When Athena Haniotis is out advocating, she likes to wear a shirt that reads, “Girls just want to have fundamental rights.” It says a lot about who she is. A forceful activist among her peers and a member of the Health Care for the Homeless Board of Directors, Athena is committed to turning widespread notions about homelessness on their head.

“I see myself as a bit of a rebel because I’m challenging the stereotypes,” she says.

Athena’s childhood was marked by homelessness and abuse. But as an adult, she found years of stability in a good government job. Although she was experiencing growing health challenges, she kept a keen focus on self-care through holistic health and wellness practices. Homelessness was a thing of the past—until a single day in January 2012 changed everything. That day, Athena lost her government job, got into a car accident and broke up with her boyfriend. Overnight, she was back in the familiar space of having no resources and no place to go. And her health conditions were deteriorating.

“I felt let down and abandoned. It was a big blow and the roadblocks were challenging,” Athena reflects. “They still hurt, but I recognize that I can’t sit and stew in those moments. That’s not how you survive. You’ve got to keep moving ahead.”

Ever resilient, Athena eventually walked through the doors of Health Care for the Homeless to ask for help. She worked with nurses, therapists, dentists and more over the last few years to build up her health and get back on her feet.

Athena still doesn’t have a place to call home, but she remains optimistic. She’s using her experience and new leadership role on our board to make real change for others. She looks forward to educating policymakers about the realities of homelessness, especially among women and members of the LGBTQ community.

“It’s a sense of pure joy and bliss to educate people,” Athena says. “If I can lessen the load for someone else, then there’s purpose for my experience.”

Join Athena in advocating for the affordable housing, livable wages and quality health care we need to prevent and end homelessness in our community. Visit www.hchmd.org/advocacy to find your voice in the movement—like Athena found hers.
Nevaeh first came to the pediatric clinic at Health Care for the Homeless with her parents two years ago. She was a year old and had critical health challenges stemming from lead poisoning and severe speech delays.

Citing neglect, the Baltimore City Department of Social Services (DSS) removed her from her parents’ care soon after. Nevaeh entered the city’s foster care system—and the care of her great aunt, Donyette.

Thanks to a collaboration between Health Care for the Homeless and DSS, Nevaeh and Donyette kept coming to us for Nevaeh’s primary care throughout her time in foster care.

For her—and for other foster children in Baltimore City—Health Care for the Homeless has been a source of continuity and stability in times of upheaval. That’s why this past May, we formally launched a partnership with DSS to provide initial health assessments for children entering into the city’s foster care system.

“Our pediatric team members are experts at working with children who have had a lifetime of trauma. We have cultivated a safe inviting space for children, their families and foster parents that care for them,” says Director of Pediatrics Lisa Stambolis, RN, CPNP. “Providing care to children in foster care is a unique privilege and we know it.”

Now three years old, Nevaeh is as bubbly as her big smile and dimples suggest. Her lead levels have dropped significantly and she’s showing signs of a full recovery. Donyette has adopted her, and even though she is no longer in foster care, she—like many of the foster children we see—continues to come to us for her health care.

Beaming during Nevaeh’s last check-up, Donyette said, “Getting care at Health Care for the Homeless means so much for Nevaeh. Lisa is like family.”

Nevaeh is thriving—thanks to your support.
We must—and will—do more: Strategic Plan 2018-2021

If you walk through the doors of Health Care for the Homeless, it’s because you face at least two big problems: (1) you’re sick and (2) you have no place to call home. Battling one of these problems is hard enough. But when you’re confronting both, they can be life-threatening. Three decades of experience teach us that you cannot be healthy without housing.

During our 2017 strategic planning process, community members like you demanded that we act boldly to address both of these problems. And that’s exactly what our 2018-2021 strategic plan does...

GOAL 1: 100% of the people we serve will have timely access to quality, whole-person health care and affordable housing.

That’s right: 100%. Athena and Sandra, both featured in this newsletter, are among thousands of people who receive care and services here each year—and every single one of them deserves both health care and housing.

GOAL 2: We will design and implement sustainable business models for affordable housing development and supportive housing.

Throughout our history, we’ve always been three things: a health care provider, a supportive housing provider and a social justice community. We stand ready to build new partnerships to expand housing opportunities and affordable housing stock for our neighbors experiencing homelessness.

GOAL 3: As a result of our care, the health outcomes of our clients will rival the health outcomes of a stable population.

Our clients suffer at a greater rate from co-occurring and chronic illnesses than those of us who are housed. On average, they also die much younger. We’ll reverse this inequality through excellent, client-centered care. And through data and research, we’ll prove that our methods work.

These goals demand collective focus and creativity from all of us within the Health Care for the Homeless community—clients, staff, board members, advocates, supporters, experts and students. We hope we can count on your brainpower, passion and voice in the important work ahead. Read the full plan at www.hchmd.org.

The meaning of home

Sarah Pain Wagner, LGSW, introduces us to one newly housed mom.

Q: In early 2017, Baltimore City released a new round of housing vouchers, including 10 specifically designated for families. What does having a home mean for the families you see?

Sarah: I’m working with one family now—Sandra* and her 3-year-old daughter. For Sandra, housing means autonomy. After 2½ years of doubling up with family and staying in shelters, she wanted space—like any parent deserves—to make decisions for her family based on what they need rather than what works for the people around them.

Q: What does housing mean for Sandra’s daughter?

Sarah: I just dropped off a whole bunch of Frozen-themed stuff for her bedroom, including sheets and curtains. And she was really excited to show me her new room and point out her Hello Kitty things!

Q: Now that Sandra’s family has a home, what’s next?

Sarah: Sandra’s been trying to survive for so long that she hasn’t been able to invest in herself. It’s a lot experiencing homelessness. It’s a lot to be a single mom. I’m helping her to get settled right now. To put some plans in place for her future—she wants to go back to school and be a nurse’s aide. And, together, we’ll focus on what wellness looks like for her and her daughter.

Sarah is a therapist case manager on our Housing Services team.

*Sandra is an alias.
We are thrilled to report that this month, our Baltimore County clinic moved into a new, larger building for the Baltimore County-run Eastern Family Resource Center on the campus of Medstar Franklin Square Hospital. With five times the space, more people can now get the care they need when they need it.

The former tiny, 500-square-foot clinic limited what services we could provide to clients. “When someone came to us for help, we couldn’t always offer them what they needed—at least not then and there,” says Baltimore County Medical Director Tobie Smith, MD.

Over the next few months we will nearly double the team to provide more services, including a full-time therapist, nurse and a second certified medical assistant. Particularly significant is our ability to now expand therapy and substance use disorder treatment from one to five days a week.

With more staff specialists and a new, welcoming space, clients will have access to the respectful, timely and comprehensive care they deserve.

In addition to our Baltimore County clinic at 9150 Franklin Square Drive, Health Care for the Homeless operates full-service clinics in downtown Baltimore at 421 Fallsway and on the Bon Secours Baltimore Hospital campus at 2000 West Baltimore St.