Homelessness & Traumatic Brain Injury

November, 6th 2019

Pine Street Inn

Homelessness & Traumatic Brain Injury

PSI OUTREACH VANS

Homelessness & Traumatic Brain Injury

If Home Is Where the Heart Is
By John McLeod

If Home Is Where the Heart Is
Then May Your Home Be Blessed
A Shelter From the Storms of Life
A Place of Rest
And When Each Day Is Over
And Toil Has been Put in Its Place
Your Homes Dear Warmth
Will Bring Its Smile
To Light the Saddest Face

Pine Street Inn

Imagery Exercise

Pine Street Inn

Homelessness & Traumatic Brain Injury

- The process of outreach and engagement is an art, best described as a dance. Outreach workers take one step toward a potential client, not knowing what their response will be—will the client join in or walk away? Do they like to lead or follow? Every outreach worker has a different style and is better at some steps than others. To dance with grace, when the stakes are high, is the challenge for all of us.

- Dancing with grace is something we do each and every day in our collective work with the homeless in the City of Boston in shelter or on our streets.

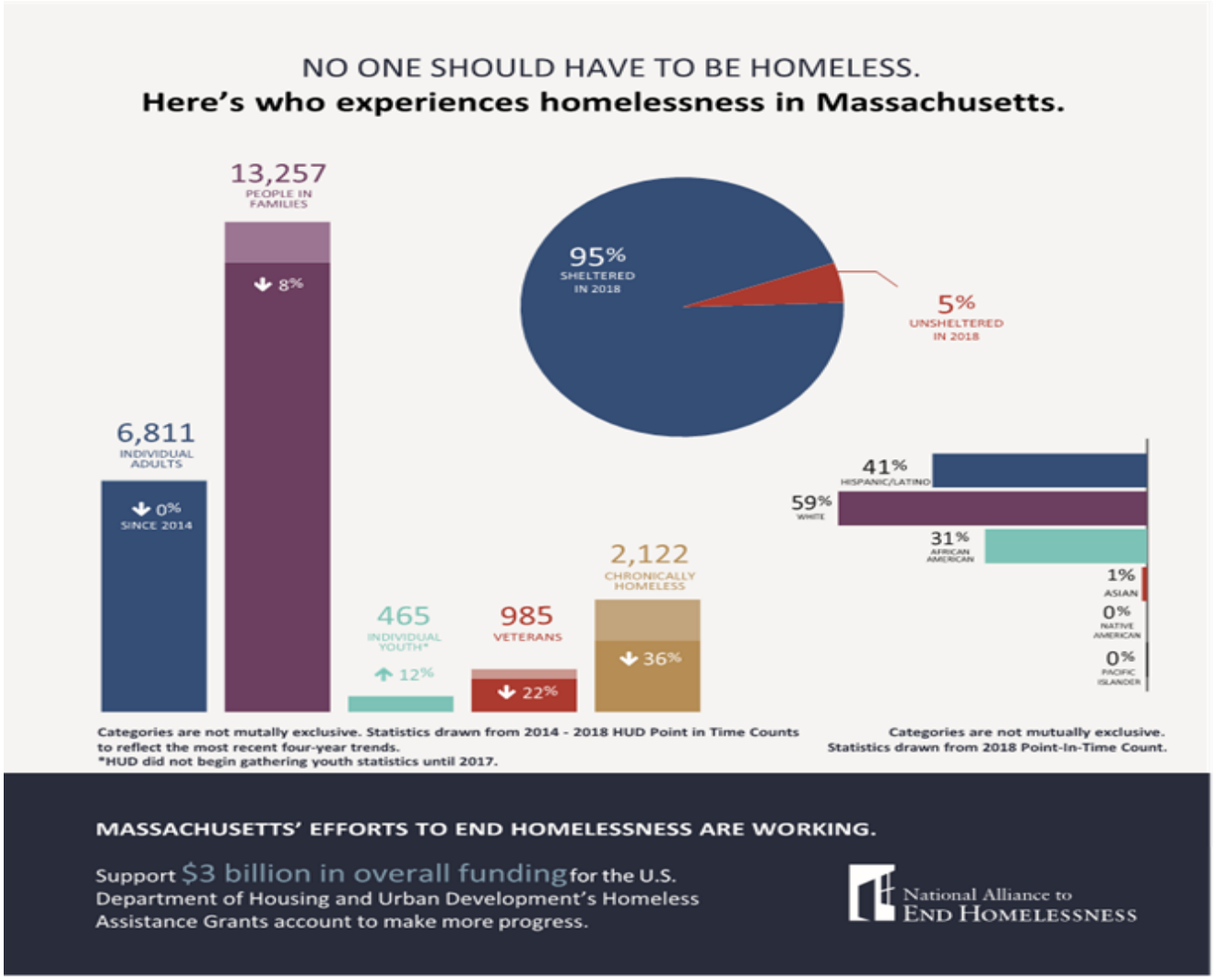
- Sally Erickson, M.S.W. Jaimie Page, M.S.W., L.S.W. Homeless symposium 1998

Pine Street Inn

Homelessness & Traumatic Brain Injury

Pine Street Inn

Homelessness & Traumatic Brain Injury



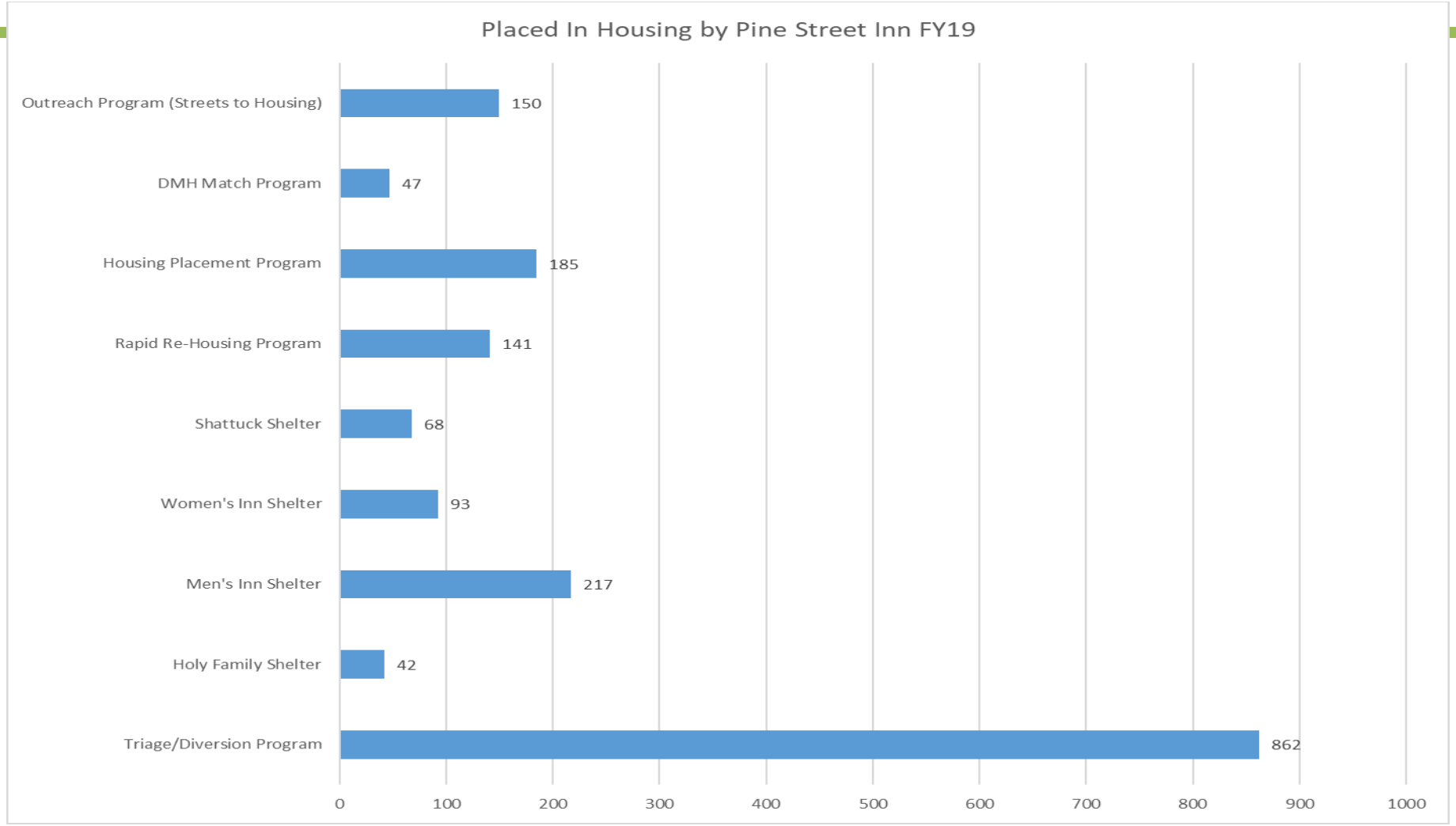
Pine Street Inn

Homelessness and Traumatic Brain Injury

- The State of Massachusetts has 20,068 individuals experiencing homelessness in 2019
- 29 people per 10,000 individuals
- 6,188 homeless persons on any given night in our Boston Homeless system of care
- Pine Street Inn Annual Numbers:
  - Men's Inn 3,226 unduplicated individuals
  - Women's Inn 940 unduplicated individuals
  - Shattuck Shelter 859 unduplicated individuals
  - Holy Family Inn 152 unduplicated individuals

Pine Street Inn

Homeless Individuals Placed into Housing 2019



Pine Street Inn

Homelessness & Traumatic Brain Injury

- The Behavioral Health Outreach Team, Overnight Outreach Services, and the DMH MATCH Team at PSI work with some of the most vulnerable homeless persons in the City of Boston sheltered, and or unsheltered.
- These presentations are frequently tri-morbid, where persons experiencing homelessness are struggling with chronic and acute medical problems, struggling with substance/poly substance abuse, and behavioral health problems.
- Persons experiencing homelessness frequently struggle with complex trauma from experiences in their lives and or on the streets or our shelters.
- All of our work is based on one factor. Our relationship with guests. PSI is intentional in using the word guest, as the Latin term for guest is hospitality. Our work is relational at its core, focusing on developing a therapeutic rapport, through genuineness, empathy, contingency management, and a humanness about our work.

Pine Street Inn

Homelessness and Traumatic Brain Injury

- Our Behavioral Health Outreach Teams and DMH MATCH teams in conjunction with other homeless systems across the City of Boston work with individuals who are generally “rough sleepers,” and or persons who are chronically homeless.
- Many of these individuals struggle with Traumatic Brain Injury. These individuals are generally on the “High Utilizer of Emergency Services List,” (The HUES List)
- The HUES Team includes Emergency Services EMS, varying BPD, Health Care for the Homeless, The Public Health Commission, PSI, and Shelter Systems across the City of Boston.
- Many of the persons on the HUES list struggle with TBI injuries, some of whom are in our emergency rooms 3 times daily for months on end. Examples for group.
- What must we do different? Discussion of Toronto Study

Pine Street Inn

Homelessness and Traumatic Brain Injury

- Researchers at St. Michael's Hospital in Toronto surveyed 111 homeless men and found that 45 percent of them had suffered at least one traumatic brain injury (or TBI) in their life, and 87 percent of those injuries occurred before they were homeless. Among the general population, TBI rates are estimated to be 12 percent, according to a 2013 meta-analysis of studies from developed countries.
- The participants were recruited from a downtown Toronto men's shelter and aged 27 to 81. Forty-four percent of total TBIs were sustained during sports or recreation, while 42 percent were from car collisions or falls. The largest share of TBIs, however, was from assault (60 percent).
- For men under 40 years old, the leading cause of TBI was drug or alcohol blackout, while in those over 40 years old, assault was the leading cause of TBIs. (lead researcher Jane Topolovec-Vranic, Ph.D. 2014)

Pine Street Inn

Homelessness and Traumatic Brain Injury

- When an individual experiences a traumatic brain injury or repeated TBI injuries, they can experience the following symptoms; Cognitive functioning problems involving memory or concentration, observed word searches, mood swings secondary to the TBI injury, increased feelings of depression and or anxiety related symptoms. For some individuals they can and do experience neurological problems secondary to the TBI injury.
- For persons experiencing homelessness and or a “rough sleeper” from the streets the TBI, can have profound effects when addiction challenges are part of this presentation. If our teams are working with an individual who has a TBI who struggles with addiction it is very challenging to facilitate a neurological evaluation.

Pine Street Inn

Homelessness and Traumatic Brain Injury

- Psychologists who facilitate neurological evaluations need to have 30 days of sobriety to accurately evaluate & diagnosis neurological problems. This variable unto itself presents as a challenge for collective helpers at PSI, SHIP, (State Wide Head Injury Program) Health Care for the Homeless, the HUES Team, and Addictions Programs.
- This is a gap in our current system of care for persons who are in dire need of neurological care. A current challenge involves homeless persons being in a holding pattern sober, while waiting on the neurological evaluation. Does having a head injury not treated put you at risk for homelessness? If you end up on the street does this suggest you are more likely to experience an injury?

Pine Street Inn

Homelessness and Traumatic Brain Injury

- Question, for each of us if we look closely at our immediate, extended family, or friends we can see persons struggling with addiction problems?
- Question, for each of us if we look closely at our immediate, extended family, or friends we can see persons struggling with behavioral health issues to varying degree's some of whom may be treated with individual individual psycho therapy, medication management, and or both?
- We see friends and family who may struggle with addiction, behavioral health problems, and or both, but they tend to be higher functioning in how they interact with the world around them. This is not uncommon.
- If you have a Traumatic Brain Injury are you more likely to end up on the streets? If you have a Traumatic Brain Injury and the person falls into homelessness, are persons more likely to experience additional TBI injuries?

Pine Street Inn

Homelessness and Traumatic Brain Injury

- Violence and traumatic events are common for persons experiencing homelessness on the streets and or in shelter. It is not uncommon for a homeless person on the HUES list to have hundreds of emergency room visits over the course of a 12 month time period. These individuals frequently fall and hit their heads, come to the ER receiving stitches, frequently leaving AMA returning to the streets or shelter, resume alcohol abuse, fall again breaking open the stitches and returning to the ER.
- Homeless shelter providers across the country fail to pick up on traumatic brain injury during initial assessments, establishing baseline functioning. This is important as baseline functioning helps us better track, and understand when a person decompensates further after additional TBIs while on the streets or in shelter.
- There is a positive correlation (subjective) that the residual effects of cognitive impairments make it more difficult for someone to exit homelessness.

Homelessness & Traumatic Brain Injury

- The HUES meeting focusses on our most active utilizers of emergency services in the City of Boston. During these weekly meetings our teams of helpers case conference individuals from this EMS generated list. More frequently, the individuals are residing on the streets when these medical emergencies occur.
- We develop targeted plans involving multi-disciplinary approach with intentional planned follow-up. Our goal is to stabilize the homeless individuals in this work, ensuring their safety, and well-being. As we implement these plans we are continually focused on housing pathway work, as permanent supportive housing, and alternative housing pathways assist us in permanent solutions with persons struggling with homelessness and TBI,
- Frequently, we engage in shared decision making as a group, intervention strategies are considered, and if individuals remain pre-contemplative, “imminently at risk,” to themselves or others, we operationalize section 35’s.
- Section 35s are substance abuse commitments in the State of Massachusetts. These civil commitments to treatment programs range from 20-90 days.

Pine Street Inn

Homelessness & Traumatic Brain Injury

- Prior to a Section 35 being implemented, teams have exhausted all least restrictive alternatives countless times, and the individuals remain imminently at risk to themselves or others.
- The PSI Behavioral Health Outreach Team partners with other partner agencies in this work. We work with the following agencies; Massachusetts General Hospital, Tufts Hospital, The Boston Public Health Commission, High Point Systems, Plymouth, The Boston Police Department, The Courts, (West Roxbury) Taunton (WRAP) Program, The Addictions Bureau, Housing Partners internal/external to PSI, Men's Stabilization at PSI, and Recovery Homes.
- Once placed in a Section 35 treatment program, the PSI Behavioral Health Outreach Teams visit individuals weekly engaging the individuals and treatment programs in plans that are focused on housing pathway work, (some of the targeted individuals are on the City of Boston's Chronic Homeless List, CAS system-coordinated access system) recovery focused resources, main stream benefits, and step down options to a less intense step down program.

Pine Street Inn

Homelessness & Traumatic Brain Injury

- Individuals who have been identified as having a traumatic brain injury in a Section 35 commitment are targeted by engaging systems that will promote the individual having 30 days of sobriety to assist in accessing neurological services to help the teams have an understanding of a persons overall functioning.
- The neurological evaluations can assist us in understanding what a homeless person needs as it relates to services that help the homeless person become successful in housing. Identifying these services needs, helps us understand the need for frequency of visits to the home, if a person can benefit from a permanent supportive housing placement, a scattered site placement, and or the need for a nursing home placement.
- Our goal in this work revolves around stabilization and housing. As homeless persons with a TBI are stepped up into a higher level of care i.e. Section 35 treatment program, then stepped down into a post detox treatment program, then ideally stepped into permanent supportive housing.

Pine Street Inn

Homelessness & Traumatic Brain Injury

- City wide teams meet once a month, via a call in, and in person. This meeting is facilitated by Massachusetts General Hospital. We review homeless persons who have been committed to a Section 35 program. Frequently, homeless persons who have a TBI injury are case conferenced, during this case conference work we work towards referrals for neurological evaluations as needed or identified.
- We have observed some successes in our collective targeted work over the past 3 years. In 72 presentations where a Section 35 had been issued with homeless persons pre-dominantly from the streets, (some of whom struggle with a TBI injury) we have seen 31 homeless individuals secure either permanent supportive housing, and or an alternative placement that involves a nursing home, in several instances our collective system petitioned for guardianship, both temporary, and full guardianships being awarded as part of these presentations.

Pine Street Inn

Homelessness & Traumatic Brain Injury

- It is more challenging for homeless persons who have a traumatic brain injury to transition out of homelessness. Our lessons learned inform us of the following;
- Our system of care can benefit from having additional access to neurological services.
- A systemic approach and standardization of identifying and tracking traumatic brain injury with the homeless population on the streets & shelters. A consideration to consider involves the Saint Louis University Mental Status exam, (SLUMS) as a pre-curser to neurological testing in various treatment settings.
- Continued focus and research involving the correlation between homelessness and traumatic brain injury. If you google this topic, there is not a pleather of longitudal research relating to homelessness and traumatic brain injury.
- Toronto's study had a good sample size, and determined that 47% of persons experiencing homelessness were struggling with traumatic brain injury.
- We can only speculate at this time in the City of Boston, but all of our collective work with the homeless, specifically High Utilizers of Emergency Services, suggests that many persons on the HUES List do struggle with varying degrees of TBI.

Pine Street Inn

Hearth
ending elder homelessness

Guardianship and Elder Homelessness: Why Older Adults Become Homeless, and How We Can End It

November 6, 2019

Scope of the Problem

- People age 51+ are growing as a percentage of the homeless population: In 2007 this group made up 23% of single homeless adults and in 2017 they were 33.4%.
- According to the 2017 Boston Foundation Housing Report card, with the aging of the baby boom generation, the number of cost-burdened older households will rise by an estimated 56% by 2020.
- 2016 Elder Economic Security Index showed that Massachusetts is the second most insecure state for elders: a single MA renter, age 65+ requires $27,923 in annual income to meet basic expenses, but the median income of a retired MA elder (excluding SSI and public assistance) is just $18,034.
- One third of baby boomers have a negative net worth.

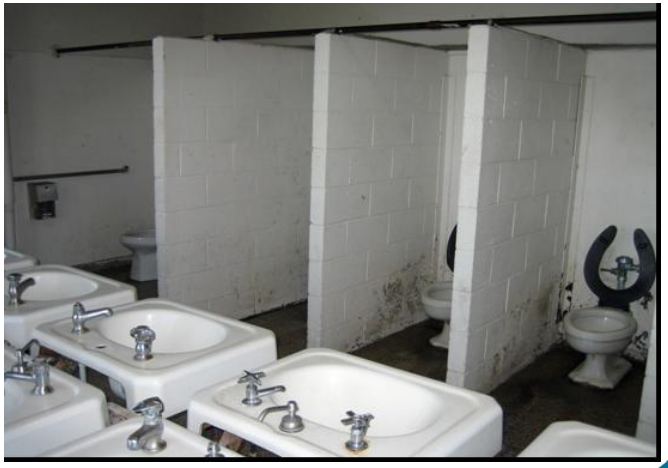
Source: 2017 Annual Homeless Assessment Report to Congress & HUD Homelessness Data Exchange website.

Who are the Elderly Homeless?

- People in their fifties and older who experience job loss and prolonged unemployment.
- People without family or friends to support them.
- For many elders, a “trigger event” or “transition” may precede their homelessness; these events include widowhood, divorce, domestic violence, eviction and the declining health or death of the family member who cared for them.
- Our grandparents, our aging parents, and our uncles and aunts who may suffer from mental illness, addictions and/or poverty.

Shelter Life

- Crowded Conditions
- Waiting in line for a bed with no guarantee you will get one
- No privacy
- Have to leave during day time hours often with no place to go
- Fear of being victimized
- Fear of having your possessions stolen
- No skilled medical care
- Inability to accommodate medical equipment



Challenges to getting housing

- **Not enough affordable housing**
- Complicated affordable housing rules confusing and intimidating
- Systems are difficult to maneuver
- Don’t want to ask for help
- Wait until the last minute to seek assistance
- More “prickly issues” to deal with
- Don’t trust people and have faced rejection
- Have “given up” on finding housing
- You need to go to them

In 2017, in Suffolk County, the average number of months on a waiting list for a HUD Housing Program was 24 months.

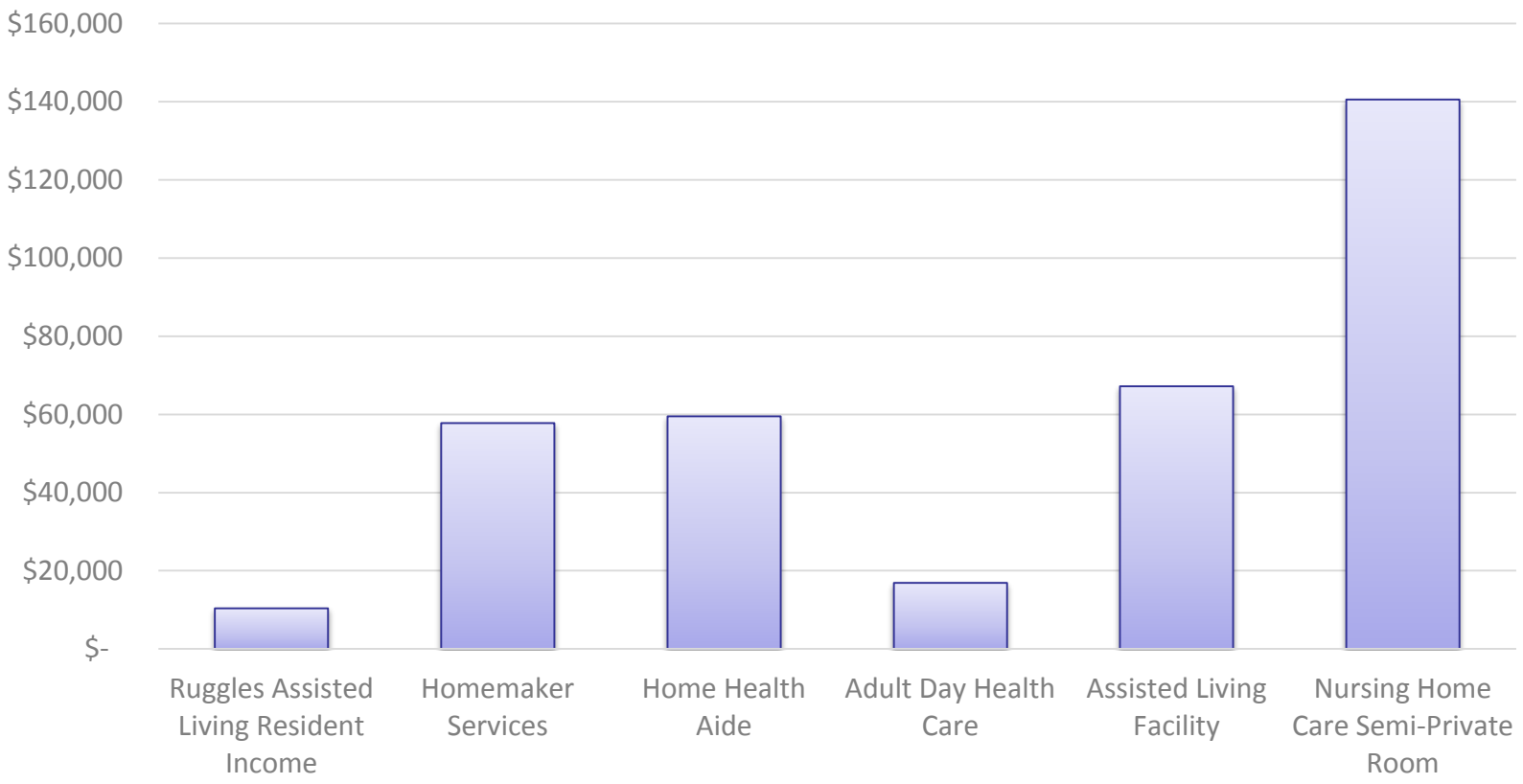
TBF Housing Report 2017

Service-enriched Housing

Formerly homeless elders are a vulnerable population and the transition back into stable housing, and ability to maintain that housing, can often be challenging. Team includes: Nurses, Social Workers, Personal Care Homemakers & Program Managers.

- Subsidized Units
- Screening and Assessment
- Multidisciplinary Support Team
- Bio/psycho/social Assessments and Treatment Planning
- Care Coordination
- Medication Management and compliance
- Crisis Management
- Mental Health support
- Relapse Support
- Representative Payee

Massachusetts State Median Care Costs 2017



Source: 2017 Genworth Survey of Long Term Care – Cost of Care Survey

Permanent Supportive Housing-PSH-Works

- The cost of Hearth housing is at most one-half the cost of institutional alternatives such as long term care or shelter beds.
- There are high costs associated with leaving elders in shelter or on the street which include costs such as increased use of emergency medical care for routine care.
- Many studies have documented the very significant cost savings to the public from providing permanent supportive housing to homeless individuals, and since homeless older adults tend to have the highest cost from premature nursing home placement, high emergency room utilization and other medical costs, housing them generates the most savings.
- At Ruggles, Hearth is able to provide access to this high level of care for Boston's very low income, frail elders who otherwise would be living in nursing homes on Medicaid's tab.

Hearth's Model

Outreach Program

2,394 elders placed; capacity to help 339 elders/year

Service-Enriched Housing

7 sites, 188 units

Advocacy

Furthers dialogue (local and national) to discuss and promote effective solutions to end elder homelessness

Outreach

The Hearth Outreach program has case managers who assist homeless older adults in locating and preserving affordable housing opportunities & the social services critical to their long term housing success.

Hearth Outreach 2017 Facts

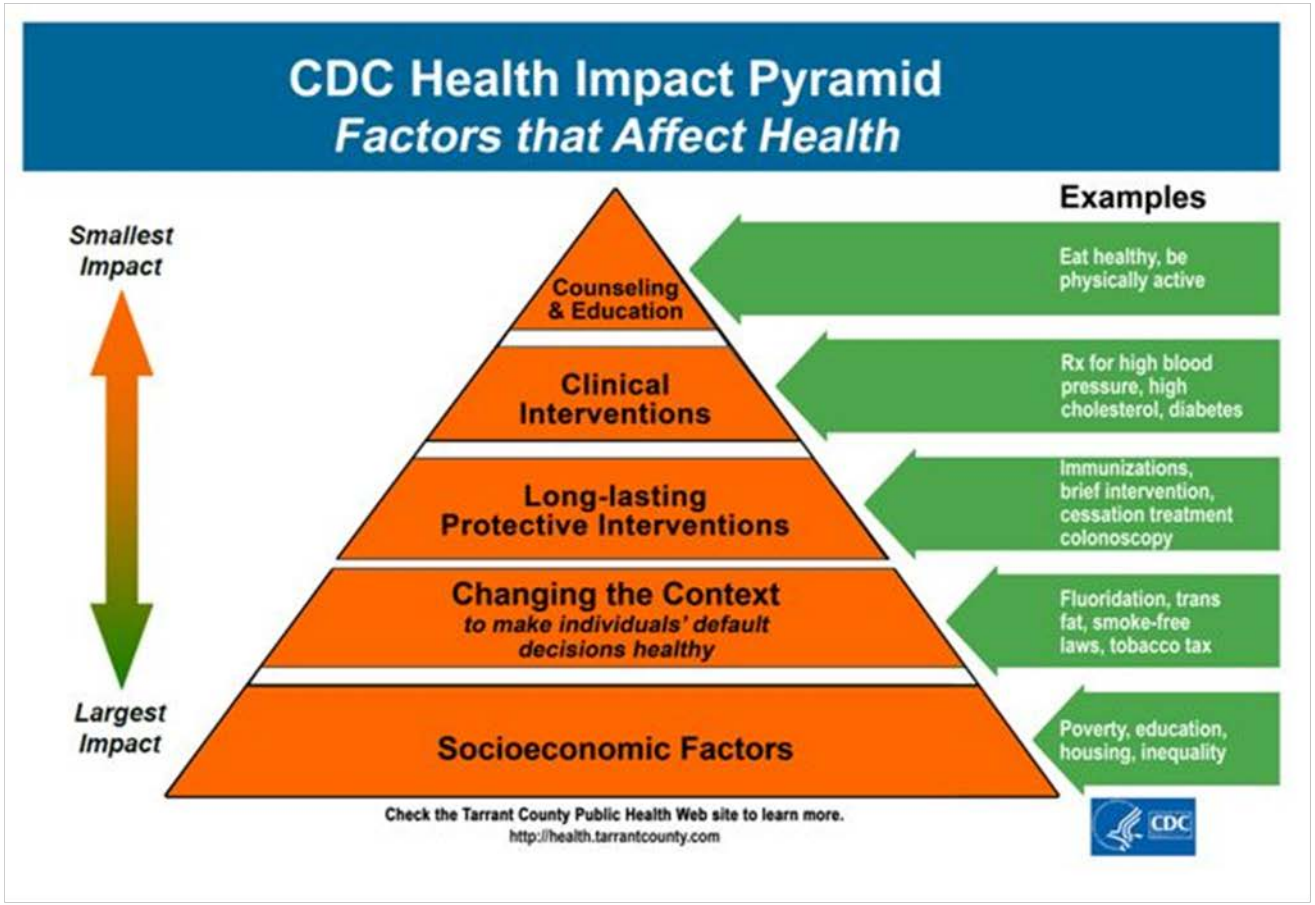
Outreach placements have grown from 76 in 2011 to 108 in 2017.

Outreach Client Snapshot:

332 total clients served in 2017

- 20% clients reported a dual-diagnosis (mental health condition + alcohol and/or substance abuse issue)
- 4% clients were veterans
- 33% clients were aged 62+
- 56% clients reported a disabling condition
- $978 is the average monthly income

Factors that Affect Health



Need Guardianship in PSH or on the Street?

- Good luck! Why do you need luck?
  - Very limited public support for guardianship and homeless people can't pay
  - *In PSH* lack of public funding means PSH can't afford costs of guardianship and Rogers guardianships don't work outside of clinical settings
  - *In Shelter* lack of public funding for Outreach is lacking reinforcing the challenges of navigating the housing world for individuals refusing housing due to failure to stay on medications
  - *Entry into long term care facilities* often require a health proxy or guardian for entry
  - *In hospitals* discharges which should require guardianship promotes negative incentive for appropriate placement – that is, extended hospital stays are expensive, and if there's no guardianship, the incentive is to discharge inappropriately
  - *In all settings* lack of public support means the neediest go without guardians

Advocacy Works

For Example: Hearth created and co-chairs the National Leadership Initiative to End Elder Homelessness (NLI). Agencies participating in various NLI activities have created over 25,000 new units of PSH across the country

We need to advocate for a new model of guardianship, publicly funded at adequate levels, to help those who need a guardian and can't get one now. Guardian Community Trust has advanced a legislative proposal far enough that the finish line is in sight if we all get involved!

For More Information

Mark Hinderlie
Hearth, Inc.
1640 Washington Street
Boston, MA 02118

617-369-1553
www.hearth-home.org
mhinderlie@hearth-home.org

Facebook.com/HearthInc

@ElderlyHomeless

youtube.com/HearthIncOnline