2021 National Health Care for the Homeless Council

H C H 2 0 2 1
May 10-14

EQuality = Equity + Quality in a COVID-Aware World

Virtual Conference & Policy Symposium
A Welcome from Bobby Watts, CEO
Mobile App & Social Media
Council Membership
Virtual Lounge & Zoom Information
Conference Overview
Sponsors & Exhibitors
Award Winners
Pre-Conference Institutes (PCIs)
Poster Presentations
Conference Agenda & Session Descriptions
Learning Labs
Board of Directors & Staff
Sponsor Ads
Welcome to the National Health Care for the Homeless Council’s 2021 Conference & Policy Symposium! We are holding the conference virtually for the first time, and it is no less exciting to share these days and to learn together.

We had to cancel last year’s Conference, but have kept the same theme (with an addition at the end): “EQuality = Equity and Quality in a COVID-Aware World.” Over the past year, members of our community were sources of information, support, and – most important – innovative and responsive care. From consumers and clinicians to administrators and advocates, we made sure that people experiencing homelessness were not forgotten. Together we helped local governments, the CDC, and HUD address the health needs of our neighbors without homes in unprecedented ways.

When we held our last Conference in 2019, the theme was “Working Together for Justice.” The fight for justice continues, and I am honored to say that the Health Care for the Homeless community and the Council have been leaders in the work to realize justice more fully. In a year of heightened attention to social justice issues, the entire HCH and Medical Respite/Recuperative Care community played a vital role in ensuring that underrepresented voices were heard.

As has often been noted, the pandemic exposed and exacerbated inequities that were already present in our society. We responded creatively and in real-time, despite our individual and collective fears and fatigue. Our charge now is to determine how to create a better and more equitable post-COVID world.

Please take advantage of the opportunities to learn and network with peers, and to visit with our Conference sponsors: Direct Relief; Anthem; California Health Care Foundation; CommonSpirit; Eccovia; Fourth Capital; Humana; Kaiser Permanente; and United Healthcare, and our exhibitors. Throughout the Conference, if any member of the Council staff can be of assistance to you, please let us know. I am glad to connect with you in this virtual space and look forward to the time that we are able to gather in person. Until then … Welcome to HCH2021!

In Solidarity,

Bobby Watts
About Our CEO, Bobby Watts

Bobby Watts is the chief executive officer of the National Health Care for the Homeless Council, which supports the 300 federally-funded Health Care for the Homeless programs and 100 Medical Respite/Recuperative Care providers with training, technical assistance, sharing of best practices, research, publications, and an active policy and advocacy program working to eliminate homelessness.

Bobby has 30 years of experience in administration, direct service, and implementation of homeless health services, beginning as a live-in counselor at the New York City Rescue Mission. He spent most of his career prior to joining the Council at Care for the Homeless, which operates clinics, shelters, and conducts policy analysis and advocacy in New York City, beginning as an intern, and serving as the executive director from 2005-2017. Under his tenure, the Federally Qualified Health Center agency tripled in size, adding major programs and initiatives – including constructing and operating a shelter for 200 mentally ill and medically frail women –and becoming licensed as a Diagnostic and Treatment Center in New York State. He has served on numerous boards, government-appointed task forces, and workgroups including serving as the finance officer for the NYC HIV Health and Human Services Planning Council, on the NYS DOH Medicaid Redesign Team’s Affordable Housing Workgroup and Value-Based Payment Workgroup on CBOs and Social Determinants of Health, and as an inaugural member of the NYS Interagency Council on Homelessness, where he co-chaired its Health Committee. In February 2021, he was appointed as a member of the Biden-Harris Administration’s COVID-19 Health Equity Task Force. Based on the Council’s work in homeless health care, in May 2021 the National Journal named him as one of 25 policy professionals influencing the Administration.

He is a graduate of Cornell University and the Columbia University Mailman School of Public Health, from which he holds a master of public health degree in health administration and a master of science degree in epidemiology. He also earned a Certificate of Theological Studies from Alliance Theological Seminary in Nyack, NY.
Let's Connect!

Conference Mobile App
Get the free HCH2021 Conference mobile application on your Apple or Android device! **Instructions:** Download the "Cvent Events" app on your mobile device, and then search for "2021 National Health Care for the Homeless Conference." Log in to the event with your name and email address.

Share Your Conference Experience
Use the #HCH2021 hashtag during the conference to tell others what you’re experiencing and learning on your social media accounts.

#HCH2021

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Become a Council Member!

The National HCH 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—and our Organizational Members include HCH programs, medical respite programs, and housing and social service organizations across the U.S.

Organizational Membership
At this level of membership, your organization will have unique opportunities to network, collaborate, and advocate alongside an expansive group of leaders and professionals who work every day at the intersection of homelessness and health care. Organizational Members also are afforded special cost savings opportunities and help to guide the Council’s priorities as we work together to meet the challenges in our communities.

Individual Membership
Joining the Council as an Individual Member is your way to access the Council’s communications, get involved in our advocacy and research, serve on Council committees, and contribute to setting the strategic direction of the Council. Individual Membership is open to all professionals, students, and consumers.

Corporate Affiliates
Corporate Affiliation is an opportunity for entities that are for-profit to connect with Health Care for the Homeless leaders from across the country, to glean insight on insiders’ priorities and needs, and to team with a top national advocate on behalf of our neighbors without homes.

Get membership details at www.nhchchc.org/join
Virtual Lounge

Drop in the Virtual Lounge throughout the week to hang out and network with conference attendees and NHCHC staff.

Virtual Lounge Hours
(Central Time)

Monday, May 10
10:30 a.m. - 4 p.m.

Tuesday, May 11
10:30 a.m. - 4:30 p.m.
A special Community Hour from 3:30-4:30!

Wednesday, May 12
10:30 a.m. - 3:25 p.m.

Thursday, May 13
10:30 a.m. - 4:30 p.m.

Friday, May 14
10:30 a.m. - 2 p.m.

Sponsored by:

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California Health Care Foundation
Zoom Etiquette & Troubleshooting

Workspace
To support a focused meeting, we recommend a quiet, uncluttered workspace with a work-appropriate (or a virtual) background. We understand this may not be possible in all cases, and that’s ok!

Technology Setup
Check your WiFi, test your video and audio, become familiar with Zoom software beforehand. If only using your phone, please use the Zoom app. (Zoom tutorials available on YouTube!)

Mute Your Microphone
Your mic will pick up a lot—including cars driving by outside or that sip of coffee. Please be courteous and mute your microphone when not speaking during the meetings.

Having Trouble?
Zoom includes buttons for raising your hand and a chat box for any questions. Each session will have a designated “Tech Assistant” so don’t be shy—message us if you need us!

Recording
Please be aware that all sessions and chat box questions will be recorded for future Council work. We appreciate your cooperation in keeping the meetings informative and professional.

Breaks
Feel free to eat and drink while the meetings are in progress. (Pro tip: Turn off video when eating and please be extra sure your mic is muted!)
Monday, May 10

10:30 A.M.-3 P.M. | PRE-CONFERENCES INSTITUTES (PCIs)

Tuesday, May 11

10:30-11:30 A.M. | OPENING PLENARY & KEYNOTE
11:45 A.M.-12:45 P.M. | CONCURRENT BREAKOUT SESSIONS
HRSA UPDATE
1:15-2:15 P.M. | CONCURRENT BREAKOUT SESSIONS
2:30-3:30 P.M. | ORAL PRESENTATIONS 1
VIRTUAL SITE VISITS
CONCURRENT BREAKOUT SESSIONS

Wednesday, May 12

10:30-11:30 A.M. | PLENARY SESSION: DR. PHILIP ALBERTI
11:40 A.M.-12:40 P.M. | CONCURRENT BREAKOUT SESSIONS
VIRTUAL SITE VISITS
1:05-2:05 P.M. | CONCURRENT BREAKOUT SESSIONS
ORAL PRESENTATIONS 2
2:15-3:15 P.M. | CONCURRENT BREAKOUT SESSIONS
3:25-4:25 P.M. | CONVERSATION WITH IBRAM X. KENDI

Thursday, May 13

10:30-11:30 A.M. | CONCURRENT BREAKOUT SESSIONS
ORAL PRESENTATIONS 3
11:45 A.M.-12:45 P.M. | CONCURRENT BREAKOUT SESSIONS
VIRTUAL SITE VISITS
1:15-2:15 P.M. | CONCURRENT BREAKOUT SESSIONS
2:30-3:30 P.M. | CLOSING PLENARY

Friday, May 14

10:30 A.M.-1:30 P.M. | LEARNING LABS
Thank you to all of our sponsors and exhibitors for your generous support of the National Health Care for the Homeless Council and our 2021 Virtual Conference & Policy Symposium!

Attendees, go to the Exhibitors and Sponsors links from the Virtual Attendee Hub to visit with exhibitors, download materials, and engage with our sponsors during session breaks and the lunch break! Learn more about our exhibitors and sponsors on pages 43-49 of this digital program.
THANK YOU

NHCHC, for your steadfast partnership and dedication to people and communities in need across the country.
The California Health Care Foundation is helping Californians with low incomes get the health care they need.

Humana

Health is at the core of everything we do. We are proud to lead healthcare innovations and community wellness.

Hello Humankindness
Providing high-quality, affordable health care services since 1945, improving the health of our members and the communities we serve.

Helping people live healthier lives and help make the health system work better for everyone.
Rhonda Hauff is the Chief Executive Officer of Yakima Neighborhood Health Services and has been with YNHS since 1983. She oversees all nine YNHS primary care sites and one mobile medical clinic. YNHS also provides medical respite care, transitional and permanent housing, and related homeless services. YNHS is the largest homeless service provider in Yakima County, serving over 3,221 homeless patients, with an additional 2,500 clients in housing and homeless prevention programs.

Rhonda is a board member of the National Health Care for the Homeless Council; past chair of the National Association of Community Health Centers' (NACHC) Health Care for the Homeless Committee and Health Care in Public Housing Task Force; and a respite provider network leader. At the National Association of Community Health Centers (NACHC), she has been on both the Health Care for the Homeless Committee and the Health Care in Public Housing Task Force since 2008. She has been the Chair of the Public Housing Task Force for the past six years and was a Vice Chair for four years before moving to the Chair position.

At the state level, she is past chair of the nine-county Greater Columbia Accountable Community of Health, collective-impact model under the state’s Medicaid 1115 Waiver to improve the health and reduce costs of the region’s 450,000 Medicaid enrollees. YNHS has been the lead organization in Central Washington for enrollment under the Affordable Care Act since 2014, and along with its partners has enrolled over 200,000 individuals in health coverage.
KAREN ROTONDO AWARD FOR OUTSTANDING SERVICE

Honora Mayfield  
Health Care for the Homeless Case Manager,  
Coastal Family Health Center, Biloxi, MS

The 2021 Karen Rotondo Award for Outstanding Service winner is Honora Mayfield, BS, FAACM-C, Health Care for the Homeless Case Manager at Coastal Family Health Center in Biloxi, MS. Known as a committed advocate who delivers the highest quality care for her clients, a colleague describes Honora as “a go-getter, a team player, and an expert problem solver. She handles intense, stressful, crisis situations with gusto and charm. Her creativity, ingenuity, and clinical savvy are unmatched.”

In addition to her daily work helping clients overcome barriers to care and developing partnerships to increase access to services along the Mississippi Gulf Coast, Honora has been a leader in the Ending Youth Homelessness Initiative and provides field instruction to future members of the HCH workforce. A client says that Honora Mayfield “gives the hopeless hope.”

ELLEN DAILEY CONSUMER ADVOCATE AWARD

Chioke Perry, Mercy Care,  
Atlanta, GA

Chioke is the chair of Mercy Care’s Client Advisory Council (CAC) and has served in this capacity for the last four years. He has created a safe place where the CAC readily shares their experiences with services received by Mercy Care and actively works toward improvements. Chioke is steadfast in his determination to reach those whom he encounters where they are and guide them to the next step. He is present in the early morning hours and late evening hours to walk someone through the process of gaining shelter, medical treatment, substance abuse treatment, and more.

Chioke volunteers with the Georgia Coalition for the People’s Agenda during their voter registration drive and brings his knowledge to voter registration booths at various Mercy Care functions. He is also passionate about transportation and has participated on committees aimed at transportation services for people experiencing homelessness. According to his nominator, “Chioke willingly shares his story and each time I hear his story I am more convinced that he was led by God to Mercy Care.”

Chioke embodies service and tirelessly works to help in any way that he can to better the lives of the marginalized people on the streets of Atlanta. It is also worth mentioning that he does all of this while maintaining a very demanding physical job and being the go-to person for many family members.
WILLIE J. MACKEY NATIONAL MEDICAL RESPITE AWARD

Andre Harris, RN
Homeward Bound of Marin - Transition to Wellness Medical Respite Program
Novato, CA

In a unique collaboration with local hospitals, Ritter Center, and other social service providers, Homeward Bound of Marin has created three medical respite rooms with two hospital beds in each room so homeless adults can recover their health in a safe environment. Services include nursing supervision, case management, and access to support from Homeward Bound.

From Andre's nominator: "As a small community with three local hospitals, Andre fields daily calls from medical social workers and nurses, assessing needs and managing both the available beds and the expectations of the hospitals. Over the years, Andre, a steady fixture of our medical respite, has worked with hundreds of hospital personnel and created respectful working relationships everywhere. He has balanced all of this while working compassionately and effectively with the patients who are discharged to his care. Andre is a problem solver and an inspirer of hope. He is an unsung, steady hero among all essential workers."

JOHN N. LOZIER SCHOLARSHIP FOR NEW MEMBERS

Molly Pringle, MPH
Portland Street Medicine
Portland, OR

Molly Pringle is currently the executive director of Portland Street Medicine, based out of Oregon. For over a decade, Molly has been passionately engaging the public health issues of equity, access, and community voice. Her professional roles have included working as a birth doula, a hospice companion, and an advocate supporting survivors of domestic and sexual violence. Across these experiences, she has created pathways for those with lived experiences to engage as experts and decision-makers in shaping and providing social services. Molly holds a Master's in Public Health with a focus on participatory approaches to program evaluation and improvement. Street medicine is new to Molly, and she's excited to continue envisioning and realizing collaborative efforts that bring communities into thriving.
ADVOCACY FOR THE REVOLUTION: KEEPING FOCUSED AND ENERGIZED IN THE FIGHT FOR JUSTICE

**David Peery**, NCAB Member and Advocate, Miami, FL. **Cathy Alderman**, JD/MSPH, Colorado Coalition for the Homeless. **Joanna Diamond**, Jennifer Taylor, Families USA. **Kevin Lindamood**, Health Care for the Homeless, Baltimore, MD

Feel passionate about justice but also frustrated by the current political environment? Want to get more involved in advocacy but feel unsure of what to do? This advocacy training is designed for those who are new to advocacy or want to refresh their skills. Those who care about justice and want to better understand the current policy environment will benefit from this event. Join us for a session led by seasoned policy experts, congressional staff members, and Health Care for the Homeless advocates. With time for questions and discussion with the panelists, the training will cover the basics of policy advocacy, virtual advocacy in the times of COVID-19, practical tools and tips for successful engagement with Congress, and feature stories from advocacy wins and challenges from all-star advocates in the HCH community. Designed to be a practical application of policy organizing and advocacy strategies, this training will build skills that allow you to be a part of the fight for justice and remain energized. Everyone can play a role to eradicate ongoing injustice and endemic poverty in our communities.

BEYOND DIVERSITY: RACIAL JUSTICE THROUGH ORGANIZATIONAL DEVELOPMENT

**Tanya DeHoyos**, SPHR, National Health Foundation, Los Angeles, CA. **Freda Ceaser**, MSW, Central City Concern, Portland, OR. **Jody Rauch**, Seattle King County Public Health Health Care for the Homeless Network. **Chante Stubbs**, MPH, CPH, Health Care for the Homeless Network Public Health Seattle & King County

If they were not already before George Floyd’s murder and the subsequent uprisings, the national movements both to end homelessness and to reform health care are emphasizing racial justice, at least at face value. This begins with confronting the fact that racism is endemic to the housing and health care systems that create the inequities providers see in homeless services every day, and that “colorblind” programs will only continue to favor overrepresented groups. This work is often referred to as Diversity, Equity, and Inclusion (DEI); these terms are helpful but insufficient because they stop at the first initial, too often focusing merely on diversifying personnel and coming short of ensuring policies and culture are just. This Pre-Conference Institute will focus on practical strategies to transcend diversification toward meaningfully challenging racism in the workplace. Coupling presentations by experienced HCH peers with breakout discussions with attendees, this session will dwell little on theory or history and focus on strategy for dismantling institutional racism. Only so much can be accomplished in a virtual meeting, but we hope it will contribute to progress.
MEDICAL RESPITE CARE: QUALITY & EQUITY IN ACTION
Eowyn Rieke, MD, MPH, De Paul Treatment Centers, Portland, OR, Joshua D'Alessio, Kowshara Thomas, Dr. Niky Burr, Circle the City, Phoenix, AZ, Leslie Enzian, Jonathan Lewis, LCSW, Interfaith Community Services, Escondido, CA

Medical respite programs provide a necessary service for individuals experiencing homelessness who need a safe place to heal from injury or illness. Each year, the Respite Care Providers' Network (RCPN) Steering Committee plans a full-day institute to examine emerging issues in the field of medical respite care. This year's institute will include separated sessions for participants who are new to medical respite care and those who have worked in medical respite for years. National experts will share best practices and innovative ideas around funding, developing community partnerships, engaging in advocacy, and diversity and equity in medical respite care. Additionally, the group will engage in an interactive discussion on harm reduction and managing substance use, palliative care, and responding to chronic health issues beyond the scope of your medical respite program. Participants will have the opportunity to engage in information sharing and networking with providers from across the country.

THE JOURNEY OF BECOMING A TRAUMA-INFORMED ORGANIZATION
Katherine Cavanaugh, MSW, National Health Care for the Homeless Council, Michael Myette, Health Care for the Homeless, Contra Costa County Public Health, Raven Kauffman, Joseph’s Home, Juli Hishida, MS, Tennessee State University, Nashville, TN

Just as the coronavirus pandemic was beginning, the National HCH Council was completing a three-year learning collaborative to support organizations in becoming trauma-informed. The learning collaborative, consisting of health centers and other programs serving people experiencing homelessness, developed tools and processes for organizational change that can be replicated across different program types. During this four-hour training, speakers from the collaborative will share their experiences, including how they assessed their programs and addressed barriers in implementing system-wide change. Speakers will also describe in detail available resources including the Council's change road map, assessment tool, change package, and toolkit.
Poster video presentations are available to view throughout the conference. Videos are 5-10 minutes in length. Access poster videos by clicking “All Sessions” in the Virtual Attendee Hub and going to Tuesday morning’s poster sessions.

No CEs are available for poster sessions.

THE CREATION AND GROWTH OF A DEMEDICALIZED FOOT CLINIC
Pranav Sharma, BA, Medical Student, Warren Alpert Medical School of Brown University.
Leanna Travis, BS, Warren Alpert Medical School of Brown University. Onagh Mackenzie, MPH, Warren Alpert Medical School of Brown University

SKIN CARE & EMPOWERMENT FOR ALL: WELLNESS FOR WOMEN EXPERIENCING HOMELESSNESS
Haya Raef, MSc, Tufts University School of Medicine

LEADING THE WAY HOME: A COORDINATED RESPONSE TO ENDING HOMELESSNESS IN A COVID-AWARE WORLD
Emmie Dejene, BA Public Health & MPA, United Way of Greater Atlanta

HOMELESSNESS AND SELF-REPORTED HEALTH IN DETROIT, MICHIGAN
Seema Mehta, MSc, DO Candidate, Research Coordinator, Detroit Street Care

CHARACTERISTICS OF THOSE EXPERIENCING HOMELESSNESS ADMITTED TO MEDICAL RESPITE FOR COVID
Dr. David Munson, MD, Physician, Boston Health Care for the Homeless Program. Carly Amon, BA, Tufts University School of Medicine

A PIPELINE OF HOMELESS HEALTHCARE PROVIDERS: A RESIDENCY-BASED HOMELESS HEALTHCARE TRAINING
Dr. Sandhya Kumar, MD, MPH, Physician, Montefiore Medical Center
IMPROVING HYGIENE SUPPORT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS DURING COVID-19 & BEYOND  
Haya Raef, MSc, Tufts University School of Medicine

HEALTH EDUCATION FOR HOMELESS HEALTHCARE PROVIDERS ON HEPATITIS B SCREENING RECOMMENDATIONS  
Anthony Okolo, MD, Montefiore Medical Center

SERVICES UTILIZED BY WOMEN EXPERIENCING HOMELESSNESS & NEEDS TO BE ADDRESSED  
David LeVan, DHSc., OTR/L, CSRS, CAPS, Associate Professor, Gannon University

CERVICAL CANCER SCREENING UPTAKE AT AN FQHC SERVING FAMILY AND DV SHELTERS IN NEW YORK CITY  
Dr. Sandhya Kumar, MD, MPH, Physician, Montefiore Medical Center

ATTITUDES OF CLIENTS WHO FREQUENT A SOUP KITCHEN TOWARDS TELEHEALTH VISITS  
Roxanna Valenzuela, Catholic Worker, Casa Maria Catholic Workers

IMPACT OF HOUSING ON “HOT SPOT” VETERANS EXPERIENCING HOMELESSNESS WITH HIGH ED UTILIZATION  
Ms. Amy Skroch, DNP, RN, PHN, Hennepin Healthcare

FROM THE STREETS TO HOME: ADAPTING MEDICAL CARE AND HOUSING NAVIGATION IN THE ERA OF COVID-19  
Marketa Jansky, FNP/MSN, El Rio Health
Tuesday, May 11, 2021 | Main Conference Day 1
10:30-11:30 a.m. CT

Opening Plenary & Keynote Presentation
Join us as we kick off the Conference with guidance on how to get the most out of the Conference and an inspiring keynote address by our CEO, Bobby Watts.

11:45 a.m.-12:45 p.m. CT

Sharing Data Between Health Care and Homelessness Systems to Optimize Outcomes
Julie Silas, J.D., Homebase, San Francisco, CA. Cristi Iannuzzi, Alameda County Health Care Services Agency. Barbie Robinson, Sonoma County Department of Health Services, Santa Rosa, CA

Addressing the health-related needs of people experiencing homelessness is crucial to accessing and sustaining housing. At the same time, housing is essential to help people maintain health and avoid unnecessary ER visits and hospital admissions. Since stable housing is a key social determinant of health, cross-system coordination can improve outcomes for people with chronic conditions and reduce inefficient and ineffective service provision. Homebase has surveyed CA communities who share data and collaborate across health care & housing to better serve the most vulnerable in their communities. They will share learnings, identify the barriers that communities have overcome to successfully coordinate, and highlight best practices that have come from these collaborations.

Racial Equity: On the Pathway from Social Justice to Liberation
Lawanda Williams, MPH, LCSW-C, Health Care for the Homeless, Baltimore, MD. Eddie Martin, PhD(C) MPP, THM, MDIV. BBA, BA, Health Care for the Homeless, Baltimore, MD

HCH projects have done decades of work in the social justice arena, infusing advocacy and policy work into the cadre of the services provided on behalf of clients. Along with a commitment to a more just society, there is a belief that a social justice orientation is synonymous with a racial equity lens. The two are not the same. And people are still suffering. Structural racism is real. Institutional racism is real. They are etched in every facet of our societal and organizational fabrics. We must ask ourselves, will we engage in the liberation work necessary to dismantle dominant practices and create a society that is truly equitable for ALL people, or will we sit idly by. This workshop will provide the space to explore a Center’s journey on the path to racial equity.

A Regional Response to a Homeless COVID-19 Pandemic
Joanna Eveland, MS, MD, Castro Mission Health Center, San Francisco Department of Public Health. Shannon Smith-Bernardin, PhD, RN, CNL, UCSF School of Nursing, San Francisco, CA. Anusha Chandrakanthan, M.D. Santa Clara Valley Medical Center. San Jose, CA. Mercy Egbujo, Elizabeth Echeverria

The COVID pandemic hit our region hard in early 2020. Local homeless service providers across 3 large counties responded quickly to outbreaks among sheltered and unsheltered homeless people to build and rapidly scale up an innovative system of care. This workshop will tell the story of our regional homeless COVID response from the perspectives of multiple diverse counties, each of which confronted their own challenges. Presenters will share lessons learned and discuss how we can leverage our creativity in service delivery during COVID to improve care and reduce disparities for people experiencing homelessness going forward.

HRSA Panel Update

In this session, staff from federal 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.
The Impact of Homelessness on Mortality of Individuals Living in the US: A Systematic Review
Kate Dill, MA, Colorado Coalition for the Homeless, Denver, CO. Amy Funk, PhD, RN-BC, Illinois Wesleyan University, Bloomington, IL. Dr. Pia Valvassori, PhD, Health Care Center for the Homeless, Orlando, FL. Neil Greene, MA, University of New Mexico, Albuquerque, NM.

Identifying the impact of homelessness on mortality is critical to public policy development and public health interventions. A systematic review of the literature was conducted to assess the impact of homelessness on mortality. Two primary research questions were investigated. (1) Are individuals, within the United States and experiencing homelessness, at risk for early mortality, compared with the general population? (2) Within the literature, what are the causes (if any have been noted) that researchers have found of early mortality in individuals living in the United States experiencing homelessness? How authors were defining homelessness and sources for mortality data were of particular interest for this review.

Promoting Equitable Care in LGBTQ+ Communities
Andrew Spiers, MSS, LSW, Pathways to Housing PA, Philadelphia, PA.

Members of the LGBTQ+ community face disproportionately higher rates of homelessness, mental health impairment, and substance use than the general population. Similarly, the way LGBTQ+ individuals experience homelessness often looks different than their heterosexual and cisgender counterparts. It is the responsibility of providers to understand the unique needs of these clients in order to provide competent services. In this workshop, attendees will discuss strategies for promoting equitable care for LGBTQ+ individuals. The presentation will include discussion of the social and political issues impacting LGBTQ+ communities, strategies for countering marginalization, trauma, and other barriers to care, as well as best practices for inclusive and affirming service provision.

Living with Diabetes While Homeless: Challenges and Opportunities
Kate Diaz Vickery, MD, MSc, Hennepin County Health Care for the Homeless, Minneapolis, MN. Susan Gust, BA, Partners Three Consulting. All’Cia Anderson-Campbell, Hennepin Healthcare Research Institute. Denita Ngwu, CHW, Hennepin Healthcare. Art Rios, Sr., NCAB Steering Committee Chair. Consumer Advisory Board Chair, Central City Concern, Portland, OR.

Diabetes causes significant strain on day-to-day life and wellbeing, especially when people also face homelessness. This project is using community-engaged research to, first, design a program to support people living with diabetes who experience homelessness. Next, the team will assess the impact of this program on diabetes control and quality of life. During the workshop, consumer partners and members of the research team will co-present findings from a qualitative research study and preliminary findings from the case studies of the new program. The workshop will conclude with brainstorming by attendees to identify solutions to challenges encountered during program case studies.

COVID-19 Street-Based Isolation and Quarantine

In April 2020, an individual at an urban shelter was diagnosed with COVID-19. The person declined isolation in a city-sponsored hotel, preferring to isolate in a large tent encampment near a densely populated neighborhood. Most residents were Latinx, monolingual Spanish speakers with unknown documentation statuses, did not wear masks and shared food, beverages, and a toilet with an adjoining encampment. The public health department worked with local outreach agencies to support the needs of this encampment while providing COVID-19 education and mitigation strategies in a culturally competent way. This presentation will review key steps to carry out public health response among unsheltered PEH from ID of contacts, encampment boundaries, clinical support, and activating the consumers.
Identifying Innovative Practices to Engage Persons Experiencing Homelessness in Hepatitis C Care

Homeless and marginally-housed veterans experience significant health disparities compared to housed counterparts, including higher rates of HCV infection and lower rates of HCV treatment. While new direct-acting antiviral medications dramatically increased HCV screening, treatment, and cure rates overall, inequities persist in access and outcomes of this treatment for homeless populations. The present study uses qualitative methods to explore policies, practices, adaptations, and innovations successfully implemented in different healthcare settings to screen and treat homeless veterans for HCV. Utilizing these innovative strategies can help healthcare institutions provide sustainable, high quality, and equitable care to homeless patients living with HCV and other chronic illnesses.

More Than Skin Deep: Dermatologic Conditions in Men, Women & Children Experiencing Homelessness

During this session, we will discuss common dermatologic disease observed in patients experiencing homelessness and introduce practical tips for diagnosis and management. We will offer strategies for caring for vulnerable populations, including women, children, and adolescents, and specifically discuss ways in which skin-focused self-care sessions may immediately reduce stress levels for patients. Qualitative patient data from our IRB-approved retrospective chart review investigating dermatologic disease in patients experiencing homelessness will be included. Finally, we will discuss the role of dermatologists in homeless medicine and emphasize the need for partnership between primary care and specialty providers to ensure the highest quality of care for our patients.

Virtual Site Visits (No CEs Available)

Circle the City & Bethlehem Haven

Melissa Sandoval, Circle the City, Phoenix, AZ, Annette Fetchko, Bethlehem Haven, Pittsburgh, PA, Julia Dobbins, MSW, National Health Care for the Homeless Council, Caitlin Synovec, OTD, OTR/L, BCMH, National Health Care for the Homeless Council

A cherished feature of our annual conference is the opportunity to visit local HCH and other direct-service programs in the host city. In a virtual environment, we can “visit” sites all over the country that may never host the in-person conference. Attendees will have access throughout the conference to six pre-recorded virtual tours featuring diverse programs and services, including: a mobile medical unit, a medical respite program, a COVID Isolation & Quarantine facility, culturally specific services, and street medicine. During three workshop slots (one per main-conference day), attendees can watch these virtual tours live with representatives from the host site with about 20 minutes remaining for follow-up Q&A. Please take advantage of this distinctly virtual opportunity!
**Advancing Medical Respite Care: Successful Funding and Advocacy Strategies**


Medical Respite Care programs (or Alternate Care Sites) have become longer-term components of community COVID-19 response plans. Therefore, it is even more important to ensure stable funding and appropriate support from the broader set of stakeholders invested in both the equity and quality of health care outcomes for vulnerable people. This panel discussion will feature HCH leaders in medical respite care, a national insurer at the forefront of investing in medical respite care, and state Medicaid policy staff involved in advancing respite as a covered benefit. Join us to learn more about the rapidly changing environment that is driving new opportunities for funding and advocacy.

**Consumer Perspectives on Behavioral Health and Health Equity**

**David Peery**, NCAB Member and Advocate, Miami, FL. **Katherine Cavanaugh**, MSW, National Health Care for the Homeless Council. **Deidre Young**, NCAB Co-Chair, Health Care for the Homeless, Houston, TX. **Hugo Aguas**, MA, National Health Care for the Homeless Council

COVID has had a significant impact on people’s well-being and mental health, with people enduring a variety of traumatic stress responses. At the same time, our usual support systems and service provision were disrupted, and we had to find new ways to take care of ourselves and our community. Leaders from the National Consumer Advisory Board (NCAB) will talk about how COVID has impacted the behavioral health of people without homes, or with the experience of homelessness, including the additional impacts of our communities seeing and addressing systemic racism and health disparities that have been exposed during this pandemic. NCAB will also share our upcoming Consumer Participation Outreach (CPO) survey on behavioral health and health inequities to better understand the experience of folks on the ground and hear their ideas about what supports worked to keep them safe and healthy during COVID.

**Managed Alcohol in Practice: Development and Implementation**


The San Francisco Sobering Center developed a Managed Alcohol program in response to a COVID outbreak in the program. The Sobering Center, in collaboration with the Community Paramedic program, had to quickly advocate for managed alcohol to provide support in isolation and quarantine for the Sobering Center’s highest utilizers who were exposed in the outbreak. Initial outcomes were stunning and the program was allowed to continue and pivot to a longer-term model to help clients with severe alcohol use disorder to safely shelter in place. This presentation will briefly review the history of managed alcohol programs and discuss the clinical model and care protocols developed for managed alcohol as well as lessons learned from long-term programmatic management.

Stop by the Virtual Lounge on Tuesday @ 3:30 p.m. CT for Community Hour hosted by Council staff!

Enjoy Council trivia, icebreakers, photos, & more! Staff will be available to welcome you & answer any questions.

Community Hour can be enjoyed with or without active participation.

See you there!
As the Association of American Medical Colleges’ (AAMC) Senior Director, Health Equity Research and Policy and the Founding Director of the AAMC Center for Health Justice, Philip M. Alberti, Ph.D. supports the efforts of academic medical centers, in collaboration with local communities and the multiple sectors that serve them, to build an evidence-base for effective programs, protocols, policies, and partnerships aimed at eliminating inequities in health.

Dr. Alberti is a national leader at the intersection of community health, population health, and health equity and has led and served on committees, workgroups, and task forces convened by the National Academies of Sciences, Engineering, and Medicine; the Center for Medicare and Medicaid Services; the National Institutes of Health; and the National Quality Forum, among others. He regularly speaks at national forums on issues related to community and patient engagement, consideration of social risk in quality measurement, hospital community benefit and needs assessment requirements, and the vital conditions for health, and has published numerous peer-reviewed research articles and commentaries on these topics.

Previously, Dr. Alberti led research, evaluation, and planning efforts for a Bureau within the New York City Department of Health and Mental Hygiene that works to promote health equity for marginalized neighborhoods. Dr. Alberti holds a B.A. in psychology and a Ph.D. degree in Sociomedical Sciences from Columbia University and was a National Institute of Mental Health Fellow in the Psychiatric Epidemiology Training program.
What's Taking So Long? How We Finally Get to SINGLE-PAYER NOW


Our health care system is broken and we need major change in order to achieve a system that recognizes health care as a human right. The HCH community has a unique understanding and a valuable perspective on the vast inequities in our health care system and the dire need for change. In this session, policy experts will explain current single-payer proposals and ways they may develop in the coming year. Seasoned advocates will discuss the role of the HCH community and share ways for HCH consumers, providers, and administrators to engage in single-payer advocacy. This session will cover messaging strategies and ways to combat common criticisms. You will leave this session with a better understanding of the political environment around health reform and ready to advocate for single-payer.

White...What?: Unpacking the Critical Tension Point Behind White Allyship and White Saviorhood

Rekha Ravindran, MPH, Health Care for the Homeless, Public Health Seattle-King County, Anneleen Severynen, BA, RN, MN, Health Care for the Homeless, Public Health Seattle-King County, Katherine King, BA, MPA, Health Care for the Homeless, Public Health Seattle-King County, Michael Young-Hall, Health Care for the Homeless, Public Health Seattle-King County, Chante Stubbs, MPH, CPH, Health Care for the Homeless Network, Public Health Seattle & King County

As many Health Care for the Homeless programs pursue paths toward racially equitable and socially just practices, collective support for anti-racist organizational culture is critical. This will require white staff to embark on a multifaceted journey to unpack white dominant tendencies at the personal, interpersonal, and structural levels. In the midst of these journeys, at the moment when understanding begets action, some may find themselves asking how they can be better white allies ... yet all too often the badge of allyship is worn on the cloak of white saviorhood. This workshop is intended to challenge conventional notions on equity, disrupt patterns towards white saviorhood, and help participants reinforce, or reroute towards, white allyship.

Rediscovering the Healer: Connecting to the Trauma-Informed Care Paradigm

Matthew Bennett, MBA, MA, Matthew Bennett: Connecting Paradigms, Deborah Borne, MSW, MD, San Francisco Department of Public Health, Martina Travis, San Francisco Community Health Center

HCH providers follow in a proud tradition of healing and compassion that goes back to the beginning of humanity. While we feel this legacy every day in the work we do, we spend little of our limited-time connecting with the power and meaning of this experience, nor finding ways to measure if someone is healing from trauma. This workshop brings together the latest research in neurobiology, genetics, mindfulness, human performance and even quantum physics with the powerful work of healing we bring to our patients and communities. During the presentation, we’ll push into new paradigms while stopping to breathe and refresh as we explore the art and science of the healer, and discover new ways of measuring our impact.
Medical Respite Literature Review: An Update on the Evidence for Medical Respite Care

Caitlin Synovec, OTD, OTR/L, BCMH, National Health Care for the Homeless Council. Joseph Kenkel, BS, National Health Care for the Homeless Council

Medical respite is a critical service for persons experiencing homelessness, closing gaps in care in the health and homeless services continuum. The National Health Care for the Homeless Council (NHCHC) defines medical respite as “acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in the hospital” (NHCHC, 2019). As people experiencing homelessness lack a stable and secure place to stay, medical respite programs are essential for consumers to recover and prioritize health while providing basic needs. Medical respite has grown substantially in the United States over the past several years, with 116 programs existing as of December 2020 and with several programs in development (NHCHC, 2020).

In addition to the proliferation of programs, research and publications available on medical respite care have also increased. Medical respite literature now includes several international programs, including Australia, Denmark, Italy, and the United Kingdom. In response to the continued expansion medical respite and subsequent research, NHCHC staff conducted a literature review with the following goals: 1) to provide an updated and comprehensive overview of existing medical respite programs; 2) to identify the need for medical respite programs; and 3) to identify the outcomes of medical respite programs and interventions. This document is a resource to support current medical respite practices and organizations developing new programs. Several recommendations and best practices for medical respite programs are included based on the findings of this literature review. This session will provide an overview of the findings from this review, a summary of actionable recommendations gathered from medical respite literature, and a discussion on next steps for research in medical respite care.

Virtual Site Visits (No CEs Available)

11:40 a.m.-12:40 p.m. CT

Callen-Lorde & New Horizon

Jonathan Santos-Ramos, Callen-Lorde, New York City, NY.
Brandon Cook, New Horizon Family Health Services, Inc., Greenville, SC. Michael Durham, MTS, National Health Care for the Homeless Council

A cherished feature of our annual conference is the opportunity to visit local HCH and other direct-service programs in the host city. In a virtual environment, we can “visit” sites all over the country that may never host the in-person conference. Attendees will have access throughout the conference to six pre-recorded virtual tours featuring diverse programs and services, including: a mobile medical unit, a medical respite program, a COVID Isolation & Quarantine facility, culturally specific services, and street medicine. During three workshop slots (one per main-conference day), attendees can watch these virtual tours live with representatives from the host site with about 20 minutes remaining for follow-up Q&A. Please take advantage of this distinctly virtual opportunity!
Finding Center: Using Breath and Movement to Facilitate Better Service Delivery in Homelessness

The human body can handle everyday stresses. Experiences of homelessness, however, can overload the body with trauma response symptoms (numbness, cognitive problems, impulsive behaviors, and isolation to name a few). Difficulty maintaining trusting relationships and seeing the world as unsafe can inhibit the consumer-provider relationship. Addressing these trauma symptoms on the street, in waiting rooms, and in clinician meeting spaces before delivering health and mental health care services can improve health outcomes for consumers experiencing homelessness through better communication and attunement between providers and consumers - leaving both parties feeling better heard and understood.

Narrative Advocacy: Power, Responsibility, Accountability

Narrative advocacy is the practice of using narrative competencies—telling true stories—to advocate for improvements in care. It involves moving beyond individual stories, to include the connections made within the wider community, and acting upon common interests in order to effect positive change in clinical care, in institutions of caring, and in health policy. There is a long history of health advocacy built on stories of illness and disability, and more recently, grassroots narrative advocacy has expanded through the use of social media. As powerful as narrative advocacy can be to engage and persuade policy-makers, it can and has been misused. It is important to have both knowledge and skills in how and when to use narrative advocacy responsibly and ethically.
Let's Talk About Stimulants!
Therapies for Cocaine and Meth Use

Eowyn Rieke, MD, MPH, De Paul Treatment Centers, Portland, OR

Cocaine and methamphetamine use has impacted the homeless community for many years, well before the prominence of the opioid epidemic. In this workshop, we will review the epidemiology of substance use, and the racist policies that have impacted legal and medical approaches to stimulant use. We will review evidence-based treatments available for stimulant use and their relative efficacy, as well as effective approaches to clients with stimulant use and poly-substance use. Through discussion and case studies participants will develop their own approach to working with clients with stimulant use.

Managing End of Life Care in Homeless Patients with Substance Use Disorder and Mental Illness

Sue Dickerson, RN, Contra Costa Healthcare for the Homeless, Mariel Lougee, MD, Contra Costa County Health Care for the Homeless

Managing symptoms in patients nearing the end of life can be challenging. Every issue faced by a housed patient is made more complex when patients are homeless. As organizations aim to address the needs of a growing senior homeless population, end-of-life issues will become more common. Compounding this is the higher prevalence of substance use disorder and mental illness in homeless patients. Substance use and mental illness are often intensified when patients are facing the end of life, making care that much more challenging. This talk will review case studies from our respite shelter and street team where end-of-life care was complicated by addiction and mental illness and offer strategies to create patient-centered care plans that helped patients die with dignity.

Equity & Access: Telehealth for the Homeless from the Streets of Denver to the Hotels of NYC


Telehealth has completely changed the entire field of healthcare during the COVID-19 pandemic. Before COVID-19, the Colorado Coalition for the Homeless (CCH) attempted to implement creative telehealth solutions by piloting a telemedicine backpack for street outreach, as well as increasing access to care for a health center location in a rural setting using telemedicine. However, full implementation was limited due to limitations on state Medicaid reimbursement. Following a COVID-19 driven reimbursement change, CCH providers transitioned to telemedicine encounters including providing primary care, behavioral health, psychiatry, and case management via telephone and video. At the NYU Community Medicine Program, we partnered with homeless service providers to bring telehealth visits to homeless New Yorkers who were moved to hotels from congregate settings during the pandemic. Our strategy included partnering with shelter staff to set up a virtual clinic and deploying a patient navigator to assist clients with setting up a video visit using a company-issued smartphone or iPad. Telehealth is now a routine part of how we deliver care to homeless clients in New York City.

Need CEU Information?

Go to the "My Event" tab in the Virtual Attendee Hub and click on the "Digital Program & CEU Information" link on the right side of the screen.
A Practical Guide to Low-Barrier Buprenorphine Treatment

People experiencing homelessness are disproportionately impacted by the opioid overdose epidemic and face barriers in accessing traditional opioid treatment programs. This workshop will give participants the practical knowledge, clinical protocols and skills to establish a low-threshold buprenorphine treatment program for people experiencing homelessness. We will focus on strategies for serving and retaining highly vulnerable populations, including those who are unsheltered, polysubstance users, and/or have serious mental illness. We will highlight new treatment strategies including microdosing induction protocols, long-acting injectable formulations, and the use of telemedicine.

The 50-Year War on Drugs: Current Status of Drug Policy Reform & Where We Go From Here
Regina Reed, MPH. Health Policy Manager, National Health Care for the Homeless Council. Grant Smith, National Affairs, Drug Policy Alliance. Jasmine Budnella, VOCAL-NY

In June 1971, President Nixon declared a war on drugs. Fifty years later, the U.S. not only continues to incarcerate high numbers of people for using drugs, but is experiencing lower overall life expectancy due to the overdose crisis. This workshop will focus on the current status of drug policy, to include state-level measures that have legalized some drugs, the status of overdose prevention programs, and implementation of syringe services programs and other harm reduction approaches in health center settings. Come to this workshop to learn what’s currently active on the policy agenda and how you can contribute to meaningful drug policy reforms.

Introduction to Participatory Design and Validation of Fair, Effective Housing Prioritization Tools
Ben King, Ph.D., MPH. University of Houston. John Gilvar, MA, Gilvar Consulting

Communities across the nation are using a racial equity lens to examine their local data and context to identify racial disproportionalities and map biases in their systems, bringing BIPOC and people with (current and past) lived expertise to the design table. Communities have engaged in improvement project cycles to test racially equitable assessment questions and processes and utilized trainings in cultural humility and implicit bias to inform their design work. The presenters will introduce evidence-based techniques from qualitative research, measurement theory, and psychometrics that communities can use to develop grassroots engagement processes and validate measurement tools that translate community priorities into effective, equitable practice.

The Value of Peer Support in Respite and the Modification of Services During the COVID-19 Pandemic

This dynamic session will focus on efforts to develop and support a peer-led recovery curriculum in a large, free-standing medical respite program. We will describe two separate aspects of the program and discuss how the model needed to evolve during the COVID-19 pandemic. Additionally, attendees will hear best practices for how to support a person with the lived experience of homelessness and addiction as they designed the above program.
Susan L. Neibacher Policy Forum
A Conversation with Ibram X. Kendi

Dr. Ibram X. Kendi is the #1 New York Times bestselling and National Book Award-winning author of Stamped from the Beginning: A Definitive History of Racist Ideas in America and How to Be an Antiracist.

He is the Andrew W. Mellon Professor in the Humanities at Boston University, and the founding director of the BU Center for Antiracist Research. Professor Kendi is a contributing writer at The Atlantic and a CBS News racial justice contributor. He is the 2020-2021 Frances B. Cashin Fellow at the Radcliffe Institute for Advanced Study at Harvard University. In 2020, Time magazine named him one of the 100 most influential people in the world.

For more information on Ibram X. Kendi, please visit https://www.prhspeakers.com.
Advocacy 101: Develop an Asset-Based Advocacy Strategy for Direct Service Organizations
Mercedes Elizalde, MNPL, Central City Concern, Portland, OR. Gary Cobb, Central City Concern. Billy Anfield, Central City Concern

Direct service organizations are critical to the overall health and wellbeing of their communities; but when it comes to advocacy engagement, sometimes it’s hard to know where to start. This session will provide an overview of different types of advocacy and public policy engagement opportunities, describe how to build an asset-based approach to advocacy and share real tools organizations can use to create and implement a strategy that works for them.

Using Social Media to Increase Your Program’s Online Presence
Jennifer Dix, BBA, National Health Care for the Homeless Council

Social media—powerful, accessible, immediate, and everywhere you look. This session will explore how to use social media to promote the work and visibility of your organization or program. Primarily focusing on Facebook, Twitter, YouTube, and LinkedIn, attendees will learn the basics of what makes effective social media posts, the power of incorporating graphics, how to use hashtags, and tips and tricks for growing your online presence. Attendees are encouraged to bring ideas and share what’s worked in their organizations to raise visibility on these and other social media platforms.

Sustaining Peer Work During a Pandemic

Peers are an important component of supporting people experiencing homelessness in accessing health care and navigating complex support systems. During COVID, peers have taken on expanded roles with different types of engagement like telehealth. This webinar will feature peer staff and individuals who supervise peers to discuss the impact of the COVID-19 pandemic on peer support work and behavioral health. This will include a discussion about the particular challenges and strategies for training, supervision, and sustainability.

Don’t Forget!
Poster video presentations are available to view throughout the conference. Access poster videos by clicking “All Sessions” in the Attendee Hub and going to Tuesday morning’s poster sessions.
HOUSED BEDS: A Unique Tool for Taking a History on a Person Experiencing Homelessness

The unsheltered homeless population requires a specific set of history questions to better understand their reality and how any treatment plan will fit into the context of their lives. In order to reach a higher level of understanding, population-specific history questions are necessary to accurately assess their history, give access to resources, and priorities. An acronym, HOUSED BEDS, is proposed to assist any member of the patient’s team in taking a history of an unsheltered patient. This acronym is designed to ask high yield questions that will help all members of the patient’s health care team adapt treatment plans, from housing applications to medication prescriptions, for patients who are currently unsheltered.

Unsheltered Homelessness: Creating a Community-Based Protocol to Prevent Unintended Pregnancy in Homeless Women

At any given time, homeless women are pregnant about twice the rate of other U.S. women of reproductive age. It is estimated approximately three out of four pregnancies among homeless women are unintended at the time of conception. In addition, children born into homelessness have about 12 times the chance of other children of being placed into foster care. This rapid-cycle improvement project focused on developing a community-based protocol to address unintended pregnancy in homeless women in Monongalia County, West Virginia.
A common rallying cry (and policy position) of the 2020 uprisings for racial justice was “defund the police.” While new to many, the notion that policing often worsens instances of mental health crises was well known to advocates in the movement to end homelessness. Living outside is criminalized in virtually every municipality and police encounters rarely solve the problem. This is a racial justice issue: it is no mere happenstance that people experiencing homelessness are predominantly Black people, Indigenous people, or other People of Color and that the experience of homelessness is deemed criminal. But conversations on police reform are controversial even among people of the same political persuasion. This session acknowledges this reality but also reframes the question: aside from reforming law enforcement, how can we find alternatives to policing in the first place? Confronting this question head-on, our panelists include representatives from the nationally recognized CAHOOTS program in Eugene, Oregon, which is based in a Health Care for the Homeless health center. Our goal is that other communities can similarly advance strategies that make policing unnecessary.

The COVID-19 pandemic has drastically impacted treatment of Substance Use Disorder and access to Medications for Opioid Use Disorder. Between March and December of 2020, SUD treatment went from a high-barrier model of care where Buprenorphine prescriptions were tied to group visit attendance and behavioral health interventions, to a low-barrier, nurse-led model based in harm-reduction principles and rooted in the nursing values of compassion, integrity, equity, and safety. Patients are able to access MOUD through daily walk-in appointments with a MAT RN who can provide screening and assessment of OUD. The MAT RN works with providers to arrange for an initial prescription with follow-up appointments occurring either in-person or by phone.
Hospital-Led Recuperative Care: Evaluation in Action

Katy Bazylewicz, Cottage Health, Santa Barbara, CA, Maddy Frey, MPH, Cottage Health, Monica Ray, CHES, Population Health Strategic Development Manager, Cottage Health, Rebecca Santana, Community Health Navigator, Cottage Health

During this workshop, we plan to discuss several aspects of our program with the audience. First, it is hospital-led. We plan to share our program development and implementation story, highlighting key differentiators from a hospital’s perspective. Second, a focus on learning and evaluation drove the planning and pilot processes. We plan to share our approach to forming a Steering Committee, as well as our evaluation tools. Lastly, our evaluation approach is developmental and participatory, allowing for our monthly evaluation meetings to inform and in some cases change our outcome measurement process. We plan to engage the audience in a discussion around 2-3 outcomes, soliciting feedback and examples from participants.

Virtual Site Visits (No CEs Available)

11:45 a.m.-12:45 p.m. CT

The Night Ministry & Unity Health Care


A cherished feature of our annual conference is the opportunity to visit local HCH and other direct-service programs in the host city. In a virtual environment, we can “visit” sites all over the country that may never host the in-person conference. Attendees will have access throughout the conference to six pre-recorded virtual tours featuring diverse programs and services, including: a mobile medical unit, a medical respite program, a COVID Isolation & Quarantine facility, culturally specific services, and street medicine. During three workshop slots (one per main-conference day), attendees can watch these virtual tours live with representatives from the host site with about 20 minutes remaining for follow-up Q&A. Please take advantage of this distinctly virtual opportunity!
Looking Ahead: Emerging from the Pandemic Stronger and More Resilient

Art Rios, Sr., NCAB Steering Committee Chair, Consumer Advisory Board Chair, Central City Concern, Portland, OR, Bechara Choucair, MD, White House COVID-19 Response Team, Mary Tornabene, MS, APRN, FNP-BC, Heartland Alliance Health, Chicago, IL, Tamisha McPherson, Upper Room AIDS Ministry (URAM)/Harlem United, New York City, NY, Katie League, LCSW-C, National Health Care for the Homeless Council, Bobby Watts, MPH, M.S., CPH, CEO, National Health Care for the Homeless Council

After more than a year of responding to the pandemic, the HCH Community continues to be leaders in developing innovative approaches to serve those most severely impacted by COVID-19. We pivoted to telehealth, services in non-congregate shelter settings, and outreach while also conducting a myriad of testing and vaccine events together with new community partners. This conversation with Council leadership and White House staff will acknowledge the significant toll the pandemic has taken on our community and focus on how we emerge stronger and more resilient. We will reflect on our lessons learned while also considering how new federal priorities will advance our efforts to improve equity in access to care for people experiencing homelessness.

The Green Light at the Intersection of Hope & Human Trafficking: How to Develop Trafficking Policies

Tarhata Brazsal, MSN, Valley Homeless Healthcare Program, San Jose, CA

Attendees will be able to (1) implement protocols in screening patients for human trafficking at all practice locations (street, shelters, clinics), (2) engage patients by addressing what to expect from healthcare providers, including forensic examiners, law enforcement, and the criminal justice system, and (3) connect patients to resources, such as safe shelters, mental health and substance abuse programs, monetary assistance and compensation, employment, witness protection, and immigration services.

Medical Ethics II: Increasing Equity for Medically Vulnerable Homeless Patients

Mariel Lougee, MD, Contra Costa Healthcare for the Homeless, Sue Dickerson, RN, Contra Costa Healthcare for the Homeless

We will review medical ethics and dilemmas that arose from our workshop last year. This year’s conference theme is equity, a common dilemma in the care of our vulnerable patients. This was a complicated issue prior to the pandemic and became increasingly important with the onset of COVID-19. We hope to focus specifically on how medically complex homeless patients often do not receive equitable care and how we as an HCH team can work through these dilemmas through the lens of medical ethics and work to change our health system’s distribution of resources to be less paternalistic and more equitable.

Supporting People with Co-occurring Substance Use Disorders and Acute Medical Needs

Hillary Miller, RN, BSN, Pathways to Housing PA, Kate Gleason-Bachman, RN, BSN, MPH, Pathways to Housing PA

This presentation will explore the role that nurses and other medical team staff can have in actively supporting people experiencing homelessness with co-occurring substance use and acute or life-threatening medical needs. The presentation will cover participant advocacy in healthcare settings, establishing participant expectations, pain management, against medical advice discharges, goal setting, and safety planning. The presentation follows a harm-reduction approach and will provide strategies and examples to apply the principles in practice.
In this closing session, we'll hear from Dr. Marcella Nunez-Smith, MD, MHS, health equity researcher, and Associate Dean for Health Equity Research at the Yale School of Medicine, Director of the Office for Health Equity Research Equity Research and the Deputy Director of the Yale Center for Clinical Investigation. She is also the Chair of the Biden-Harris Administration's COVID-19 Health Equity Task Force, and will speak on how equity is quality care. We'll also hear from an esteemed panel of colleagues who will add the HCH provider's perspective to Dr. Nunez-Smith's remarks. Join us for this final main conference session as we conclude this year's focus on EQuality = Equity + Quality in a Covid-Aware World!

For more information about Dr. Nunez-Smith, please visit: https://medicine.yale.edu/profile/marcella_nunez-smith/

Panel: Cheryl Ho, MD, Valley Homeless Healthcare Program, County of Santa Clara, CA, Eboni Winford, Ph.D., Cherokee Health Systems, Chattanooga, TN, Rachel Solotaroff, MD, MCR, Central City Concern, Portland, OR, Courtney Pladsen, DNP, FNP-BC, RN, National Health Care for the Homeless Council
WORKFORCE STRATEGIES & SOLUTIONS: RESPONDING TO STAFF BURNOUT, COMPASSION FATIGUE, & MORAL INJURY

Suzanne Speer, Association of Clinicians for the Underserved, Sabrina Edgington, MSSW, Association of Clinicians for the Underserved

A health center’s workforce is its greatest asset, and like most assets, signs of wear and tear can appear without proper support and maintenance. In this session, we will explore compassion fatigue, burnout, and moral injury, and how these show up in the healthcare environment. Participants will conduct a self-assessment; explore the organizational and systemic factors that contribute to compassion fatigue, burnout, and moral injury; and discuss key strategies that can be implemented at health centers to support and sustain a compassionate workforce. The session will include a mix of presentation and small group activities and will be of interest to all levels of health center staff.

ANTI-RACIST CLINICAL PRACTICES

Marcia Tanur, MD, Harbor Care NH, Nashua, NH, Kevonya Elzia, RN, BA, MA, Neighborcare Health / Illuminating Hearts, LLC, Seattle, WA

The first segment of this learning lab will focus on healing as a pathway to justice. In this session, we will cultivate awareness about how cultural stories influence implicit bias, which shows up in our daily lives and influences how we feel and engage with each other and our clients. We will investigate the origin stories of the racist ideology we carry within us and their social impact in medical and social service settings. The second segment of the learning lab will examine how we can promote anti-racism in homeless medicine, social work and nursing schools, and medical training. We will look at and respond to case studies of micro-aggressions in health care.
TRAUMA-INFORMED CARE IN A COVID-19 WORLD: A CONSUMER PERSPECTIVE

Art Rios, Sr., NCAB Steering Committee Chair, Consumer Advisory Board Chair, Central City Concern, Portland, OR, David Peery, NCAB Member and Advocate, Miami, FL, Amy Grassette, Family Health Center of Worcester, MA, Cindy Manginelli, BS, National Health Care for the Homeless Council

COVID-19 and community responses to the virus have resulted in significant complex trauma for patients and providers alike within the health care community. Support systems, trusted relationships, and healthy coping mechanisms were all compromised as a result of the pandemic. How do we rebuild trust and develop new forms of resiliency in light of COVID-19? How do we practice good self-care? This Learning Lab, led by the National Consumer Advisory Board (NCAB), will explore new options for trauma-informed care and self-care as we recover from the impact of COVID-19.

STREET-BASED BEHAVIORAL HEALTH CARE WORKSHOP

Justin Phillips, Patrick Perri, Allegheny Health Network, Center for Inclusion Health, Pittsburgh, PA, Dr. Mawuena Agbonyitor, Chad Koyanagi, Liz Frye

Trauma, substance use disorders, and mental illnesses often precipitate unsheltered homelessness and invariably are exacerbated by the experience, which makes achieving stable housing more difficult. To engage unsheltered individuals in care and services, and eventually secure housing, psychiatric and mental health services must be available where patients reside (e.g. sidewalks, encampments, parks, etc.). This session aims to equip health center staff to operate street-based behavioral health services and provide support for a variety of health care staff. The half-day session will focus on the distinct behavioral health needs of people living outside (compared to sheltered locations), the necessary practice adaptations for care delivery in this context, and the scope of what can be accomplished in street behavioral health. While psychiatric services will be emphasized, we will also discuss proposed staffing models that include possible behavioral health services and evaluations primary care providers can perform, in addition to using other mental health professionals such as clinical social workers, drug and alcohol counselors, and peer support specialists.

Find COVID-19 Online Resources at www.nhchc.org/coronavirus
Tamisha McPherson (PRESIDENT)
Executive Director/Chief Program Officer
Upper Room AIDS Ministry (URAM)/Harlem United
New York, NY

Jacob Moody (PRESIDENT ELECT)
San Francisco Community Health Center - retired
San Francisco, CA

Dana Gamble (IMMEDIATE PAST PRESIDENT)
Assistant Deputy Director
Santa Barbara County Public Health Department
Santa Barbara, CA

Amy Grasette (SECRETARY)
Managed Care Assistant
Family Health Center of Worcester, Inc.
Worcester, MA

Brandon Cook (TREASURER)
Health Care for the Homeless Program Manager
New Horizon Family Health Services, Inc.
Cree, SC

Brian Bickford
PATH Team Leader
Eliot Community Human Services
Lexington, MA

Donna Biederman (CHAIR)
Assistant Professor
Duke University School of Nursing
Durham, NC

Rachel Biggs
Policy Director
Albuquerque Health Care for the Homeless, Inc.
Albuquerque, NM

Tanya De Hoyos
Chief People Officer
National Health Foundation
Los Angeles, CA

Misty Drake
Chief Operating Officer
Piedmont Health Services, Inc.
Carrboro, NC

Amy Funk
Assistant Professor of the School of Nursing
Illinois Wesleyan University
Bloomington, IL

Jessie Gaeta
Chief Medical Officer
Boston Health Care for the Homeless, Inc.
Boston, MA

Trish Grand
Chief Finance & Administration Officer
Albuquerque Health Care for the Homeless, Inc.
Albuquerque, NM

Rhonda Hauff
Chief Operating Officer/Deputy Chief Executive Officer
Yakima Neighborhood Health Services
Yakima, WA

Julie Kozminski
Policy & Planning Analyst
Unity Health Care, Inc.
Washington, D.C.

Brooks Ann McKinney
Head of Vulnerable Populations
Cone Health System
Greensboro, NC

Maureen Neal
Chief Operating Officer, Advancement (retired)
The Daily Planet Health Care for the Homeless
Richmond, VA

David Peery
NCAB Member
Camillus Health Concern, Inc.
Miami, FL

Lisa Pietrusza
CRNP
Squirrel Hill Health Center
Pittsburgh, PA

Art Rios, Sr.
CAB Member, Health Services Advisory Council Member
Central City Concern
Portland, OR

Danielle Robertshaw
Senior Medical Director, HCMC Community Connections Care Ring
Hennepin County Health Care for the Homeless
Minneapolis, MN

Martin Sabol
Director of Health Services
Nassau Health Care
Sanford, ME

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THANK YOU

NHCHC, for your steadfast partnership and dedication to people and communities in need across the country.

Direct Relief
The California Health Care Foundation is Proud to Support the National Health Care for the Homeless Council Conference & Policy Symposium

On any given day, more than 150,000 people experience homelessness in California. The California Health Care Foundation is launching work to improve the delivery of health and social services to people experiencing homelessness, with the goal of promoting care that is responsive, person-centered, and focuses on the patient’s social, physical, and behavioral health needs.

Read about our work at www.chcf.org/homelessness-health-care
UnitedHealthcare is proud to support the National Healthcare for the Homeless Council

Addressing the critical need for medical respite care as part of the solution to end homelessness
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The National Health Care for the Homeless Council has made a profound and positive difference in people’s lives since 1986. The 160,000 employees and physicians of CommonSpirit Health® are proud to support the important work you do every day in the service of so many others.
Humana Healthy Horizons™ is proud to be a Gold Level sponsor for the National Health Care for the Homeless Council's 2021 Conference and Policy Symposium.

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What is Medical Respite/Recuperative Care?

Medical respite/recuperative care is acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital but are too ill to recover on the streets.

Learn more at www.nimrc.org
Thank you for attending the 2021 Virtual National Health Care for the Homeless Conference & Policy Symposium! Recordings of all sessions, with the exception of the conversation with Dr. Kendi, will be made available to registrants in the days following the conference.

Thank you to all speakers, partners, HCH sites, staff, and others who had a part in the planning and success of HCH2021.