A Harm Reduction Practice Model for Individuals Experiencing Homelessness: A Grant Proposal Project

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The purpose of this project was to write a grant that would fund a harm reduction (HR) program to be utilized at the Midnight Mission located within the Skid Row area.

The funding will be utilized to:

- incorporate an evidence-based harm reduction practice model
- increase the types of services currently being offered
- discover what approach works best for the member
- assist and support the member with their chosen path to recovery

In 2010, 23.1 million Americans needed treatment for an SUD yet, only 10% of the population over the age of 12 received treatment.

In 2014, 1,593,150 individuals were counted as being homeless with 62% reported as being from California, 71% reported as unsheltered, 37% reported as chronically homeless, 24% reported as experiencing a substance use disorder (SUD), 36% reported as experiencing a severe mental illness (SMI), and 50% reported as experiencing a co-occurring disorder (COD).

Professionals in practice of a “one size fits all” approach are losing a large portion of those experiencing SUDs, SMIs, or CODs by maintaining their focus on the client’s substance use rather than promoting, educating, and implementing a healthier, less harmful way of life.
The goal of the new movement in the mental health field is to change the paradigm of viewing an individual experiencing an SUD, SMI, or COD as one who has a disease, is deemed a criminal, or lacks the morals to make the right decisions to an individual experiencing a disability. The American Psychiatric Association (2013) has now categorized SUDs as being on a continuum of severity or risk rather than dependence or abuse. This paradigm shift calls for changes in the way practitioners offer services, view of the clients they serve, and calls for more organizations to offer a harm reduction approach. With this goal in mind, the focus now becomes meeting the client where they are all the while assessing their motivation and ability to change, as opposed to a one size fits all approach (NASW, 2013).
Cross-Cultural Relevance

Addiction plagues the lives of many in its path and over time has developed a negative definition in regards to its meaning, how individuals with addictions are treated, and the services being offered to treat individuals experiencing SUD’s, SMI’s, and COD’s. The social work profession has a mission to enhance the wellbeing of all people with a particular focus on populations who are “vulnerable, oppressed, and living in poverty” (National Association of Social Workers, 2008 para. 4).
Methods

A. The target population consists of individuals experiencing SUDs, SMIs, and CODs who are homeless, unsheltered, and are current courtyard residents at the Midnight Mission.

B. The Internet was utilized as a major tool when searching for potential funding sources. Local, state, and federal websites and databases were also utilized to identify potential funding sources.

C. The Weingart Foundation was selected as the major funding source for this grant.
D. The literature reviewed revealed that an HR model as an alternative to the traditional treatment model has been found to be more effective and can decrease adverse consequences of those experiencing SUDs and CODs.

E. The projected amount needed for the HR is 220,821 which will cover staff salaries, benefits, and the direct and indirect program costs. The HR practice model will consist of a Licensed Clinical Social Worker with an annual salary at $60,000 plus 26% for benefits of $15,600, an Administrative Assistant with an annual salary at $28,000, plus benefits of $7,280. Opportunities to place six interns who are studying for their Master of Social Work degree with stipends of $1,000 will be available for a personnel total of $116,880. Other costs will be an in-kind donation, training, office equipment, printing and supplies, utilities as well as incentives for a total cost of $103,941.
A. The HR program will be implemented on an annual basis with the use of a low threshold approach that engages the member without sermonizing, offers a mental health component through psychoeducation, assists and supports the member in attaining a healthier well-being through informational sessions, advocates a multisystem approach to treatment, conducts outreach by meeting the members where they are, and provides an evidenced-based service through the harm reduction model.

B. The target population consists of individuals who are experiencing SUDs, SMIs, and CODs who are homeless, unsheltered, and are current courtyard residents at the Midnight Mission.
Grant Proposal Continued

C. Funding for a total of one year for this program will be requested from the Weingart Foundation. In addition, the Program Director, Administrative Assistant, and interns will continue to research for possible funding sources through grants from foundations, corporations, and individual donors. Additionally, other potential funding sources can be found by collaborating with the Midnight Mission and local organizations that provide services to the targeted population.


E. The HR program evaluations will be done via sign-in sheets to track group members attendance rates, via intern caseloads to track members attendance rates of individual therapy, and a pre and post survey to assess response rates of the members.
Lessons Learned

The grant writer learned that the traditional treatment model is actually a harm reduction model however, when presented by service providers the criteria for enrollment is abstinence. This play on words is what has led to a decrease in attendance and a lack of ability to follow the strict guidelines outlined by most treatment facilities which results in an increase in the homeless population. Also, the gaining of knowledge that service providers are themselves resistance to change. This belief about resistance to change is most professed by staff members of traditional programs towards clients, yet they have an inability to recognize the need for change and apply it to their organizations. Lastly, learning about and understanding that the HR model is one that is most resistant and least understood by service providers, government and political officials, and the general population. People need to be educated on its true nature and understand that it was designed to assist those who are challenged or lack the ability to follow strict rules so as to learn and begin to practice less harmful behaviors that will eventually lead them to a healthier well-being. Any small change is the focus that should be paramount to the success of the client.


