Hard Core Advocacy

What Does Good Care Mean For Those Experiencing Homelessness

Health Care for the Homeless 2018
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**THE ISSUES**

- Structural oppression, systemic limitations and stigma create barriers to care.
- Patient lives are chronically unstable, subject to violence, then criminalized and disregarded in our community.
- How can behavioral health serve as a conduit between the oppressed and their system of care?
THEORETICAL FRAMEWORK

HARM REDUCTION

"Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."

-The Harm Reduction Coalition

Harm Reduction is a principle that expands past drug use and fully sees an individual where they are in all aspects of their life regardless of our morals or values. Therefore, this framework can be applied to any person we work with in any setting. It is the ultimate form of respect.
THEORETICAL FRAMEWORK

TRAUMA INFORMED CARE

- Attempts to understand why problems exist - Instead of what's wrong with you?
- How people act out their trauma
- Seeks to understand coping skills, both adaptive & manipulative, and how they affect their care.
- Normalizing reactions to trauma
- Compassion
- Meeting people where they are at
- Survival Strategies
- Helps to rebuild sense of strength & empowerment.

1. Modern Community Mental Health: An Interdisciplinary Approach. Edited by Kenneth Yeager, David Cutler, Dale Svendsen, Grayce M. Sills
2. Gabor Mate
Mr. D

“I used to be a horse of a man.”

Grumpy 62 year old Caucasian male, chronically homeless & wheelchair bound; diagnosed with end stage kidney and lung disease. In denial of medical issues; smokes cigarettes, crack cocaine, and injects heroin daily. Pt was malodorous, in a black hoodie, jeans & a black beanie. He was often denied care because he was a dying drug user. He has no income because he missed his appointments. He missed dialysis appointments & oxygen deliveries. He accessed dialysis treatment by calling 911. He was always able to make his daily methadone dose.
My Role: The Conduit

Building Trust

Establishing a Patient Baseline
Patient: Daily use of crack and heroin; have enough oxygen; access pain medication; wish to live; did not accept palliative care.

Care team: Reducing and stopping substance use; making appointments; complying with dialysis oxygen delivery; reducing inpatient and emergency services.
BARRIERS TO CARE:
Systemic & Patient Driven

- Provider Judgement
- Stigma
- Substance Use
- Patient not system compliant
Effective Advocacy:
Let him do what makes him comfortable, he's dying.
SETTING THE STAGE: STIGMA & DRUG USE

Stigma impacts the recovery process, access to health care, the ways individuals are treated, and increases potentially dangerous choices that people who use drug make throughout their life. Combating stigma means dispelling the myths about addiction and having the ability to feel empathy for those who are struggling with substance use.
THE STUDY & HCV INFORMATION

THE STUDY

- HERO: Hepatitis C Real Options - studied medication adherence, setting, retention & reinfection.
- National study - 8 cities in US participated
- Hepatitis C tx is 12 weeks long.

HCV INFO

- Hepatitis C is the most common blood borne virus in the United states with 4.5 million currently affected. ¹
- In San Francisco 13,000 people are living with HCV - 70% are people who inject drugs (PWID).²
- PWID have a higher rate of Hepatitis C than any other group of people. ³

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2. SF HCV Prevalence Estimate 2017
3. Harm Reduction Coalition
Hard Core Advocacy & Collaboration

- Who are the stakeholders?
- Why was the collaboration important to patient care?

  EMPOWERING
  CREATED COMMUNITY
  HEALTH EQUITY
  LOW THRESHOLD
  REDUCED BARRIERS

- This was a model that didn't exist anywhere else
- Relationship we built with people created a safe place.
Behavioral Health As A Conduit

Advocated for:
Drop in SW hours. Drop in PCP hours. Flexibility when patients didn't have a PC home or health insurance. System change within the clinic.

Approach Used:
Harm reduction, case management, short term counseling, trauma informed care, psycho-education about overdose, HEP C & HIV infection.
STABILITY & COMMUNITY

- fostered a high sense of accountability in patients
- reduced the multiple barriers to health care, both medical & mental health
- built trust and increased stability within the pt.
- safe & welcoming

⭐️ WE CURED 51 PEOPLE AT TOM WADDELL!!! ⭐️
DISCUSSION QUESTIONS

- What does good care look like for the chronically unstable?
- What does stability look like for our patients?
- How do our own values and judgment affect our ability provide good care?
- What do you as providers struggle with the most?
- What are some of the strategies that you use to work with difficult pt's that keep you engaged in their care?
THANK YOU.
RESOURCES

BOOKS:
Chasing the Scream by Johann Hari
In the Realm of Hungry Ghost by Gabor Mate
The New Jim Crow by Michelle Alexander
High Price by Carl Hart
Unbroken Brain by Maia Szalavitz
Healing Trauma by Peter Levine

WEBSITES:
http://harmreduction.org
http://endhepc.org
https://www.thefix.com
https://drgabormate.com
https://brenebrown.com
http://www.socialworker.com