

Engaging Homeless Individuals in Treatment

CAITLIN KRATZ, MSW, LISW-CP/S, LAC, AADC
PROGRAM ADMINISTRATOR
CHARLESTON CENTER



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US Department
of Housing and
Urban Development
(HUD)
Definition of
Homelessness

- ❑ People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- ❑ People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing
- ❑ Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
- ❑ People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Barriers for Treatment

Barriers to treatment among the homeless population include:

- Lack of health insurance or financial resources.
- The social stigma of seeking help for mental illness or addiction.
- Inadequate transportation to get to a treatment center.
- Lack of awareness of resources for homeless people.
- Social isolation and distrust of authority.



Maslow's hierarchy of needs

Agency Approach to Treating Homeless Individuals

Communication—Connecting with people within and outside the agency involved in the effort to address the health care problems of homeless- people who interact regularly and frequently with these patients.

Coordination—Identifying what agencies you can link with as referral sources. Identifying staff within the agency that will do care coordination. (i.e. social workers, discharge planners, unit secretaries, counselors)

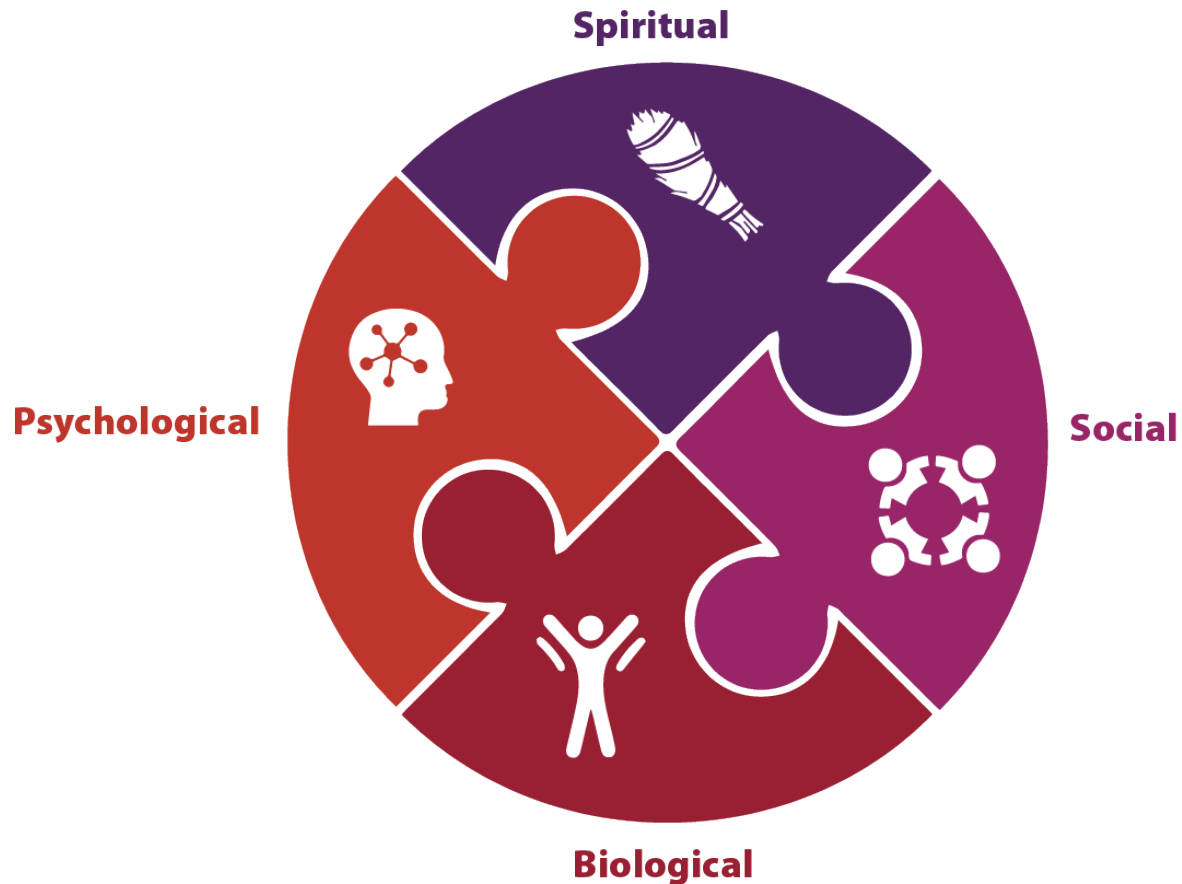
Targeted Approach—Reviewing your current demographic of patients you serve and areas in the community most impacted by homelessness and/or substance use. Some programs provide outreach and seek out homeless individuals in the community.

Internal and External Resources—Identification of internal and external resources already available (i.e. funding, utilization of volunteers and/or donated goods). External resources include both the network of essential services described in the community and the ability to access/ partner with that network.

Agencies Engaging Patients Experiencing Homelessness

- ❑ Programs/clinicians should work with outreach workers, emergency departments, harm reduction service programs to identify people and engage them in care.
 - ❑ Identify departments and professionals as points of contact; how to make/receive a referral
- ❑ Programs should work with their state and community leaders to identify strategies for supporting access to addiction treatment services (i.e. SOR II funding, federal grants)
 - ❑ MUSC/ Charleston Center Fast Track Program
 - ❑ SOR II funds for transportation
- ❑ Programs should evaluate resources on site to deal with acute needs of homeless patients
 - ❑ Providing phones (with minutes) to support engagement in telehealth
 - ❑ Basic clothes/toiletries
 - ❑ Charleston Center snack packs
- ❑ Ensuring patients have ongoing access to harm reduction services such as naloxone, fentanyl test strips

Clinicians Working with Patients Experiencing Homelessness



Treatment retention is higher when counseling, case management, and other behavioral health therapies are included to provide patients with a whole-person approach.

Clinicians Working with Patients Experiencing Homelessness

- ❑ Housing needs and current barriers to housing (employment, lack of insurance, etc.) should be on patient's treatment plan
- ❑ Clinicians should have access to resource directory to provide contact information for community resources for clothing, food, shelter, etc.
- ❑ Developing ways community recovery supports can be accessible
 - ❑ Charleston Center hosting MARA meetings
- ❑ Utilizing team approach for treating patients, such as Peer Support, Medical, Clinical Staff when providing care
- ❑ Having a trauma-informed care approach to your practice
 - ❑ Use recovery language , using a person-centered approach, dignity and respect

Medication Assisted Treatment and Homeless Patients

- Opioid treatment clinicians and programs should work with shelters and alternative care sites to explore options for take-home doses of methadone/buprenorphine and telehealth-based appointments.
 - Opioid treatment clinicians and programs should coordinate with shelter managers and staff at alternative care sites to ensure medication continuity for patients treated for OUD.
 - Opioid treatment programs should evaluate the need and feasibility of utilizing alternative medication delivery systems (e.g. mobile dispensing units, OTP staff or law enforcement-based delivery systems).
- DATA-waived clinicians able to prescribe buprenorphine for patients with untreated OUD should make themselves known and available to shelters and alternative care sites through locally developed systems of care.
- Prescribers should look at long-acting injectable forms of MAT (Sublocade, Vivitrol), when appropriate for patients

Resources

[SAMSHA](#)

<https://www.samhsa.gov/homelessness-programs-resources>

TIP 55: Behavioral Health Services for People Who Are Homeless

[211- United Way](#)

<https://www.211.org>

[U.S Department of Housing and Urban Development](#)

https://www.hud.gov/homelessness_resources

Caitlin Kratz, MSW, LISW-CP, LAC, AADC

Program Administrator

Opioid Treatment Program

ckratz@charlestoncounty.org

(843) 958-3364



Charleston Center

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https://redcap.link/ECHO_Evaluation

Upcoming ECHO OUD Session		
Date	Topic	Presenter
9/17	Multiple Pathways of Recovery	Michael Crouch, NCPRSS, CPSS, AA

