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Serving Poverty & Homeless Populations through structured encampments with personal interaction(s) and healthcare providers volunteering.

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

OVERVIEW

Keywords: Homeless(ness), Encampments, Poverty, Prevention, Intervention, Advocacy

Goal Statement: Serving Poverty & Homeless Populations through structured encampments with personal interaction(s) and healthcare providers volunteering.

Significant Findings:

Poverty and homelessness have numerous effects on communities. These populations are usually transient, making it difficult to track their movements. Providing structured encampments affords homeless people the opportunity to feel safe, included, and helps healthcare professionals provide continuity of care. Homeless individuals are part of many communities and should be appropriately treated. Prevention theories can also be implemented into this population, providing resources and stabilized relationships while offering support through re-entry into the community. The Critical Time Intervention (CTI) provided evidence-based findings that can decrease homelessness by up to 67% in nine months (Arnold Foundation, 2018). Inadequate housing and funding for housing are limited across Washington State (WADOH,2018). Advocacy starts at the community level and goes up to governmental entities.

Objectives/Strategies/Interventions/Next Steps:

The objective is to prevent homelessness, decrease homelessness, and provide interventions to maintain stable housing. Strategies include structured encampments, programs offering incentives to keep encampments free from trash and debris (i.e., cash for trash), and healthcare workers volunteering time to bring care to the encampment. Interventions can include, but are not limited to: 1) the Critical Time Intervention (CTI), which encourages strengthening ties to family, friends, and services and offers support through the re-entry into a community;

and 2) the Community Based Participatory (CBP) approach which encourages volunteering and support from case managers and other related healthcare staff (ASAM, 2023; Arnold Foundations, 2018; SAMHSA, 2023). The next steps include advocacy. It starts with a presence in the city council, then moves to the current state governor, state legislature, US Senate, and US House members (ASAM, 2023).

INTRODUCTION

Serving Poverty & Homeless Populations

Poverty and homelessness have numerous effects on communities. The homeless move (or are displaced) frequently, making it challenging to attain an accurate census. Homelessness can arise due to living in poverty (Poverty, 2022), inadequate housing (WADOH, 2018), sudden unemployment, physical and mental health issues, and substance use disorders. Those living in poverty or homelessness have minimal to no income, lack of transportation, and no residential stability, isolating them from available resources and services. One need is establishing homeless encampments. Structured encampments can provide a permanent place to sleep safely at night, provide medical and mental health services, track illnesses, distribute medications, offer counseling, and provide companionship. Those who live in poverty or homelessness are still part of the community, and bringing them services and resources is the same as serving your community.

PART 1: SCOPE AND CONSEQUENCES

Serving Poverty & Homeless Populations

Communities with poverty and homeless populations are plentiful. Aberdeen, located in Grays Harbor County, WA, is no exception. As of 2022, Grays Harbor is ranked 37 out of the 39 counties in Washington state (GHW, 2022). This trend had declined since 2017 when Grays Harbor was ranked 31 out of 39 counties. In 2017, the homeless population in Grays Harbor was slightly lower than the state average population (WADOH, 2018). In 2020, the trends show that Grays Harbor unemployment, poverty, and homelessness were higher than the state average (GHW, 2022). Consequences faced by these two populations include poor physical health, poor mental health, an increase in substance use disorders, and higher rates of poor health outcomes (treatments). These trends show a higher premature death rate in Grays Harbor compared to the state and US average (GHW, 2022). Those living in poverty and homelessness show trends of decreased; education, mental health care, availability of healthcare, and availability of medications. Implementing programs where; people experiencing homelessness are provided structured encampments regulated by the city and health professionals volunteer two to four days a month to bring medical care, medication, and counseling to these populations would provide much-needed continuity of care. One main concern of homeless encampments is the increased trash production and the possibility of increased crime. Cities and counties can implement programs where those living in encampments are paid small cash for every bag of trash collected. This program keeps the encampments clean and offers a small reward to those who participate. The main goal is, 'Implement programs and services to bring in-person care to those living in poverty or homelessness.'

PART 2: SOCIAL-ECOLOGICAL MODEL

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Bronfenbrenner's Social Ecological Model is divided into five separate systems that demonstrate how one system affects another that, in turn, causes the individual during their lifetime. The five systems include the: Individual, microsystem, mesosystem, exosystem, and macrosystem (Mcleod, 2023). The individual child is comprised of biological and genetic makeup, such as sex, age, and race (Mcleod, 2023). The microsystem is the closest layer to the child providing direct contact with family, school, peers, and religion, and is the first step in trust-building experiences (Mcleod, 2023). The mesosystem connects the structures of the child's microsystem (Mcleod, 2023). The exosystem impacts a child's development, such as social services, extended family, or a parent's job interaction with their microsystem (Mcleod, 2023). Finally, the macrosystem best describes various societal groups, such as ethnic groups, races, social classes, or religious affiliations (Mcleod, 2023).

Individual

The homeless population is at higher risk of becoming victims of violence. Individuals may be under the influence of substances or suffer from a mental illness inhibiting their ability to protect themselves (CDC, n.d.). Victimized homeless individuals may not know what resources offer assistance. These individuals may also feel scared, sad, isolated, confused, and less than human. Selective prevention services can help people without housing on an individual level (SAMHSA, 2013; SAMHSA, n.d.). One example would be handing out pamphlets with available resources and locations that offer help regarding violence, sexual assault, and nearby food pantries.

Relationship

Homeless individuals are very territorial with their personal items. It takes them significant time to accumulate blankets, clothes, tents, etc. Those individuals who are isolated are susceptible to physical and sexual assault. In Aberdeen, WA, single females are at higher risk of being punched, raped, and stealing their personal items. Some homeless individuals create bonds with other homeless people, and the group(s) they form protect each other from violence. This type of grouping and bonding demonstrates creating social-circle peers (CDC, n.d.)

Community

For more than a century, the homeless population in Aberdeen, WA, lived in the Riverfront Camp along the Chehalis River (Site Staff, 2019). The property was privately owned until 2019, when the City of Aberdeen bought the land and decided to clear out and close the encampment, displacing hundreds of individuals while destroying the personal items of people experiencing homelessness (Site Staff, 2019). Re-creating a safe encampment and developing temporary housing would prevent displaced individuals and reduce violence (SAMHSA, 2013). Aberdeen has several empty buildings available for emergency shelters and temporary housing. Homeless people are part of the Aberdeen community, and their needs and safety should not be ignored.

Social

Providing a safe place to live with a sense of permanency inhibits less violence (CDC, n.d.). In addition, providing one central living location allows behavioral health providers, social workers, case managers, and peer support counselors to visit individuals regularly, creating continuity of care. Education and employment opportunities could also be introduced into the encampment(s), providing a sense of accomplishment and belonging to a group of individuals

who often feel uncared for, less than human, and isolated. (CDC, n.d.). Sometimes a homeless individual only wants to be recognized and have a person to converse with.

PART 3: THEORIES OF PREVENTION

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Critical Time Intervention

The primary purpose of this intervention is to produce sizable and sustainable outcomes (Arnold Foundation, 2018). The Critical Time Intervention (CTI) approach consists of two goals. First, they strengthen an individual's long-term ties to family, friends, and services. Second, CTI supports the critical time of re-entering a community by providing emotional and feasible support (Arnold Foundation, 2018). This program entails nine months of participation with a caseworker trained in CTI while under the supervision of a mental health professional. CTI also includes an 18-month follow-up interview with a blind interviewer (not knowing if the interviewee was in the CTI trial) (Arnold Foundation, 2018). The findings showed a reduction in homelessness among these male participants of 67% after the first nine months. In addition, the study showed a 64% reduction during the final months of the 18 months (Arnold Foundation, 2018). Training social workers to apply CTI would benefit any community that needs help reducing and preventing homelessness.

Community-Based Participatory

A community-based participatory (CBP) approach encourages homeless peers to be on the frontline to promote effective rapport with case managers and other related staff that would provide services to homeless communities (SAMHSA, 2023). CBP 'upholds the engagement and participation of those who the issue or problem at hand affects and recognizes and appreciates the unique strengths and resources each stakeholder contributes to the process. It is a cooperative, co-learning process that

involves systems development' (SAMHSA, 2023, p.20). In addition, community organizations (stakeholders) are encouraged to participate in the continuum of care for homeless individuals by involving sustainable funding to provide programs that address; substance use treatment, harm reduction, shelters, housing providers, and service providers (SAMHSA, 2023). These services may include but are not limited to, healthcare providers, case managers, social workers, and peer support counselors (SAMHSA, 2023).

When a community comes together to work on solving the problem of homelessness, it demonstrates a united front by all involved. This united front hopes to engage with the homeless population to provide needed services. This united front can include but is not limited to, permanent encampments, mobile medical services, proper meals, clothing, and safe shelter. A united and proactive community in finding solutions and prevention provides a sense of belonging for homeless individuals.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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Native Americans

Unique Impact

In 2021, Washington State estimated American Indian and Alaskan Native (AI/AN) population at 147,035 (1.9% of the state's total population). Grays Harbor County is home to 5.6% of this population, estimated at 8,234 (Vleming, 2022). One unique factor regarding these statistics is that not all of the Indigenous population participate in Census inquiries. The AI/AN population is the second largest minority group in Grays Harbor. Washington has one of the largest (counted) homeless people ranking as the fifth highest state USICH (2020). While many Indigenous live on reservations with their Tribal community, there are approximately 28

suffering from chronic homelessness. Although that number seems low, it is only an estimate because the Indigenous homeless populations can easily be overlooked.

Mechanisms

Acceptance of different worldviews is necessary when providing care for Indigenous populations. Many Indigenous people have a holistic worldview when approaching behavioral health issues. America addresses illness or disease with mainstream healing, where AI/AN provides traditional methods (SAMHSA, 2018). A central topic that should be recognized, acknowledged, and discussed with Indigenous populations is the importance of historical trauma. This historical trauma can include loss of culture, and assessing each individual's cultural identity when offering care or assistance is critical (SAMHSA, 2018). Finally, recognizing the significance of Indigenous communities and sovereignty can be easily overlooked. Each Tribal Nation adopts unique tribal codes overseen by the Tribal Government. All care providers must respect and understand the roles of the sovereign nations when developing care/treatment plans (SAMHSA, 2018).

The Chief Seattle Club was the first to develop a housing system that incorporated the unique cultural needs of AI/AN. This 9-story building that provides 80 studio apartments was erected in 2022 (HUD, 2022). The project intended to address homelessness by offering affordable housing for veteran and Indigenous populations. This one-of-a-kind structure incorporated a café that serves Native foods, a health clinic operated by the Seattle Indian Health Board, trauma-informed case managers, and a supportive community (HUD, 2022). One question regarding this development is, When can more of these be built?' The main answer is the project cost of $50 million. Seattle is one of the more expensive places to live, along with the increased cost of housing, so other communities may be able to build for less. The second

question is, 'Where does the money come from?' This project cost was divided into a 60/40 split, where 60% of the proceeds came from city, county, and state taxes, leaving the additional 40% to be funded by private donations and significant capital campaigns (HUD, 2022).

Ethical Considerations

ACA Code of Ethics C.2.b. addresses specialty areas of practice. Practice in specialty areas requires appropriate education, training, and supervised experience. This required competence protects the client from undo harm (ACA, 2014). ACA Code of Ethics A.4.a and A.4.b specify avoiding imposing personal values and foreseeable harm onto the client. The care provider must accept and understand cultural identities and Tribal Governments (ACA, 2014). Finally, the ACA Code of Ethics section B.1, respecting client's rights. This section covers how care providers must consider multicultural and diverse populations and respect clients' confidentiality and privacy. It is crucial to discuss the limitations of confidentiality and privacy as per state or government laws. Tribal members may only accept the laws of the Tribal Government. They may not fully understand that abuse, harming oneself, or harming another are incidents that mandate reporting by the care provider. The care provider must also discuss who the client chooses to participate in their treatment process and what Tribal laws govern participants (ACA, 2014).

PART 5: ADVOCACY

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Barriers

Institutional/Community/Public Policy

One barrier I see is having a privileged counselor with marginalized clients (Ratts et al., 2015). This barrier requires a counselor's self-awareness and acknowledging of the client's worldviews. The communities where people experiencing homelessness reside are not accepting and would rather have the homeless population become someone else's problem. There are no current public policies in Aberdeen, WA, about people experiencing homelessness or what to do with these situations. The only guideline is law enforcement, which can only remove people from specific locations. Additional barriers include the criminal justice system, substance use disorders, lack of funding for housing, and vague state policies. Finally, the community does not allow homeless encampments, regardless of the benefits they offer.

Advocacy

Institutional/Community/Public Policy

Helping people experiencing homelessness with substance use disorders is one way to advocate for this population by providing resources to rehab services in Aberdeen, WA. These services include, but are not limited to: the SAMHSA Smart Recovery program, which provides prevention, recovery, and harm reduction guidelines, an inpatient facility located in town, SUD tool kits, and working with the criminal justice system to offer rehab instead of incarceration (ASAM, 2023). Offering incentive programs like Trash for Cash allows homeless individuals to keep their local community free of trash and rubbish (ASAM, 2023). Advocating may also include a Foundation Against Intolerance & Racism movement to show community members the importance of treating people experiencing homelessness like human beings (ASAM, 2023).

To implement public policies, they must first go through a hierarchy of government officials. A starting point for this is to become involved in or become a member of the Aberdeen City Council while discovering current, available resources. Before introducing policies and agendas, learn who is/are the current state governor, state legislature, US Senate, and US House members (ASAM, 2023). In addition, it is essential to attend gatherings these individuals attend and start befriending them before discussing any agendas (ASAM, 2023).

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