



Homelessness and Addiction

Two Crises Intrinsically Linked to Each Other

By Gregory J. Alexander, Contributing Writer

“Homelessness drives people in here, whether if it’s because they’re on the street or they’re living in an encampment, or their addiction has just caused their family or other loved ones to just say, ‘Look, you know, you can’t be here anymore,’” says Daniel Stoltzfus, CEO of Helping Up Mission (HUM, <https://helpingupmission.org>). HUM has impacted the lives of those experiencing homelessness, poverty and addiction in Baltimore by providing individual care that addresses their physical, psychological, social and spiritual needs since 1885. Stoltzfus says that HUM has a dedicated outreach team that visits locations where people experiencing homelessness are gathering and congregating to spread the word about HUM’s services.

“It’s just being there for people in their time and need. And one thing that I’ve learned is you can’t force people to realize that they’re at rock bottom, and they need to get help.

They have to be willing, but what we want to do is to be there to catch them when they are ready,” he says.

“It’s likely that those experiencing homelessness have also experienced other traumatic experiences in life, which may include addiction,” says Lawanda Williams, chief behavioral health officer at Health Care for the Homeless (www.hchmd.org), a nonprofit organization with locations in Baltimore City and Baltimore County that aims to end homelessness through racially equitable health care, housing and advocacy.

“The isolation and stigma associated with homelessness can fuel substance use. Also, using drugs alone is especially dangerous,” says Molly Greenberg, R.N., harm reduction manager at Health Care for the Homeless.

Stoltzfus says that in Baltimore, fentanyl remains a particularly dangerous drug, especially due to its lethal nature. “The risk of overdose and, sadly, death when somebody uses fentanyl, and the number of substances now that are being laced with fentanyl ... it’s really reinforced

the importance of recovery and sobriety. We have had some losses where graduates of our program and others have relapsed, and fentanyl is just one of those things that is likely going to end in serious health issues or death if somebody relapses,” says Stoltzfus. “It’s that much of a life and death struggle right now. I’ve described it like Russian roulette with bullets in more of the chambers ... it’s a scary situation.

“That being said, we continue to see with our community that the number one drug of choice coming in is often alcohol – about 40% of our residents’ main addiction is alcohol,” says Stoltzfus.

Williams says that as a native Baltimorean, she doesn’t believe that the opioid epidemic is anything new but, rather, it’s gained more attention as it’s affected more demographics.

Personalized Approach to Care

Health Care for the Homeless’ Williams, who has been at the organization for 13 years and oversees the behavioral health division, including psychiatry, addiction, case

management, community health, housing services, and more, says that her team aims to “meet people where they are,” which she explains is not only in the physical manner, but also where patients are emotionally.

“We engage with individuals to find the care that they are ready for, realizing that for some people sobriety is not the only option at this moment. There is so much shame associated with addiction already, so the last thing we want to do is to attach shame to any services we provide,” she says.

One of the approaches that Health Care for the Homeless uses is harm reduction, which Harm Reduction International explains as “a set of policies, programs and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights.”

Greenberg notes that previously patients were required to meet with a therapist in order to access medications as part of a medical assisted treatment (MAT) plan. “Research

Photos Above: Molly Greenberg, R.N., harm reduction manager at Health Care for the Homeless

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showed that this was not an effective approach, so while we encourage patients to attend therapy sessions, it is not required. There is no magic bullet to stop someone from using drugs, so sometimes, it's better to find ways to make it as safe as possible for them," she says. Williams concurs that it's important to take an individualized approach. "While meditation, for example, may be beneficial for some, for others it may traumatizing to close their eyes due to the memories that this may evoke."

"We will ask patients questions such as, 'What are your goals?' Some people want to stop using all together and some people want to reduce their drug use or continue using knowing that medications for opioid use disorder can and do prevent overdoses. It's important for us to listen and not tell someone what to do. We create an open space with no judgment to help them determine what their individual goals are," Greenberg says.

Greenberg notes that she also educates patients on what contaminants are in some drugs these days and the side effects. "We also provide clean needles, cotton swabs, alcohol swabs and Band-Aids so that if they do use, it's safer."

Health Care for the Homeless provides myriad services, including medical care, dental care, psychiatric care, behavioral health and addiction services, and assistance with temporary housing.

At Helping Up Mission, Stoltzfus, who became CEO in January but has worked for HUM for five years, says that its approach is to meet patients' physical, psychological, social and spiritual needs. HUM began by providing emergency services – meals, clothes and lodging – and later expanded to a comprehensive initiative that offers a long-term residential recovery program for homeless men and women striving to overcome addictions. The flagship program of Helping Up Mission, the Spiritual Re-



covery Program, integrates the latest scientific understanding of addiction treatment with intense spiritual development. For one full year, participants live at the Mission in a 12-step therapeutic community.

When Stoltzfus first came to HUM, he lived alongside patients at the residential facility for six months. He and his family were living in Arizona at the time, his youngest daughter was a senior in high school and his wife was under contract to teach that school year. So, he proposed a temporary situation where he would live on campus until his family could relocate to Baltimore.

"They found a place on campus in one of our graduate housing row houses that we have on East Baltimore Street. So, I had an opportunity to get to know the community sort of from the ground level. I remember one time the power went out on the block at two o'clock the morning, and I got to experience what it's like in a residential community of 500 men trying to

make sure we have emergency lights and figure out what we were going to do about breakfast and all those kind of logistical things," he recalls. "It really gave me a front row seat and the understanding and insight into the needs and the opportunities in the community."

Helping Up Mission's East Baltimore Street headquarters has 500 beds for men, and the 145,000-square-foot Center for Women & Children allows the organization to serve a total of 250 people – 200 women and 50 children. Stoltzfus says that HUM's partnerships with local health care organizations is critical to success.

Homelessness Presents Myriad Challenges

Williams notes that homelessness is a complex issue with a variety of factors contributing to it.

"Baltimore has a long history of housing segregation and disinvestment in communities with poor housing stock. Those who are homeless

may be experiencing it due to poor health, job loss, rising rent, or inheriting a home that they cannot maintain or pay the property taxes on," she says.

Breaking the Cycle

When HUM's Stoltzfus became CEO, one of the first agreements he got to sign was one that had been in the works for a while – a collaboration with the Center for Addiction and Pregnancy at the Bayview campus of Johns Hopkins Hospital.

He explains that Bayview had a program where women who were pregnant and battling substance use or alcohol disorder could reside at Bayview while they got clinical and prenatal care. However, this program ended when the baby was born.

"So, what we've landed on is an opportunity for those women to be invited into our recovery program at Helping Up Mission in our new Center for Women and Children. We have a floor of this building that is set up and equipped to be a maternal care floor. We looked at the research and found that Baltimore has one of the highest maternal morbidity rates, and the leading cause of maternal morbidity is actually substance use disorder and unintentional overdose, which reinforced for us the importance of this program."

Stoltzfus notes that for many of the mothers, if they were not in a program like HUM, they wouldn't be able to keep their babies, and that research shows that if a child grows up in an environment that does not include addiction, they are less likely to be addicts down the road.

"If we can intervene and change that trajectory for these moms and for the babies, it's going to be a critical step forward for our community and for the those that we serve," he says.