

# NATIONAL HEALTH CARE FOR THE HOMELESS

Seattle, WA  
May 10-13

A light teal silhouette of the Seattle skyline, featuring the Space Needle, the Ferris wheel, and several skyscrapers, positioned behind the 'HCH 2022' text.

**HCH 2022**

*Toward Health & Belonging*

**Conference & Policy Symposium**

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## Membership

The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health. We unite thousands of health care professionals, people with the lived experience of homelessness, and advocates. Our 200+ Organizational Members include HCH programs, medical respite care programs, and housing and social service organizations from across the U.S.

**Organizational Members** of the Council have unique opportunities to network, collaborate, and advocate alongside an expansive group of leaders and professionals that work every day at the intersection of homelessness and health care. Additionally, you will be afforded special cost savings opportunities. Dues start as low as \$500.

Join us as an **Individual Member** to access our communications, get involved in advocacy and research, help guide our strategic direction, and develop professionally through our three membership networks -- the HCH Clinicians' Network, National Consumer Advisory Board, and Respite Care Providers Network.

[www.nhchc.org/join](http://www.nhchc.org/join)

# Welcome!

It is an honor and a delight to be together with everyone again for the National Health Care for the Homeless Conference & Policy Symposium! The last two years have been historic and will affect all of us for a long time to come. COVID-19 presents challenges that have never been dealt with in our lifetimes, but together we have learned, grown, and leaned on each other as we met them.

As we spend the next few days at our first in-person gathering since 2019, I know we will exemplify the meaning of our theme: *Toward Health and Belonging*. The elbow bumps, handshakes, and hugs (for those who are willing); the laughter and tears; and the professional development and networking will remind us that we are united in our efforts and always there for one another. The HCH community has demonstrated its commitment and resilience throughout the pandemic and has reaffirmed how special each and every individual is in the effort to end homelessness.

Let us take this time to recharge for our common work, and return to our respective communities and organizations with the knowledge, tools, and relationships that will sustain us on the path *Toward Health and Belonging*.

Welcome to HCH2022!



**In solidarity,**

A handwritten signature in blue ink that reads "Bobby Watts". The signature is fluid and cursive, with a large initial "B" and "W".

Bobby Watts  
Chief Executive Officer  
National Health Care for the Homeless Council

# Conference Overview

*all times are Pacific*

## Tuesday, May 10: Pre-Conference Institutes

7 a.m.-4 p.m.	Registration and Check-In Open
7-8:30 a.m.	Breakfast
8:30 a.m.-4:30 p.m.	Pre-Conference Institutes (PCIs)
8:30 a.m.-4:30 p.m.	NCAB Steering Committee Meeting
7-9 p.m.	NCAB Orientation

## Wednesday, May 11: Main Conference Day 1

7 a.m.-6 p.m.	Registration and Check-in Open
7 a.m.-6 p.m.	Exhibitor Hall Open
7-8:30 a.m.	Breakfast (including Clinicians' Network, RCPN, & VAP breakfasts)
7:30-8:30 a.m.	Site Visit Registration
8:30-9:30 a.m.	Opening Plenary and Keynote Presentation
9-11:30 a.m.	Mobile Medical Units On-Site
9:45-11 a.m.	Concurrent Breakout Sessions, Oral Presentations, Federal Panel
11 a.m.-12:30 p.m.	Lunch (including Governing Membership Annual Meeting/Lunch)
11:45 a.m.-3 p.m.	Site Visit
12:30-5 pm.	Concurrent Breakout Sessions, Oral Presentations
5-6:30 p.m.	Welcome Reception and Poster Presentations

## Thursday, May 12: Main Conference Day 2

7 a.m.-6 p.m.	Registration and Check-in Open
7 a.m.-6 p.m.	Exhibitor Hall Open
7-8:30 a.m.	Breakfast
7:30-8:30 a.m.	Site Visit Registration
8:30-11:15 a.m.	Concurrent Breakout Sessions, Oral Presentations
9-11:30 a.m.	Mobile Medical Units On-Site
11:15 a.m.-12:45 p.m.	Awards Luncheon (Ceremony, 11:50 a.m.-12:35 p.m.)
11:45 a.m.-3 p.m.	Site Visits
12:45-3:30 p.m.	Concurrent Breakout Sessions, Oral Presentations
4-5 p.m.	Closing Plenary
5:15-6:30 p.m.	Rally

## Friday, May 13: Learning Labs

7-8:30 a.m.	Breakfast
8:30 a.m.-1:30 p.m.	Learning Labs

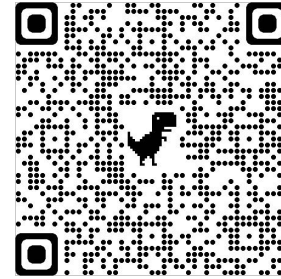
### Potential Photography, Filming, & Recording

Please be aware that by attending the 2022 National HCH Conference and its related events, you consent to be photographed, filmed, and/or otherwise recorded. Your entry constitutes your consent to the capture of your image and/or statements for any purpose by the National HCH Council, whether now known or hereafter devised, in perpetuity. If you do not agree to the foregoing, please register your objection at the Conference registration desk so we can try to accommodate your request.

# Let's Connect!

## Conference Mobile App

Scan the QR code on the right to get the free HCH2022 Conference mobile application on your Apple or Android device! Log in to the event with your name and email address.



## Share Your Conference Experience

Use the **#HCH2022** hashtag on your social media accounts during the Conference to tell others what you are experiencing and learning. You can also follow our posts using these additional hashtags, and include them in your posts:

#EndHomelessness #ExperiencingHomelessness #NHCHC #NIMRC #RespiteCare

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Password: HCH22

# Keynote Addresses

**Wednesday, May 11 | 8:30 a.m. | Grand Ballroom**



## **Cassandra Frederique**

Executive Director, Drug Policy Alliance

Kassandra Frederique is the executive director of the Drug Policy Alliance, a national nonprofit that works to end the war on drugs—which has disproportionately harmed Black, Latinx, Indigenous, immigrant, and LGBTQ communities—and build alternatives grounded in science, compassion, health, and human rights.

During her time at DPA, Frederique has built and led innovative campaigns around policing, the overdose crisis, and marijuana legalization—each with a consistent racial justice focus. Her advocacy, and all of the Drug Policy Alliance's work, lies at the intersection of health, equity, autonomy, and justice. She has mobilized cities to rethink their approach to drug policy from the ground up, and has helped bring the dialogue around safer consumption spaces to the national level through strategic organizing and partner development.

Throughout her work, Frederique has been a powerful advocate for working closely with people who have been directly impacted by the war on drugs, and she has built strong alliances with partners in New York and beyond. She has been instrumental in grounding the national drug policy conversation around reparative justice and restitution for communities harmed by the war on drugs. Additionally, Frederique is actively working with the In Our Names Network and other efforts across the country to resist drug war-fueled state violence.

**Thursday, May 12 | 4 p.m. | Grand Ballroom**



## **Cameron Webb**

White House Senior Policy Advisor for COVID Equity

Cameron Webb, MD, JD, serves as senior policy advisor for equity on the White House COVID-19 Response Team. Previously, Webb was an assistant professor of medicine and public health sciences, and director of health policy and equity at the University of Virginia School of Medicine.

A general internist, Webb has worked clinically in the university's COVID-19 unit. Additionally, he is the founding director of UVA's Health Equity, Law and Policy Research (HELPR) Laboratory and is a core faculty member at the university's Equity Center, an initiative for the redress of inequity through community-engaged scholarship. Prior to joining the faculty at UVA, Webb was a 2016 White House Fellow in the Obama-Biden administration's Office of Cabinet Affairs, where he served on the My Brother's Keeper task force and the White House Healthcare Team.

# Award Winners

## Philip W. Brickner National Leadership Award

*This award honors the late Dr. Philip W. Brickner, heralded as the founder of the HCH movement. The award recognizes an individual who has significantly strengthened service and advocacy addressing the health status of people without homes.*

### Vincent Keane

Vincent Keane retired as president and chief executive officer of Unity Health Care in Washington, D.C., in December 2021. In addition to his responsibilities for Unity Health Care, he has been actively involved in the development of national health care policy as it addresses the needs of the medically underserved and poor communities. Last year, Unity served 101,000 individual patients and generated more than 500,000 patient visits.



Since coming to the United States from Ireland in 1969, Keane has been involved in the non-profit sector including work in the Catholic Diocese of Arlington providing social services and pastoral care within several parish communities. From 1987 to 1990 he served as director of development for the National Association of Community Health Centers (NACHC). In 1990 he became executive director of Health Care for the Homeless Project (HCHP) Washington, D.C., which later became Unity Health Care, Inc.

In nominating Keane for this award, it was stated that his "commitment to improving health access and health equity in DC is simultaneously a commitment to racial equity in a city where poverty, homelessness and poor health outcomes disproportionately affect black and brown communities."

## Ellen Dailey Consumer Advocate Award

*NCAB's Ellen Dailey Consumer Advocate Award honors the spirit and strength of founding member Ellen Dailey, a passionate champion of consumer voices in the provision of homeless services who was instrumental in starting the Consumer Advisory Board in Boston and NCAB. The award recognizes an outstanding consumer advocate who exemplifies Dailey's courage and passion for inclusion.*

### Valarie Dowell

Valarie Dowell has been a strong advocate and front line worker for people experiencing homelessness for more than 20 years. She believes her personal experiences of being homeless and in recovery enable her to serve the homeless population with compassion, understanding, and empathy.



Dowell was one of the first consumers to become a community health worker. According to her nominator, Dowell has fought the fight from both sides of the fence and is filled not only with innovative ideas, but possesses an in-depth knowledge of how to use lived experience as a tool for advocacy. "Her continued and tireless dedication exemplify the very essence of the spirit with which the great Ellen Dailey served."

## Karen Rotondo Award for Outstanding Service

*Recognizing an exemplary clinician who demonstrates vision and creativity in advancing the goals of ending and preventing homelessness, the Karen Rotondo Award for Outstanding Service honors the memory and legacy of Rotondo, the "Founding Mother" of the HCH Clinicians' Network.*

### Jessie Gaeta

Jessie M. Gaeta, MD, has practiced internal medicine at Boston Health Care for the Homeless Program since 2002, and served as chief medical officer from 2015-2022. Dually board certified in internal medicine and addiction medicine, she has advocated for and with people living with substance use disorders, particularly when they are disconnected from traditional pathways to care. Over the past two decades, she has led innovative initiatives to re-think the approach to care for individuals with substance use disorder and complex health conditions, particularly when these conditions are exacerbated by severe poverty, racism, trauma, and social stigma.



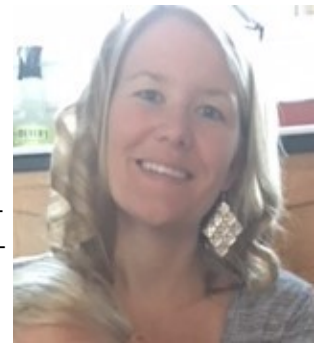
According to a colleague, "Dr. Gaeta is a big-picture thinker with a love of day-to-day doctoring."

## Willie J. Mackey National Medical Respite Award

*Named in honor of the late Willie J. Mackey, a dedicated member of the RCPN Steering Committee and fierce advocate for medical respite care, the Willie J. Mackey National Medical Respite Award recognizes outstanding contributions to the field of medical respite/ recuperative care as determined by impact on improved health and quality of life for people without homes.*

### Dawn Petroskas

Dawn Petroskas is the operations manager for Hennepin County Public Health Clinical Services, and she managed the HCH program from 2014-2021. She has been involved in the delivery of homeless health care services for 18 years, starting as the first medical respite nurse at Hennepin County HCH.



Petroskas has extensive experience leading interdisciplinary care teams and developing innovative programs to meet the needs of people experiencing homelessness. She helped start a transitional housing based medical respite program at Catholic Charities Exodus residence, which has grown into The Richard M. Schulze Family Foundation Recuperative Care Center, a new 30-bed respite program that will open in June 2022.

## John N. Lozier Scholarship for New Members

*The John N. Lozier Scholarship honors the Council's founding executive director, who shepherded the Council from a single staff and a handful of members to more than 20 staff and 220 members before his retirement in December 2016.*

### Mario Salazar

Mario Salazar is a medical assistant at the San Francisco Community Health Center and is a key member of the street medicine team, which goes out weekly, by foot, to provide primary care to those living on the street, in encampments or safe sleep centers. According to his nominator, Salazar "is passionate and professional in his care and has expressed interest in advancing his knowledge and understanding of the complex factors impacting the care of patients experiencing homelessness."





# Session Descriptions

**Pre-Conference Institutes** | Tuesday, May 10, 8:30 a.m.-4:30 p.m.

## **Medical Respite Care: A Bridge to Community and Belonging**

**Location:** Evergreen E

**Julia Dobbins**, NHCHC; **Barbara DiPietro**, NHCHC; **Leslie Enzian**, Edward Thomas House Medical Respite; **Derrick Hoover**, FAAFP Robert Wood Johnson Foundation Clinical Scholars Fellow; **Susannah King**, Hennepin Health; **Brooks Ann McKinney**, Cone Health and Hospitals/Triad Health Network ACO; **Pamela Mokler**, Pamela Mokler & Associates, Inc.; **Annette Rodriguez**, Yakima Neighborhood Health Services

Medical respite care bridges the gap between health care and housing continuums, offering people experiencing homelessness an opportunity to safely rest and recuperate from an acute medical need. Being situated between these two continuums can be challenging, but also provides significant opportunity for community partnerships. This PCI will focus on how medical respite care programs can cultivate belonging among multiple community entities in order to meet the needs of their clients and disrupt the cycle of homelessness. Building effective program partnerships provides an opportunity not only for clients to address their health, but establish connections and belonging within their communities. We will discuss strategies for building partnerships across your community, including with referring hospitals, behavioral health providers, managed care organizations/health plans, and policy makers. This PCI will incorporate both didactic sessions and break-out discussions.

## **Addressing Burnout Through Circle Processes**

**Location:** Evergreen GH

**Pamela Taylor**, The Circle Works

The ongoing COVID-19 pandemic has caused high levels of burnout in the HCH community. High turnover, recruitment challenges, direct and vicarious trauma, and dramatic changes to health center operations have all contributed to staff feeling exhausted, overwhelmed, and chronically stressed. A key strategy to mitigate the effects of this trauma is carefully facilitated discussions about it. With this goal, expert facilitators from The Circle Center will lead this full-day training that aims to equip participants with unique group facilitation skills that foster a deep and sustaining sense of connectedness and resilience during challenging times. The Circle Process is rooted in the tradition of Talking Circles that Indigenous Peoples in North America use and have used for millenia. In this painful time in the movement to end homelessness, we invite community members to come for this unique opportunity both to learn how to cultivate collective resilience and to gain facilitation skills with the Circle Process to share with staff in their own health center. This session is recommended for all levels of health center staff, including administrative and clinical staff.

# Session Descriptions

**Pre-Conference Institutes** | Tuesday, May 10, 8:30 a.m.-4:30 p.m. *(continued)*

## Starting, Improving, or Expanding Gender-Affirming Care in HCH Health Centers

**Location:** Evergreen A

**Triza Laxmi Aurora**, Valley Homeless Healthcare Program; **Lindsay Cross**, Santa Clara Valley Medical Center; **Irene Guerra**, Valley Homeless Healthcare Program; **Bridie Johnson**, Colorado Coalition for the Homeless; **Baer Karrington**, Seattle Children's Hospital; **Alex Keuroghlian**, The Fenway Institute; **Shawn Reilly**, Vanderbilt University; **Paloma Sanchez**, Colorado Coalition for the Homeless; **Shante Chunterry Lee Thomas**, Valley Homeless Healthcare Program

Gender-affirming care is a life-saving intervention, especially for gender-diverse individuals experiencing homelessness. This full-day training is intended for participants interested in starting or expanding gender-affirming care services within their HCH programs. The training will include concurrent sessions for participants who are new to gender-affirming care and those who have provided gender-affirming care for years.

In partnership with Fenway Institute and other national experts, we will share foundational frameworks of gender diversity and how it intersects with homelessness. We will discuss best practices and innovative ideas around hormone therapy, developing community partnerships, gender-affirming surgery, behavioral health needs, and post-operative recovery. Additionally, the group will engage in interactive discussion on a constellation of intersecting issues including interpersonal violence, sex work, unsheltered homelessness, substance use, and mental wellbeing. Participants will have the opportunity to engage in information sharing and networking with clinicians from across the country.

## Site Visits

Sign up for one of three site-visit options from 7:30-8:30 a.m. on Wednesday, May 11, or Thursday, May 12, outside the Grand Ballroom. Seats are available on a first-come, first-served basis and are inflexible due to the capacity of our generous hosts. Only fully vaccinated attendees are eligible for site visits; present your vaccination confirmation when you sign up.

Grab a quick bite to eat, then gather at 11:45 a.m. in the hotel foyer. We aim to return by 3 p.m. at the latest.

Wednesday, May 11

**Edward Thomas House**, Harborview Medical Center's medical respite program. (Capacity: 19)

Thursday, May 12

Option 1 -- **Evergreen Treatment Services' REACH**. Part of the Seattle-King County HCH Network, REACH provides substance use treatment outreach services for people experiencing homelessness. (Capacity: 14)

Option 2 -- **Neighborcare Health**, a federally qualified health center serving people experiencing homelessness through the Seattle-King County HCH Network. We will visit the Pike Place clinic, a shelter-based site, and a clinic in a supportive housing facility. (Capacity: 9)

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 9:45-11 a.m.

## **Rebuilding Systems: Adapting Housing Assessments to Prioritize Health, Equity, and Belonging**

**Location:** Evergreen A

**Lauryn Berner**, NHCHC; **Katie League**, NHCHC; **Caitlin Synovec**, NHCHC

In the struggle to address homelessness with a lack of affordable housing, communities across the country have adopted and developed strategies to establish pathways to housing using prioritization. However, the past several years have demonstrated both the difficulty in prioritizing who is “most in need” of housing as well as inequities in the systems and tools utilized in this process. In response to this realization, communities have identified a need to recreate and re-imagine their processes to address inequities. Although no community has the “answer” to this challenge, several have identified promising models and lessons learned. This workshop will include a multi-disciplinary panel of individuals from across the country engaged in the process of building a more equitable system.

## **JEDI's (Justice, Equity, Diversity, and Inclusion) Seat at the Table**

**Location:** Evergreen B

**Zenobia Smith**, Boston Health Care for the Homeless Program; **Sonja M. Spears**, Boston Health Care for the Homeless Program; **Morgan Ward**, Boston Health Care for the Homeless Program

In the wake of nationwide calls for racial justice following the murder of George Floyd and the systemic racism and structural inequities laid bare by the COVID-19 pandemic, many organizations have vowed to strengthen their racial justice commitments and ensure that JEDI work keeps a seat at the table. But does the space allotted shift in the presence of pandemic trauma, workforce challenges and other competing considerations? What are some of the triumphs and challenges that arise when some fear this focus will reduce their elbow room or result in loss, as privilege and power shift while JEDI work is practiced and seems to be present for the long-run? One HCH organization will share its experiences and lead an interactive discussion centered on the continued inclusion of JEDI work itself.

# Session Descriptions

**Breakout Sessions, Federal Panel, & Oral Presentations** | Wednesday, May 11, 9:45-11 a.m.

*(continued)*

## **A Health System's Role in Advancing Recuperative Care**

**Location:** Evergreen C

**Katy Bazylewicz**, Cottage Health; **Monica Ray**, Cottage Health; **Becky Santana**, Cottage Health

Recuperative care plays a critical role in connecting the continuum of care for patients experiencing homelessness. For health systems, caring for patients and partnering on medical respite are both mission-aligned and integral to population health. This workshop will share a model for health system-led respite, its development and implementation story, strengths to evaluation and funding, and how to partner with patients to increase equity. Health systems will learn benefits of collaboration on recuperative care and its impact within the hospital and community. Shelters will gain insight to build relationships and strengthen communication with hospitals and patients. An open forum format will encourage participants to share their experiences with hospital and shelter collaborations.

## **Federal Panel**

**Location:** Evergreen E

**Tonya Bowers**, Health Resources and Services Administration; **Richard S. Cho**, U.S. Department of Housing and Urban Development; **Barbara DiPietro**, NHCHC; **Emily Mosites**, Centers for Disease Control and Prevention; **Jeff Olivet**, U.S. Interagency Council on Homelessness

In this session, staff from various agencies will discuss priority issues, funding opportunities, and other issues pertinent to the HCH community. This session will provide a forum for open discussion about programs and issues vital to health center operations. Time will be reserved for Q&A.

## **Integrating Community Health Workers Into Your Health Center**

**Location:** Evergreen F

**Joseph Benson**, Health Care for the Homeless Houston; **Katherine Cavanaugh**, NHCHC; **Rodney Dawkins**, National Consumer Advocacy Board; **Frances Isbell**, Health Care for the Homeless Houston

Community health workers (CHWs) improve the experience of both Health Care for the Homeless clinicians and clients by integrating their lived knowledge into the whole-person care team. In this workshop, you will hear from a current and a former community health worker about a three-year demonstration project which developed a comprehensive course for HCH programs interested in incorporating CHWs into their practice. The course details the roles and responsibilities of CHWs, hiring and supervising CHWs, and integrating and supporting CHWs in HCH settings, in addition to other resources. You will also hear from the CEO of one of the participating health centers about why she has continued but expanded the program.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 9:45-11 a.m. *(continued)*

## **Depot (Long-Acting) Buprenorphine: An Underutilized Yet Critical Tool Amidst the Opiate Epidemic**

**Location:** Evergreen G

**Jason Reinking**, TRUST Clinic, LifeLong Medical Care; **Maria Zimmerman**, TRUST Clinic, LifeLong Medical Care

Clinical outcomes for buprenorphine use in persons experiencing homeless (PEH) remain below national averages due to persistent barriers to care. Since 2017, depot (long-acting subcutaneous injection) buprenorphine has been an additional and formative pharmacological tool for use in opiate use disorders. However, its uptake and clinical application remain low. Since 2019, our clinic has developed a robust depot buprenorphine program that has serviced more than 50 patients. In this presentation, we aim to build a case for the inclusion of depot buprenorphine in clinics serving PEH through exploration of our personal program data, program outcomes, and program operations while contextualizing our clinical experience through the first-hand sharing of patient narratives.

## **Oral Presentation: Mortality**

**Location:** Evergreen H

**Georgia Bright**, Santa Clara University; **Caroline Cawley**, University of California, San Francisco; **Jamie Chang**, Santa Clara University; **Katherine Saxton**, Santa Clara University; **Barry Zevin**, Street Medicine and Shelter Health, San Francisco Department of Public Health

## **Oral Presentation: COVID-19**

**Location:** Evergreen I

**Ashley Meehan**, Centers for Disease Control and Prevention; **Julia Rogers**, University of Washington

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 12:30-1:45 p.m.

## **Providing On-Demand Medical Services Using Mobile Teams: Advantages, Tips/Tricks, and Challenges**

**Location:** Evergreen A

**Casey Chappelle**, Public Health, Seattle & King County; **Kami Harless**, Public Health, Seattle & King County; **Julie Little**, Public Health, Seattle & King County

On-demand services are critical to timely and patient-focused care of individuals experiencing homelessness. Our program provides low-barrier medical services by bringing our mobile teams directly to locations where individuals are sleeping or accessing other essential services. Our program provides a broad range of point of care testing, same-day procedures, and diagnostic/treatment services. We strive to meet any medical/procedure/diagnostic need that a patient may bring to our teams. This presentation will dive deeply into the overwhelming advantages of same-day services for individuals experiencing unstable housing while also laying the roadmap for all of the logistics, training, and preparation that goes into being prepared for anything that may walk up.

## **Trauma-Informed Supervision: Fostering Compassion & Resiliency in Hard Times**

**Location:** Evergreen B

**Ken Kraybill**, C4 Innovations; **Ann Marie Roepke**, Evoke Training and Consulting, PLLC

Trauma-informed supervision is essential in settings where staff serve clients who are likely to have histories of trauma exposure and staff often experience secondary trauma exposure through their clinical work. In these extraordinarily challenging times in our world, trauma-informed supervision is more critical still. Whether you're experienced, new, or not yet a supervisor, you are invited to learn more about applying a trauma-informed, healing-centered lens to supervision.

## **Health Care on Wheels: Making the Business Case for Your Mobile Clinic**

**Location:** Evergreen C

**Kyla Rankin**, HOMES Program of Parkland Health and Hospital Systems; **Mollie Williams**, The Family Van and Mobile Health Map

By literally meeting patients where they are, mobile clinics improve health outcomes and reduce health care costs. In our financially stressed health care systems, we must show funders, policymakers, and health care executives that mobile clinics make good business sense. In this session, we will share a conceptual framework that describes how mobile clinics can bolster business objectives of health care organizations, including those related to organizational culture, workforce capacity, health equity, and community partnerships. By aligning the goals of mobile programs with broader organizational strategies, health care leaders can make a strong case that mobile clinics are both good for community health and good for business.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 12:30-1:45 p.m. *(continued)*

## Partnering on Coordinated Entry to Advance Racial Equity in Access to Housing and Other Resources

**Location:** Evergreen E

**David Dirks**, Homebase; **Mindy Mitchell**, Homebase

This workshop, facilitated by experts in racial equity, coordinated entry (CE, and housing-health integration, will focus on strategies to utilize CE to identify and address racial and other inequities in access to housing, and ways HCH programs and other health stakeholders can participate in CE to ensure their clients – especially those who are Black, Indigenous, or other People of Color or who belong to other marginalized subpopulations – can access housing resources and other homeless assistance. Using a combination of community examples, Q&A, and group work, the workshop will have participants explore and define practical next steps to participate in and partner with CE systems to ensure equitable and efficient access to homeless system resources for particularly vulnerable clients.

## What Is Needed in Trans\* Homeless Health Care

**Location:** Evergreen F

**Irene Guerra**, Valley Homeless Healthcare Program; **Jacqueline Newton**, Valley Homeless Healthcare Program; **Maria Serrano**, Valley Homeless Healthcare Program

Transgender, non-binary and gender diverse (trans\*) people experiencing homelessness face discrimination and structural violence across their lifespans. A panel of trans\* consumers who have experienced homelessness will describe their unique healthcare needs. The panelists will share how psychosocial trauma affects the sense of belonging and engagement in health care. Consumers will discuss how to adjust our approach to offer inclusive and equitable care. We will describe gender-affirming and trauma-informed approaches to street outreach, provider-patient communication, and clinical operations, and how to create spaces to build community. Panelists will discuss the impact of social isolation from clinic closure and telehealth, and how to adjust clinical practice during COVID-19.

## Homelessness, Methamphetamine, and Behavioral Health Crisis Continuum

**Location:** Evergreen G

**Rod Olin**, Legacy Health; **Juliana Wallace**, Central City Concern

In this workshop, we will review the existing clinical care models, best practices, challenges, opportunities, and data needed to compassionately address this crisis. The complex intersection of psychosis, violence, and treatment approaches demands us to engage in creative thinking, both in our development of care models and also in our policy and advocacy platforms.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 12:30-1:45 p.m. *(continued)*

## Start and Sustain Homeless Mortality Reporting and Use Mortality Data to Direct Policy Change

**Location:** Evergreen H

**Rachel Biggs**, Albuquerque Health Care for the Homeless; **Anita Cordova**, Albuquerque Health Care for the Homeless; **Neil Greene**, University of New Mexico; **David Modersbach**, Alameda County Health Care for the Homeless Program; **Pia Valvassori**, Health Care Center for the Homeless

This workshop will help participants learn to start local mortality data reporting, drawing together experiences of three recently initiated regional/local homeless mortality report efforts. Presenters will draw on local efforts and participation in NHCHC's Homeless Mortality Data Work Group. Specific examples, processes, and tools will be shared to help beginners start a mortality count in their cities, and the local conditions to draw on to start homeless mortality reporting: local health departments; medical examiners/coroners; homeless data matching; and community partners. Discussion will focus on increasing data collection, how to interpret mortality data and use it to drive local change, and how we can improve and standardize homeless mortality data to drive policies and practice.

## Oral Presentation: Equitable Health Practices in the Provision of Dental Care for People Experiencing Homelessness

**Location:** Evergreen I

**Moffett Burgess**, Public Health Seattle & King County; **Deborah DeQuier-Bowden**, Public Health Seattle & King County; **Aji Jobe**, Public Health Seattle & King County

Equitable Health Practices in the Provision of Dental Care for People Experiencing Homelessness: A significant health equity issue people experiencing homelessness are confronted with is oral health. Toothaches, dental abscesses, and tooth loss show disparities in prevalence. These problems challenge people's well-being and can interfere with all aspects of life, including belonging and dignity. The added stresses of limited access to care, financial barriers, and fear of treatment complicate dental care in ways that differ from other disciplines. We provide examples of patient-centered practices we implemented to cut through barriers to wellness. We focus on examples of how clinical teams use principles of inclusion and belonging to support good health outcomes.



# Session Descriptions

## **Breakout Sessions** | Wednesday, May 11, 2-3:15 p.m.

### **Engaging Same-Day Peer Ambassadors in Unsheltered Settings**

**Location:** Evergreen A

**Anthony Coleman**, Housing for Health; **Ruby Romero**, University of California, Los Angeles

Through a partnership between two organizations, the Peer Ambassador (PA) Program was implemented to help increase vaccination against COVID-19 among sheltered and unsheltered people experiencing homelessness (PEH). During this workshop, the focus will be on COVID-19 vaccination efforts in the unsheltered setting. The aim of this workshop is to educate others on the role of PAs, share what has been found to be the best practices for implementing the program, and encourage attendees to implement similar programs.

### **Permanent Supportive Housing – It’s Time to Raise the Bar**

**Location:** Evergreen B

**Cheryl Ho**, Valley Homeless Healthcare Program; **David Meyers**, Valley Homeless Healthcare Program; **India Rogers-Sharp**, Stanford School of Medicine; **Paul Williams**, Valley Homeless Healthcare Program

In this session, participants will learn about the current state of the literature with regard to medical outcomes in permanent supportive housing (PSH). Different models of housing support from other HCH programs across the country will be reviewed. Early results (quality of life, social isolation, mental health and substance use) from one program’s two-year study will be summarized. In addition, participants will have an opportunity to hear common themes and voices from a set of qualitative interviews and a current PSH program consumer. In the last part of the workshop, participants will dialogue together as a group to propose ideas for more consumer-centered, trauma-informed models for future permanent supportive housing.

### **A Team-Based Approach to HIV Prevention and Management for High-Risk Populations**

**Location:** Evergreen C

**Kami Harless**, Public Health Department of Seattle & King County; **Amy Kennedy**, University of Washington School of Medicine/VA Puget Sound Healthcare System; **Lisa Herrera Perales**, Public Health Department of Seattle & King County

In the United States, there are approximately 1.2 million people aged 13 and older living with HIV, and an estimated 34,800 new HIV infections every year. Despite major advances in the prevention of HIV, our most marginalized neighbors continue to see a disproportionate risk of acquiring HIV. Providers caring for patients experiencing homelessness play a central role in taking care of people who are at higher risk for HIV infections. Initiating HIV pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) in a timely manner improves patient outcomes. We will provide a model for low-barrier access by providing point-of-care HIV testing and same-day initiation of PrEP or ART. This lecture will be a case-based session with didactic interspersed with clinical cases and polling questions, and will focus on HIV screening, prevention, diagnosis, and rapid start of ART.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 2-3:15 p.m. *(continued)*

## **A Statewide Medicaid Benefit for Medical Respite Care: A Replicable Approach**

**Location:** Evergreen E

**Charissa Fotinos**, Washington State Health Care Authority; **Barbara DiPietro**, National Health Care for the Homeless Council; **Rhonda Hauff**, Yakima Neighborhood Health Services; **Kat Ferguson-Mahan Latet**, Community Health Plan of Washington; **Sheela Tallman**, UnitedHealth Group

Medicaid reimbursements for medical respite care are a key strategy for program stability and improved client outcomes. As states consider how to move forward with financing these models of care, one state's process may serve as a template for others to replicate. This panel discussion will cover the advocacy, policy issues, and stakeholder engagement needed for successful statewide planning, and will build off a recently published state legislative report. Come to this conversation to hear from Medicaid officials and HCH-medical respite care leaders, and talk about what is working best in states to move forward to adopting medical respite at a systems level of care.

## **The Leadership Challenge of Our Lifetime**

**Location:** Evergreen F

**Matt Bennett**, Optimal Innovation Group

The challenge that faces us is clear: How do we help a burned-out and traumatized workforce recover? We cannot assume this healing will naturally happen as vaccines help us return to "normal." If not strategically addressed, our workforce's mental health threatens to lower our outcomes, devastate our organizational culture, and cost us financially in turnover, absenteeism, health care costs, and declining productivity. This workshop will help leaders and managers understand the impact of the trauma of the last months, create a recovery plan, and address the systematic issues that burned people out at alarming rates before the pandemic.

## **Suicide Prevention, Homelessness, and Best Practices**

**Location:** Evergreen G

**Terri Cooley-Bennett**, Swope Health Services

Suicide rates have increased rapidly in the nation and individuals experiencing homelessness are at great risk for suicidality. Risk factors are high among the homeless population, including unemployment, early adverse childhood experiences (ACES, substance use, chronic health conditions, mental health problems, and a lack of support, among others. It is critical for professionals in Health Care for the Homeless programs to understand suicidality and to be well-informed regarding suicidality and suicide prevention. Licensing boards require regular suicide prevention training. This workshop will discuss the prevalence of suicidality among homeless populations, including sub-populations. Best practices, treatment methodologies, and resources to address vicarious trauma will be discussed.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 2-3:15 p.m. *(continued)*

## **The Impact of Historical Trauma and the Two-Spirit Identity**

**Location:** Evergreen H

**Bridie Johnson**, Colorado Coalition for the Homeless

This presentation goes into a deeper understanding of the Two-Spirit identity and how the indigenous population has lost its way in regard to supporting LGBTQIA individuals in their own tribes and/or urban settings and communities they live in currently. We will explore Indigenous historical trauma and how impactful Christianization, Catholicism, and Colonization were on their identity formulation. Pre-colonization, they were revered as heroes in the indigenous communities in which they were reared.

## **Oral Presentation: Health Needs Assessments**

**Location:** Evergreen I

**Amy Grassette**, Family Health Center of Worcester; **Stefan Kertesz**, University of Alabama, Birmingham; **Megan Leubner**, Frank H. Netter MD School of Medicine at Quinnipiac University; **James O'Connell**, Boston Health Care for the Homeless Program

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 3:45-5 p.m.

## **Shifting the Power Differential: Street Medicine Patients as Teachers and Voices for Advocacy**

**Location:** Evergreen A

**Dan Bergholz**, Miami Street Medicine; **Brett Feldman**, KSOM of USC Street Medicine; **Corinne Feldman**, KSOM of USC Street Medicine; **Armen Henderson**, University of Miami Medical School; **Sabrina Hennecke**, Miami Street Medicine; **David Peery**, Camilus Health Concern

Part 1: We will begin with a facilitated discussion of how PEH are currently utilized as educators. Next, we will highlight a one-year experiential learning opportunity where an interdisciplinary team of students are guided through the system by a current street medicine patient experiencing difficulty accessing health care and social services. Program design specifics, including student/patient selection and curriculum, will be discussed. Part 2: We then will discuss how an innovative Advocacy Unit has been implemented by Miami Street Medicine (MSM), in which medical students and physicians have monitored and brought examples of this patient harm to local media. This advocacy mobilized advocates and resulted in a large protest of the city's effort to ban homeless encampments. This success suggests a model strategy of using street medicine advocacy to formulate compelling narratives against homelessness criminalization, which can be replicated nationwide.

## **To Commit or Not To Commit -- That Is the Question**

**Location:** Evergreen B

**Carrie Craig**, Colorado Coalition for the Homeless; **Catherine Crosland**, Unity Health Care; **Lawanda Williams**, Baltimore Health Care for the Homeless

It is undeniable that a significant portion of populations experiencing street homelessness suffer from severe mental illness. We would like to facilitate an open and honest conversation about the topic of involuntary treatment of mental illness in this country. We will use a moral decision making framework and bring in perspectives from other countries in which the perspective differs slightly toward a "right to appropriate treatment of mental illness" versus the perspective widely held in the U.S. of "the right to self-determination."

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 3:45-5 p.m. *(continued)*

## **Multidisciplinary Care and Advocacy for Patients at the Intersection of Gender Identity and Immigration**

**Location:** Evergreen C

**Lina Barbenes**, Montefiore Hospital; **Carolina Miranda**, Montefiore Hospital; **Ian Zdanowicz**, Queer Detainee Empowerment Project

This workshop will present an innovative care delivery model serving one of the most marginalized populations of our time: houseless transgender and non-binary (TGNB) immigrants who have been detained while being involved in immigration proceedings, including asylum. Using an interdisciplinary approach, our partnership between a Federally Qualified Health Center and an LGBTQIA community-based organization provides affirming, inclusive, and culturally humble mental health, medical, and sociopolitical care. Because the TGNB asylum-seeking community experiences the compounded traumas of social isolation, persecution, migration, and immigration detention, a community-based approach is uniquely suited to meet our patients' need for support and a sense of belonging.

## **Tactical Collaboration for Policy Results: Case Study of Naloxone from State to Street**

**Location:** Evergreen E

**Anthony Coleman**, Housing for Health; **Chelsea L. Shover**, University of California, Los Angeles; **Joanna Swan**, Housing for Health; **Sieglinde Von Deffner**, Housing for Health

The first part of this workshop will present a case study of how government, academic, and community partners worked together to dramatically scale up naloxone distribution to people experiencing homelessness. The four presenters -- a licensed clinical social worker, a public health researcher, and two community health workers -- can speak to different dimensions of the effort, from incorporating harm reduction into other health outreach, to state-level policy change to get 100,000 doses, to reversing overdoses using the additional kits. The second part will be a group exercise with three steps: a describe a problem in their jurisdiction that might be helped with a policy action; b identify policy levers; and c network to find potential partnerships.

## **Homeless Mortality in Boston and Chicago: Implications for Medical Respite and Tailored Care Models**

**Location:** Evergreen F

**Jacqueline Cameron**, Cook County Health; **Kristen Dickins**, Massachusetts General Hospital; **Keiki Hinami**, Cook County Health; **Miao Jenny Hua**, Cook County Health

In 2021, the National Health Care for the Homeless Council published its Homeless Mortality Tool Kit in support of jurisdictions seeking to apply data toward informed resource allocations and advocacy. In this presentation, we introduce distinct use cases of such data from Boston and Chicago.

# Session Descriptions

**Breakout Sessions** | Wednesday, May 11, 3:45-5 p.m. *(continued)*

## Using Photovoice to Examine the Effects of the COVID-19 Pandemic on the Homelessness Community

**Location:** Evergreen G

**Fiona Asigbee**, Cottage Health; **Anna Pruitt**, University of Hawai'i , Manoa; **Landon Ranck**, Santa Barbara Alliance for Community Transformation

This workshop will discuss the potential of community-based participatory research (CBPR) methods for understanding lived experiences with homelessness and creating trust and belonging. Based on a Photovoice study examining how the COVID-19 pandemic is impacting people experiencing homelessness in a California county, lessons learned from engaging in CBPR during a pandemic will be discussed. Researchers will share strategies for collecting data from a variety of homelessness communities (e.g., unsheltered, sheltered, and vehicular) and will explore best practices for engaging multiple community partners and building trust within the homelessness community. Using a photo wall and lived experiences of co-researchers, this workshop will demonstrate how CBPR can empower homeless communities.

## Leveraging the HCH Community During the COVID Response to Advocate for Policy Change

**Location:** Evergreen I

**Rachel Biggs**, Albuquerque Health Care for the Homeless; **Nadia Fazel**, Albuquerque Health Care for the Homeless; **Jennifer Metzler**, Albuquerque Health Care for the Homeless

This workshop will engage participants in learning how to leverage the community of HCHs to collaboratively engage shelter provider partners, health care systems, and public health departments in effective policy change during public health emergencies. HCHs emerged as essential partners during the COVID response that bridged the gap between homeless assistance providers and public health entities. This workshop will walk participants through the process of amplifying the work of HCHs across the country to inform a local response to COVID for people without homes. Presenters will share lessons learned on how to bring together clinical, public health, and policy staff to position the organization as central to a coordinated response and management system.

## Oral Presentation: Family and Prenatal Health

**Location:** Evergreen H

**Scott Ikeda**, Bronx Health Collective, Montefiore Medical Center; **Mariel Lougee**, Contra Costa Healthcare for the Homeless; **Alan Shapiro**, Montefiore Medical Center; **Misty Webb**, CORE Outreach

# Session Descriptions

## **Breakout Sessions** | Thursday, May 12, 8:30-9:45 a.m.

### **Integrated Care Program**

**Location:** Evergreen A

**Jennifer Battis**, C4 Innovations; **Kellyann Day**, New Reach, Inc.; **Beth Klink**, Yale New Haven Hospital

A leading agency in providing housing and supportive services, along with a local hospital and external evaluator, will discuss an evaluation and quality improvement project that is effectively helping cisgender and transgender women who are experiencing homelessness, have co-occurring disorders, and are high hospital utilizers. The presentation will focus on the high-quality data and metrics methodology and how it has informed and transformed the partnership's work and success in helping the targeted marginalized subpopulation to attain equitable and high-quality trauma-informed care. The presentation will focus on the challenges faced by the intensity of cases, and how the partnership and data-informed processes are positively affecting the health and housing of these women.

### **Fentanyl to Buprenorphine: Options and Innovations**

**Location:** Evergreen B

**Jennifer Hartley**, Fora Health; **Eowyn Rieke**, Fora Health

The presence of fentanyl and fentanyl analogues (F/FA in the U.S. drug supply has contributed to dramatic increases in overdose deaths, as well as new challenges in Medications for Opioid Use Disorder (MOUD) care. Inductions for patients using fentanyl present a higher risk of precipitated withdrawal as well as other complex reactions. Patients may give up on MOUD after an unsuccessful induction. These same difficulties may lead medical providers to limit the patients to whom they offer buprenorphine because of difficult experiences with inductions. Low-dose induction is a viable alternative, though patients and withdrawal management programs often struggle with the length or complexity of this process.

### **Trauma-Informed Staff Support in Light of COVID-19 Impacts and Secondary Trauma at Work**

**Location:** Evergreen E

**Victor Cruz**, King County Public Health; **Eric Skyler Jones**, King County Public Health; **Martin Reinsel**, Reinsel Consulting

This workshop focuses on the emerging "staff support" needs evident during the advancement of COVID-19. The burdens on staff striving to provide quality care during a pandemic were clearly evident to organizational leaders in 2020. Signs of burnout emerged. The primary impacts of COVID-19 affected some staff members' (and their loved ones') health. An abundance of secondary concerns emerged as well, professionally and personally. Staff experienced secondary trauma at work: witnessing increased suffering, losing contact with patients during the pandemic, and being unable to provide the usual quality of care and/or providing care amidst additional strain (e.g., working outdoors in tents). This presentation focuses on the contract services providing "trauma-informed staff support" to assist staff.

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 8:30-9:45 a.m. *(continued)*

## **Project REACT: A Community-Led and Consumer-Driven Response to COVID-19, HIV, and the STI Epidemics**

**Location:** Evergreen F

**Miguel Ibara**, San Francisco Community Health Center

Project REACT is a community-based, multi-partner, multidisciplinary, culturally appropriate, and highly tailored service focused on supporting populations and neighborhoods most disproportionately impacted by COVID-19 in San Francisco. In action, Project REACT provides: targeted prevention and risk-reduction outreach and health education on COVID-19, HIV, Hep-C, and other STIs; promotion of COVID-19 testing and vaccines; mobile testing and vaccine support targeting consumers experiencing hesitancy; and much more. During this presentation, attendees will have an opportunity to learn about Project REACT, the creation of a unified response to COVID-19 and other epidemics impacting consumers, and tools to implement their own field-based health engagement and Community Ambassador programs.

## **Housing As Health Care During the COVID-19 Pandemic: A Collaborative Partnership**

**Location:** AUDITORIUM (3rd floor)

**Marie Black**, MBI Health Services, LLC; **Catherine Crosland**, Unity Health Care; **Dan Hasan**, Department of Human Services

The COVID-19 pandemic crystallizes how homelessness is a public health crisis and that housing is health care. Isolation and quarantine guidelines prescribed by the CDC and local health departments do not work for people experiencing homelessness who often live in congregate shelters and encampments. Against this backdrop, our HCH and the local Department of Human Services partnered to create a three-pronged emergency response for people experiencing homelessness that includes the reactive strategy of creating isolation and quarantine hotels, the proactive strategy of creating protective hotel shelters for older and medically vulnerable individuals and a comprehensive testing and vaccination strategy. This session describes this collaboration, best practices, and lessons for the future.

## **Oral Presentation: Diabetes Management and Chronic Pain Management in Patients using Opioids**

**Location:** Evergreen G

**Edward Adair**; **Moncies Franco**, Hennepin Healthcare Research Institute; **Amy Kennedy**, University of Washington School of Medicine/VA Puget Sound Healthcare System; **Denita Ngwu**; **Katherine Vickery**, Hennepin Healthcare Research Institute/Hennepin County Health Care for the Homeless



# Session Descriptions

## **Breakout Sessions** | Thursday, May 12, 10-11:15 a.m.

### **Roving COVID Vaccines**

**Location:** Evergreen A

**Diana Aycinena**, San Francisco Community Health Center; **Shannon Heuklom**, San Francisco Community Health Center

Rapid deployment of vaccines is essential to control the COVID pandemic. The Tenderloin community in San Francisco has many barriers to vaccination, including non-participation in traditional health care, health care mistrust, homelessness, inability to take time off of work, and active substance use. A program was developed with several local organizations to create a stationary vaccine clinic. It was realized that traveling even several blocks was a sufficient barrier to deter people from getting vaccinated. A rapid intervention was developed that brought healthcare providers and vaccines directly to people rather than trying to get people to the vaccine site.

### **Consumer Participation Outreach Survey Results**

**Location:** Evergreen B

**Katherine Cavanaugh**, NHCHC; **Kendall Clark**, Mary Eliza Health Center; **Charlotte Garner**, Health Care for the Homeless Houston; **Deidre Young**, Health Care for the Homeless Houston

### **Creating Calm in the Storm: Incorporating Yoga into Health Care Settings for Homeless Populations**

**Location:** Evergreen C

**Frances Driscoll**, Baltimore Health Care for the Homeless; **Deirdre Hoey**, Baltimore Health Care for the Homeless; **Albert Miller**, Baltimore Health Care for the Homeless

Using the principles of polyvagal theory, this workshop will provide education about the nervous system and demonstrate how an accessible, inclusive, trauma-informed style of yoga practice can improve health outcomes and build a stronger community. Experiences of homelessness can overload the body with trauma response symptoms (such as numbness, cognitive problems, impulsive behaviors, and isolation. Difficulty maintaining trust and seeing the world as unsafe can inhibit consumer, provider, and peer relationships. The drive to survive is at odds with a longing for connection. Yoga is one way to help access feelings of calm and unity in the midst of homelessness.

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 10-11:15 a.m. *(continued)*

## Designing the Medical Respite Space: A Trauma-Informed Approach to a Healing Environment

**Location:** Evergreen E

**Julia Dobbins**, NHCHC; **Caitlin Synovec**, NHCHC

Medical respite care provides a safe place for healing and recovery from acute health care events for people experiencing homelessness. Within these programs, providing trauma-informed care is essential. A critical element of trauma-informed care is providing a safe and healing environment; one that is accessible, comforting, and promotes recovery. This session will provide an overview on creating a healing environment within your medical respite program. This session will be applicable to developing and established programs, with a large or small budget, and for a variety of clients served.

## Tenant-Led Approach to Overdose Prevention in Supportive Housing

**Location:** Evergreen F

**Katie Burk**, Facente Consulting; **Brenda Cantero**, National Harm Reduction Coalition; **Porsha Dixson**, National Harm Reduction Coalition; **Laura Guzman**, National Harm Reduction Coalition; **Kristen Marshall**, National Harm Reduction Coalition

Compared to non-single room occupancy hotel (SRO) residents, residents of SRO hotels are 19 times more likely to die of an accidental overdose death. The program works with staff and residents of supportive housing SRO hotels to ensure a community-led approach to overdose prevention efforts. Attendees of this workshop will learn about the program components and the structural and institutional barriers program staff confronted during program implementation, including COVID-19 restrictions and impacts. Workshop attendees will participate in a facilitated discussion around the vulnerability of SRO residents, addressing barriers to program implementation, and strategies to involve supportive housing staff and residents in overdose prevention.

## Transforming the Health Care System in Collaboration with Formerly Incarcerated Individuals

**Location:** Evergreen G

**Shatrice Grimes**, Country Doctor Community Health Centers; **Laura Morgan**, Country Doctors Community Health Centers; **Anna Steiner**, Transitions Clinic Network

Transitions Clinic Network (TCN) supports a national network of medical homes dedicated to serving people returning from incarceration. TCN programs are implemented in primary care clinics located in communities impacted by incarceration and integrate community health workers with lived experience of incarceration onto primary care teams. In this workshop, TCN will provide an overview of the systemic barriers to continuity of care for people leaving incarceration, how incarceration impacts health, and ways that community health systems can mitigate the lasting harms of mass incarceration. Staff from Country Doctor Community Clinic (Seattle) will introduce their TCN program and explain how and why health systems serving people experiencing homelessness are primed to implement this program.

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 10-11:15 a.m. *(continued)*

## **Oral Presentation: Equity Tool and HCV Treatment Outcomes**

**Location:** Evergreen H

**Ed Farrell**, Colorado Coalition for the Homeless; **Tom Gray**, Denver Health; **Myra Nagy**, Denver Health Project HOPE; **Laura Podewils**, Denver Health; **Leah Shaw**, Boston Health Care for the Homeless Program; **Sarah Stella**, Denver Health; University of Colorado School of Medicine

## **Oral Presentation: Community-Based Health Care**

**Location:** Evergreen I

**Jadie Hokuala Iijima Geil**, Hui Aloha; **Lindsay Ann Pacheco**, Ka Po'e O Kaka'ako/Hui Aloha; **Claudia Powell**, University of Arizona Southwest Institute for Research on Women; **Anna Pruitt**, University of Hawai'i at Manoa

# Session Descriptions

## **Breakout Sessions** | Thursday, May 12, 12:45-2 p.m.

### **“But I Only Have Five Minutes!”**

**Location:** Evergreen A

**Ed Farrell**, Colorado Coalition for the Homeless; **Ken Kraybill**, C4 Innovations; **Ann Marie Roepke**, Evoke Training and Consulting

While tending to people's needs in the moment, you also hope they'll make specific changes to improve their health and well-being. But your time is limited. You're already trying to squeeze in a lot during each encounter. And perhaps your previous attempts to “get” them to change have been less than effective. The good news is that there are some brief, simple strategies to increase the likelihood of people making positive changes. In this workshop, you'll be invited to observe and “try out” some ways to engage people in conversations about change, help them determine change goals, evoke their own hopes and ideas supporting change, develop an achievable plan, and provide information and advice in a guiding style. Practitioners of all disciplines are welcome.

### **Impact of Clinical Pharmacists on Homeless Outcomes and Medication Adherence**

**Location:** Evergreen B

**Lawrence Chang**, Valley Homeless Healthcare Program; **Sophie Nguyen**, Valley Homeless Healthcare Program; **Michael Wong**, Valley Homeless Healthcare Program

Utilizing their specialized knowledge in medications, guideline-recommended treatments, and navigating insurances/formularies, clinical pharmacists are equipped to make significant clinical impacts when managing chronic disease states in an interdisciplinary team within a primary care clinic, as proven by a multitude of published studies throughout the country. This session will aim to describe the role, methods, and benefits of clinical pharmacists operating in an FQHC primary care clinic by specifically tracking health outcomes in homeless patients seen in 2021 and outlining innovative practices shown to be effective for homeless patients. Outcomes that will be presented include blood pressure, A1c data, hepatitis C treatment outcomes, medication adherence, and hospital readmission data.

### **Health Equity Compendium: Clinicians of Color Listening Session**

**Location:** Evergreen C

This is a listening session for Clinicians of Color and is an opportunity to assist Council staff in identifying upstream inequities including, but not limited to, institutional inequities, social, and political determinants of health that impact one's health and the ability to perform at one's workplace. Questions will be posed to the attendees with short discussions on various topics. Our definition of clinicians is very broad and welcome all health center staff to this session.

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 12:45-2 p.m. *(continued)*

## How to POPUP: A Guide for Clinics Establishing Drop-In Primary Care for PEH

**Location:** Evergreen E

**Rodrigo Avila**, University of California, San Francisco; **John Friend**, University of California, San Francisco; **Janet Grochowski**, University of California, San Francisco; **Elizabeth Lynch**, University of California, San Francisco

The traditional model of primary care creates significant barriers for unstably housed communities to access patient-centered care including rigid appointment schedules and lack of onsite behavioral health services. An HIV primary care clinic located in a dense urban setting has operationalized a drop-in care program that caters to the specific needs of PEH. Despite challenges, the core of this program's success has been consistent team communication, non-hierarchical interdisciplinary collaboration, and a focus on relationship-based care. This workshop will describe core elements of this successful longitudinal care model: data-driven care management e-dashboard, interdisciplinary conference formats, and panel management strategies. Attendees will be able to apply lessons learned to their clinics.

## How City Agencies and HCH, Shelter, and Housing Providers Can Collaborate During a Pandemic

**Location:** Evergreen F

**Thomas D. Huggett**, Lawndale Christian Health Center; **Mary Kate Schroeter**, Chicago Department of Public Health; **Mary Tornabene**, Heartland Alliance Health

The impact of COVID-19 on sheltered communities brought about new collaborations and innovative systems of shelter-based care delivery. This interactive multimedia presentation will detail how the health authority and two FQHCs came together, guided by the shared value of equity, to serve our participants. We will discuss our successes and challenges, creative use of COVID-19 funding and contracting, mutually agreed upon scopes of service, standards of care, outcomes of shield and supportive housing, and vaccine efforts. We will outline our efforts to meet our overarching goal that each sheltered person in the city has one visit with an HCH expert.

## Oral Presentation: Coordinated Entry and Veteran Care

**Location:** Evergreen H

**John Barlie**, University of Hawai'i, Manoa; **Amy Fairweather**, Swords to Plowshares; **Pauline Lubens**, Swords to Plowshares; **Monet Meyer**, University of Hawai'i, Manoa; **Anna Pruitt**, University of Hawai'i, Manoa

## Oral Presentation: Diversity, Equity, and Inclusion

**Location:** Evergreen I

**Mercy Egbujor**, Valley Homeless Healthcare Program; **Dirk Everett**, Valley Homeless Healthcare Program

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 2:15-3:30 p.m.

## **Mobile Outreach Palliative Care: A Novel Program Model and New Research Findings**

**Location:** Evergreen B

**Kelly Campbell**, Harborview Medical Center; **Joseph Hulford**, Harborview Medical Center; **Ian Johnson**, University of Washington; **Michael Light**, Harborview Medical Center

The Healthcare for the Homeless Palliative Care Team is the first mobile outreach palliative care program in the United States serving people experiencing homelessness or living in supportive housing. This presentation by program staff and our research partner describes issues impacting unhoused patients when facing serious illness or end-of-life. They describe their novel program model, including roles in clinical care, collaborative care management, consultation, and community education. They also present findings from a mixed-method retrospective chart review of program participants highlighting factors determining locations of care, facilitators for care in shelters and encampments, and barriers to equitable system interventions.

## **The One Health Clinic: Reducing Health Barriers Through the Human-Animal Bond**

**Location:** Evergreen C

**Katie Kuehl**, Washington State University College of Veterinary Medicine; **Vickie Ramirez**, University of Washington - Center for One Health Research; **Anina Terry**, Neighborcare Health

This workshop will present an innovative model of health care providing integrated veterinary and human health care to youth and young adults experiencing homelessness and housing insecurity with pets. The purpose of this interdisciplinary, holistic approach is to reduce barriers to accessing care and to increase engagement in primary and preventative health care for both the human owner and pet. Data collected since model implementation in 2018 at a small FQHC satellite clinic shows a 42% increase in new patients engaging in health care and an 18% increase in follow-up human health care. A free online toolkit, created by the team that established this care model in collaboration with a community advisory board, will be presented as a resource for model implementation in other care settings.

## **Denver's Social Impact Bond: Solutions for Better Health Outcomes for Chronic Homelessness**

**Location:** Evergreen E

**Carrie Craig**, Colorado Coalition for the Homeless; **Lisa Thompson**, Colorado Coalition for the Homeless

The Denver Social Impact Bond was a five-year program to house 250 chronically homeless individuals who had frequent interactions with the criminal justice system in order to create housing stability and achieve a reduction in jail-bed days for program participants and achieve cost savings for the City of Denver. To accomplish these goals, a strong public-private partnership was built to design and implement the program and to track, evaluate, and report out on the results. The results were very positive for people experiencing chronic homelessness and the community as detailed in the final report released in July 2021.

# Session Descriptions

**Breakout Sessions** | Thursday, May 12, 2:15-3:30 p.m. *(continued)*

## **Building the Evidence-Base for Medical Respite/Recuperative Care: A Participatory and Inclusive Research Agenda**

**Location:** Evergreen F

**Miriah Nunnaley**, Colorado Coalition for the Homeless; **Sossity Perkins**, Colorado Coalition for the Homeless; **Pia Vavassori**, Health Care for the Homeless, Orlando; **Stephen Wilder**, NHCHC

Medical respite care (MRC) remains widely under-researched, and the perspectives of people with lived experience of homelessness (PLE) are under-represented in the existing literature. In response to this dearth of research, a year-long, PCORI-funded stakeholder engagement project was implemented to identify research priorities for MRC and ensure that the voices of PLE are at the center of future research efforts. This workshop will highlight the project's robust findings and will serve to educate participants about research objectives in MRC, equip them with engagement strategies tailored to the needs of PLE, and collaboratively explore opportunities to plan, implement, and disseminate inclusive and participatory research that demonstrates the impact and value of MRC.

## **STI Screening and Treatment on the Streets of Seattle**

**Location:** AUDITORIUM (3rd floor)

**Julie Little**, King County Public Health; **Kammi Lopez**, King County Public Health; **Carrie Reinhart**, King County Public Health; **Penelope Toland**, King County Public Health

This workshop presentation highlights the challenges, outcomes, and importance of providing trauma-informed and accessible STI screening and treatment to people living unsheltered. The team will present their testing and treatment data and complex case studies. In comparison to clinic-based treatment, field-based treatment allows for more flexibility and adaptation to a client's needs, leading to patient-centered and low-barrier care. By offering harm reduction and basic needs supplies first, the patient's goals are at the center of all medical visits. By truly meeting people where they are, offering point-of-care testing, and administering medications for treatment in the field, the outreach team has developed a system to better serve the sexual health needs of unhoused individuals.

## **Oral Presentation: Equity in Culturally Specific Behavioral Health Programs**

**Location:** Evergreen G

**Albert Parramon**, Central City Concern; **Juliana Wallace**, Central City Concern

## **Oral Presentation: Street Psychiatry and Sleep Disruption**

**Location:** Evergreen H

**Katherine Benandi**, UT Houston School of Public Health; **Anna Jackson**, Gateway Community Service Board; **Ben King**, University of Houston; **Sitwat Malik**, Gateway Community Service Board; **Victoria Warren**, University of Houston

# Session Descriptions

**Learning Labs** | Friday, May 13, 8:30 a.m.-1:30 p.m.

## **Gender, Homelessness, and Interpersonal Violence: Building Equitable Systems to Support Survivors**

**Location:** Evergreen A

**Lisa James**, Futures Without Violence; **Surabhi Kukke**, Futures Without Violence; **Rebecca Levenson**, Futures Without Violence; **Anna Marjavi**, Futures Without Violence; **Sarah Scott**, Futures Without Violence; **Camila Sanchez Tejada**, Futures Without Violence

In partnership with Health Partners on IPV + Exploitation, the Council is excited to offer this half-day training intended to equip participants with skills to support survivors of interpersonal violence (IPV experiencing homelessness through community partnerships and healing-centered engagement strategies. Participants will learn how to build MOUs and similar agreements with their local IPV agencies and how to have conversations about healthy relationships with patients/consumers.

## **Safety and Security: Trauma-Informed, Patient-Approved (by the NCAB of the NHCHC)**

**Location:** Evergreen B

Ensuring the safety of patients and staff without compromising trauma-informed care can be a challenge. Join the National Consumer Advisory Board as we discuss and discover together trauma-informed, patient-approved methods for creating a safe patient experience and for addressing threats and challenges to security within the health center and in outreach.

## **Setting up for Success: Supporting the Transition to Housing**

**Location:** Evergreen C

**Jen Elder**, SAMHSA Homeless and Housing Resource Center; **Cheryl Ho**, Valley Homeless Healthcare Program; **Lauren Velez**, Corporation for Supportive Housing; **Paul Williams**, Valley Homeless Healthcare Program

The transition from homelessness to housing can involve complex processes of navigating new services, neighborhoods, relationships, and housing rules. This transition can be difficult, particularly for individuals living with behavioral health conditions, and there are risks of worsening mental health status, overdose, and losing the new tenancy. This Learning Lab, led by SAMHSA's Homeless and Housing Resource Center, will explore best practices for supporting transitions to housing for individuals living with behavioral health conditions. Participants will discuss strategies for strengthening community partnerships, creating person-centered transition plans, and trauma-informed practices that help new tenants succeed in housing.



# Session Descriptions

**Learning Labs** | Friday, May 13, 8:30 a.m.-1:30 p.m. *(continued)*

## **Homelessness & Chronic Illness: Strategies for Supporting Individuals to be Their Healthiest Selves**

**Location:** Evergreen E

We will learn from experts across the HCH community about best practices and emerging strategies in the management of chronic illness among people experiencing homelessness. Focusing on diabetes and COPD, we will explore approaches for team-based care and supporting clients' self-management, and discuss quality improvement strategies. Join us and come prepared to share ideas and learn from each other.

## **Anti-Racism 202: Homeless Organizations Moving Toward Equity and Inclusion in 2022**

**Location:** Evergreen F

**Kevonya Elzia**, Neighborcare Health

“Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem, gender problem, class problem, or LGBTQ problem. Intersectionality can get used as a blanket term to mean, “Well, it's complicated.” Sometimes, “It's complicated” is an excuse to not do anything. We want to move beyond that idea. We aim to do a deep dive into anti-racism as both individuals and as Health Care for the Homeless organizations breaking through the many challenging layers confronting our patients and ourselves. In this two-part workshop, we will demonstrate the role of intersectionality and a healing-centered approach in moving HCH organizations and staff toward embodying anti-racism at the institutional level.

*IN MEMORIAM: This Learning Lab is dedicated to Marcia Tanur, physician at Harbor Care, who passed away unexpectedly in February. She was also the medical director for the Methamphetamine Treatment Program. Marcia was slated to be a co-presenter and her work contributed significantly to this Learning Lab.*

## How to Get Your Certificate

1. Go to <http://nhchc.cmecertificateonline.com/>
2. Click on the “2022 National Health Care for the Homeless Conference & Policy Symposium” link.
3. Evaluate the meeting and click the hyperlink provided on the last page to claim your credit certificate.
4. Save/Download/Print all pages of your certificate for your records.

**Questions?** Email [Certificate@AmedcoEmail.com](mailto:Certificate@AmedcoEmail.com)

## Self-Care Strategies

The National HCH Council acknowledges conferences can be stressful for attendees emotionally, mentally, and physically. In addition, we acknowledge that the material discussed in sessions might be emotionally challenging for some attendees. Because of this, we are providing the following self-care strategies:

- **Know your limits and step away.** Consider your own emotional well-being when choosing which sessions to attend. If at any time you feel increasingly uncomfortable in a session, take a step away from the conference. Cedar Ballroom A will serve as a Relaxation Lounge for all attendees. The Relaxation Lounge is open from 7 a.m.-6 p.m. Wednesday, May 11, and Thursday, May 12. Please use this room, your hotel room, or other quiet places to help you relax.
- **Eat and sleep well.** Maintaining healthy eating and sleeping habits can be difficult when you are in an unfamiliar space. We encourage you to eat well, stay hydrated (drink plenty of water, at least 8 glasses a day), and get enough rest (eight hours or more of sleep). This will give you the chance to be your best self.
- **Stay active.** Find ways to move your body throughout the conference. If you would like, use the fitness center at your hotel or take a walk with others.
- **See Council staff or call if you need help.** Council staff are available throughout the venue and specifically at the Registration Desk to help refer you to individuals who can provide assistance. If you need additional help, you may also call the National Suicide Prevention Lifeline at 1-800-273-8255.

## Relaxation Lounge

Stop by the Relaxation Lounge in the Cedar Ballroom A to enjoy a quiet and relaxing space featuring sofas, charging capabilities, and light snacks from 7 a.m.-6 p.m. Wednesday, May 11, and Thursday, May 12.

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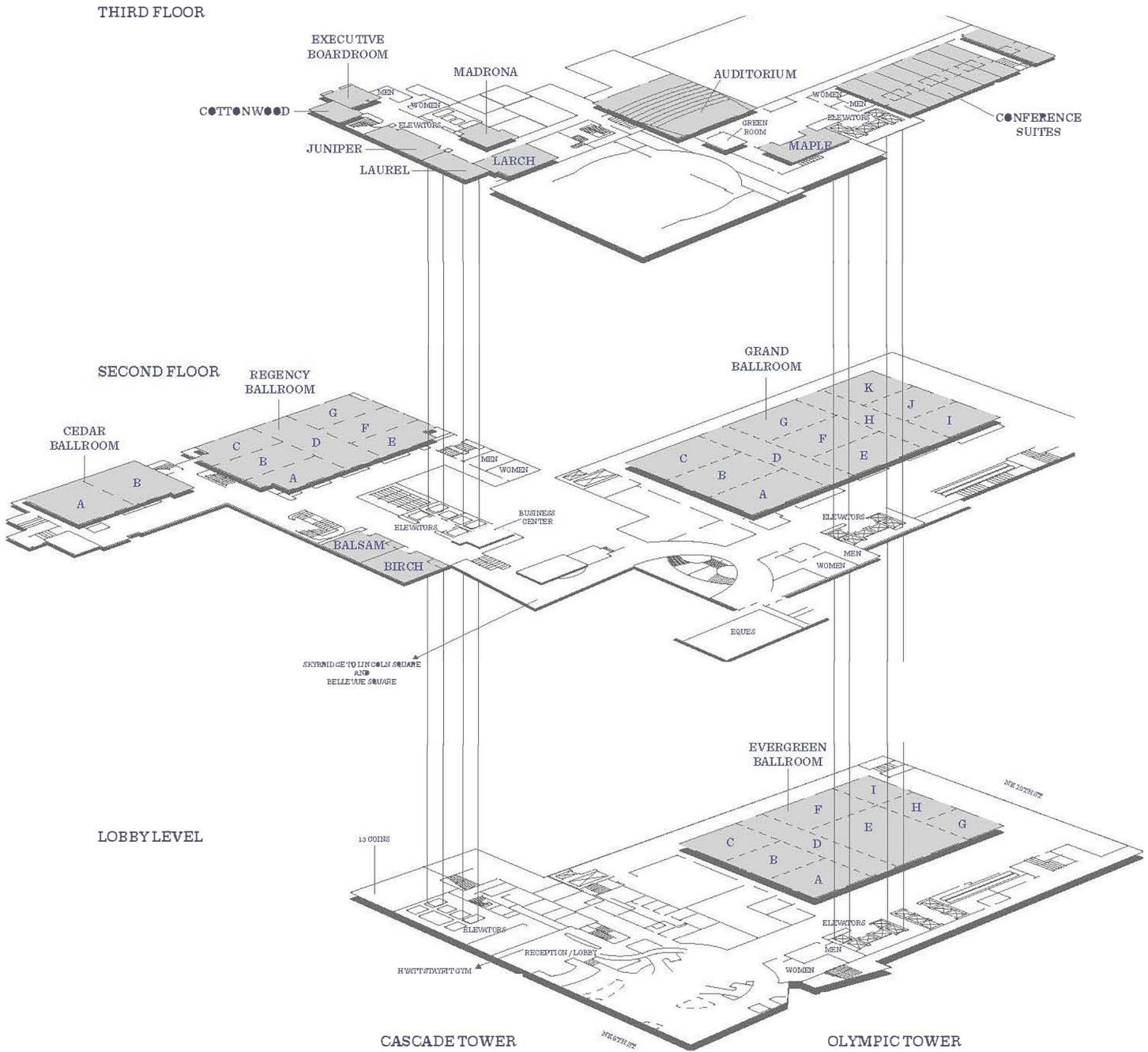
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