Occupational Therapy in a Continuum of Care for Homelessness

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Homelessness in Los Angeles

2019 Greater Los Angeles Homeless Count

Geographic Area	Sheltered	Unsheltered	Total
Los Angeles County	14,722	44,214	58,936
City of Los Angeles	8,844	27,221	36,165
Skid Row	1,974	2,783	4,757

Aging population (55+): 13,606
Chronically homeless: 15,538
African American: 18,719
Hispanic/Latino: 20,523

Los Angeles Homeless Services Authority (2019). https://www.lahsa.org/news?article=557-2019-greater-los-angeles-homeless-count-results

Current Evidence

Needs:

- Community barriers
- Poor utilization of healthcare
- Decreased occupational well-being
- Insufficient healthcare for women

Best Practices:

- Trauma informed care
- Cognitive support
- Interdisciplinary care
- Occupational engagement

(Backer & Howard, 2007; Cook & Howe, 2003; Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Gelberg, Gallagher, Andersen, & Koegel, 1997; Henwood et al., 2013; Marshall, & Rosenberg, 2014; Roncarati, et. al., 2018; Rota-Bartelink, 2009; Stafford & Wood, 2017; Thomas, Gray, & McGinty, 2017.)

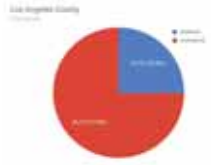
Street Medicine

Practice Context: USC Keck School of Medicine Street Medicine

- Hospital consult service
- Primary care on the street (PA, RN, CHW, OT)

Needs:

- Discharge planning and advocacy
- Medication management
- Connection to community resources and community navigation
- Cognitive support



OT Role:

- Functional and cognitive assessment prior to hospital discharge
- Rapport and trust building
- Immediate adaptation and support for survival activities
- Patient education
- Development of occupational profile
- Engagement - leisure, community, healthcare

(Backer & Howard, 2007; Gelberg, Gallagher, Andersen, & Koegel, 1997; Marshall, & Rosenberg, 2014; Roncarati, et. al., 2018; Stafford & Wood, 2017; Thomas, Gray, & McGinty, 2017.)

Photos courtesy of Lauren Espinoza

Integrated Behavioral Health Primary Care

Practice Context: JWCH Center for Community Health

- Designated healthcare for homeless clinic and FQHC
- Traditional in clinic primary care with co-located services (behavioral health, psychiatry, dentistry, pharmacy, optometry)

Needs:

- Support in health maintenance through interdisciplinary care
- Cognitive support
- Occupational engagement
- Trauma informed care

OT role:

- Adaptive equipment consultation
- Leisure exploration
- Cognitive Support
- IADL support
- Housing Navigation*

(Backer & Howard, 2007; Cooke & Howe, 2003; Cornes, Joly, Manthorpe, Hallo an & Smyth, 2011; Elliott, Bielajac, Fallot, Markoff, & Re d, 2005; Hopper, Bassuk, & Olivet, 2010 Marshall & Rosenberg, 2014; Rota-Bartelink, 2 09; Thomas, Gray, McGinty, & Ebringer, 2011)

Photos courtesy of Julian Prado

Permanent Supportive Housing (PSH)

- Practice Context: Skid Row Housing Trust
  - Housing for people who have experienced chronic homelessness
  - Houses about 1800 people spread across 26 buildings
- Needs:
  - Routine of obligations (rent, bills)
  - What to do with one's time (isolation, lack of meaningful activity)
  - Mental health support (stigma, relationship w/service providers)
- OT Role
  - Provide meaningful engagement in occupations
  - Advocacy
  - Cognitive and social support to accomplish responsibilities
- Goal:
  - Maintain housing or obtain Section 8 voucher

SKID ROW HOUSING TRUST

Homes. Support. Success

(Gabriellan et al., 2019; Henwood et al., 2013; Henwood, Cabassa, Craig & Padgett, 2013; Hsu et al., 2016; Marshall & Rosenberg, 2014; Montgomery, Szymkowiak, & Culhane, 2017; Padgett, Henwood, Abrams,& Davis, 2008; Rhoades et al., 2018; Stergiopoulos et al., 2014)

Photos courtesy of Ozan Yay

Questions?

Case Scenario A:

The street medicine received a consult for Mr Jones, 62, while he was admitted to the hospital for an open wound and possible LLE infection following an incident in which he was hit by a car. Mr Jones' medical history includes: substance abuse, several motor vehicle accidents, arthritis in bilateral hands, schizophrenia, COPD and CHF. He reports that while he had a short period of time in which he was housed and worked as a barber, he has been unsheltered for over 40 years and currently lives in a makeshift shelter of tarp and wooden boards, on the corner of two major streets near a freeway. This location is convenient as he panhandles for money by the fwy entrance, makes approximately $100 a day and is able to purchase food at a cheap restaurant nearby. While he lives alone, he has several friends in the neighborhood who check in on him, he lost contact with his family over 10 years ago. For safety he blocks the entrance of his tent with a board, but is concerned about his belongings when not there. While he can ambulate short distances, he utilizes a WC due to low endurance and pain in LLE. He washes and utilizes the toilet in a bucket behind his shelter; he occasionally utilizes shower facilities, but is often disheveled and dirty in appearance. You notice he consistently wears his shoes on the wrong feet. He works with a community outreach team that supports his transportation to and from appointments, and with the street medicine team for medical care outside. When engaging in conversation with him, you note he is a poor historian and has an inconsistent timeline of events. He appears to have slower processing when communicating and is difficult to understand, particularly with the noise of traffic in the background. The community outreach team report that he often removes bandages and is at great risk for infection. A member of the team reports safety concerns after seeing Mr Jones panhandling late at night in the dark, with his WC parked between lanes.

What do you address first?

Possible Next Steps:	Advantages:	Disadvantages:
1. You are concerned about his memory and processing, and decided to administer the MoCA to screen for cognitive dysfunction. He scores a 14. You note the increased difficulty in writing due to his arthritis and make goals to address memory and hand function.	- MoCA will provide argument for supported housing placement - Will provide insight into EF and processing allowing for targeted treatment planning - Provided insight into decreased hand function and frustration tolerance	- Pt becomes frustrated during the assessment due to difficulties and needs max encouragement, risks rapport - Pt could have refused to participate in paper and pencil assessment - Does not address immediate safety
2. You are concerned about his safety and discuss with him the hazards of nighttime panhandling. He agrees, but does not want to stop. You take a harm reduction approach and adapt his WC to be more visible by adding reflective tape and provide a safety vest for him to wear.	- Addresses immediate safety concerns - You have tape from previous intervention on hand - Quick fix - Respects pt decision making - You get him to move from between lanes of traffic to the median	- There is no guarantee that pt will wear vest or leave on tape - Pt is still at risk of MVA - Increased visibility means that the pt may also increase his risk as a target for robbery
3. You address his LLE injury. You provide pt education on infection control, begin a plan of LE strengthening and energy conservation in hope that he no longer needs to use the WC and can better access community resources.	- Increased access to resources - Pt stated that he feels safer due to increased ambulation - Pt less often removes bandages and increases the amount of times he bathes and washes hands	- Pt cognition means that his attention to infection control is still sporadic and remains at risk when working at night - His WC and open wound increase money provided from panhandling and now he is making less money each day

Case Scenario B:

Mr. Jones is now connected to traditional primary care services thanks to the efforts of a street medicine team he previously worked with. During his visit to his primary care physician he requests an ambulatory device. He is referred to the occupational therapist for consulting regarding the type of device and for enrollment into the Coordinated Entry System due to his experience of homelessness. The OT conducts the VI-SPDAT with the client to begin the housing process. The OT also conducts an occupational profile in which they discover more about his daily routines, roles, and goals. Mr. Jones discloses he engages in drug use regularly, was a barber for several years, and is having difficulty in UB and LB dressing due to the presence of arthritis in several joints. He reports flare ups with his arthritis occur more frequently with cold weather and prevent him from completing BADLs and interfere with IADLs.

What would you address first?

Possible Next Steps:	Advantages:	Disadvantages:
1. You submit a referral to a bridge housing program for Mr. Jones to be able to have shelter he can remain in throughout the day as well as have access to case management services on site.	-Ct is off the street -Opportunity to collaborate with case management to create environmental adaptations for any accessibility concerns -Opportunity to build rapport and trust	-Ct could refuse the bridge housing referral -Crowded spaces can be difficult due to experience of schizophrenia -Ct may have difficulty with routine check in processes to remain in bridge housing program
2. Using a donated shirt and new socks found in the clinic, you observe Mr. Jones don these items. Due to arthritis in his hands and hips, Mr. Jones has difficulty with the manipulation of buttons and donning his socks. You educate Mr. Jones about joint protection principles in context relevant to his life and create adaptive equipment.	-Ct is able to engage in ADLs he was having difficulty doing -Adaptive equipment can be easily reconstructed if lost or stolen -Education can help ct reduce stress to joints and engage in daily routine	-Ct can lose adaptive equipment that has been constructed -Adaptive equipment falls apart -Ct forgets joint protection principles -Ct remains unsheltered and vulnerable on street
3. You ask permission to further probe Mr. Jones drug use. He states that he feels using is necessary for him to survive the streets. You accompany him to the local harm reduction center to access clean needles and bus pass.	- Following harm reduction approach -Utilize observations from community outing inform ambulatory device recommendation to PCP -Ct gains buss pass increasing ease of access to community mobility	- Ct forgets where Harm Reduction center is located -Ct's ADL and IADL concerns are not addressed

Case Scenario C:

Mr. Jones is now housed in a Single-Room Occupancy (SRO) unit on skid row and has been living there for 5 years. As he has aged in place, Mr. Jones is overweight and requires a wheelchair for mobility. He recently scored a 13/56 on Berg Balance Test indicating he is at high risk for falls. The elevator is "out of order" in his building and he lives on the 4th floor. Three weeks have passed and he has not been able to leave the building. Currently there is no word from property management on when the elevator will be repaired. Mr. Jones is feeling isolated from his usual routine of going to a weekly painting group at another building, and social circle. This has led to him struggling with feelings of depression. Due to this, he has been coping by consuming vodka every day, which he has expressed his dissatisfaction with "but it makes the time go by." He has an In-Home Supportive Service (IHSS) worker that will bring him food and help him with his ADLs and IADLs. He also has a trusted neighbor who will bring him alcohol and spend some time with him, but for the majority of the day he is alone. It is the first of the month and rent is due but he has no way of getting downstairs safely to check his mail for his SSI check or go to the bank to obtain money orders.

Possible Next Steps:	Advantages:	Disadvantages:
1. Advocate for Mr. Jones by speaking with property management to ask for an extension on payment of his rent until the elevator is fixed and provide additional follow-ups to assess needs per week.	- He won't have to risk a fall attempting the stairs - Will hold onto his monthly money for a little longer - He will be more closely monitored	- Property management may refuse - Elevator may not be fixed for months, resulting in a large back pay of rent, which he must prepare for in his financial management in the meantime.
2. Bring painting supplies for Mr. Jones to engage in a preferred artistic activity. Leave him with enough supplies for a weekend project to help reduce feelings of isolation from normal routine.	- Provides him with meaningful activity - Provides alternative occupation to fill time	- Does not directly address his social isolation - He may not engage in the activity alone
3. Use motivational interviewing techniques to explore Mr. Jones' ambivalence regarding the role of alcohol in his current daily routine. He expresses interest in switching from vodka to red wine.	- Is in alignment with Harm Reduction model of care. - His needs are listened to and considered	- He might not like the taste of red wine - Wine is less accessible in the skid row area than spirits - His neighbor may not want to go out of his way to bring him red vine

In Conclusion

- Relationships between service providers and users affect quality of service
- Access and quality of services for the more vulnerable
- Occupational injustice necessitates OT
- Social stigma and marginalization have broad and multifaceted impacts

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