

HOMeward

PASS the MIC with KAE LAH JORDAN



An avid reader and self-proclaimed nerd, Kaelah loves the library at Sojourner Place at Oliver.

I have a catch phrase in my family that, apparently, I've been saying since I was little: "I'll do it myself."

I'm fiercely independent. It's kind of irritating to people that care about me because they know, even in times when I really need it, I will not ask for help. I will try my best to exhaust all my resources and skill sets first.

In school, I was a huge nerd. I still am to this day. Most of the kids were interested in playing outside, making up silly games, cartoons, things like that. I was more interested in how things work and spirituality. Pocahontas "Colors of the Wind" stole my soul. That's how I always felt – everything has a life, has a spirit. Discovery Channel, The History Channel and Nat Geo were my jams. I got in trouble because I would take apart my mom's click pens and the remotes. I would deconstruct them and try to reconstruct them. I had a genuine, deep curiosity.

My mom is from Compton, California and my dad is from Brooklyn, New York. He's Puerto Rican and Black. And on my mom's side of the family, we are East Indian, Cherokee, Italian, Southeast Asian. A melting pot of so many different ethnic groups.

Growing up in Northwest Baltimore, Park Heights in Belvedere, I got picked on a lot with people not being able to tell what my ethnic group was—and I kind of sounded like Hilary from The Fresh Prince of Bel-Air. I definitely faced a lot, which is why my mom put me in martial arts at age four.

My mom moved around a lot. She was sickly, so I had to be the strong one, the shoulder that she can cry on. She would end up in the hospital, lose her job and there went the income. The lights got cut so many times, I got used to using camping lanterns and playing Uno by candlelight. I was very lonely. And I faced a lot of abuse – mental, emotional, sexual, physical. I learned very quickly not to trust people.

At age 15, I started hanging out with the Goths downtown. Big love to the alternative. They really taught me how to appreciate myself. We had a saying, "But did you die though?" So when I got hit with things, that was my outlook. I have another day to try again to allow for something more positive to happen.

As an adult, I met people that were there for me. I was able to repair the relationship with my mom. I was able to settle with the fact that I won't have a relationship with my dad. My best friend, Bryanna, is super dope and one of the sweetest people in the world. My little sister, Taylor. And my kids.

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When I had my kids, it was like “Okay, I gotta shift gears.” I can’t keep exposing myself to abusive situations. My oldest daughter was a non-consensual conception. Her father was cruel.

When I finally got out of that situation, it was hard to emotionally and psychologically rectify that. Something in me said, “The best revenge you can have is to have this baby and let her grow up to be somebody great.” And that’s what I’m doing.

I struggled for a long time, different centers, different shelters, different people’s houses. I bounced around for years until I finally got disability for my mental illnesses.

I’m an overprotective mother, because I look at them and see that little girl that wasn’t protected. I had to go to therapy, I quit smoking, I quit drinking, I changed my eating habits.

My therapist was the one person who really helped me look at things from a different perspective.

That helped me get out of that victim mentality and realize that I could do this despite the challenges I have sometimes with my mental illness. I can be a great mom. I can be a mentor. I can handle my business. I can inspire other people that are going through the same things. Those same people that are being told every day “You can’t.” And now my thing is ***** watch me.

I was robbed of my childhood, and I see that in my community. Look around. Our rec centers and resource centers have been taken. A lot of those outreach programs for young adults or even smaller children are gone. And there are a lot of people bringing their unhealed trauma into the work environment. Kids of color are getting wrecked in the system. My dream is to create a children’s sanctuary – where we have self-sustainable gardens, mental health workers, a safe place to go.

Can you imagine the world that we can bring to fruition? Awesome people, raising little awesome people and sending them into the world with resources, love and a sense of belonging—no matter what pronouns they go by, how they want to dress or what color they are.

“Pass the Mic” is a storytelling space featuring the voices and stories of people with a lived experience of homelessness.

One Year at Home

It’s been one year since the first tenants of Sojourner Place at Oliver—including Kaelah and her two girls—moved in.



Our first affordable housing building as co-developers and co-owners with Episcopal Housing Corporation



70 apartments leased



97% retention

All but two original tenants are still in their apartments



Learn more about the project and how life has changed for the individuals and families who call the building home in this video by The Harry and Jeanette Weinberg Foundation

“Knowing my kids have a peaceful place helps me sleep at night. I walk into their room, and I hear them snoring and see them stretched out and drooling all over themselves. And the cats peeking from behind their feet. Everybody’s comfortable and they’re healthy and they’re safe. That’s when I’m like, ‘Ok, time to do it again tomorrow.’”

– Kaelah Jordan, tenant, mom and Pass the Mic author

Day in the life: Nurse Care Coordinator

Last year, we joined the Maryland Primary Care Program (MDPCP) and hired Senior Nurse Care Coordinator Heather Douglas to help improve access for Medicare clients with pressing health needs. Let's see how she spends her days...

8:00 AM Heather Douglas, RN, LCSW-C, arrives at our Fallsway clinic and settles in at her desk to check voicemails and online databases. Last night three clients were discharged from hospitals in Baltimore, and another six visited emergency rooms. She takes note of who to call later. "For in-patient discharges, I make contact within 48 hours; for ERs, within a week."

The first on a growing team, Heather's role is new and unique: she gives clients with particularly complex health needs more hands-on support to get care and navigate the health care system.

9:00 AM Heather's first client arrives. She has around 40 clients on her caseload who have opted into MDPCP. Mr. H was recently intubated while hospitalized and then discharged to a city shelter.

Each week, Mr. H comes to the clinic for help taking his medications correctly. As Heather fills his pill box, she says, "You're on 12 medications—that's a lot for anyone to keep track of."

Heather takes Mr. H's vitals, height/weight, blood pressure, and A1C. He is concerned about recently gaining weight. "There are all these heavy holiday meals at the shelter right now," he says. "So I'm eating a lot."



"It's hard!" she tells Mr. H. "Nobody's perfect."

Over an hour-long appointment, Heather and Mr. H discuss his blood pressure, medications, tobacco use (he wants to

smoke less, but he isn't interested in a nicotine patch) as well as diabetes; she examines his feet and refers him to a podiatrist. If he's interested, Heather can even accompany him to see the specialist. What would have taken Mr. H a series of nursing appointments before MDPCP, Heather completes in one session.

"If I hear a client say 'I want to do something,' I try to connect them that same day if I can—**the idea is that I can be a bridge to different services:** case management, housing services, occupational therapy, psychiatry, medical."

10:30 AM In the clinic group rooms, Heather sets up for the second meeting of her new "Blood Pressure Education Group." She reintroduces herself to everyone—some members are clients that Heather sees individually. Most are older Black and Latino men, though she has female attendees. "Black women in particular, we've seen, have difficulty addressing their high blood pressure; part of what we're doing here is trying to address those disparities."

Heather goes over group norms, which are written up on the whiteboard. One member adds, "We should share what we learn here, if it can help somebody else."

"Absolutely," says Heather. "Health information is wealth."

They build off what they talked about last week. "What does blood pressure mean in your life?" she asks the room. "What causes high blood pressure?"

Members call out: being overweight. Smoking. Diet. Stress. "Looking at your BGE bill!"

They discuss stressors in their lives. Lack of housing and worry about money are big factors. "Crime. Being safe." Some have been mugged or seen violence on the street. Many agree that, after senior centers and community resources shut down during the pandemic, isolation has played a big part, too.

"If you have COPD, diabetes, anxiety, depression—if you're worried about your safety, if you're waiting hours for transportation," Heather explains, "All of those things can affect your heart."

Heather helps everyone check their own blood pressure. One member's is high enough to be in the red "danger zone" on one of the handouts; he realizes he didn't take his medicine that morning.



Next, Heather hands out new electronic blood pressure cuffs, still in their boxes, as well as printed log sheets to record their readings. One man declines, as his eyesight is too poor to read the numbers well or write them down. "I get my pressure taken every week here at the clinic, anyway."

"Everybody in this room has been doing things to help get their numbers down," says Heather. "And you should be proud of that!"

11:30 AM Heather helps group attendees get where they need to go next, checking bus schedules and ordering rideshares. "I order Ubers for clients every day," she says, "or sometimes I accompany them to appointments."

"I love being in the room when clients see a specialist. Many don't have anyone to go with them, and some people are too nervous to ask doctors questions. I try to model that you have control over your own care. You're the expert in your own health."

12:30 PM After lunch, Heather focuses on follow-up calls. She downloads reports from discharges and puts them in clients' charts for doctors and nurses on the team. One client has been admitted to a long-term nursing facility; she calls to see if they are going to take over her primary care.



2:00 PM Looking over her list of MDPCP-eligible clients, Heather sees that three are currently at the clinic for appointments. After getting the green light from a client's care team nurse, Heather drops by an exam room to talk about the program.

Her pitch: "It's free, and you get another pair of hands to support your health care needs."

This client is interested, especially to see how Heather can help him connect with a dermatologist and podiatrist, and asks if she can help him rectify an unexpected medical bill. "Absolutely," she says. "I'm here to advocate for you."

The client already gets primary care here, so his regular RN and Heather will be teaming up on his care. They set a date to discuss his health care needs and develop a care plan at his next nursing appointment in one week.

4:00 PM Heather ends her day preparing reminders for tomorrow. She makes a note to herself, for next week's Blood Pressure Group meeting, to bring her stethoscope—she promised a few attendees they would get to hear their own heartbeats.

"That's one of my favorite exercises to do," she says. "Many of the clients I see are going through so much—you can get disconnected from your own body."


"I'll hear them say, 'I've never heard my heart before!' and see a lightbulb go off: 'Wow, there's something in my body that's keeping me alive.' Your body is working with you and not against you. That's a powerful thing."


Maryland Primary Care Program

For Medicare clients with complex health needs

 **400** Health Care for the Homeless clients qualify

 **40+** opted in during the first six months

 **2** more staff joined Heather on the team in 2024

 Extra support for care management and coordination

 **Health outcomes**

 **Access to care**

Hospitalizations and ER visits 

Source: Maryland Department of Health

Earning back trust in psychiatric care

“I come and get my shot here every month,” Marian says. “I don’t miss any days.”

She’s here at our downtown clinic for a check-in with Dr. Meredith Johnston, director of psychiatry, who she’s been seeing for five years. And while it might sound like a simple statement, Marian would be the first to tell you that getting to this place of regular care took a long time.

Like many people who have had to navigate the mental health care system, she’s had painful experiences when seeking care.

“In 1990, I was in the hospital for a month with pneumonia and I was diagnosed with HIV,” Marian remembers. “My doctor took me to mental health court in Delaware. The judge forced me to comply with treatment. I wasn’t allowed to leave the state for a year.”

Rebuilding trust after negative experiences with mental health care can be daunting. “A lot of the people we see have had traumatic experiences with medication,” Meredith explains. “You might have had your first brush with mental health care by way of the police or ending up in handcuffs at the ER.”

“As a physician, I have to name and acknowledge that experience,” she says. To help build back a sense of control and trust, Meredith and other psychiatrists on the Behavioral Health team at Health Care for the Homeless emphasize autonomy and shared decision-making.

Finding the right kind of treatment can be a long journey for anyone, but trusting clients’ expertise in what works best for their health is an important first step.

“I will not take the pills; I don’t like how they make me feel,” Marian says. And she pays attention to which medications give her more energy. “Dr. Johnston is good. She knows all this stuff.”

With time, Marian and Meredith found a regimen that works—a long-acting injectable antipsychotic, or LAI. LAIs work well for a lot of clients that Meredith sees, who might find it difficult to hold onto and take a medication every day. Marian says, “You have to stay on time every month and it will work. But it’s a little bit of progress at a time, and other people will notice it before you do.”



Marian (right) checks in with psychiatrist Dr. Meredith Johnston every month.

“For a lot of people, it’s been a hard road with medication,” Meredith says, “but sometimes you just find life is better on it than off it. If a shot can help you stay out of the hospital, stay housed, be more stable—that can be amazing.”

Being able to get a range of care under one roof also helps. Marian has both a psychiatrist and a therapist—and she can also get her HIV treatment, her primary care and occupational therapy all here. Meredith says, “We can really individualize it for what the client needs and that establishes a lot of trust.”

Marian is taking marketing and computer classes through B’More Clubhouse, a local nonprofit. “I’m trying to keep stability. I have an occupational therapist here, he’s helped me set up a routine—that’s just basic life skills: wash my face, brush my hair, change clothes, and then I have these classes that I’m incorporating—I’m picking up math and computer skills. It’s hard, it’s stressful. But I want to fight the battle. I want to go back to school and try one more time.”

“I don’t know if I’m *managing* my mental health—I’d have to get a manager involved for that,” Marian jokes. “Just dealing with it and coping with it how I can, that’s enough.”



55% of adults with a mental illness in the US receive no treatment



42% of adults with area median income cannot afford necessary care

Source: Mental Health America

Meet our 2023 Core Value Awardees

Every year, Health Care for the Homeless staff come together to nominate – and celebrate – colleagues who embody our core values. Meet this year’s awardees below and read more at www.hchmd.org




DIGNITY
Kim Taylor
Patient Navigator




PASSION
Gregory Rogers, CCHW, CPRS
Senior Community Health Worker



AUTHENTICITY
Keri Rojas
Certified Medical Assistant



BALANCE
Ester Viguera
Call Center Specialist



HOPE
Alkema Jackson
Client Access Project Coordinator



JUSTICE
Janel Taylor, SHRM-CP
Talent Program Manager



HCH-er at Heart
Cheryl Hunter
Certified Medical Assistant

We're hiring!



Join these core value awardees by applying for one of our open positions—including time-limited sign-on bonuses for specific roles.

hchmd.org/work-here

"I try always to keep in mind that I can give the same care and treatment that I wish to receive."



What does overdose prevention look like in practice?

OnPoint NYC is one of the first organizations in the country to launch Overdose Prevention Sites. People can consume pre-approved substances while under professional supervision at these facilities. Senior Peer Recovery Specialist Vicky Stewart, CPRS and Registered Nurse Kathy Pretl, RN (pictured front and center respectively) traveled three hours north with the rest of the Medication Assisted Treatment team at Health Care for the Homeless to see a safe consumption site in action.



Read the Q&A with first impressions from the trip and learn what you can do to advocate for overdose prevention in Maryland this legislative session.