

# NetworkNews

An E-newsletter for members of the HCH Clinicians' Network



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## RESPITE RESOURCES AVAILABLE ONLINE

Look at our new resources on respite care for homeless patients on the Network/Council website at [www.nhchc.org/respitcareprovidersnetwork.html](http://www.nhchc.org/respitcareprovidersnetwork.html).

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## **THE HOMELESS IN AMERICA: ADAPTING YOUR PRACTICE**

"The Homeless in America: Adapting Your Practice" by Susan L. Montauk, MD, appears in the October 1, 2006, issue of *American Family Physician* along with a related editorial by Bechara Choucair, MD. The article defines homelessness, includes key recommendations for practice, examines determinants of general care adherence in the homeless and offers potential enhancements, and lists resources for caring for homeless individuals and families. The piece references the Network's eight guidelines listed above and cites literature that is more recent. The online version includes supplemental content and links to the editorial and a PDF version of the article for download. Dr. Montauk is a staff physician on the Cincinnati Health Care for the Homeless Mobile Van.

**SOURCE:** Am Fam Physician 2006; 74:1132-8 | ©2006 American Academy of Family Physicians

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## **ADAPTING YOUR PRACTICE: TREATMENT & RECOMMENDATIONS FOR HOMELESS PATIENTS WITH HIV/AIDS POCKET GUIDEBOOK**

The HRSA/HAB Homelessness and Housing Workgroup developed this condensed pocket guidebook based on the original document authored by the Network's Advisory Committee on Adapting Clinical Guidelines for Homeless Patients with HIV/AIDS. The guidebook may be downloaded from the Network/Council website at [www.nhchc.org/Publications/AdaptingYourPracticePocketGuide.pdf](http://www.nhchc.org/Publications/AdaptingYourPracticePocketGuide.pdf).

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## **SPECIAL POPULATIONS REVIEWERS NEEDED FOR NEW ACCESS POINT (NAP) APPLICATIONS**

**Deadline for applications: November 27**

HRSA is anticipating receiving a significant number of New Access Point proposals in December from organizations hoping to establish New Access Points for one or more of the Special Populations groups. HRSA is already beginning to plan for the review of the NAP applications, and Jean Hochron would like to provide HRSA with an updated list of reviewers who are familiar with the Special Pops programs. Please see the information below and send the requested information ASAP!

Terri A. Hay | Director | Health Care for the Homeless Information Resource Center | Policy Research Associates, Inc.

phone: 518 439-7415 ext 276 | e-mail: [thay@prainc.com](mailto:thay@prainc.com)

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You are eligible to be a Special Populations reviewer for NAP applications if:

- You are familiar with program requirements for Health Center programs and have expertise in one or more of the following areas:

- Migrant Health programs
  - Health Care for the Homeless programs
  - Public Housing Primary Care programs
  - School-based Health programs
- Your organization is not submitting a New Access Point application in December 2006
  - Your organization has not provided technical assistance to an organization that is applying for NAP funds
  - You have registered with the HRSA Division of Independent Review (apply **today** at <https://grants.hrsa.gov/webReview>)

If you meet all of the qualifications outlined above and wish to be considered as a reviewer for the NAP applications, please let us know ASAP by providing the following information:

Name:

Program:

City/State:

E-mail address:

Phone #:

Area(s) of expertise:

- Migrant Health programs \_\_\_\_\_
- Health Care for the Homeless programs \_\_\_\_\_
- Public Housing Primary Care programs \_\_\_\_\_
- School-based Health programs \_\_\_\_\_

Please fax this form TODAY to Jean Hochron at 301 443-0248 or reply via e-mail at [jhochron@hrsa.gov](mailto:jhochron@hrsa.gov). We need to hear from you by COB Monday, November 27.

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**NOTICE OF ERRATUM FROM CSAT**

About one year ago, marketing staff of CSAT's Knowledge Application Program sent addiction treatment professionals an e-mail announcement about the availability of a new CSAT publication, *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. This notice is to advise those who received the announcement of typographical errors and some confusing wording on page 219 of TIP 43 (2005 printing). Left uncorrected, these problems could lead to mistakes in treatment of neonatal abstinence syndrome. The following erratum details the errors in TIP 43 (2005 printing) and their correction:

## ERRATUM

In *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* (2005 printing), Chapter 13, page 219, incorrect information about medication treatment for neonatal abstinence syndrome (NAS) was published.

- Column 1, line 9 from the bottom, reads "0.4 mg/kg/dose." It should read "0.4 mg/kg/day."
- Column 1, line 6 from the bottom, reads "0.4 mg/kg/dose." It should read "0.04 mg/kg/dose."

In subsequent printings of TIP 43, page 219, the paragraphs regarding this topic have been changed to read:

"If pharmacological management is indicated, several methods have been found useful. The American Academy of Pediatrics Committee on Drugs policy statement on Neonatal Drug Withdrawal (1998) describes several agents for the treatment of NAS including methadone, tincture of opium, paregoric, and morphine. One method (J. Greenspan, Thomas Jefferson University Hospital, Philadelphia, personal communication, October 2006) uses neonatal opium solution (0.4 mg/mL morphine-equivalent; starting dosage, 0.4 mg/kg/day orally in six to eight divided doses [timed with the feeding schedule]). Dosage is increased by 0.04 mg/kg/dose until control is achieved or a maximum of 2.0 mg/kg/day is reached. If Neonatal Abstinence Scores stay high but daily dosage nears maximum, symptoms are reassessed and concurrent Phenobarbital therapy considered. When control is achieved, the dosage is continued for 72 hours before pharmacological weaning, in which dosages are decreased 10 percent daily or as tolerated. When 0.2 mg/kg/day is reached, medication may be stopped. Decisions about dosage decrease during pharmacological weaning are based on Neonatal Abstinence Scores, weight, and physical exams."

CSAT regrets any confusion these errors have caused and requests your assistance to correct the text in all copies of the first (2005) printing of TIP 43 to which you have access. Please help us ensure that word of this correction reaches as many TIP 43 readers as possible.

**SOURCE:** Substance Abuse & Mental Health Services Administration | Center for Substance Abuse Treatment (CSAT) | November 3, 2006

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### **NEW LEADERSHIP POSITIONS AVAILABLE WITH IHaT**

The Institute on Homelessness and Trauma (IHaT) is a small business affiliate of the National Center on Family Homelessness, a nonprofit organization created in 1988 to help homeless children and their families. IHaT works to enhance the quality of life for homeless people with mental illness and co-occurring substance abuse disorders by developing knowledge about best practices for providing housing, treatment and appropriate supportive services, and sharing that information with service providers, policy makers, and the public. IHaT is currently recruiting for several positions, including CEO, Program Director and Deputy Program Director. To learn more, visit the job opportunity section of the Network/Council website at [www.nhchc.org/jobposting.html](http://www.nhchc.org/jobposting.html).

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### **THE RIGHT TO HEALTH IS A HUMAN RIGHT: ENSURING ACCESS TO HEALTH FOR PEOPLE WHO ARE HOMELESS**

Dear Colleagues,

The European Federation of National Organisations working with People who are Homeless (FEANTSA) has issued its 2006 report, entitled "The Right to Health is a Human Right: Ensuring Access to Health for People who are Homeless." The report is a comprehensive review of remaining issues in homeless health as they appear in nations where a basic entitlement to health care exists. Many of the topics—such as service coordination, respite care, discharge planning, targeted vs. mainstream services, research needs, immigration, the definition of homelessness and control of communicable disease—resonate with and should inform important current discussions in our country.

Our colleagues in the European Union take a human rights approach to their work and their fine report reminds us that the core issues we face transcend national boundaries. The report and additional materials are available at FEANTSA's website at [www.feantsa.org/code/en/theme.asp?ID=35](http://www.feantsa.org/code/en/theme.asp?ID=35). I hope you will review this material with interest.

John N. Lozier, MSSW | Executive Director  
National Health Care for the Homeless Council  
voice: 615 226-2292 ext 24 | e-mail: [jlozier@nhchc.org](mailto:jlozier@nhchc.org) | [www.nhchc.org](http://www.nhchc.org)

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### **NATIONAL PRIMARY ORAL HEALTH CARE CONFERENCE**

HRSA is sponsoring the National Primary Oral Health Care Conference to focus attention on identifying and sharing best practices in providing oral health care

services to low-income and disadvantaged populations served by the Health Center Program. This year's conference will address developing strategies that create new oral health service sites and expand existing sites funded by HRSA. The meeting will be December 10 - 14, 2006, at the Camelback Inn in Scottsdale, Arizona. Information on the conference and registration is online at [www.eventrebels.com/hdc2006/oralhealth](http://www.eventrebels.com/hdc2006/oralhealth).

**Call for Abstracts.** "Primary Oral Health Care Programs: Best Practices and Models That Work in Community, Migrant, and Homeless Health Centers" is an integral component of the HRSA's Health Center Program Oral Health Strategy. The purpose of this call for abstracts is to collect descriptive abstracts that identify, highlight, and promote the replication of innovative and successful primary oral health care programs and management strategies.

By fostering the spread of solutions that are effective and successful in community oriented primary oral health care programs, HRSA hopes to achieve the common goal of increasing access to primary oral health care and improving the oral health status of underserved and vulnerable populations through information sharing and technical assistance.

For program information, contact: Jay Anderson, DMD, MHSA | Chief Dental Officer  
voice: 301 594-4295 | e-mail: [janderson@hrsa.gov](mailto:janderson@hrsa.gov)

Conference Logistics Coordination: Barbara Parham | Quality Support, Inc.  
voice: 301 459-3777 ext. 122 | [www.qualitysupport.com](http://www.qualitysupport.com)

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## FUNDING & AWARD OPPORTUNITIES

### **ALLSTATE EDUCATION & JOB TRAINING FUND OFFERS SUPPORT FOR SURVIVORS OF DOMESTIC VIOLENCE**

#### **Deadline: Open**

The Allstate Foundation is collaborating with the National Network to End Domestic Violence Fund ([www.nnedvfund.org](http://www.nnedvfund.org)) to establish the Education & Job Training Assistance Fund. The fund channels small grants to survivors of domestic violence in order to achieve their educational and job-related goals. Survivors can receive up to \$1,000 for specific educational and training needs. The fund intends to help survivors achieve greater independence over their financial lives as well as establish options for themselves in the future.

The Education & Job Training Assistance Fund supports career advancement activities such as professional licenses, workforce tools, and additional job training. Specific examples include licensing fees (nursing, social work, etc); books and supplies for school; job skills training (e.g., resume building, interview preparation, clothing); tuition; requirements for jobs (e.g., uniforms, tools); registration fees; temporary child care so that the applicant can attend school, take a class, or look for employment; public transportation; and rental fees for computer time at a computer center.

Any survivor of domestic violence is eligible to apply, although the fund requests that a local domestic violence program or a domestic violence coalition complete the application. Domestic violence coalitions and local programs must contact the NNEDV Fund to request an Education and Job Training Fund application form. Visit the NNEDV Fund website at [www.nnedvfund.org](http://www.nnedvfund.org) for complete program information, a list of domestic violence coalitions, and FAQs.

**SOURCE:** RFP BULLETIN | Foundation Center | October 20, 2006 | Vol 7, Issue 42

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## QUESTIONS FROM OUR READERS

### **Quality assurance measures . . .**

We are trying to renew and develop meaningful quality assurance measures for our HCH Program. I would like to inquire if any of you with programs that are also attached to a community health center want to share what measures you use.

Thanks in advance for any responses.

Connie Markis | Health Care for the Homeless Program Coordinator | Anchorage Neighborhood Health Center | 1217 E. 10th Avenue | Anchorage, Alaska 99501  
voice: 907 257-4664 | fax: 907 257-4654 | e-mail: [conniem@anhc.org](mailto:conniem@anhc.org)

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### **Initial history and physical . . .**

I work at Henrietta Johnson Medical Center in Wilmington, Delaware. We are a nonprofit medical center in a poor neighborhood and our facility has recently begun offering services for the homeless. I have started seeing homeless clients the past three months, two nights a month. I hope to expand to do more or perhaps visit the shelters on site. My question for your readers is that I find that virtually all of these patients are "new" and that many never return for follow-up. Has anyone with homeless experience found an expedited way to do the initial history and physical? Does someone use an initial visit form that is quick and easy?

Holly Wright | e-mail: [hwright@hjmc.org](mailto:hwright@hjmc.org)

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### UPCOMING EVENTS OF INTEREST TO MEMBERS

**December 10 - 14:** National Primary Oral Health Care Conference | Sponsor: HRSA | Camelback Inn| Scottsdale, Arizona | For information, visit [www.eventrebels.com/hdc2006/oralhealth](http://www.eventrebels.com/hdc2006/oralhealth)

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**December 21:** Homeless Persons' Memorial Day | Sponsors: National Health Care for the Homeless Council & National Coalition for the Homeless | Online resources including a manual and full color posters are available at [www.nhchc.org/memorialday.html](http://www.nhchc.org/memorialday.html)

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**February 1 - 3:** Second National Conference on Methamphetamine, HIV & Hepatitis | Salt Lake City | For more information and to register, go to [www.methconference.org/index.html](http://www.methconference.org/index.html)

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**February 26 - 27:** National Low Income Housing Coalition 2007 Annual Housing Policy Conference & Lobby Day | Capital Hilton | Washington, DC | detailed Conference information & registration materials will be available by December 1 at [www.nlihc.org](http://www.nlihc.org)

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**February 28 - March 2:** Region IX Health Care for the Homeless Annual Conference | Foster City, California | For more information, contact Molly Kennedy at 650 573-2966 or [mkenedy@co.sanmateo.ca.us](mailto:mkenedy@co.sanmateo.ca.us)

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**April 23 - 29:** 5th Annual Cover the Uninsured Week | Visit [www.covertheuninsured.org](http://www.covertheuninsured.org) where information will be posted as 2007 plans develop and sign up for the *Cover the Uninsured Week Weekly News Digest* for the latest news and updates on the issue of the uninsured

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**June 14 - 16:** 2007 National Health Care for the Homeless Conference | Washington, DC | For more information, go to [www.prainc.com/\\_flash/index.html](http://www.prainc.com/_flash/index.html)

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**Brenda J. Proffitt, MHA | Editor, Network News**

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