

Information from HRSA's Health Care for the Homeless Program

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Outreach Calls for Creative Approach

The process of outreach to persons who are homeless goes far beyond simply finding people who need services, and Health Care for the Homeless (HCH) programs have demonstrated remarkable creativity in their outreach approaches. While geographic variation, age, culture differences and the special needs of sub-groups dictate specific methods, core values and principles guide HCH providers in reaching and engaging vulnerable populations in need of services.

HCH programs with dynamic outreach components share elements common to their success. Staff cite the need to go wherever persons who are homeless are found—shelters, soup kitchens, encampments, emergency rooms, abandoned cars and buildings, or the street. Then the real work of outreach begins. Persist in the effort. Go back again and again. Recognize that needs are multi-faceted and interrelated. Look for opportunities to engage individuals based on their own perceptions of need, be it medical care, a meal, a place to sleep, a cup of coffee or someone to listen. Establish relationships of trust. Keep promises and commitments. Be a dependable, non-judgmental presence in the lives of people who are touched.

And promote a community-wide response to needs through collaboration with other agencies, groups and service providers. Effective outreach workers become powerful advocates for their clients.

HCH program staff conduct outreach in a variety of ways, including teams who go where homeless persons congregate, outreach workers who function as case managers, mobile vans that bring medical care directly to people, innovative clinic-based programs that draw homeless individuals and families to HCH service sites. They also educate



Cheryl Kane and Sharon Morrison, BHCHP outreach nurses, talk with clients on the street.

other service providers about the needs of persons who are homeless. Peers, volunteers, case managers, social workers, nurses, nurse practitioners, physicians, or any combination thereof, may conduct outreach. In all cases, outreach is an integral part of the HCH program.

Outreach Prevents Homelessness Among Seniors

The North of Market Senior Services (NOMSS) provides health and social services to individuals 55 years and older in San Francisco's Tenderloin district. While NOMSS serves all older persons in need, there are many older persons who are homeless. "Seniors who are homeless are often an invisible population...their service needs can be quite intense," reports Gay Kaplan, RN, MSN, NP, NOMSS executive director. NOMSS outreach goals relative to homeless services are twofold: to identify older persons who are homeless and connect them to services and to prevent homelessness in

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In This Issue

Outreach is essential to reaching and engaging persons who are homeless in medical and social services. This issue describes innovative programs and approaches that HCH programs have developed to meet the needs of their communities.

We'd like to know about models of outreach that HCH programs have found to be effective. Contact the HCH Information Resource Center at (888) 439-3300, ext. 247.

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Nighttime is the Right Time for Outreach

Twenty five years ago, people from 18 congregations of many faiths came together to serve the needs of people living on the nighttime streets of Chicago's north side. The Night Ministry was founded. Today the mission and volunteer tradition continue as the Night Ministry, an ecumenical faith-based organization with a paid staff of 50 and over 400 volunteers, provides a broad range of outreach, health care, advocacy, education and shelter services to individuals struggling with poverty, homelessness, abuse and isolation. The Night Ministry seeks to break the cycle of abandonment and mistrust through programs and services that include health outreach and education, pastoral care, counseling and youth emergency shelter.

The Night Ministry reaches out to disenfranchised people in many ways. A mobile health bus travels a regular schedule to nine Chicago neighborhoods, six nights a week from 7 pm until 1:30 in the morning. The bus, a familiar and friendly sight, provides services to people who often do not access health and social services through traditional agencies during the day. Nurses provide basic health care, HIV counseling and prevention, health assessment and referral for serious medical needs. The bus is also staffed by a minister, health outreach workers and volunteers who offer counseling, information, companionship and hospitality. The bus is always stocked with food, coffee, warm clothing and hygiene kits for those in need. The Reverend Barbara Bolsen, MDiv, director of outreach and health ministry, states, "Everyone on the bus is responsible for building relationships in the communities we serve."

Volunteers participate in other community outreach events. On summer nights, the Night Ministry hosts Starlight Soup Suppers (curbside soup suppers) and Moonlight Picnics (curbside barbecues) at sites along the bus routes. Staff and volunteers prepare the food, fire up the grills and spend evenings sharing food and conversation with children and adults



Youth gather at The Night Ministry Health Outreach Bus.

who come to these social/ outreach events. Beat the Heat is a street-based summer program targeted to homeless and at-risk youth. Twice a week, representatives of social service agencies and volunteers from local businesses and congregations gather at a community site with snacks and soft drinks, information about services and a willingness to listen and talk with youth. These outreach events are often the entry to the Open Door Emergency Youth Shelter for young people without a home. Rev. Bolsen emphasizes the importance of reaching and providing safe alternatives for adolescents who are at risk for exploitation on the streets.

The Holy Night Celebration on Christmas Eve is a very special occasion for the Night Ministry. The outreach bus travels its usual route, and volunteers distribute gifts and share coffee, hot chocolate, cookies and other treats. This past Christmas, a local high school girl organized her classmates to make well-filled Christmas stockings for the children. She has already begun organizing a similar effort for next Christmas.

Over the years, staff and volunteers of the Night Ministry have worked hard to earn the trust of the people they serve. Rev. Bolsen attributes the organization's success to its non-judgmental approach and its presence on the street during the night hours, a time that is often difficult for persons who are homeless, vulnerable or at-risk.

For more information, contact Barbara Bolsen, MDiv, at (773) 784-9000 ext. 220 or barbb@thenightministry.org. ▲

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Outreach Calls for Creative Approach (continued from page 1)

the first place among individuals at risk. NOMSS conducts outreach through social service agencies, homeless shelters, hospitals and non-profit agencies. These organizations identify and refer older persons who are homeless to NOMSS for comprehensive medical and social services and intensive case management.

Older persons present a unique set of problems, especially if they have been homeless for a long time. They may have multiple chronic diseases, mental health conditions and substance abuse or alcohol problems. Their nutritional status is often poor. They usually have less stamina than younger people. When sick, they require hospitalization for longer periods of time. It may be more difficult for older persons to tolerate living in shelters for extended periods of time. Homelessness is traumatic at any age, but it presents an added burden when one is old and ill.

The grim picture of older people who are homeless underscores the critical need for prevention. NOMSS approaches prevention through direct outreach at residential hotels and apartment buildings that house low-income older residents who may be isolated, experiencing health, social or financial problems, or be in danger of eviction. Ms. Kaplan states, "Many older people facing homelessness have lived in the same apartment for 20 or 30 years or more. Changes in the housing market and the conversion of residential hotels to tourist hotels are displacing older persons who never envisioned they would be homeless." Timely intervention is key to prevention. Once an order of eviction is in process or an older person enters the shelter system, it is difficult to reverse direction. NOMSS posts signs in buildings where low-income older people live. Building residents will call about a neighbor who appears to be having problems. Outreach workers or case managers work with building

managers, many of whom have long-established relationships with their older tenants, to intervene before someone is without a home. The agency also works with the Sheriff Department's Eviction Unit to help older persons who are facing eviction. NOMSS is committed to preventing the downward spiral that is inevitable when an older person becomes homeless.

For more information, contact Gay Kaplan, RN, MSN, NP, at (415) 885-2344 or gay.kaplan@chnsf.org

Reaching Rural Homeless Persons Through Coalitions

At nearly opposite ends of the country and serving geographic areas vastly different, the Yellowstone City-County Health Department HCH Program in Billings, Montana, and the Community Health Center HCH Program in Burlington, Vermont, face comparable challenges and respond in similar ways while providing outreach to persons who are homeless in rural areas. Although both programs have outreach workers who go to shelters, camps and soup kitchens, the organizations rely heavily on collaboration with other service providers to reach people. Each program participates in broad-based coalitions of service providers and advocates.

The Homeless Board in Billings is a coalition of more than 30 agencies with members as diverse as the State University College of Nursing, the public housing authority, St. Vincent de Paul, Indian Health Services, Visiting Nurse Services, the Migrant Council, churches, shelters and other federally-funded community health programs. The Board meets once a month, has an active committee structure and serves as a forum for exchanging information and forming collaborative relationships. Lori Hartford, RN, program manager of the HCH Program in Billings, states, "One outreach worker's time only goes so far...the relation-

ship among agencies is key to the outreach effort." The Homeless Board also provides an opportunity for outreach to community providers. The HCH program educates agencies around issues of homelessness and helps them work with persons who are homeless in ways that meet needs while respecting dignity and pride.

Paul Dragon, HCH program director in Burlington, Vermont, agrees that partnerships are especially important in rural areas where there are fewer service providers and people often have to travel distances to receive care. Access is a problem. Mr. Dragon states, "People hear about us through word-of-mouth from other clients...and we get a lot of referrals from other agencies." The Burlington HCH Program is a member of the Vermont Coalition to End Homelessness, a statewide coalition of service providers that includes shelters, programs for battered women, the Salvation Army, Good Samaritans and other community non-profits that reach persons needing services. The Coalition is currently exploring the possibility of establishing a statewide database to facilitate the coordination of care among agencies and provide information on available resources throughout the state. Mr. Dragon reports that issues of patient confidentiality are now being addressed, and the agency hopes to pilot the effort soon. He believes it can be a useful model for programs in rural areas where coordination and collaboration among agencies is essential.

For more information about Yellowstone CCHD, contact Lori Hartford, RN, at (406) 247-3350 or lorih@hcchd.org.

For more information about Vermont HCH, contact Paul Dragon at (802) 864-6309 or pdragon@chcb.org.

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Curriculum for Community Outreach

Outreach is challenging. Effective outreach requires expertise, skills and sensitivity to the homeless experience. Recognizing the need for training outreach workers in core values, knowledge and outreach practices, the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care included in its Cooperative Agreement with the National Health Care for the Homeless Council (NHCHC) a task to develop, pilot and disseminate *Outreach to People Experiencing Homelessness: A Curriculum for Training Health Care for the Homeless Outreach Workers*.

The curriculum is based on the Relational Outreach and Engagement Model adapted from work done by Craig Rennebohm, DMin, Mental Health Chaplaincy in Seattle. The model provides a theoretical framework for viewing outreach and engagement through a continuum with four defined phases:

approach, companionship, partnership and mutuality. The curriculum, consisting of didactic and experiential learning opportunities, presents information on the challenges and approaches of working through each of the relational stages in conducting outreach with disenfranchised persons.

The curriculum is designed for people who train community outreach workers and as a resource for self-teaching. The curriculum and study modules are available on the NHCHC website, www.nhchc.org/Curriculum/. The NHCHC is training a small cadre of trainers from HCH programs throughout the country who will then pass on their knowledge through one or more training sessions for other community-based organizations.

For more information, contact Ken Kraybill, MSW, at (206) 296-4493 or kkraybill@nhchc.org.

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Trust is the Foundation

Outfitted with fanny packs containing medical supplies and other provisions, Cheryl Kane, RN, MEd, and Sharon Morrison, RN, MAT, street outreach nurses with Boston Health Care for the Homeless Program (BHCHP), have a set route through the streets of Boston. They have been regulars on this route for a few years now, so people know them and look forward to their friendly faces and offers of nursing assistance. When the team sees someone who appears to be new to the streets, they approach carefully. They may offer socks, gloves, hats, coffee or lunch. They ask if the person needs warm clothing or a place to stay. As nurses, they're trained and equipped to provide basic medical services, such as wound care, right there on the street. They do a lot of medical assessment and work to get people connected to ongoing primary care at one of BHCHP's service sites.

Ms. Kane believes that taking the time to build personal relationships is absolutely necessary. She has found that "most of the people we see are not quick to trust...they have been hurt too many times...they have broken their

human bridges." She and Ms. Morrison make sure they always follow through on promises and commitments. They respond promptly to telephone pages from their patients.

The BHCHP outreach team works with individuals of all ages and in all circumstances. Pregnant women who are homeless are particularly challenging. Ms. Kane and Ms. Morrison make a point of finding and checking in weekly with their pregnant clients. They link the women to prenatal care, sign them up for the Women Infants and Children (WIC) Program, and get them into a detoxification or substance abuse treatment program when necessary. Every effort is made to help the women get off the streets and into a shelter for pregnant women. Similar to other HCH programs, the BHCHP outreach approach involves a heavy element of case management. And like all outreach efforts, case management starts with trust.

For more information, contact Cheryl Kane, RN, MEd, at (617) 414-7779 or CKane@bhchp.org. ▲



Network Develops Recommendations for Adapting Clinical Practice Guidelines to Homeless Health Care

by Pat Post, HCH Clinicians' Network

Health Care for the Homeless (HCH) medical providers face additional challenges when caring for their patients. It's rarely as simple as following existing clinical guidelines.

Instead, lifestyle factors of homeless people must be taken into consideration when developing a care plan. Where is the person sleeping? Do medications have to be taken with meals? What is his access to food? Where can she store her medications and supplies such as syringes? What about medication that needs refrigeration? Is lack of transportation or child-care a problem? Will mental illness or substance abuse play a factor in the patient's ability to adhere to treatment? Will the acute effects of illicit drugs or alcohol be a variable when prescribing certain medications?

"In addition, HCH sites may have limitations as to the types of clinical conditions they are able to treat," comments Aaron Strehlow, PhD, a family and neuropsychiatric nurse practitioner with the UCLA School of Nursing Health Center at the Union Rescue Mission in Los Angeles. "What's more, clinics with dispensaries may have limited choices of medications. These are all factors that clinicians must consider when it comes to providing health care to homeless individuals."

"Since the Clinicians' Network first assembled its Steering Committee, the need for clinical practice guidelines specific to homeless medicine has been recognized as a need in the field," observes Laura Gillis, MS, RN, the Network's Collaboratives Coordinator. Gillis is developing a project to help address this need. Her first step has been to assemble an ad hoc advisory committee to develop recommendations for caring for homeless individuals living with diabetes.

The plan is to take existing guidelines, such as those developed by the American Academy of Family Physicians, and add recommendations specifically tailored to address the unique circumstances of homeless people. "Our recommendations will address factors not immediately thought of if you're not accustomed to treating patients who are homeless,"

explains Theresa Brehove, MD, a family physician with the Venice Family Clinic in California. "I expect that our recommendations will be most useful to providers new to the HCH setting or those working in other health centers where they don't frequently see homeless people."

“The need for clinical practice guidelines specific to homeless medicine has been recognized as a need in the field.”

Even experienced clinicians who "know their medicine" are faced with the question of how to treat health problems in a homeless individual. "Clinical treatment guidelines for specific diseases and health promotion strategies are different for HCH providers," explains Strehlow, a member of the clinical guidelines advisory committee and Network chair-elect. The Network is compiling recommendations so that other providers may benefit from their wisdom and expertise.

"This may be the first time that clinicians have come together to document how practice patterns and care plans are affected by the challenging characteristics and circumstances presented by their homeless patients," states Brenda Proffitt, MHA, Network Director. "We had to start somewhere, and the Steering Committee decided to consider clinical topics targeted by HRSA's Health Status and Performance Improvement Collaborative, including cardiovascular disease, asthma and diabetes mellitus." The Network plans to have the diabetes recommendations ready for distribution at the 2002 National Health Care for the Homeless Conference in June.

This project is funded through a Cooperative Agreement between the National Health Care for the Homeless Council and the Bureau of Primary Health Care.

To learn more about the clinical guidelines project or to suggest clinical topics for consideration, please contact Laura Gillis at lgillis@nhchc.org.

The Art of Outreach

ArtStreet, a program of Albuquerque Health Care for the Homeless (AHCH), demonstrates how powerful art can be as a way to reach and connect with children and families. Art can also be a way to increase awareness in the greater community around issues of homelessness.

ArtStreet was established in 1994 through a partnership of local artists who were homeless, business and community leaders seeking solutions to homelessness, and staff from the Albuquerque HCH Program. ArtStreet serves many purposes. It is an open art studio, available to anyone who wishes to participate in the art-making process in a community setting. It also offers art therapy groups and opportunities for creative self-expression to AHCH clients in a supportive environment.

ArtStreet is also an important part of AHCH outreach. It is often the door to other AHCH medical and social services. “ArtStreet is a gentle entry point,” observes Brenda Bunker, MA, LMHC, program manager

of ArtStreet. “People find their way to ArtStreet and get introduced to other HCH programs.”

Jeff Olivet, MA, family case manager with the multi-disciplinary children’s outreach team, agrees. “ArtStreet is as important as our doctors and nurses...it builds confidence and self-esteem and it gets children and families into our clinics.”

The children’s outreach team and ArtStreet work together to conduct outreach to shelters, motels and waiting rooms. Equipped with paper, paint, crayons and other art supplies, an art therapist sets up shop and engages children and youth in art-making activities, while other members of the outreach team deliver medical services or work with individuals around social service needs.

The art sessions are fun, creative activities for children in circumstances that can be uncomfortable and stressful. Families reached this way are invited to KidStreet, a weekly dinner-and-art-making group at ArtStreet.



ArtStreet collage created with found and donated materials.

KidStreet is in a closed studio setting that brings families together each Tuesday evening to share a meal and participate in a family art-making activity. The dinner-and-art-making group is based on a community model. It encourages family interaction, builds parenting skills and promotes self-esteem and empowerment through the art-making process. An artist/community health worker facilitates the activity. Members of the children’s outreach team also participate, providing another occasion to engage families in other HCH services. Mr. Olivet notes, “It’s amazing what connections to services we can make through outreach and KidStreet.” As a trained art therapist, Ms. Bunker strongly believes that the “combination of community and art-making are extremely powerful.” “It raises motivation and hopefulness and increases the ability of people to exit homelessness.”

For more information, contact Brenda Bunker, MA, LMHC, at (505) 248-0817 or brendabu@sjhs.org or Jeff Olivet, MA, at (505) 242-4644 or jeffreyo@sjhs.org. ▲

VA Reaches Out to Homeless Vets

The US Department of Veterans Affairs (VA) places high priority on outreach services to veterans. Craig Burnette, PhD, coordinator of Project CHALENG for Veterans (Community Homelessness Assessment Local Education and Networking Groups) notes that veterans constitute one of the largest portions of the adult homeless population. Persons who have served in the military are eligible for services through the VA.

There is a homeless services coordinator in every Veterans Administration hospital. He/she is responsible for outreach and services for homeless veterans, including health care, shelter, housing, substance abuse treatment, mental health treatment, social services and support services. Dr. Burnette encourages HCH programs to contact the local VA homeless services coordinator to arrange for services for any persons who have served in the military. The list of VA homeless services coordinators is available in the CHALENG Report Appendix A, which is online at <http://www.va.gov/homeless/page.cfm?pg=17>

For more information, contact Craig Burnette, PhD, at (404) 327-4033 or Craig.Burnette1@med.va.gov



Resources Inform and Guide Outreach Efforts

Below are some resources - articles, reports, books and videos - related to outreach and engagement.

Children's Hospital Los Angeles. **Facing the challenge: Building peer programs for street youth.** 1996. (video: 24 min). This video looks at the effectiveness of peer educators and outreach workers in combating the spread of HIV. Contact: Eunice Villatoro, Div. Adolescent Medicine M/S2, Children's Hospital, Los Angeles, CA 90054-0700. 213/669-4506.

Fisk M; Rowe M; Brooks R; Gildersleeve D. **Integrating consumer staff members into a homeless outreach project: Critical issues and strategies.** *Psychiatric Rehabilitation Journal* 23(3): 244-252, 2000. Clinical and consumer staff members describe the challenges of employing persons who have been homeless with mental and/or substance abuse disorders on a homeless outreach team. Strategies to ease the integration of consumer staff members into their positions are proposed.

Lam JA; Rosenheck R. **Street outreach for homeless persons with serious mental illness: Is it effective?** *Medical Care* 37(9): 894-907, 1999. This article compares the effectiveness of outreach for homeless people with serious mental illness contacted through street outreach and those contacted in shelters and other health and social service agencies.

Levy, J.S. **Homeless outreach: On the road to pre-treatment alternatives.** *Families in Society*, 81(4): 360-368, 2000. This article presents a pretreatment

perspective, including five governing principles, to enhance treatment and/or housing readiness for homeless individuals with mental illnesses who are living on the street.

National HCH Council. **Health Care for the Homeless: Outreach.** 2001. (Video: 22 min). This video looks at the essential components of HCH outreach teams, including where outreach is done, the purpose of outreach, who should do outreach, the skills needed, and how to practice self-care. Includes user's guide with tips on customizing a training program. Contact: National HCH Council, PO Box 60427, Nashville, TN 37206-0427. 615/226-2292. Website: www.nhchc.org.

Rowe, M. **Crossing the border: Encounters between homeless people and outreach workers.** Berkeley, CA: Univ. of California Press, 1999. (Book: 208 pages). Using ethnographic tools, this book examines the relationship between homeless persons and the social service community marks a border where the disenfranchised meet the mainstream of society. Contact: Univ. of California Press, 800/822-6657. COST: \$17.95.

Tommasello AC; Myers CP; Gillis L; Treherne LL; Plumhoff M. **Effectiveness of outreach to homeless substance abusers.** *Evaluation and Program Planning* 22(3): 295-303, 1999. This article describes substance abuse treatment program and compares characteristics of outreach recipients to those of walk-in clients.

The Health Care for the Homeless Information Resource Center is operated by Policy Research Associates, Inc., (PRA) for the Health Resources and Services Administration's Bureau of Primary Health Care. Contact Nan McBride, project director, PRA, 345 Delaware Ave., Delmar, NY 12054.

How Can We Help You?

Contact our information specialist at (888) 439-3300 ext. 247 or hch@prainc.com or visit our website at www.hchirc.com.

New Access to Health Care for 5,000 Homeless People

HRSA recently announced the funding of two New Access Point grantees following the second round of application reviews for FY 2002. The total number of HRSA-funded Health Care for the Homeless programs now stands at 145, with well over 500,000 homeless people being served across the country.

The Floating Hospital in New York City (actually a ship currently docked in the East River) has over 100 years of experience delivering health care services to indigent populations. With the newly awarded Federal funds of \$450,000, they will be able to provide a full range of primary health care services to two homeless shelter sites in Brooklyn, as well as adding oral health care, mental health and substance abuse services, and other social service needs. The Floating Hospital plans to serve all life cycles, but will target care to women and children. They anticipate meeting the needs of 1,400 children, 150 adolescents and 700 adults who are currently without access to health care. The Floating Hospital is an active participant/leader in homeless services networks and coalitions in New York City.

Deep in the Apalachian Mountains of Southeastern Kentucky, Hazard Perry County Community Ministries, Inc. (HPCCM) has created a network of systems to pro-

vide primary health care and related services to the uninsured and the underinsured people of Harlan and Perry counties. HPCCM is a grass roots not-for-profit 501(c)(3) that was incorporated in 1976. They are involved at the local, state and national levels in bringing much-needed attention to rural homelessness. In conjunction with Harlan Countians for a Healthy Community, they formed the Southeastern Kentucky Community Access Program (SKYCAP), a nationally recognized model for providing access to health care for un/under-insured people. They anticipate that SKYCAP will use the \$445,000 in newly granted Federal funds to serve 2,500 homeless people.

HCH Annual Conference to be Showcased

The next issue of *Opening Doors*, due out this Summer, will feature highlights from the HCH Annual Conference which is taking place in Chicago on June 27-29, 2002. Be on the watch for your copy!

LOOKING FOR FUNDING OPPORTUNITIES?

Be sure to check the BPHC Website often to be in the know about new funding opportunities and other information that may affect your organization. Visit www.bphc.hrsa.gov.



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