Identifying and Addressing Behavioral Health Needs in Encampments

November 13, 2024

HOMELESS & HOUSING RESOURCE CENTER

SAMHSA
Substance Abuse and Mental Health Services Administration

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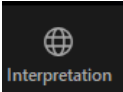Services Administration
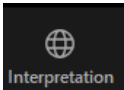
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Webinar Instructions

- 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 tomorrow

- **Evaluation**: Link will be shared at the end and browser should redirect you

- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed

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Land Acknowledgment

Our conversation today includes all of us, who are located across many communities.

Most of our communities reside on unceded ancestral lands or acquired by unhonored treaties. We acknowledge the people of these lands, past and present and **honor with gratitude the land itself,** and **its people.**

We also honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, **whose labor,** remains hidden in the shadows **but still contributes to the wellbeing of our collective community.**

Source: Native Land

Agenda

- Overview of the behavioral health needs of people living in encampments, principles for engagement, and how encampment sweeps affect health

- Circle the City, Phoenix, AZ: Program Experience

- USC Street Medicine, Los Angeles, CA: Program Experience

- Panel
  - Joseph Becerra, CADC II, Supervising Community Health Worker and Certified Addition Treatment Counselor
  - Denise Benson, she/her, Mental Health Street Medicine Case Manager
  - Rafael Martinez, LCSW, Director of Behavioral Health
 - Thomas Davis, he/him, Outreach Patient Navigator

Behavioral Health Needs of PEH

- 21% of people experiencing homelessness report having a serious mental illness (SMI)[1]
- 16% of people experiencing homelessness (PEH) report having a substance use disorder[1]
- In 2023, 39% of all people experiencing homelessness in the U.S. were unsheltered; looking at just individuals (not families), over 50% were unsheltered[2]
- Lack of stable housing and challenges meeting basic needs make addressing behavioral health needs much more challenging

1. https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness
2. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/

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Behavioral Health Needs of PEH, Cont.

The relationship between behavioral health conditions and homelessness is complex and bi-directional

- Behavioral health conditions can contribute to a person becoming homelessness

- Behavioral health conditions may begin after someone becomes unhoused

- Behavioral health conditions may become exacerbated by the stress of of homelessness

Trauma

Behavioral Health Challenges

Homelessness
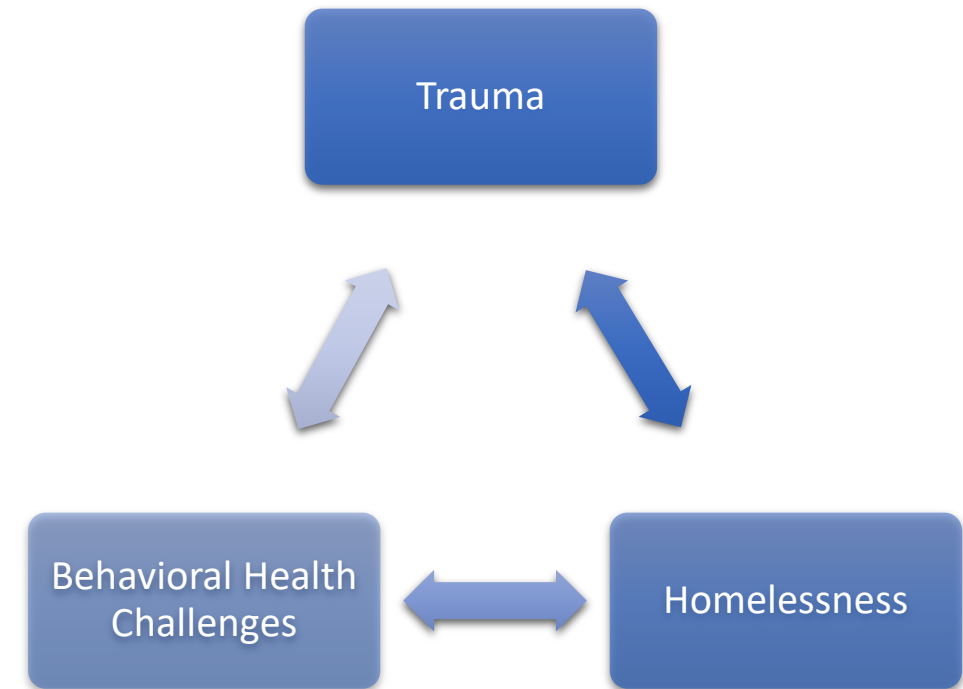
Supporting Behavioral Health Needs of PEH

Non-judgmental engagement

Consistent access to supports and providers

Consistent access to medications
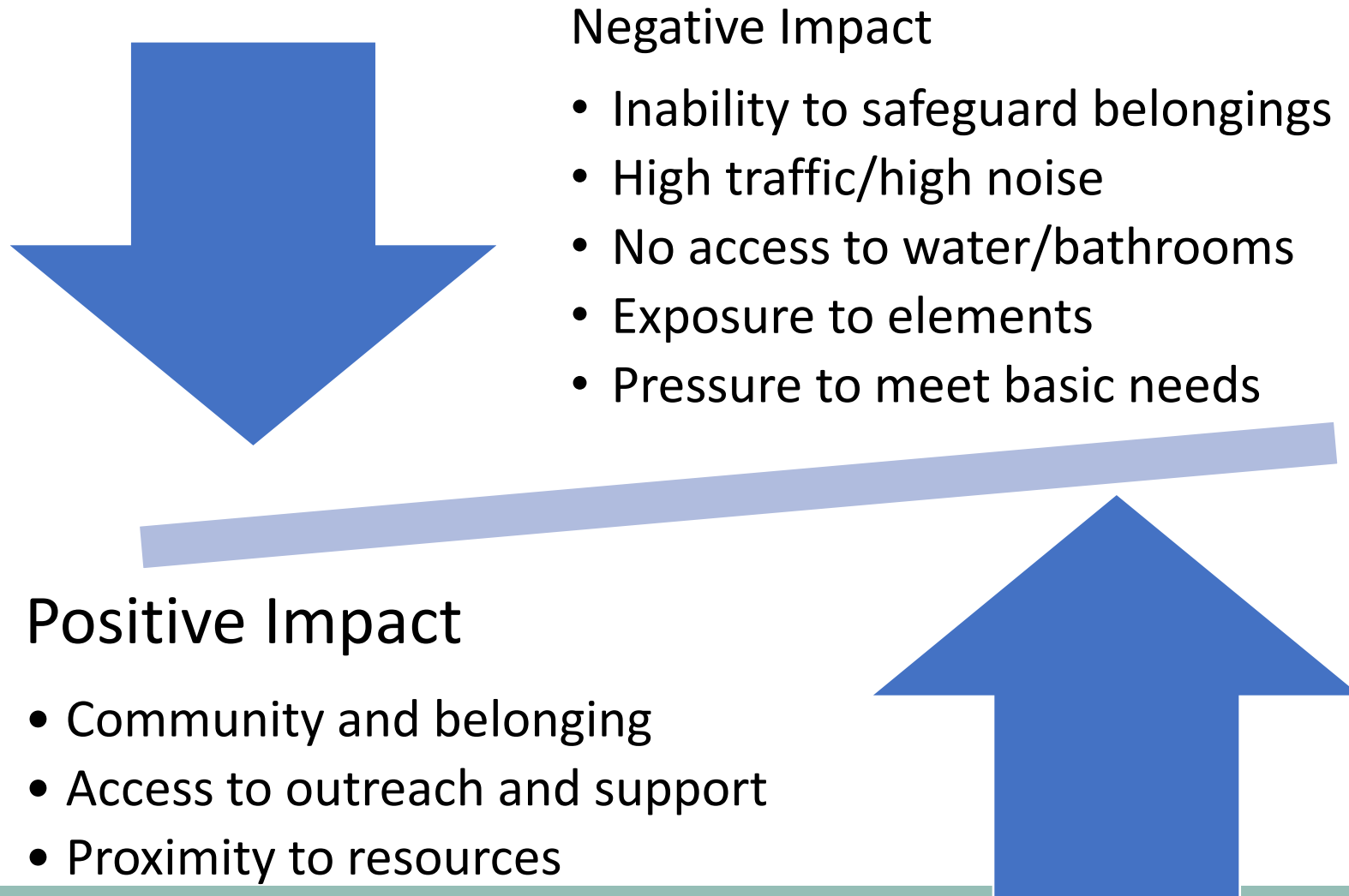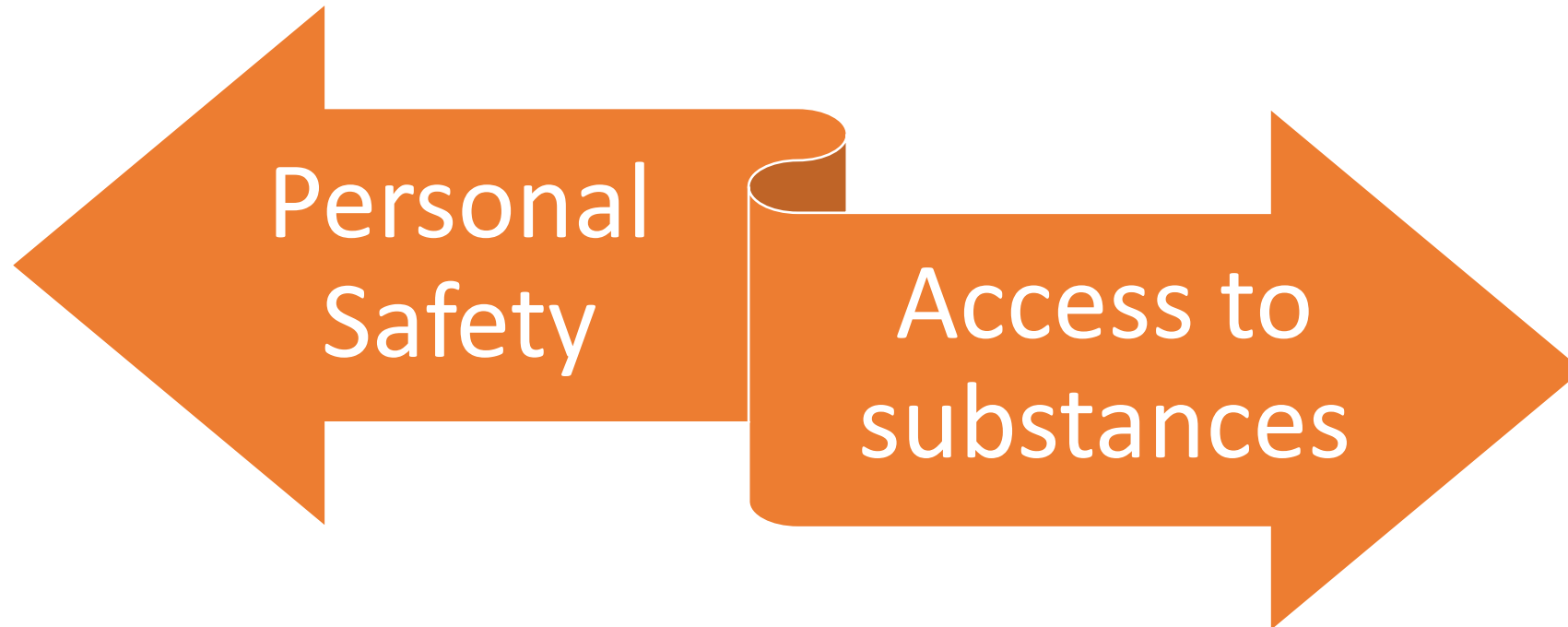
Harm reduction approach

Trauma informed approach

Client-directed goals

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How Encampments May Impact Behavioral Health

Negative Impact

- Inability to safeguard belongings
- High traffic/high noise
- No access to water/bathrooms
- Exposure to elements
- Pressure to meet basic needs

Positive Impact

- Community and belonging
- Access to outreach and support
- Proximity to resources

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Mixed Impact on Behavioral Health

Personal Safety

Access to substances

Grants Pass Decision

- In June 2024, the United States Supreme Court ruled that the practice of fining and ticketing people who sleep in public does not violate the Constitution's ban on cruel and unusual punishment (Johnson vs. Grants Pass)
- While many communities were already conducting encampment sweeps, this ruling provides more backing to the practice of ticketing and arresting people for being unsheltered
- Sweeps and arrests can occur without offering services or referrals to shelter or housing
- While the ruling allows for these practices, it does not mandate them

Source: https://nhchc.org/supreme-court-rules-against-unhoused-people-in-grants-pass-case/

Impact of Encampment Sweeps on Health

Impact personal safety and trust in available supports

Loss of belongings including medicine, safer use supplies

Loss of contact and trust with needed medical care and supports

Harm people's ability to continue moving towards permanent housing

Disproportionately impact historically marginalized groups

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Community Health Workers in Street Medicine:

Presenter: Joseph Becerra, Supervising Community Health Worker

Joseph Becerra
Supervising CHW
USC Street Medicine

• Supported the creation and development of the Community Health Worker (CHW) role at USC Street Medicine,. He is also a Certified Addiction Treatment Counselor and Certified Clinical Supervisor who has worked with the underserved, incarcerated, At-Risk youth and homeless for over fifteen years. He worked closely with the Department of Mental Health in the Juvenile Justice System and for a USC study focusing on intravenous drug users.

• Joseph has been involved with several non-profit organizations, and assisted with the development of two youth programs including a Boys & Girls home for children in need, Methadone clinics, Needle Exchanges, and Human Trafficking Prevention Groups

• In 2022, Joseph was named to the Clinician's Steering Committee for the National Health Care for the Homeless Council and travels around the country sharing his story and insight into promoting health care and support to the homeless/unsheltered population. He also continually serves a representative for USC Street Medicine, including taking part in trainings/consulting for outside providers, harm reduction and safety protocols for future Street Medicine Program development

USC Street Medicine

USC Street Medicine brings medical care designed to meet the needs of people experiencing unsheltered homelessness to them in their environment – on the streets, in parks, and under bridges – wherever they are. This includes not just outreach to connect patients to a "brick and mortar" clinic, but real medicine right on the street.

Street Medicine Primary Care

- Health Screenings designed to meet the needs of the street
- Diagnosis and treatment of acute and chronic diseases, including:
  - Birth control
  - STD screening and treatment
  - Hepatitis C screening and treatment
- Substance Use Disorder, including Harm Reduction and Medication Assisted Treatment (MAT)
- Mental Health Disorders, including the use of Long Acting Injectable Antipsychotics (LAIs) and other medications to help patients with bothersome symptoms like hallucinations
- Wound care
- Point—of-care ultrasound

Specialty Services

- HIV care
- Behavioral Health – street psychiatry, clinical social work
- Gender-affirming care
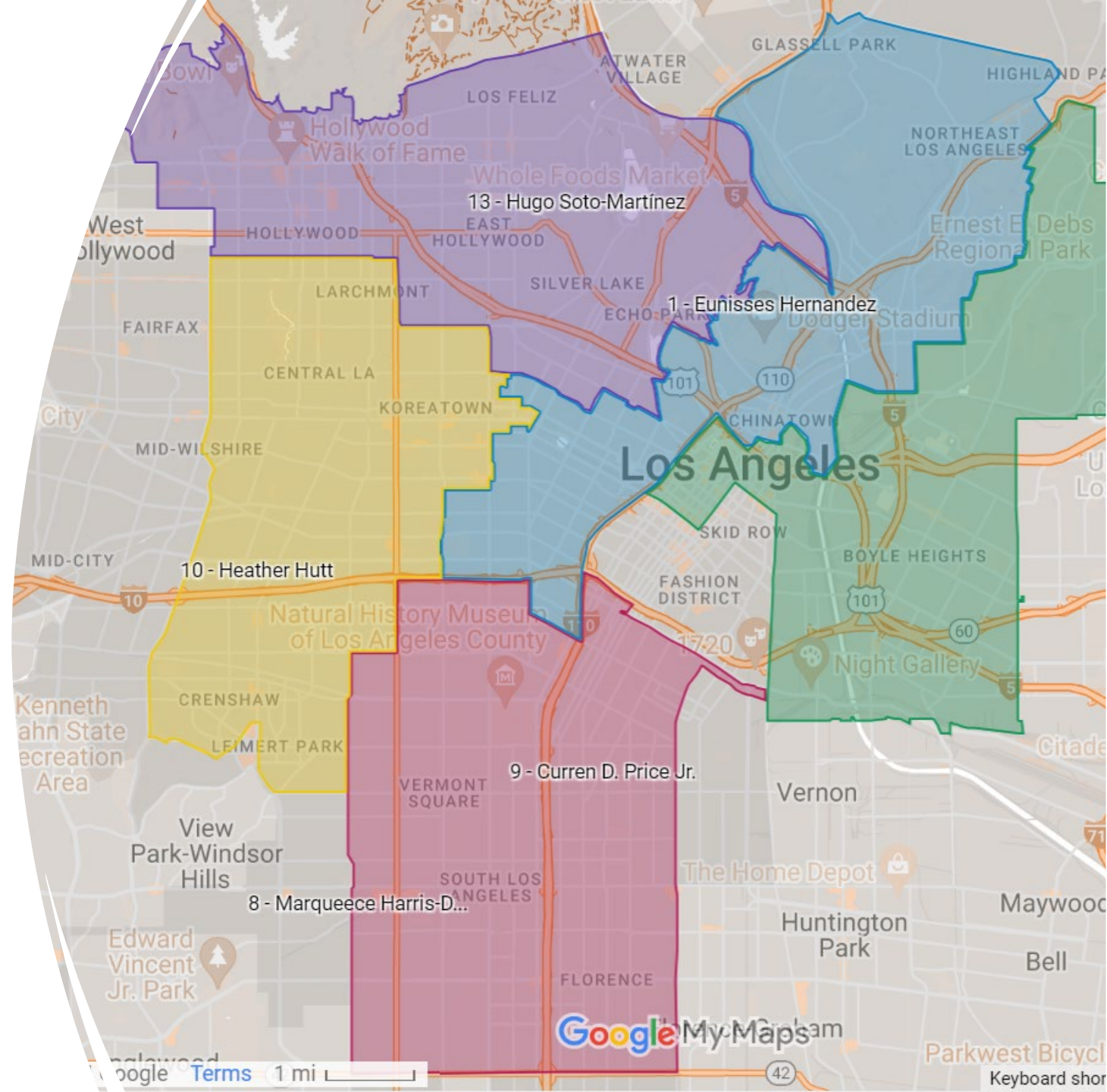- Social work
- Enhanced care management

Who's on our Teams:

- **Providers**
  - **MD's**
  - **PA-C**
  - **NP**
  - **Psychiatrists**
  - **LCSW**
- **RN's**
- **CHW's**
- **ECM**
- **Caseworkers**
- **Admin Staff**

How do we decide where to go?

- Outreach
- Referrals
  - Patient to Patient
  - City/CD Partners
  - Hospitals
  - Community
  - External Organizations

Role of the CHW

Role of the CHW, Cont.

- Scene Safety
- Harm Reduction
- Outreach
- Engagement
- Team Support
- Truck Inventory
- Admin Duties

Role of the CHW: Patient Engagement

How do you start engagements and earn a client's trust?

What are a few strategies you use when a client doesn't seem interested in talking to you?

Responding to Mental Health Needs

- Behavioral Health
- Substance Use
- Utilizing MDT for support
- Resources

Connection to Care Team

www.circlethecity.org

Introductions

- Denise Benson-Case Manager for Mental Health Street Medicine Team

- Thomas Davis- Patient Navigator for Outreach Team

- Patrick Leonard- Lead Patient Navigator

- Rafael Martinez- Director of Behavioral Health

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Connection to Care Team

- "Clean up" efforts have scattered and isolated people
- The team has a skill set of engaging people
- Not medical or BH providers – cost effective
- Identify encampments and engage
- Provide real-time information to CTC mobile, street medicine teams by dropping pins for outreach
- Pilot with Denise and Thomas was successful and CTC has secured funding for 2 full time staff and a vehicle.

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Prepping for the Day

- Lots of cold water this hot summer!
- Laptops and phones
- The right attitude
- Mapping out the day

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Engagement and Building Trust when Approaching Encampments

- Compassion and Humility

- Authenticity and Naturalness

- Attitude of equality and acceptance

- "We are not the police."

- No Pressure

- Listening- Responding to the answer of "Is there anything we can help you with?"

- Many are already familiar with and trust Circle the City

Circle the City

HEALING HOMELESSNESS. **TOGETHER.**

Safety, Safety, Safety

- One "no", no go

- Be aware of body language

- Is there a "vibe"? that it is not a safe environment

- Is response welcoming and conversation or does it feel standoffish and answers are short?

- Approach with humility and respect – Avoid causing defensiveness

- Approach with authenticity and genuineness

- Avoid a "formal assessment interview" process

More thank Dropping a Pin for the Team

- It is important to drop that pin so a team can follow up on folks
- Also important to listen for opportunities to provide support, encouragement and resources at the moment
- Mental health
- Substance use
- Social Determinants of Health resources
- Follow up visits to encampments

Circle the City

THANK YOU!!!

Rafael Martinez
Rmartinez@circlethecity.org

Panelists

➢ **Joseph Becerra**, CADC II, Supervising Community Health Worker and

Certified Addition Treatment Counselor

➢ **Denise Benson**, she/her, Mental Health Street Medicine Case Manager

➢ **Rafael Martinez**, he/him, LCSW, Director of Behavioral Health

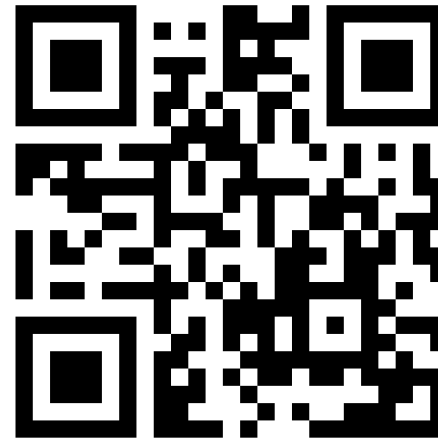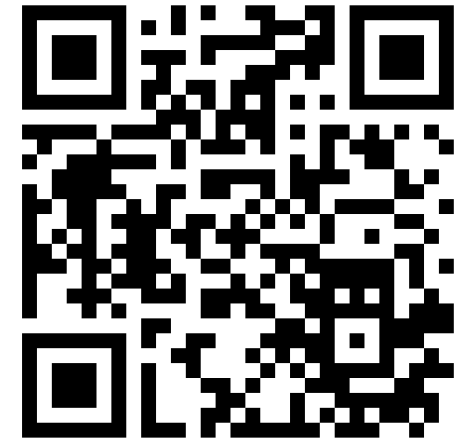➢ **Thomas Davis**, he/him, Outreach Patient Navigator

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Q&A Panel

Evaluation and Certificate of Participation

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