



Tacoma Pierce County Coalition to End Homelessness

<https://pchomeless.org/> - info@pchomeless.org

What are the challenges you have had in trying to connect people who are on the street with health and mental health help?

Group Discussion Summary • Tacoma Pierce County Coalition to End Homelessness • 9.30.22

as possible as yeast
as imminent as bread
a collection of safe habits
a collection of cares
less certain than i seem
more certain than i was
a changed changer
i continue to continue
where i have been
most of my lives is
where i'm going.
I am not done yet

-- Lucille Clifton, From *Good Woman*, BOA Editions LTD, 1987

Some Common Health Challenges

- Medical issues seen on street and at New Hope: foot issues, cellulitis, wounds, and of course mental health issues such as depression, LOTS of PTSD, and schizophrenia
- Diabetes care difficult: lots of barriers to checking blood glucose, injecting. (Not just like 'taking a pill' -- lots of steps, barriers). Extreme weather impacts insulin.
- When folks were evicted from Hotel Merkel, one needed dialysis and died due to inability to obtain. Of 7 who became unhoused, 4 died.

Barriers to Receiving Assistance

- Many people refuse help. either because they feel mistreated or are afraid of going into hospital and experiencing withdrawal.
- Lack of local providers, lack of continuity of care within health systems, lack of transportation, lack of coverage (esp. for mental health & dental & vision.)
- Some may not feel comfortable expressing their needs to some providers.
- Some speak in circles, or sentences may not make sense, making it hard to know what they need.
- The list provided by the state is not usually accurate; getting providers to respond is an issue.
- Care assessments are hard to get done and most don't even know where to get them.
- Diabetes screening among homeless population – where and how to get it?
- Maslow's Hierarchy of Human Need - how do you manage minutiae related to something complex like diabetes when your very basic needs of a safe place to sleep are unmet?



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Burnout Among Medical Staff

- We are seeing much less compassion with the folks who are treating the unhoused.
- Medical staff are understaffed and stretched too thin, and find themselves frustrated when having to spend repeated time on homeless that are self-medicating and repeatedly harming themselves.
- Discussion of how many first responders and medical staff are feeling burnt out and a bit resentful. We talked about how firefighters need better training and support to help with the emotional side of being a street level first responder.
- There is A LOT of burnout among the nursing/medical staff, paramedics, fire fighters, LE, etc., especially when there are the repeat homeless that come in often and are receiving treatment on a frequent basis.

Other Systemic Problems

- Lack of trust in developing relationships with those needing services and siloed experience of provider agencies. Lack of trust has relationship to past experiences of medical experimentation on those whose poverty left them few other choices.
- Healthcare should be seen as a human right. It's ridiculous that it is a for-profit sector in this country.
- Our healthcare system is broken, particularly for low-income people. Even safety net entities, like federally qualified community health centers and federally supported, public hospitals, create barriers to care for people unable to pay or ineligible for Medicaid.
- The training that EMTs are receiving is much different than it used to be, has a great impact on the billing with Medicaid.
- We don't have enough facilities and providers, and there isn't equal access to healthcare for everyone, regardless of ability to pay or immigration status or geographic location. Our healthcare system must focus on the most vulnerable among us first.
- Thin line between the Hippa and getting the unhoused connected without knowing much about their medical needs.

Some Suggested Solutions

- Need to have resource flyers available where people who are homeless are—these should not be multiple sheets or full sheets—small cards with accurate information needed in camps, libraries, parks, notices on social media, bus stops
- Consider adding lock boxes outside of ER & clinics for patients to store valuables while visiting providers.
- Overall, be aware of the past traumas experienced in having low trust of those doing medical outreach, and be creative about both written and in person resource sharing.
- Consider supporting wholewashington.org for single payer system.