

Information from the Health Care for the Homeless Program

www.prainc.com/hch

HCH Programs Respond to September 11

On the morning of September 11, Saint Vincent's Manhattan Hospital, Health Care for the Homeless (HCH) staff were beginning their weekly staff meeting when terrorists flew hijacked airplanes into the twin towers of the World Trade Center (WTC), creating horror of unimaginable proportion. Upon hearing commotion, the staff headed for the office of Dr. F. Russell Kellogg, HCH medical director and chair of the Department of Community Medicine, where there was a clear view of the towers. HCH staff watched in shock and disbelief as fire engulfed the buildings and black smoke filled the skies over lower Manhattan. Within minutes, following protocols of the institution's disaster response plan, HCH staff joined their colleagues at the main hospital, the comprehensive trauma center nearest to the Trade Center.

Saint Vincent's quickly geared up to respond to an expected flood of casualties streaming into the emergency room and five ancillary emergency sites that had been hastily set up to handle overflow. Some doctors, nurses and emergency personnel were dispatched directly to the scene, which soon became known as ground zero. In the hours immediately following the attack, Saint Vincent's

established the first Family Assistance Center (subsequently assumed by the City of New York and moved to Pier 94) to help family members and friends who came to the hospital in hopes of finding missing loved ones. One of Saint Vincent's HCH sites, the John Heuss House, a drop-in center for homeless persons three blocks from the Trade Center, was able to remain open to provide emergency shelter, food, counseling and comfort to its clients in the hours following the attack.

Saint Vincent's has begun to deal with the physical,



Craig Simkins and Erik Knapp, EMT's with Project Renewal, at ground zero.

emotional and economic aftermath of September 11, much of which is still unfolding. Barbara Conanan, RN, MS, director of Saint Vincent's SRO/Homeless Program expects to see an increase in respiratory diseases and stress related disorders, such as stomach problems, sleep disturbances, anxiety and depression. Dr. Kellogg acknowledges, "We won't know the full impact for some time to come."

A few blocks from Saint Vincent's, another HCH provider also mobilized staff to respond to the disaster. Project Renewal, a community-based organization that provides comprehensive services to homeless persons, was awarded HCH "New Start" funding in Spring 2001. The Project Renewal MedVan, with an emergency medical technician and a physician assistant on board, immediately went to ground zero to provide emergency services to people who managed to evacuate the towers and to police, firefighters and rescue workers injured in the line of duty. Mental health professionals volunteered to provide grief and trauma counseling to survivors and families of victims. Project Renewal vans transported medical staff from hospitals throughout Manhattan to triage stations

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In This Issue

The events of September 11 impacted the entire nation. This issue tells the story of two HCH programs in New York City that responded in the days and weeks following the terrorist attack. The issue also provides information on mental health needs of HCH staff and disaster preparation for community-based agencies.

We'd like to know about HCH programs that have developed innovative ways to attend to staff mental health or agencies that have taken an active role in local disaster response. Contact the HCH Information Resource Center at (888) 439-3300, ext 247.

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Attending to Staff Mental Health

“Trauma changes our world view”... Lisa Cunningham Roberts, MA, supervisor, HCH mental health team, Harborview Medical Center, Seattle

Terrorist attacks, threats of bioterrorism and the images of war have inevitably produced feelings of sadness, anxiety and worry. On top of the distress created by national and world events, staff who work with homeless persons face the added challenge of work that carries its

Secondary or indirect trauma is not uncommon among people who work in close contact with trauma survivors.

own stresses and demands. Ken Kraybill, MSW, clinician specialist, National Health Care for the Homeless Council, believes that a critical first step is to acknowledge that health care workers, especially those working with marginalized individuals, are at high risk for occupational stress, similar to air traffic controllers or persons in combat. “We are psychologically, emotionally, spiritually and physically affected by our interactions with clients, for whom traumatic experiences are normative.” Secondary or indirect trauma is not uncommon among people who work in close contact with trauma survivors. Mr. Kraybill continues, “To create healing relationships and remain truly compassionate in

our work, we must find creative ways to allow our clients’ experiences to come into our hearts and process those feelings in positive and productive ways.”

HCH managers, supervisors and clinicians agree that it is important to find ways to nurture and support staff to minimize burnout, reduce staff turnover and improve the quality of interactions with clients. Jeff Olivet, MA, family case manager, Children’s Outreach Team, Albuquerque Health Care for the Homeless stresses, “We have to attend to the emotional health of people who do this kind of work if we want to take good care of our clients and retain good staff people.” There are a number of steps that managers and supervisors can take to create a supportive work environment.

1. Provide a sense of physical safety and stability

- Develop a disaster response plan. Train staff in protocols, including the role that the organization will play and the role that each individual is expected to play.
- Establish clear channels of communication. Provide current, accurate and relevant information.

2. Promote a sense of emotional safety and stability

- Establish organizational structures and processes that facilitate good communication. Hold regular staff meetings in which it is safe to talk about work-related and external issues. Provide opportunities to process day-to-day stresses in a group setting.

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Secondary Traumatic Stress: Signs and Symptoms

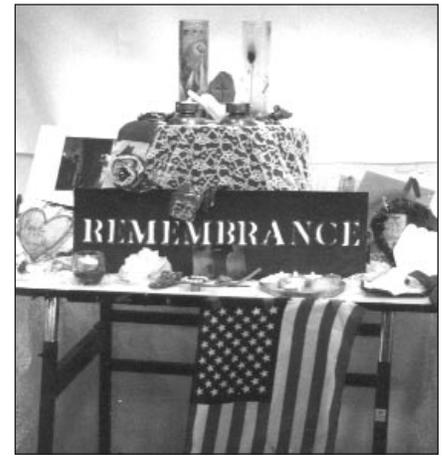
Through their interactions with clients, HCH staff are indirectly exposed to the trauma that homeless individuals and families experience. As a result, these health professionals and other direct care workers are at risk for secondary traumatic stress (STS). The signs and symptoms of STS are similar to those of post-traumatic stress disorder (PTSD).

- **Intrusive thoughts** such as nightmares, disturbing dreams, preoccupation with trauma or preoccupation with work.
- **Hyperarousal** such as feeling overwhelmed, irritable, angry, cynical, anxious, guilty or hypervigilant. Sleep and appetite disturbances. Increased use of alcohol and other substances. Increased somatic symptoms, physical illnesses and fatigue. Increased absenteeism.
- **Avoidance and numbing** including social withdrawal, mistrust of others, apathy, a negative world view, loss of sense of spirituality or life purpose, decreased productivity, apathy, loss of hope or decreased motivation.

HCH Programs Support Staff and Clients in Difficult Times

In the aftermath of September 11, HCH programs responded to the emotional needs of staff and clients.

- Saint Vincent's HCH Program conducted a workshop to help staff recognize signs and symptoms of acute distress disorder and post-traumatic stress in themselves and in clients. Barbara Conanán held focus groups to provide clients with an opportunity to talk about the experience. Ms. Conanán observed, "In the first few days people were very quiet. They weren't talking about it." She urged staff to talk about their own personal reactions with friends and colleagues and to ask clients, "Where were you? How did you feel? How are you doing now?" The hospital, whose staff were among the first responders to the disaster, offered stress reduction services, including acupuncture, massage and body work modalities to patients, staff and members of the community.
- At Project Renewal, senior management worked closely with supervisors to support staff, some of whom triaged patients at ground zero. Mental health professionals with expertise in trauma and grief were brought in to help staff deal with their own stress and the trauma of their clients. The organization encouraged staff to utilize their mental health benefits by assuming the cost of the co-payment. The memorial service for the two employees who were lost served to honor and respect their memory and provided a time for staff and clients to share their grief.
- Far from the immediate devastation on the east coast, the Albuquerque HCH Program provided opportunities



Albuquerque HCH remembrance shrine.

for staff and clients to express their feelings through art. At Art Street, an art therapy program, staff and clients built a remembrance shrine with a picture of the twin towers, names of victims and candles to honor the memory of those who were lost. The shrine has grown as individuals have contributed images and items of personal meaning.

HCH Programs Respond to September 11 (continued from page 1)

at ground zero. Two Project Renewal outreach workers on duty in the WTC towers at the time the planes hit escaped without injury. In the weeks following, Project Renewal established a presence at Pier 94 where staff helped victims and families of the missing access the help they needed. The organization also tended to the needs of their own staff and clients.

The September 11 tragedy was personal for the staff and clients of Project Renewal. Two employees, Richard Penny and Edwin Zambrana, members of the Project Renewal WTC recycling team who were at work above the 80th floor, were lost. The other 18 members of the team made it out alive. The organization held a memorial for Richard and Edwin at Saint Bartholomew's Church in Manhattan in early October. More than 120 colleagues and clients attended the service.

Sadly, survivors from the collapsed Trade Center were far too few. While the faces and memories of thousands of victims will remain forever in the hearts of family members and friends, Ms. Conanán notes, "There are people missing who we'll never know about. Homeless people in the area who were lost. We'll never know their story."

The events of the day, indelibly etched into our national consciousness, continue to reverberate throughout the New York metropolitan area, Washington DC, and the entire country. Health care and social service providers in New York

and northern New Jersey report an increase in demand for primary care and mental health services. Brenda Merritt, MD, associate medical director of primary care, observes that the need for mental health services has been particularly acute. "People on the streets who were depressed or had previous post-traumatic stress disorder (PTSD) have become re-traumatized. They are not doing well." Dan Mauk, RN, MPH, health services administrator, adds that the program has already seen an increase in the number of persons seeking medical services and coming to soup kitchens.

Many expect that the attacks, which have also taken an enormous economic toll, will result in an increase in homelessness due to the elimination of many jobs and small businesses. Homeless persons who had inhabited the WTC underground have been displaced and now must find new systems of support. Hunter McQuiston, MD, Project Renewal medical director, who admits he "reaches mightily to find any positivity," notes, "An event like this highlights the connection among all of us and can strengthen our interaction with our clients."

For more information about Saint Vincent's HCH, contact Barbara Conanán at (212) 604-2705.

For more information about Project Renewal, contact Dan Mauk at (212) 533-8400. ▲

Caring for Yourself, Your Soul, Your Sanity¹

Self Care (Mind)

- Be mindful, conscious of how you are doing.
- Take charge of your choices, attitudes and successes.
- Interpreting life events is individual and changeable.

Healthy Lifestyle (Body)

- Get enough sleep, rest and make time for recreation.
- Eat a healthy diet.
- Engage in physical exercise.
- Meditate, do breath work and body movement.

Spiritual Care (Spirit)

- Slow down to hear your heart speak.
- Celebrate and savor good moments.
- Match your actions to your values.
- Cultivate healthy relationships.
- Play creatively every day.

Strategies for Self Care at Work

- Practice mindfulness.
- Take a break.
- Talk about your work with colleagues.
- Be direct and assertive.
- Seek professional assistance when needed.

¹ Lisa Cunningham Roberts, Ken Kraybill, *Care for the Caregiver: Find Resiliency and Renewal in our Work*. 2001.



St. Vincent's Wall of Remembrance.

Attending to Staff Mental Health (Continued from page 2)

- Conduct regularly scheduled one-on-one supervisory meetings. Create an environment in which staff are comfortable in raising work-related problems with supervisors. Managers and supervisors should be attuned to staff who may be experiencing stresses outside the workplace and help them access counseling or other professional help, as necessary.
- Openly acknowledge the stresses, pressures and workload demands on direct service workers. Encourage staff to engage in self-care activities and maintain a healthy balance between work and personal life.
- Sponsor activities and events that create community in the organization. Create occasions to celebrate the work in ways that are fun and respectful of the organization's mission. Publicly recognize the contributions of staff to agency accomplishments.

3. Promote a sense of intellectual comfort and stability

- Provide information on signs, symptoms and treatment of post-traumatic stress disorder and secondary traumatic stress disorder.
- Offer clinical supervision that is client-focused, supportive and provides clear direction, constructive feedback and concrete assistance.
- Provide clinical skills training for staff to increase competence and expertise. Provide opportunities for staff to interact with staff in other agencies.
- Keep staff informed of developments within the organization and among the wider circle of HCH programs.

Mr. Olivet is convinced, "Agencies that are attentive to the needs of direct service workers, on a day-to-day basis and not just in times of crisis, are rewarded with less staff burnout,

decreased turnover and, ultimately, a higher quality of care for clients."

For more information, contact: Ken Kraybill at (206) 296-4493 or kkraybill@nhchc.org; Lisa Cunningham Roberts at (206) 490-4000 or lisacr@u.washington.edu; or Jeffrey Olivet at (505) 242-4644 or JeffreyO@sjhs.org. ▲

Save the Date!

What: The 2002 National Health Care for the Homeless Conference

When: June 27-29, 2002

Where: Chicago, IL— at the beautiful Drake Hotel

Who: Anyone interested in health care and support services for homeless individuals.

Why: For education, networking, inspiration and much more!

How: Look for information online at www.prainc.com/hch and in the mail.

HCH Clinicians' Network News

Resources for providers, educators and advocates:

TB TRAINING & EDUCATIONAL MATERIALS

The New Jersey Medical School National Tuberculosis Center has developed three products for health care workers, supervisors and educators to facilitate improved contact investigation and provide a quick reference for TB treatment options:

- *TB Interviewing for Contact Investigation: A Practical Resource for Health Care Workers* includes the *TB Interview Outline*, a detailed guide to tasks and essential points to cover in a TB interview, and the *TB Interview Checklist*, an abridged version of the outline.
- *Performance Guidelines for Contact Investigation: The TB Interview, A Supervisor's Guide for the Development and Assessment of Interviewing Skills* helps TB control supervisors identify strengths and weaknesses in health care workers' interviewing skills, and provides evaluation instruments and education/training guidelines based on assessment results.
- *Treatment of TB: Standard Therapy for Active Disease and Treatment of TB in Adult and Adolescent Patients Coinfected with HIV* summarize therapy options and recommendations for the coinfecting patient, drug interactions and side effects.

To order, contact the New Jersey Medical School National Tuberculosis Center at (973) 972-8453 or <http://www.umdnj.edu/ntbcweb>.

TB Information Guide CD-ROM

The CDC Division of TB Elimination (DTBE) has produced a *TB Information Guide* on CD-Rom that includes material from the DTBE web site, including education and training materials for providers and patients, TB guidelines, TB-related articles from the CDC MMWR, TB surveillance reports, and slide presentations to accompany selected publications. To order, visit the website http://www.cdc.gov/nchstp/tb/notes/TBN_2_01/CEB.htm or call toll free 1 (888) 232-3228 and select 2,5,1,2,2,2. (order number 099-6879).

NEW MEDICAID GUIDES FOR ADVOCATES

The 2001 edition of *An Advocate's Guide to the Medicaid Program*, produced by the National Health Law Program, offers an overview of the Medicaid program. The guide is a resource for health advocates and attorneys working with Medicaid applicants and beneficiaries. For more information or to order, contact the National Health Law Program Los Angeles office at (310) 204-6010 or visit the website www.nhelp@healthlaw.org.

Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid, by Pat Post, National Health Care for the Homeless Council, identifies Medicaid enrollment obstacles for eligible homeless persons and recommends ways to surmount them. The document is available at: www.nhchc.org/CasualtiesofComplexity.pdf.

Whose Choice is Homelessness?

by Pat Post for HCH Clinicians' Network

Homeless men unaccompanied by children comprise two-thirds of surveyed homeless people in the United States. A common stereotype of these men attributes their homelessness to a lifestyle choice. Reports from experienced homeless health care providers shatter this stereotype by revealing the human realities it masks.

"Because homeless people don't have good alternatives, they can't be said to have genuine choice in the matter of their homelessness," says

Jeff Singer, MSW, Health Care for the Homeless of Baltimore, Maryland. Educational and functional disabilities prevent most homeless men from getting jobs that pay more than the minimum wage, he says. With or without employment, many of them can't afford to pay rent anywhere in the United States, even with disability assistance. In 1996, the mean monthly income of single homeless service users in the United States was \$348.

Eddie Bonin, FNP, provides health care to homeless youth, ages 18-24,

at Tulane Drop-In Health Services in New Orleans, Louisiana. A history of child abuse is an impetus for many young men to leave home, he says. Some turn to "survival sex" to get money, food, and a place to stay. "If they aren't off the street by age 24, their risks for chronic homelessness are greatly increased," says Bonin. "Risk factors include duration of time lived on the street, addiction and no way to get off drugs, and turning to crime to feed a drug habit."

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Preparing for Disaster

The events of September 11 and subsequent threats of bioterrorism have reaffirmed the need for disaster preparedness at all levels. While federal, state and local governments work with police, fire departments and national relief organizations to plan and execute first-line disaster response, there is an important role for community-based organizations in times of disaster, in serving their clients and meeting the needs of the broader community.

Eve Rubell, MPH, director of training and education, Homeless Health Care Los Angeles, represents her agency on Emergency Network Los Angeles (ENLA) and serves as chair of its shelter and homeless services committee. ENLA plans and coordinates the work of nonprofit organizations in Los Angeles County that assist individuals, families and organizations following emergencies and disasters. ENLA, which was formed in 1994 in the aftermath of the Northridge earthquake, serves as the point of coordination and communication between community-based nonprofits, governmental agencies and the private sector. ENLA has been officially designated at the local Voluntary Organization Active in Disaster (VOAD). VOADs are part of a national network, National Voluntary Organizations Active in Disaster (NVOAD), formed in 1970 to ensure that the work of local nonprofit agencies is integrated into overall disaster response. The Federal Emergency Management Agency (FEMA) and Red Cross recognize the local VOAD as the entity responsible for coordinating the response of community-based nonprofits with government and national relief agencies.

Advance planning, clear communication and close coordination among all sectors involved in disaster response ensure that gaps in service and duplication of effort are minimized. Ms. Rubell and her ENLA col-

leagues develop training programs and materials to help nonprofit organizations plan for disaster. Their goal is to help organizations:

- Understand the phases of disaster
- Assess disaster risks
- Develop an organizational disaster mission and role
- Establish a link to the local VOAD
- Strengthen emergency preparedness and minimize hazards at the organizational level
- Write an appropriate and effective disaster plan
- Develop policies, procedures and channels of communication to execute the plan
- Conduct disaster drills

Burt Wallrich, who represents INFO LINE of Los Angeles on ENLA, believes that for community-based nonprofit organizations “the first step is to be clear about your agency’s mission in a disaster, before disaster hits.” Without a clear mission, organizations may find themselves unsure of what they and their staff should be doing in an emergency. Although some community-based organizations are involved in the first phases of disaster, often the real work comes in the weeks and months that follow as the aftereffects ripple through the community. Mr. Wallrich advises that agencies must determine, in advance, how to best serve the people they are dedicated to serving. He says a key question is, “Do we continue to provide services as usual or will disaster services take priority?” He cautions that agencies may be called upon to accommodate multiple needs at once and the disaster plan should address all foreseeable contingencies.

Membership in the local VOAD can help an agency develop its mission and clarify its role. While it requires

commitment of staff time, Kimberley Schuler Hall, who represents the San Fernando Valley Interfaith Council on ENLA and serves as chair of the Board of Directors, notes that VOADs “promote interagency relationships and communication among service providers so when there is a disaster, agencies are clear about the role they will play and how they will work with each other and with government and national organizations.” Agencies also benefit by gaining a broader view of the needs and services in their community on a day-to-day basis.

In addition to a mission statement, a disaster response plan, and participation in the local VOAD, Ms. Rubell stresses that organizations must conduct regular disaster simulation drills to test the effectiveness of their plan and ensure clear lines of decision-making and communication. “Drills serve to train staff in carrying out disaster procedures, including evacuation. They allow the organization to see if the plan actually works and to fine tune it, if necessary.”

There are a number of organizations at the national, state and local levels that provide information, resources and technical assistance to community-based organizations in developing comprehensive disaster response plans. HCH programs are encouraged to contact the local VOAD in their area responsible for coordination of non profit agencies during disasters. A list can be found at <http://www.nvoad.org/voads.htm>.

To learn more about ENLA, contact Eve Rubell at Homeless Health Care Los Angeles, (213) 744-0724, or visit the website www.enla.org.

To learn more about National Voluntary Organizations Active in Disaster (NVOAD), visit the website www.nvoad.org. ▲



HCH INFORMATION RESOURCE CENTER *Connections*

Resources for a Growing Concern

The presence of anthrax in the period following September 11 created new concerns for health care providers who need information and resources to prepare for the possibility of bioterrorism. Below are resources to help.

- UCLA Center for Public Health & Disasters offers disaster training materials on recognizing and responding to a biological terrorism event. Topics include:
 - agents most likely to be used in a bioterrorist incident;
 - associated signs and symptoms;
 - decontamination and infection control measures;
 - treatment;
 - reporting;
 - working with local, regional, and state facilities; and
 - bioterrorism-related information resources.

Materials include a PowerPoint slide presentation, FAQs, links to web-based resources, and a list related journal articles. Download materials at www.ph.ucla.edu/cphdr.

- *Control of Communicable Diseases Manual (17th Edition)*, Chin J (ed.), American Public Health Association,

2001. This easy-to-use manual on infectious diseases provides updated information for public health workers. Each listing includes identification, infectious agent, occurrence, mode of transmission, incubation period, susceptibility and resistance, and methods of control, including prevention and epidemic control measures. Extensive revisions reflect recommendations that have occurred in the last five years and includes a section on bioterrorism. Available at www.apha.org/media/science.htm#ccdm.

- The Centers for Disease Control and Prevention (CDC) has information on public health emergency preparedness and response. Included are health alerts, fact sheets, guidelines and updates. Located at www.bt.cdc.gov, this page also offers information on legal/ethical issues, communication, links, and training. CEU's are available for participants who follow this web course and complete the post-workshop assessment with a score of 80% or above. Go to <http://ecu3.msh.org/emergency/guide.htm>.

How Can We Help You?

For more information, contact Art Dicker at the HCH Information Resource Center
Toll-free (888) 439-3300, ext. 247 E-mail: adicker@prainc.com Web site: www.prainc.com/hch

Whose Choice is Homelessness? (Continued from page 5)

Minors typically can't obtain Medicaid or SCHIP without parental consent, and single males aren't eligible for health coverage after age 18 unless they are disabled. Lack of insurance is a major barrier to health care, particularly to behavioral health services, observes Bonin. "When persons with mental illness and/or substance abuse can't get the care they need, many become chronically homeless."

To understand homeless persons, you have to look at the root causes of their problems, says Jeff Olivet, MA, Family Case Manager at Albuquerque Health Care for the Homeless in New Mexico. "Many single homeless men were in and out of foster care, group homes and institutions as children. Most experienced some kind of trauma,

but are often reluctant to talk about it. They don't want to admit having been victimized by a family member, in prison, or in war. More often they say, 'I could get housed if I wanted to; I just decided to hit the road.' You can't take such comments at face value," he warns.

"Lots of men on the street have a broken heart, usually from a broken relationship," observes Karl Smithson, a formerly homeless man from Tullahoma, Tennessee. Emotional support with the grieving process can help, he says. "One of the best things clinicians can do is to take the time to listen to their homeless clients. For some people, that begins the healing process."

Homeless Males: A Statistical Profile

- 84% between the ages of 25 and 54
- 77% of single homeless adults, 16% of adults in homeless families
- 76% report alcohol or other drug problems, 38% mental health problems
- 62% lack health insurance, 22% have Medicaid
- 60% completed at least a high school education
- 41% receive income from employment
- 41% are white non-Hispanic, 40% black non-Hispanic, 10% Hispanic, 8% Native American 33% are veterans, compared to 31% of the general male population

- Martha Burt. *1996 National Survey of Homeless Assistance Providers & Clients*. Urban Institute, 1999.



HRSA Announces Funding Opportunities

On August 22, 2001, HRSA's Bureau of Primary Health Care (BPHC) released Policy Information Notice (PIN) 2001-18, announcing application requirements for funding to create New Access Points for health centers, including Health Care for the Homeless programs. Following the same format as the fiscal year 2001 new access point opportunity, interested organizations may apply at any time during the year, with applications collected and reviewed at three fixed points in time. Two submission deadlines remain: January 31, 2002 and April 30, 2002. New applicants seeking to serve homeless people (i.e. those who do not already receive a 330(h) grant) may apply for up to \$450,000 per year; existing Section 330(h) grantees may apply for up to \$300,000 to establish one or more new access points. The PIN, which contains instructions for obtaining a complete application packet, is available at <http://www.bphc.hrsa.gov/pinspals/>.

Pre-Application Workshops for Health Centers Serving Special Populations

In conjunction with the effort to establish health center New Access Points, BPHC's Division of Programs for

Special Populations is hosting a series of "action learning and relationship building" workshops designed to assist health centers and other organizations in developing comprehensive systems of care for vulnerable populations. Organizations which are contemplating the development of a New Access Point application may wish to take advantage of these 1-1/2 day workshops to enhance their program design and application preparation skills. Upcoming workshops will take place in San Francisco on January 28-29, Denver on February 20-21, and Chicago on March 4-5. Registration information is available by visiting www.psava.com and clicking on the registration button.

Organizing Health Services Updated Version Now Available!

With support from HRSA's BPHC, Marsha McMurray-Avila has recently completed a second edition of her extremely popular book, *Organizing Health Services for Homeless People: A Practical Approach*. This book covers it all and is an invaluable tool for any organization working with homeless people. For ordering information, visit the National Health Care for the Homeless Council website at www.nhchc.org.



Department of Health & Human Services

Health Resources and Services Administration
Bureau of Primary Health Care

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