

HOMeward

Want change? Be an advocate!

After failing the social work licensing exam for the third time, Lead Therapist Case Manager Tammy Montague, LCSW-C, was devastated. After all, she had thousands of clinical hours and an advanced degree. She turned to other Black social workers to ask how they had passed. Their advice? “Choose the answer that a middle-aged White woman would choose.” “I had to take ‘me’ out of it,” says Tammy. “And I felt really bad about that. Social work and human services—there’s part of us that is inside the work.”

Tammy was not surprised when she read the results of The Association of Social Work Boards (ASWB) 2022 study regarding the exam. It confirmed what many Black social workers have known for years: there is a glaring racial disparity in test outcomes. White candidates are 60% more likely to pass than Black candidates.

This year, Tammy and other Black social workers called for immediate exam reform in testimony before the Maryland legislature. Partnering with state Senator Mary Washington, Social Workers for Equity and Anti-Racism (SWEAR) called for two things: 1) a moratorium on the exam and 2) a temporary license for those who have fulfilled every other requirement. They were inspired by states like Illinois that have eliminated the exam altogether, citing the same disparities.

“There are so many qualified and competent Black and brown social workers that are not able to get licensure because of this culturally biased exam,” says Tammy.

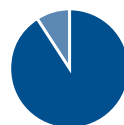
ASWB, which administers the exam nationally, has pointed to racism more broadly as the source of these disparities, rather than with the exam design itself. Tammy finds that frustrating. “If you’re saying the exam works,” she says, “you’re saying that White social workers are more competent than Black social workers.”

Continued on page 2...



Chief Behavioral Officer Lawanda Williams, MPH, LCSW-C (left) and Tammy Montague, LCSW-C call for an end to social work exams that prevent Black and brown people from getting their licenses.

In August 2022, an ASWB study revealed:



Nationally, **91%** of White social workers eventually pass the licensing exam...



...while **57%** of Black social workers eventually pass

...Continued from page 1

Women of color stood at the forefront of this year's advocacy and got SB 871 passed. While not the strong response that is needed, it did create a workgroup to study bias in social work licensure.

"As it stands," wrote State Senator Washington on social media, "this national exam has veto power over all social work licenses in the state of Maryland.... It stands between qualified professionals and what our communities need."

Tammy passed the exam in February and remains an avid believer in the power of social work. Currently pursuing a doctorate, she works every day with "some of the most caring people I've ever met."

"Who doesn't need someone there that can listen and have regard for them as a human being? That's the kind of love social work brings," she said.

Our work is powered by dozens of impassioned social workers like Tammy, and we need more of them on our team! We support staff with:

- Starting salaries for new graduates at \$65,500
- Paid LMSW, LCSW, and LCPC renewals
- \$1k per year in professional development funds
- Clinical supervision support
- Competitive benefits



Scan the QR code or go to [hchmd.org/work-here](https://www.hchmd.org/work-here) for more information.



Advocacy Matters

This spring, staff, coalition partners and those of us experiencing homelessness fought for and won...



Medicaid coverage for gender-affirming care



Expanded telehealth protections



Reduced waiting periods for record expungement



Automatic enrollment of 65,000 SNAP recipients into Medicaid



\$2 million in rental assistance added to the FY2024 budget

Read about the bills that passed the Maryland General Assembly and more ways to advocate: www.hchmd.org/2023-legislative-session

Day in the life: Peer Advocates

Just after Cynthia Turner, CPRS, arrived at our downtown clinic, she's heading back out the door. She stops to grab a snack bag from the small food pantry that she helps stock for Housing Services. Healthy snacks aren't just important as emergency sustenance for the clients she sees—they can also be a peace offering: everyone is happier opening the door for a home visit when you come with food.

As a Senior Peer Recovery Specialist, Cynthia wears a lot of hats. Some mornings she's accompanying a client to the doctor's office, others she's behind her desk working on budgets and interviewing candidates for Peer Support positions. "I go where I'm needed," she says.

This morning she's on her way to visit one of the 32 clients she works with. "Most of the clients I see are dealing with severe mental health issues or are on heavy medications," Cynthia explains. "Sometimes people see that and think they don't have to take you seriously. In that case, we have their back."

The person she's visiting today has had an ongoing maintenance issue—a leak above his kitchen loosened the cabinets from the wall. They talk through it together:

"I'm just happy to be off the street and living in an apartment," he says, "so I don't like to complain."

"But that doesn't mean you need to subject yourself to living some kind of way," she tells him. "This maintenance issue has been going on since February. And you're paying just as much rent as anybody else here."

Cynthia says that the clients she sees are, "so used to being let down. I make sure that if I commit myself to doing something, I do it. I don't lie to them or make promises I can't keep. They have to know that they have the power. I am responsible *to* you, but not *for* you."

"I tell clients sometimes, just because you were street homeless at one point, you don't deserve to be treated any differently."

Cynthia helps this client put in a work order for the leak.

Back at the office, she starts making calls: checking in to see if clients need anything, if they're getting to their appointments all right, how they're faring in their homes.

An older woman who'd recently been ill has been missing. "She didn't show up the day her check came in," Cynthia says. (Health Care for the Homeless serves as the representative payee for many people receiving Social Security benefits.) "And when I went by her place to deliver it and no one answered, I really started to get concerned."

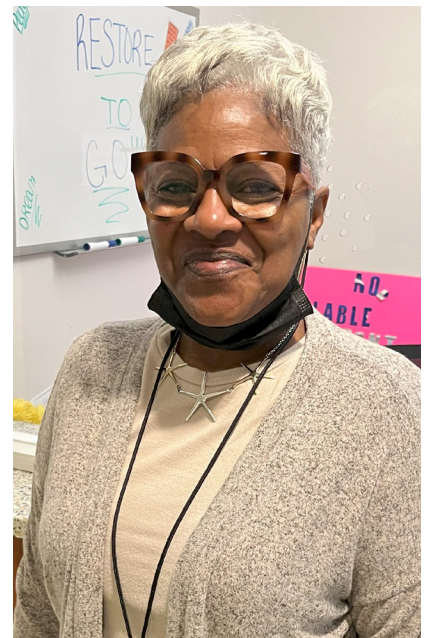
Cynthia reached out to another organization, where she knew this client received services, and talked to her supervisor, Housing Program Manager Carolyn Mburu, about calling the Sheriff's Office to conduct a welfare check.

But today, a nurse from a local hospital reached out, calling the clinic provider listed in her file. "She was in the hospital. I'm just relieved we know where she is," says Cynthia.

Cynthia is an integral member of a team of providers, case managers, and therapists. And providing a source of continued support for clients is why she likes working at Health Care for the Homeless.

"Some clients assume that providers, clinical staff don't understand them because they've never been through it. But peers have been through it. Sometimes they're telling you things that they would only tell family."

Working in a field that brings up challenging times in your life can be hard. "I share bits and pieces of my own life when necessary," Cynthia says. "I think I've healed through that. I can touch on the pain, but I don't have to stay in it. For me, it motivates me. I have that lived experience. That's why I'm a Peer."



Cynthia Turner is a Certified Peer Recovery Specialist (CPRS) with nearly 20 years of experience as a Peer.

PASS *the* MIC

with ALBERT MILLER



Albert Miller is a Health Care for the Homeless Board of Directors member, the 2023 Ellen Dailey Award recipient at the National Health Care for the Homeless Conference and was featured in “We Are a Mirror of Love”, our original documentary that debuted at this year’s Chocolate Affair.

I am patient, creative and full of life. Mostly I always try to find a way to help somebody, whether it’s a conversation or whether it’s a smile.

I was born and raised here in Baltimore. I was a curious kid.

My mom was a great reader. My dad was a worker. He believed in work; she believed in study. Between them two I had learnt a lot, but I really wasn’t able to contain my anger. And I was really comfortable being with people in trouble.

Almost 50 years I was in and out of prison. It’s like you’ve got this little ball – and all of the little ball is the wisdom and knowledge that people try to give you but it bounces off because the anger’s like that block.

But once you begin to dissolve that anger through doing yoga, through breathing exercises and through meditation it goes to your nerves, then it goes to your mind. And you feel the immediate effects. Over time, the court seen that I had made tremendous progress and they suspended my life sentence and put me out on the street.

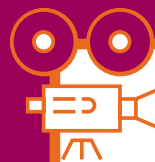
I didn’t even know where I was going at first. I ended up staying with my sister, the one I stay with now. And from that point on, I’ve been trying to get housing dealing with elderly people because I’m 71.

Get tired, lay down, take a break, get back up and try it again. That’s what I do. That’s what I’m going to do today, and tomorrow. And then when

I get tired, I’ll take my day off, my week off and start on the cycle again.

Certain people believe that people who have participated in crime should never receive anything. “If this is what they do, bury ‘em in there!” But what about when a person’s changed? What about the fact that this person can now benefit you or different parts of society? Those things, a lot of people don’t look at.

What I’m involved in is I call it “constant volunteerism.” I volunteer from Health Care for the Homeless to Sheppard Pratt. From Sheppard Pratt to people out on the street. The kinder you are to people, the more you see instant change. And when people change they have the ability to assist other people in change.



Watch the documentary *We are a Mirror of Love*, to hear more from Albert as well as Kiona, Athena and Spencer—four people who share the experience of homelessness and the refusal to let it define them. www.hchmd.org/videos/we-are-mirror-love



Babies on board

Pregnant clients without stable housing can now get prenatal OB services at our Fallsway clinic for the first time! Senior Medical Director at Fallsway Dr. Iris Leviner sheds light on the new program in this Q&A.

Why offer prenatal care onsite?

First, clients have been asking for it. Second, improving access to prenatal and perinatal care is an equity issue. We are seeing out-of-state minors, people who cannot afford to pay for care and residentially-unstable immigrants denied access to full health insurance. They tell stories of not being able to schedule their appointments because of language barriers and \$1,000 per pregnancy fees at other clinics. I've also heard women talk about missing appointments for lack of childcare and transportation. We can help!

And finally, pregnancy is an extremely vulnerable time and many of the clients we see are considered to have "high-risk" pregnancies. As many of you may know, there are a lot of appointments before, during and after childbirth. It's challenging to balance postpartum childcare needs with recovery time; and parents can experience big changes in their physical and mental health. It's an important time for the kind of wrap-around support Health Care for the Homeless can provide!

What specialized support do we offer to clients and their families who come for OB care?

Pregnant clients won't pay for prenatal care here. We'll help them enroll in health insurance and the WIC Program. We'll connect them with food, shelter and baby supplies. The majority of our pediatric and family clinic staff are English/Spanish bilingual. Parents can bring their children along to appointments. Our Community Health Worker and Case Manager support them with transportation, scheduling and getting to off-site appointments. And our partners at Metropolitan OB-GYN provide labor and delivery support.

What's the response been so far?

Since opening part-time in February, we've experienced very high demand, with appointments filling up quickly. When the Healthy Babies Equity Act (Medicaid coverage for pregnant people regardless of immigration status) goes into effect this July, it will be a game-changer! It will help to sustain our services and serve so many more people living in our community.



Iris (left) stands with Pediatric and Family Nurse Coordinator Erick Torres, RN and Certified Medical Assistant Keri Rojas, CMA—part of the team that supports pregnant clients and their families.

Fast facts about our new OB Program



37 people got pre-natal care to date!



2 healthy babies born (and getting well-child check-ups with us).



Clients have access to labor and delivery at Mercy Medical Center.



Appointments are available every Thursday morning at 421 Fallsway with either Dr. Yves Richard Dole or Dr. Tyler Gray.

For appointments: 410-837-5533

Meet our Staff REI Committee

Introducing the five staff members who will advise the Executive Team on racial equity vision, strategy and transformation in 2023.



Kat Acosta *Major Gifts Officer*

“I find this work meaningful as Health Care for the Homeless takes steps forward, looking inward and examining how it responds to racism and its impacts, especially on the health and safety of our staff and those who seek our care. In my storytelling about who we are, I think that it is important to be authentic in this conversation and call out the unique space Health Care for the Homeless serves in, as a clinic at the intersection of health and anti-racism work.”



Alkema Jackson *Client Access Project Coordinator*

“My goal for serving on this committee is not only to expand my knowledge and experience as an individual but to be able to contribute to the growth of Health Care for the Homeless. I want to be a reflection of REI work and be a part of cultivating this culture of radical REI activism.”



Rosita Harris, CMA *Clinical Trainer*

“I believe we have made huge strides as an agency towards racial equity, but we have a long way to go. I would like to be a part of the valuable contributions the REI committee makes to racial equity at Health Care for the Homeless.”



Jill Steele-McGhee *Real Estate Developer*

“I believe racial equity is crucial to have a just society. As Martin Luther King Jr. stated, ‘No one is free until we are all free.’ In Baltimore, 70% of renters paying more than 50% of their income in rent are African American or Hispanic. Providing affordable housing is my way of improving outcomes for all racial groups.”



Syandene Underwood, BSW *Housing Services Case Manager*

“I want to expand my mind to what may be the internal biases that I need to work on. I want to be part of the creation of change in my agency. I love making new ideas. I am not the smoother and shaper of thoughts but I really love coming up with big ideas in the hopes of finding great solutions. I think we are doing really well as an agency, but there's no need to stop growing in our cultural changes.”