

# BEHAVIORAL HEALTH NETWORK'S SHARP (SPRINGFIELD HEALTH AND RECOVERY PROGRAM)

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## POPULATIONS OF FOCUS: LATINO, REFUGEE, LGBTQ, LOW SOCIO- ECONOMIC STATUS

- SHARP is tracking Latinos (mainly Puerto Rican), refugees, and LGBTQ. Our preliminary data reveal one additional subpopulation that we will track both independently and as a subset of our other subpopulations: low socio-economic status.
- The poorer one's socioeconomic conditions, the higher one's risk is for mental disability and psychiatric hospitalization." Christopher G. Hudson, *Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses*, *American Journal of Orthopsychiatry*, Vol. 75, No. 1)
- In Springfield, MA 27% live below the poverty line, the number is much higher for people of color.
- Initial intakes into SHARP reveal just under half are poorly housed or homeless; one-third are without a high school degree.
- 40-50% of SHARP's enrollment is expected to be people living below the poverty line.

## IMPLEMENTATION PRACTICES

- Flier in Spanish promoting SHARP;
- Puerto Rican and Spanish speaking Medical Assistant and Care Managers;
- Additional data collected to identify GLBTQ, Refugee, homelessness, low income, and illiteracy;
- Staff familiar with local resources, including a housing specialist also experienced with Massachusetts and federal entitlements;
- MOAs with local groups providing food, clothing, and other basic needs;
- Referrals to organizations that deliver literacy, pre-GED, and GED training;
- Peer recruiting of Latino, Refugee, GLBTQ, those at lower socio-economic levels;
- Recruiting those who meet the requirements for Medicare/Medicaid.

## CHALLENGES AND BARRIERS

- Lack of bicultural/bilingual agency clinical staff mean few SHARP clients are Spanish speaking;
- Translation services for Russian and other Refugee groups can be difficult to locate;
- GLBTQ programs are limited;
- Safe and affordable permanent housing is in very short supply in Springfield;
- Limited transportation and child care remain difficult barriers to accessing services;
- SHARP is sited near downtown Springfield yet is only accessible by bus and car....New England winters are tough;
- SHARP is building services and linkages that support those with mental illness who fall below the poverty line, but must do so in parallel to building a suite of lifestyle-oriented wellness programming, and the considerable time and focus of meeting its core goal of program integration.

## DATA COLLECTION AND MEASURES

- Additional measures collected: income from any source, self-identification of GLBTQ, education by year, refugee.
- Providing referrals to housing, food, clothing, literacy and GED, occupational training, as well as socio-economically informed wellness programming, will level the playing field; we expect to see no differences between low and higher social economic status on any program outcome.
- Additional data are being collected on exact income from any source and highest grade attained, the latter as one measure of literacy. Intake staff are being trained on collecting a year-long history of housing.
- Data are analyzed quarterly and presented at a regular staff meeting. This includes an analysis of each subpopulation outcomes grouped by socio-economic status.

## SUCCESSSES TO DATE

- Greater staff sensitivity towards Latinos, Refugees, GLBTQ, and issues related to poverty;
- Increasing organizational linkages to service providers that serve these subpopulations;
- Successful advocacy on behalf of clients in need of outside services.

## LOOKING AHEAD

- Sustainability depends on MOAs and a steady source of referrals to outside programs that serve our subpopulations and low income people;
- In the next six months, SHARP plans to widen its wellness services
- SHARP is developing a health report card to which we are adding economic and social stability goals.