

Safety, Recovery, and Empowerment: A Path to Health Off the Streets, a Cincinnati Union Bethel Program

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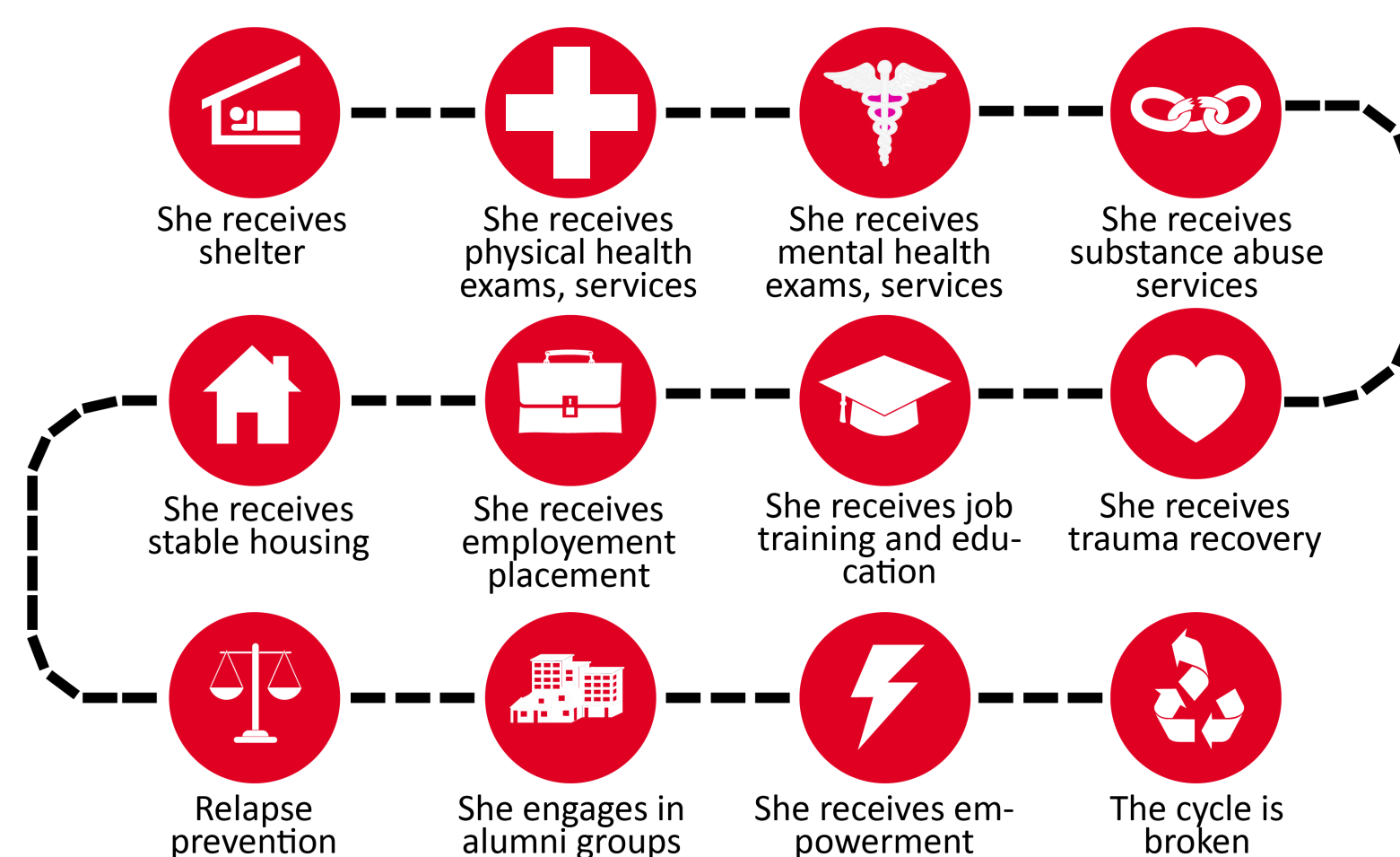
Off the Streets

Off the Streets is a culturally-sensitive, trauma-informed program designed to combat the co-occurring issues of human trafficking, homelessness, and substance use disorders. As a homeless shelter, Off the Streets provides vulnerable women with a safe place to rebuild their lives. As a substance use treatment facility, OTS supports these women in their recovery and empowers them to escape the cycle of drugs and exploitation.



Twenty-four women reside at Off the Streets at any given time. They receive direct services from Off the Streets social workers, psychologists, and volunteer group facilitators, as well as indirect support from referrals to community partners. There is not set length of stay for Off the Streets clients, but before leaving, each woman has hopefully laid the foundation for a safe and sustainable way forward.

A Typical Constituent's Path through the Program, Breaking the Cycle of Domestic Human Trafficking



Case Management Responsibilities

Day to day, my primary responsibility at Off the Streets was to assist social workers in case management. Every day looked different, but some of my typical activities included:

- Transporting clients to appointments
- Accompanying clients to court
- Distributing medications
- Assisting with social service enrollment
- Arranging grocery runs
- Writing case management updates
- Attending group therapy sessions
- Observing mental health assessments



Empowerment in Health

In addition to assisting case managers, part of my project time was dedicated toward facilitating a weekly group therapy and life skills session. The inspiration for my group's theme, empowerment in health, came from the words of an Off the Streets staff member.

"The healthier I become, the less likely I am to think of using as an option."

The literature supports what staff and clients at Off the Streets know intuitively: living a healthy life is not only possible in recovery but integral to the process. For example, meta-analyses have indicated that physical exercise increases abstinence rates, eases withdrawal symptoms, and reduces anxiety and depression¹. With existing groups devoted to exercise and nutrition, I wanted my group to explore other aspects of health to empower our women in their recovery.



My first group covered automatic thoughts and cognitive behavioral therapy. In our second session, family medicine physician Dr. Sarah Pickle discussed women's health and sexual health. In the coming weeks, a psychiatrist/psychologist/nutritionist team will present on eating disorders and weight gain in recovery. I also hope to host a PTSD talk with a trauma expert. By recruiting these healthcare providers to speak at OTS, I hope to establish relationships that last even after my summer project has ended.

Assessing Community Needs

As part of a grant from the Office on Trafficking in Persons, Cincinnati Union Bethel was required to produce a community needs assessment. The purpose of this document was to describe organizations in the greater Cincinnati area who provide services to human trafficking survivors and probe for gaps in the system. As part of this assessment, I have surveyed 20 Off the Streets clients and interviewed five staff members. Using a survey adapted from the National Mental Health Association², I asked our women about their perceptions of community needs, services being provided, and barriers encountered by people in need of services.

When asked to identify the most important needs of the greater Cincinnati community, OTS staff members and clients both prioritized safe and affordable housing, homeless shelters and transitional housing, substance use rehab and detox centers, and dual diagnosis programs above all other options.



OTS staff and clients also agreed upon the strengths of community resources. When ranking community services in terms of availability, accessibility, provider choice, and cultural responsiveness, staff and clients consistently favored food support programs, job search assistance programs, peer support groups, substance use detox and rehab centers, and primary healthcare. In contrast, the lowest ranked services were safe and affordable housing, homeless shelters and transitional housing, accountable policing, and transportation.

Finally, in analysis of staff and clients' responses on potential barriers to care, the most concerning obstacles emerged as long waiting lists, clients lacking a reliable phone number or address, co-pays, and transportation.

References and Acknowledgements

[1] Wang D, Wang Y, Wang Y, Li R, Zhou C. Impact of physical exercise on substance use disorders: a meta-analysis. *PLoS One*. 2014;9(10):e110728.

[2] National Mental Health Association (n.d.). National Consumer Supporter Technical Assistance Center Guide to Community Needs Assessment. pp.6-9. <http://www.mha-sc.org/resources/Community-Needs-Assessment.pdf>

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