



HOMELESS &
HOUSING
RESOURCE
CENTER

Trauma Informed Outreach and Engagement Learning Community

Session #4

Providing Behavioral Health Care
in Unsheltered Environments


August 2, 2022

Disclaimer

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- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
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 - Subtitles can be moved within the window and re-sized
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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Questions:** Please submit your questions using the Q&A feature
- **Slides:** Available now on HHRC website:
<https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website in 1 week
- **Evaluation:** Browser will redirect following the webinar
- **Certificate of Participation** (no CEUs are offered): Provided after evaluation is completed

Today's Presenters

Moderators

- Gillian Morshedi (she/her), Homebase
- Alicia Lehmer (she/her), Homebase

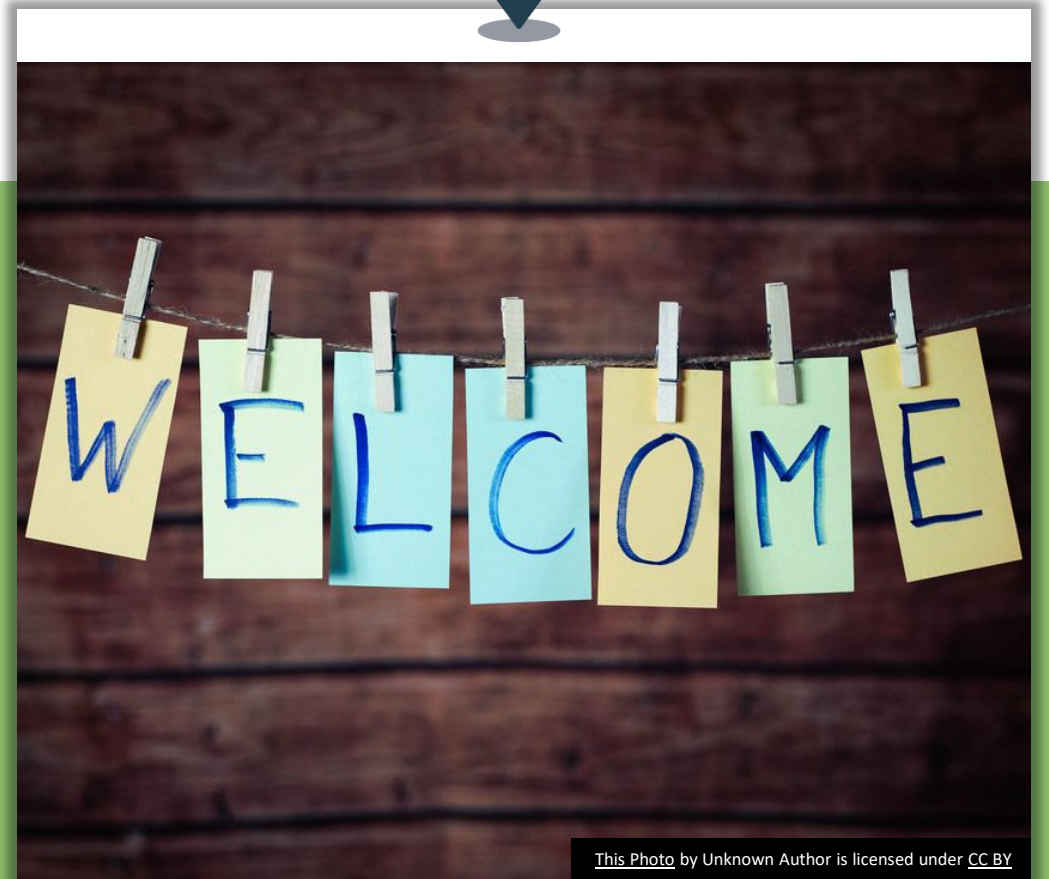
Panelists

- Ashley Blum (she/they), LBSW, CPRP, Park Center (Nashville, TN)
- Chad Koyanagi, MD, Institute for Human Services (O'ahu, HI)
- Liz Frye, MD, MPH, Center for Inclusion Health, Allegheny Health Network (Pittsburgh, PA)

Introduction to the Learning Community



- This learning community will focus on trauma-informed outreach and engagement practices to serve individuals with serious mental illness, serious emotional disturbances, substance use disorders, or co-occurring disorders.
- In this four-part series, you will learn best practices in trauma-informed care and person-centered outreach, how to connect people with services and housing, and how to provide behavioral health care assessments in unsheltered environments.



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Learning Community Series



Session 1

Trauma-Informed Care: Responding to the Trauma of Homelessness



Session 2

Best Practices for Person-Centered Outreach



Session 3

Making the Connection to the Homeless Response System



Session 4

Providing Behavioral Health Care in Unsheltered Environments



Recap of Sessions 1-3: Trauma-Informed Care, Person-Centered Outreach

Trauma Informed Care

Role of Person-Centered Outreach

Outreach and Engagement Best Practices

Key Concepts: Time and Trust

Homeless Response System

Cross-System Connection

Today's Learning Objectives



- Understand potential needs associated with SMI, SUD, and SED for people living in unsheltered environments
- Learn benefits of assessing behavioral health needs and providing care to people working toward housing
- Identify strategies and tools used to assess behavioral health needs and provide care to people in unsheltered environments

Poll #1: Tell Us About Yourself!

- Which would best describe the focus of your work?
 - Behavioral health care
 - Physical health care
 - Homeless services
 - Housing
 - Social services
 - Outreach



Poll #2: Working with People Experiencing Homelessness



How much of your work is with people experiencing homelessness?

- **100%** dedicated to serving people experiencing homelessness
- **Most** of our program participants are experiencing homelessness
- **Some** of our program participants are experiencing homelessness
- **A few** of our program participants are experiencing homelessness

Poll #3: Ability to Prescribe Medication



Are you a prescriber / able to prescribe medication?

- Yes
- No



Understanding the Need

People living unsheltered with Serious Mental Illness (SMI), Substance Use Disorders (SUD), Serious Emotional Disturbance (SED) or co-occurring disorders



Key Barriers to Behavioral Health Care for People Living Unsheltered



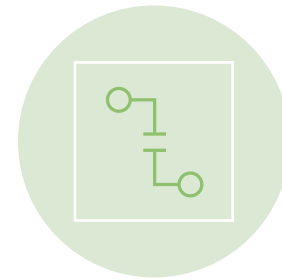
Lack of safe, stable housing/environment



Difficulty identifying and diagnosing conditions



Little or no access to mainstream behavioral health care providers



Disconnect between homeless response and health systems

Meeting the Needs of People Living Unsheltered with SMI, SUD, SED



Services and treatments (including medications) designed to be trauma-informed and work specifically with the realities of living unsheltered

Interim behavioral health care, including harm reduction and overdose prevention, while awaiting housing resources

Support procuring ID or documents necessary for accessing varied resources, including insurance, medications, and certain other behavioral health services and treatments

Connections to ongoing, community-based mental health care and/or substance use treatment, including peer supports



Benefits of Assessing and Providing Care in Unsheltered Environments

- 1 Provide care to highly vulnerable people
- 2 Reduce barriers
- 3 Prepare for traditional medical care
- 4 Learn about people's living environment



Key Concepts and Evidence Based Practices

Unsheltered Assessments



Key Concepts

- Safety
- Confidentiality
- Environment



Practical Tips

- Be concise
- Review consent
- Identify person's goals for visit
- Gather needed information
- Do no harm

Trauma-Informed Care Refresher

A strengths-based service delivery approach grounded in understanding of and responsiveness to impacts of trauma. Emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

Realize

the widespread impact of trauma and understand potential paths for recovery

Recognize

signs and symptoms of trauma in people you are working with

Respond

by fully integrating knowledge about trauma into policies and practices

Resist

re-traumatization of people you're working with and for

Evidence Based Practice: SBIRT



- Screening: quickly assess the severity
- Brief Intervention: increase insight/awareness and motivation
- Refer to treatment: access to specialty care

SBIRT on the Street

Screening

- Ask Permission
- Use Short Validated Tools where possible

Brief Intervention

- Person-centered and non-confrontational
- Improve insight and enhance motivation

Refer to Treatment

- Emergency room
- Detox center
- Outpatient care
- Ongoing engagement

Techniques for Brief Intervention

Motivational Interviewing

- Conversations about change
- Help enhance motivation for both harm reduction and treatment/abstinence
- Remember: PACE & OARS

The 5 As

- Ask
- Advise
- Assess
- Assist
- Arrange

Best Practice: Harm Reduction

- Focuses on meeting people where they are to help them minimize the risks associated with behaviors that can cause harm, such as substance use.
- Honors a person's autonomy (control and choice) in defining their path and timeline while still promoting greater health and safety.
- Success is measured by positive behavior change, no matter how big or small.
- Critical for street-based care for people with serious mental illness and/or substance used disorders



Practitioner Panel

Discussion and Questions & Answers

Panelist Introductions



- Ashley Blum, LBSW, CPRP
 - Homeless Outreach Services Director, Park Center (Nashville, TN)
- Chad Koyanagi, MD
 - Community Psychiatrist, Institute for Human Services' Street Medicine Team and Psychiatric Hospitalist, Adventist Castle Hospital (O'ahu, HI)
- Liz Frye, MD, MPH
 - Street Psychiatrist, Center for Inclusion Health, Allegheny Health Network (Pittsburgh, PA)



Discussion & Q&A



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Closing Poll

What is one thing you will take into your work based on what was shared today?



Series Overview



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Evaluation and Certificate of Participation

<https://lanitek.com/P?s=852744>



Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

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