses were fentanyl related in Maryland.

Maryland Opioid Operational Command

White patients in treatment for substance use disorder are

35x more likely to be prescribed buprenorphine than patients of color.

Journal of the American Medical Association

5 Reasons to Authorize Overdose Prevention Sites:

1. Reduce fatal overdose and drug misuse
2. Reduce risk of HIV, hepatitis and other infectious diseases
3. Connect people to drug treatment and health services
4. Educate people on overdose prevention
5. Build safer communities

Clients know what they need: easy access to treatment

Odell meets with Health and Human Services Secretary Xavier Becerra to discuss new federal overdose prevention strategies.

Baltimoreans are three times more likely to die from drug overdose than violent crime.

And with 100,000 overdose deaths reported nationally in 2021—up from 70,000 in 2019—it feels like the country is also gripped by an opioid pandemic.

That was the message from Health and Human Services Secretary Xavier Becerra on a recent tour of our Fallsway clinic, where he publicly announced the Department's new federal overdose prevention strategy.

"As a society we've basically said, 'you're broken, you're damaged, you're criminal,'" says Odell Witherspoon, addictions counselor at Rightyme Behavioral Health Center and graduate of our medication-assistance treatment (MAT) program.

Decades of criminalizing addiction and restricting access to treatment simply have not worked.

Those of us who provide addiction treatment services need to examine our practices to be sure that we are not part of this problem.

"People arrive to treatment in a vulnerable place," says Odell. "If they feel dehumanized by the process, it can push someone back out into the street."

"For years a lot of clients disengaged in treatment because our barriers were so high," says MAT Expansion Project Manager Erica Brown. "We found that we were missing a huge cross-section of people who still really needed care."

We required strict attendance to multiple group and individual counseling sessions each week in order to get medications like Suboxone. And clients who continued to show evidence of opioids or other substances in their regular urinalysis tests were referred out of our program. These requirements created a space where growth and hope were tied to "clean" urine samples—when what someone like Odell really wanted was medication. In the meantime, the number of people coming to us for treatment declined.

Over the last two years, we have recreated our MAT program to be more deeply rooted in the practice of harm reduction: Providing people with the services they identify as helpful without making access unnecessarily stressful.

We now offer MAT more openly. Nurses provide fentanyl test strips and syringe services that promote safer, informed use. And therapy is an option rather than a string attached to medication. We have also become strong advocates for Overdose Prevention Sites (see callout box).

Nearly 500 people enrolled in our MAT program in 2021—roughly 150 more than in 2019. With the addition of a full-time and part-time nurse dedicated to MAT, it seems word is reaching the right people.

The rising enrollment is no surprise to Odell. As a counselor, he regularly refers his clients to Health Care for the Homeless and says that word-of-mouth is the best way to rebuild trust in the community. "One person can drive a multitude," he says. "When you finally feel heard and empowered in that space, you make sure everyone knows it."

"There's always more for us to learn," adds Erica, reflecting on the program's evolution. "We're always looking for client feedback, asking, 'What can we do better?'"

The adoption of a harm reduction approach isn't confined to Health Care for the Homeless. Even as Governor Hogan vetoed a bill to decriminalize drug paraphernalia last year, city and federal leaders are starting to recognize that expanded access to treatment is the best overdose prevention strategy.

Learn more about our harm reduction advocacy and ways to take action: ***www.hchmd.org/advocacy***

Now you're speaking my language

A calm enters the room with Erick Torres. He sits across from a young girl in her mom's arms and is fully engaged as they talk through *vacunas* (vaccines) and developmental milestones. Their meeting flows uninterrupted—there are no gaps for translation—leaving more time to discuss follow-up as the little girl wriggles in her chair.

Erick supports children and families as a bilingual Pediatric Registered Nurse. More than 30% of the clients we see are best served in Spanish—a percentage that is growing every year. And most Hispanic/Latinx families initially come seeking care for their kids.

"When I sit down, clients get so excited," he laughs. "'Finally, we have somebody that speaks Spanish!'"

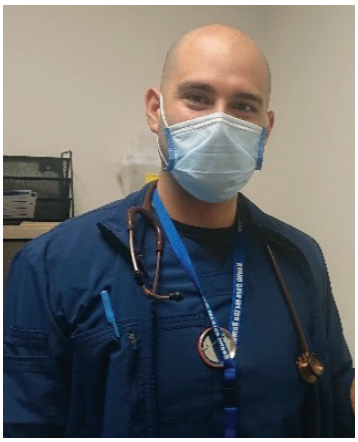
Erick understands that linguistic and cultural barriers impact health outcomes and disempower clients in the exam room.

Each week, he confronts dangerous miscommunications—like a woman who received x-rays of her legs at the hospital, when really her arm was sprained. Or an interpreter who translated the word "lung" as "organ."

When you share the same language, Erick explains, children and families can have more honest, intimate conversations about their medical histories and health goals. They can more confidently explore a host of topics—from mental health, diet and wellness to sexual health.

"It's very important to me that [providers] can understand me," agrees Lila, a mom new to Maryland who was here to get her son up-to-date on his vaccines. "With an interpreter, they're talking with someone else in English, so you're not building trust with the person you're talking to. In your own language, there's a quality change. When my nurse or doctor is also Latino, it gives me security that I'm going to be well taken care of."

Even as word spreads among Hispanic/Latinx communities that Health Care for the Homeless is a safe place to go for care, we have much to do to better meet the needs of Spanish-speaking clients—a priority identified in our Racial Equity and Inclusion Action Plan.



Erick Torres, RN, is reducing barriers to care and gaps in translation.

Among the concerning health disparities faced by people in our care, Latinx clients are 57% more likely to have uncontrolled diabetes.

As a first step, we launched bilingual competency tests for each specialty (along with pay premiums). 15 staff have qualified so far. And like Erick's role, we're integrating bilingual requirements into many of our job listings.

"Families are definitely getting in contact with us a lot more often," Erick says, pointing to language access as a key factor.

"There were people in the past we had trouble reaching who are now the one's calling *me*," he chuckles, delighted to see the shift in clients safely and proactively seeking health care. "They ask, 'Will you be available next Tuesday?'"

"¡Sí! Ven a verme." (Yes, come see me!)

30% of clients are best served in Spanish

Latinx clients are far more likely to have uncontrolled diabetes

47% **Latinx**

30% **Average**

2022 goal:

Decrease the disparity in uncontrolled diabetes **by 5%**

MARK YOUR CALENDAR

CHOCOLATE AFFAIR | Friday, February 18

Now virtual only: Watch a series of short, independent films about how we end homelessness—including an original Health Care for the Homeless documentary. "Pay-what-you-can" tickets are at chocolateaffair.org

COMMUNITY OF PRACTICE | Thursday, May 5

Register for our virtual discussion on Addressing Environmental Injustice: Race and the Built Environment. www.hchmd.org/community-practice-homelessness

Meet our 2021 Core Value Awardees

Every year, Health Care for the Homeless staff come together to nominate—and celebrate—colleagues who best embody our core values. Meet this year's awardees below and read more at **www.hchmd.org/news/2021-core-value-awardees**

DIGNITY: Fostering respect and compassion

Malcolm Williams, LCSW-C
Client Relations Coordinator

AUTHENTICITY: Practicing open and honest communication

Danielle Brodie
Client Service Representative

HOPE: Finding and focusing on people's strengths

Amelia Jackson, CRNP
Nurse Practitioner

JUSTICE: Building a healthy community that includes everyone

Emilie Casselle, RN
Medication Assisted Treatment Nurse

PASSION: Challenging ourselves and the world around us

Katie Healy, Health Informatics Applications Administrator

BALANCE: Caring for ourselves and helping others do the same

Tammy Montague, LMSW
Therapist Case Manager

HCH-ER AT HEART

Chris Campbell
Facilities Technician

Join these Core Value Awardees by applying for one of our open positions. ***www.hchmd.org/work-here***