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Ministry of Women and Social Affairs

Federal Democratic Republic of Ethiopia
Ministry of Women and Social Affairs

Health Care Service Guideline of Urban Destitute Project
(Final Version)

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Introduction

Purpose of this Guideline

The main purpose of this guideline is to assist health providers in the rehabilitation centers to set clear *standards for planning* and *providing health care* for the homeless people. It is also intended to help health providers to re-affirm the fundamental rights of homeless people to be treated with dignity, compassion and respect.

Who is this Guideline Intended for?

This guideline is mainly intended for use by health service providers working in rehabilitation shelters/centers where beneficiaries are resided. The other target audience for which this guideline is prepared is primary care providers, local authorities and voluntary sector organizations that are planning health and social care services for the homeless people. Moreover, this guideline has been designed for communities where providers of shelter and other services can come together, learn about and discuss the issues, and plan individual and collaborative solutions.

How to use this Guideline?

This guideline is designed as a *training document* as well as a *practical working document* in implementing health care services. Hence, health service providers can use this guideline both as a training and actual service provision resource tools.

Structure of the Guideline

This guideline is basically structured into three sections.

Section 1: Basics of the Homeless Health Care Services

Section 2: Models of Health Care Services for the Homeless People

Section 3: Role of various Institutions in the Health Care Services for the Homeless People

Section one: Basics of Homeless Health Care Services

1.1. Rights of the Homeless People to Basic Health Care Services

The fundamental principles guiding the planning and provision of health care services for the homeless population are Articles 1 and 25 of the Universal Declaration of Human Rights, as adopted by the United Nations.

These Articles of the declaration state that all human beings are born free and equal in dignity and rights and *everyone has the right to a standard of living adequate for the health* and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Therefore, in planning and designing health care policies, strategies, interventions, and services for the homeless people, health care providers should be able to understand the contents of the Universal Declaration of Human Rights and employ a rights-based approach in any of its health care/service interventions.

1.2. Types of Health Care Services for the Homeless People

1.2.1. Environmental Health Care Services

Environmental health care services are those services that prevent, detect and mitigate unhealthy environmental conditions (e.g., contaminated water supply, chemical and pesticide exposures, air quality, exposure to lead, poor field sanitation, rodent and parasitic infestation, and aging or over-crowded housing).

Health centers (including shelter-based health centers) can play a meaningful role in addressing shelter health problems by providing *screenings, education*, and *treatment* to shelter residents and staff. Additionally, health providers at the shelter center are well-positioned to lead discussions about creating systemic approaches to improve the health of individuals and families who rely on shelters to meet their basic needs.

Hence, shelters should be designed with a *fundamental goal* of giving homeless people a safe place to be to prevent them from dying on the streets; get rehabilitated; and develop copying mechanisms and resilience. In addition, rehabilitation shelters/centers are also expected to establish *safe environmental health practices* that will help minimize and control the spread of *communicable* or *infectious diseases* through, for instance, hand washing, basic health education and keeping personal hygiene.

1.2.2. Physical Health Care Services

Shelter-based health centers can play a key role in improving shelter health for individuals and families experiencing homelessness. In addition to *screening* and treating conditions that arise in

the shelter setting, shelter-based health centers can work with public health centers to mitigate health risks by developing strategies to *prevent, identify* and resolve drivers of poor health.

Tuberculosis

Tuberculosis (TB) is caused by a bacteria, Mycobacterium tuberculosis, which usually affects the lungs but can affect other areas of the body. Individuals who have TB in the throat or lungs can spread the bacteria to others by coughing, sneezing, and talking, which puts individuals in their immediate surrounding who breathe in the bacteria at risk for becoming infected.

Hence, shelter-based health centers should:

- Conduct outreach to minimize delays in case detection and treatment
- Conduct educational outreach at shelters and encourage residents to seek support at the health center if they have symptoms or have been exposed
- Conduct TB screenings for shelter residents and staff
- Encourage shelters to adopt environmental control measures
- Provide case management as individuals who are experiencing homelessness and completing a course of treatment can benefit from case management services aimed to ensure treatment compliance and health care follow-up, to address concerns related to substance use disorders, and to ensure that other supportive services are provided to assist in a full recovery
- Adopt government Medicaid option to enroll TB infected individuals into the Medicaid program and support the cost of TB treatment

Infestations

Crowded conditions, poor hygiene, and sharing of resources such as clothing and hair brushes can contribute to infestations of parasites such as bedbugs, body and head lice, and mites that cause scabies. With the exception of body lice, which can spread typhus, trench fever, and louse-borne relapsing fever, these bugs and mites are not known to spread disease. However, excessive scratching of bitten areas can lead to secondary infections including bacterial super-infections.

Thus, shelter-based health centers are required to:

- Have inspections and follow publicly mandated standards for offering adequate showering and laundering facilities to help mitigate infestations
- Implement additional measures such as bug-proof mattress covers and eliminating wooden bed frames to prevent bedbugs
- Establish strategic partnerships involving the health and housing sectors for systematically eradicating infestations as shelter staff carried out certain cleaning protocols while clinicians worked to establish effective courses of treatment for shelter residents
- Offer routine screenings to identify individual infestations and help prevent its spread, and provide education and treatments.
- Refer beneficiaries who have bacterial super-infections to a medical respite program

Asthma

Shelters can harbor a number of asthma triggers including mold, dust, chemicals, cockroach feces, and second hand smoke.

Therefore, shelter-based health centers should:

- Shape their clinical practice to take into account the unique living conditions of individuals experiencing homelessness
- Provide guidance to shelters to eliminate triggers
- Work with local government to ensure that health is not further compromised by poor conditions of public housing
- Assist shelters in establishing asthma action plans
- Work with shelters to facilitate rescue care, store nebulizers, remind clients to take medication, provide smoke-free spaces, and decrease asthma triggers
- Educate communities on the physical, social, and monetary costs of managing asthma and other illnesses in the shelter setting

Hunger and Nutrition

Individuals and families experiencing homelessness depend on shelters to provide some or all of their daily meals. However, strapped budgets and the high cost of fresh fruits and vegetables often limit meal options. Consequently, meals at shelters are often high in fat and low in fiber, lack adequate nutritional properties and generally aim to address hunger rather than improvements in health. Lacking access to nutritious food increases the risk of malnutrition, chronic disease, poor management of chronic disease, anemia, growth delays, and obesity among shelter users.

Hence, shelter-based health centers are advised to:

- Educate stakeholders about improved nutrition options at shelters
- Identify shelter policies that contribute to poor nutrition and health status and discuss opportunities to improve options for shelter administrators
- Encourage shelters to use nutritional guidelines in meal planning

1.2.3. Behavioral Health Care Services

Behavioral health problems (such as substance abuse, personality disorders & mental disorders) are common among people who are homeless, and the risk of chronic homelessness increases when substance abuse or mental problems are present. Substantial progress toward recovery and self-sufficiency may require significant engagement efforts and repeated attempts at treatment and housing rehabilitation. In addition, relapse during substance abuse treatment may create barriers to a variety of services, including transitional and permanent supportive housing

People who are homeless or at risk for homelessness and have a substance abuse or mental disorder are often cut off from social supports and need services ranging from safe and stable housing, food, and financial assistance to *medical care, mental health treatment, education, skills development* and other preventive services, employment, screening and early intervention, and recovery support.

It is important that SPs should *plan for effective behavioral health care services*, establish a system of care and have behavioral health service providers that respond specifically to the beneficiaries' wide ranging needs as comprehensive recovery efforts must include not only housing, but also supportive mental health, substance abuse, and medical services. Of course, as

a behavioral health service provider, working with individuals who are homeless may mean entering a world you have previously seen only from a distance.

SPs administration and shelter-based health service providers for the homeless people are expected to design a plan for behavioral health services that include:

- Identifying the need
- Identifying the stakeholders
- Defining the scope of care and range of services
- Identifying a model
- Designing the program
- Implement the program

Once the scope of services, program model, and staffing are determined, SPs and shelter-based health centers need to develop clinical and administrative policies and procedures (such as clinical protocols, safety infection control, medical or psychiatric emergencies, & medications).

Generally, a plan to provide health care for the homeless must address the medical needs of homeless patients and barriers to health and health care. As such, a health care plan should include funding, staffing, and implementation strategies for initial screenings, clinical preventive/primary care services for acute and chronic conditions, diagnostic tests, pharmacy service, follow-up methods, and a referral system for specialty care, mental health, transportation, and social services.

Other components of the health care plan for the homeless people include: *case management, record keeping, medical outreach* and *referral services* and *staffing*.

Certain Behavioral Health Problems and their Treatment

Substance abuse and its treatment

No single treatment is appropriate for all beneficiaries. Matching treatment settings, interventions, and services to each *individual's particular problems* and *needs* is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial.

Effective treatment attends to multiple needs of the beneficiary, not lust his or her drug use. To be effective, treatment must address the beneficiary's drug use and any associated medical, psychological, social, vocational, and legal problems. A beneficiary's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the beneficiary's changing needs.

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require *medication, other medical services, family therapy, parenting instruction, vocational*

rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the beneficiary's *age, gender*, and *culture*.

Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for a beneficiary depends on his or *her severity of problems* and needs. Research indicates that for most patients, the threshold of significant improvement is reached at *about 3 months* in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

Counseling (individual and/or group) and other *behavioral therapies* are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and *rewarding non-drug using activities* (such as *physical exercises, gum-chewing, playing games, reading*), and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the beneficiary's ability to function in the family and community.

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. *Methadone* and *levo-alpha-acetylmethadol* medication can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important. Addicted or drug abusing individuals with *coexisting mental disorders* should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder. *Medical detoxification* is only the first stage of addiction treatment and by itself does little to change long term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

Mental illness and its treatment

Research and theory show that approximately one-third of all homeless people show symptoms of mental illness. Studies of the mental health of homeless people also indicate that the prevalence of serious mental disorders is considerably higher among the homeless than it is among the general population.

Of course, there is a great deal of evidence about what practices work well to serve people suffering from severe and persistent mental illness. In fact, the provision of mental health services to homeless people is difficult primarily due to lack of appropriate facilities and resources, lack of insight into their psychiatric problems, and the complexities of the service needs.

Hence, the first priority in addressing the problems of the mentally ill homeless must be to ensure the adequate availability of *clinical services* (including professionally supervised supportive housing arrangements) at all levels, and *effective rehabilitation programs*. Moreover, in addressing the issues of the mentally ill homeless, greater communication, consultation, and

continuing liaison are needed between providers of services. This is especially true for homeless adult individuals who suffer from more health problems.

Generally, in seeking to resolve the very complicated interrelationships among homelessness and mental illness, *service providers* are advised to:

- Provide more in-depth training for staff and volunteers on the treatment of mental illness
- Provide services on a voluntary basis, respectful of individual privacy and dignity
- Train their health care providers in the special problems of patient engagement and communication
- Train their health care providers in the diagnosis, treatment, and follow-up of those conditions that are especially prevalent among homeless people
- Develop effective techniques to address the particular difficulties homeless people have in maintaining medication or dietary regimens
- Develop efficient ways for homeless patients to obtain needed medicines, medical supplies, or equipment as, in many respects, homeless people have the same health care needs as other poor people
- Include targeted outreach services directed at homeless individuals suffering from mental illness,
- Include supportive living environments encompassing programs ranging from the most structured to the least structured
- Include treatment and rehabilitation services appropriate to the individual's diagnosis and functional level
- Include *specialized case management* provided by professionals who not only understand the complexities of these illnesses as they relate to homelessness but who also understand the complexities of systems that seek to provide mental health

Trauma and its treatment

Trauma is defined as experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them feeling powerless. Trauma can have a long-lasting impact and is widely understood to be a precursor to homelessness.

Homelessness itself comes with the trauma of significant loss and constant stress. Once in a shelter, beneficiaries can be inundated with potential trauma triggers including crowded conditions, limited opportunities for privacy, safety concerns, authoritarian staff, feelings of being processed, increased exposure to violence, and witnessing emotional breakdowns or psychotic episodes by others.

The turmoil of the shelter environment compounded with past traumatic experiences can make it difficult for individuals and families to cope and can lead to maladaptive behaviors that impact their health and wellbeing.

Hence, shelter-based health care centers have to:

- Be aware of the linkage between trauma and homelessness and incorporated *trauma-informed practices* into their delivery of care
- Establish *trauma-informed organizations* to prevent unintentional re-traumatization due to an organization's physical environment, practices and policies

- Encourage the systemic implementation of a trauma-informed framework
- Educate stakeholders and partners on the benefits of a system-wide trauma-informed framework to avoid re-traumatization of people without homes
- Raise awareness of their health center service providing staff that can assist beneficiaries who have experienced trauma
- Inform shelter administrators and staff about trauma treatments for residents available through your health center or other community programs
- Increase shelter staff awareness on how to make appropriate referrals for treatment.

Generally, in order to provide efficient and standard health care for assisting homeless people to be successful in the process of rehabilitation, SPs need to design and incorporate the following services into their health care system:

- Overall case management
- Centralized record keeping
- Laboratory services
- Radiology services
- Pharmacy services
- Transportation
- Respite Beds

Section Two: Models of Health Care Services for the Homeless People

2.1. Shelter-Based On-site Clinics

Shelter-based on-site clinic or health care program is a program that provides low-barrier health care to homeless people living in shelter settings by shelter-based service providers or health care providers at shelter locations. It is a way of physically meeting beneficiaries in the space where they live, which reduces a number of barriers to accessing care for a population that is already stretched very thin.

The basic reasons for developing shelter-based on-site clinic are that many of the individuals staying in shelters have chronic and acute health conditions before arriving at the shelter; that the shelter environment such as crowded conditions may expose people to diseases such as tuberculosis and illnesses like flu; that *crowded, unsanitary*, and *unhygienic conditions* may also be linked to *infestations* like bedbugs and lice, or health conditions like asthma, Hepatitis; and that living in a shelter can be a traumatic life event that can create or exacerbate mental health conditions. Given the number of competing priorities in shelter environments, health care is not always treated as a top priority. Of course, having a shelter-based clinic in which health care provider staff rather than shelter staff control admissions can help decrease these health concerns. In the context of shelter-based healthcare, nurses and other healthcare positions are needed, where a degree can help qualify for these kinds of positions.

In fact, the health care services that can be provided in shelter settings vary widely depending on the space and facilities that are available. One of the main issues with health care in shelters is the level of services they are able to offer; the smaller the facility, the smaller the health care

quarters, the fewer services they may provide. Shelter-based models can also vary greatly in cost, based on the extent of staffing and services offered.

So, health care staff must be able to provide health services in an efficient way, rather than offering many services with low-quality outcomes. To do this, health care providers working in shelter-based clinic or on a visitation basis must continuously ask themselves what services can be safely and efficiently provided in the shelter setting and which services must be provided elsewhere-and, for services that must be provided elsewhere, how patients' access to those *offsite services* can be facilitated.

Moreover, health care providers working in shelter-based clinic should consider implementing health education and promotion activities in their facility, such as:

- Providing practical help such as clean socks, hygiene kits, sunhats, sun block, washing facilities
- Offering education or training for shelter beneficiaries on such topics as:
    - Nutrition, healthy food choices
    - Weight reduction
    - Benefits of physical exercise
    - Stretching, yoga
    - Meditation, prayer, spiritual practices
    - Stress management
    - Safety measures to prevent injury
    - Taking care of themselves and their children during illness
    - Smoking cessation
    - Posting health promotion signs and flyers in prominent places in the shelter. The more colorful and interesting they are, the better.
- Providing printed health education materials to shelter residents
- Initiating conversations regularly with residents about their own health promotion activities, and those for their children
- Holding a health fair specifically targeted for homeless and disadvantaged people
- Conducting the fair in the shelter if possible, or elsewhere in the community
- Developing a peer health promotion program
- Providing training and support for residents to organize activities, and reach out to and counsel other residents
- Providing exercise space and equipment on the premises if possible, or access to a gym
- Providing computer access to residents to promote learning about health and wellness
- Developing a staff role focused on health education and promotion. E.g., develop a volunteer position for this purpose.
- Informing residents about community resources regarding health education and promotion. I.e., a model for healthy living as a staff member.

In addition to *health education* and *promotion activities*, other *Best Practices* that health care providers have to consider for providing shelter-based care to people experiencing homelessness include:

- *Highlighting the importance of follow-up* as follow-up efforts can be particularly difficult with beneficiaries experiencing homelessness, due to transience

- *Integrating trauma-informed care*. This is because many people experiencing homelessness have experienced trauma, and that living in a shelter environment can exacerbate that trauma or be traumatic in its own right. Thus, paying continuous attention to the role that trauma plays in beneficiaries' mental and physical health is essential
- *Recognizing the necessity of community collaborations*
- *Mitigating fear and shame*. Two of the biggest issues for beneficiaries seeking medical health are fear and shame due to stigmatization and a sense of worthlessness.
- *Focus on stories*. It is really important to allow beneficiaries time and space to tell their stories. Not only is this a key element of building trust between the beneficiary and the service provider, but beneficiaries' personal narratives also often hold the key to understanding their mental and physical health.
- *Meet beneficiaries where they are*. With all the challenges aside, literally and physically meeting the clients where they are at is the best way to deliver care to this population in particular.

At the same time, all centers, both *drop-in* and *residential*, must have a *pharmacy kit* with the most *common medicines* (painkillers, decongestants, anti-inflammatory, antidiarrheal, deworming, etc.) and *first aid material* (disinfectants, cotton, bend-aids, bandages). Dignity kits should also be available for girls. All centers must partner with health facilities (dispensaries, health centers, hospitals) that will treat the homeless people in need of specialized medical care. These partnerships should preferably be evidenced by a *written agreement*.

In conclusion, programs that provide health care services on-site at shelters and other temporary and transitional housing facilities are a way of providing low-barrier health care to people experiencing homelessness. Hence, shelter staff and the health care team should work together to prevent the health issues, including mental and behavioral health issues, of people who experience homelessness.

2.2. Health Care Services in Day Programs

Day programs, which are similar to the shelter-based clinics, provide services where homeless people can be found, but they differ from shelter-based clinics in that the sites are *independent of residential programs*. Various mental health and vocational guidance services are provided to homeless people in a single building located in what was once known as the *combat zone*. Included in these services is a health clinic for homeless people that is staffed by volunteers and paid employees.

2.3. Free-Standing Clinics

A *free-standing clinic* is another model for the delivery of health care for homeless people.
It used a combination of paid staff and volunteers. It was established as a response to the unmet needs of homeless people. In this model, homeless people receive health care with dignity and without waiting for long periods, as they often did in traditional outpatient departments and emergency rooms.

Within the freestanding respite unit, there is also what we call an *ideal medical respite care model*. In this model, generally one organization owns and operates the program in a separate leased or purchased facility, designed specifically for medical respite services. While clearly

more costly than the other approaches, this model does provide the most appropriate environment for delivering medical services to homeless people in need of curative/recuperative care. The ability to control policies and procedures including admissions, length of stay, the delivery of care, discharge planning, and health and safety guidelines creates an opportunity to design a program best-suited to the needs of the homeless patients served in that community.

2.4. Mobile Health Care Services

As homelessness increases, people are finding alternative ways to help in the form of mobile healthcare services. Mobile health care for homeless people helps healthcare workers travel between communities with higher homeless populations and offer their services, significantly helping the homeless by evaluating and treating them depending on the diagnosis.

These mobile health units can often be found and accessed at:

- Churches
- Community health centers
- Drop-in centers
- Hospitals
- Public health departments
- Schools
- Shelters
- Social service agencies

2.5. Community Health Centers

Community health centers (CHCs) are health clinics that provide comprehensive family-oriented preventive and primary health services for those who are homeless, and other underserved populations. They provide treatment including:

- Acute medical examinations and treatment
- Comprehensive physical health problems
- Dental work
- Hypertension
- Immunizations
- Laboratory work
- Mental health counseling
- Prenatal monitoring
- Prescription drugs
- Radiology services
- Sexually transmitted diseases
- Substance abuse treatment
- Tuberculosis screenings
- Well-child care

The community-based health centers must, either through staff and supporting resources, or through contracts or cooperative arrangements:

- Serve areas designated as medically underserved
- Provide basic primary medical care services plus support and facilities appropriate for the target population
- Understand how policies and laws can help make healthcare more accessible to the homeless

Section Three: Role of Various Institutions in the Health Care Services for the Homeless People

Role of the Federal MoH

- Develop National Health Strategy for the homeless people
- Assign accountable officer for homeless health care at all levels
- Give directives for regional health bureaus to support SPs working on homeless population
- Establish strong regional coordination to ensure integration and continuity of service delivery across geographical boundaries
- Publish evidence of partnership working with statutory and voluntary sectors and service user engagement at all levels.

Role of Regional Health Bureau

- Establishing strong linkage with rehabilitation SPs working on homeless populations
- Mobilizing health centers and institutions under its administration to provide health care services to homeless population

Role of public health centers

- Supporting SPs by providing direct health services to their beneficiaries
- Supporting SPs by supplying health facilities and manpower resources

Role of SPs

- Conducting beneficiary health screening/examination/check-up/assessment at entry level as part of the initial plan and intervention
- Regularly assessing the health problems and needs of each beneficiary, and use this as a base for the beneficiary's health follow up
- Organizing standard data concerning the numbers of homeless people, their health and associated expenditure in primary and community care
- Establishing partnership with public health care centers/institutions, and regional health bureaus
- Using referral systems with other public or community health care centers for severe health problems that need specialized treatment by professionals
- Planning for the health care services for the homeless people
- Developing links with relevant professional bodies

- Promoting and encouraging accessible provision of primary health care
- Promoting homeless health care as a viable and attractive career choice for staff
- Providing the bridge linking hospitals and community care through hospital in-reach services
- Working closely with public health departments particularly with important communicable diseases (e.g. TB or blood borne virus transmission)
- Including the provision of respite care (community based residential medical facilities for homeless people with significant and complex health care problems) in their health care services