

OUR STORY

When you support BHCHP you reach children and adults throughout greater Boston’s entire health care safety net community when they are both homeless and sick.

Founded in 1985, BHCHP employs the professional medical staff that manages the clinics and delivers the comprehensive health care at most of greater Boston’s adult, family, and domestic violence shelters (Pine Street Inn, The New England Center and Home for Veterans, St. Francis House, and more than 50 others). BHCHP represents the hands and face of health care for over 11,000 homeless adults and children each year at sites as diverse as St. Mary’s Center for Women and Children and the crawl space under the Longfellow Bridge. BHCHP has operated in-the-black while delivering medicine that matters to Boston’s most vulnerable population for 30+ years.

In addition, BHCHP staffs, manages, and delivers comprehensive health

care at 2 hospital-based clinics on the campuses of Massachusetts General Hospital and Boston Medical Center. BHCHP also staffs, manages, and operates our own Barbara McInnis House at Jean Yawkey Place, a 104-bed medical respite facility for homeless adults with complex conditions like cancer, heart disease, pneumonia, and diabetes who are too sick to live in a shelter or on the street and would otherwise require prolonged and costly hospitalization in the acute care rooms of Boston’s hospitals.

When you support BHCHP you reach children and adults throughout greater Boston’s entire safety net community when they are not only homeless but also sick.

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The View From the Bridge is a publication of Boston Health Care for the Homeless Program, bridging the gap between homelessness and health 24/7/365.

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Read our patient stories and learn how to get involved at www.bhchp.org



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THE VIEW FROM THE BRIDGE

Boston Health Care for the Homeless Program

The mission of Boston Health Care for the Homeless Program (BHCHP) is to provide or assure access to the highest quality health care for all homeless men, women, and children in the greater Boston area.

We Offer: Primary Care, Behavioral Health, Oral Health, Family Services, Case Management, Substance Use Disorders Services, Medical Respite Care, and Street Outreach

Where We Are:

Boston Medical Center · Bridge Home · Bridge Over Troubled Waters · Cardinal Medeiros Center · Casa Esperanza · Casa Nueva Vida · Crittenton Women’s Union/EM Path · Crossroads Family Day Center · Entre Familia · Families in Transition · Father Bill’s Place · Friends of the Unborn · Hope House · Jean Yawkey Place · Kingston House · Kit Clark Adult Day Health · Lindemann Mental Health Center · Massachusetts General Hospital · Nazareth Residence · New England Center & Home for Veterans · Pilgrim Shelter · Pine Street Inn · Portis Family House · Project Hope · ReVision House · Rosie’s Place · Safe Harbor · Salvation Army · Shepherd House · SOAR · Sojourner House · Southampton Street Shelter · St. Ambrose · St. Anthony Shrine · St. Francis House · St. Mary’s Center for Women & Children · Temporary Home for Women & Children · The Night Center · Transitions · Women’s Hope · Women’s Lunch Place · Woods Mullen Shelter · Multiple hotels & motels

Connect With BHCHP Online

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Eyes on the Mission During Challenging Times

A message from CEO, Barry Bock, and President, Dr. Jim O’Connell



In these uncertain times, we take great comfort in having our community of supporters around us. That community includes our dedicated hospital, shelter, and university partners; our kind and generous donors; our devoted and talented staff, and our courageous patients, who struggle day after day.

However turbulent the world around us, we know we are stronger together. This feeling of common purpose energizes us as we continually work to devise better ways to serve our patients.

In this issue of *The View from the Bridge*, you will read about our renewed Women’s Health Initiative and its creative efforts to address the unique health needs of our female patients who have often experienced unspeakable trauma and suffering. HER Saturday,

our new weekly women’s health-focused event/clinic, has been an important tool in our efforts to engage more female patients in care.

And speaking of women, you’ll also read about two exceptional physician leaders, Jessie Gaeta, MD, and Denise De Las Nueces, MD, MPH. Dr. Gaeta has led our efforts to prevent opioid overdoses through our SPOT program and Dr. De Las Nueces directed a campaign that contained a deadly bacterial infection among homeless men and women in 2016. Both are brilliant clinicians and wonderful teachers, and they’ve shared lessons learned with public health experts across the country, as you will read.

Since our program was founded in 1985, we have viewed health care as a right, a bedrock value at the core of our mission. We feel truly fortunate to be able to do our work each day, and we cannot thank you enough for your partnership in this work. It is our hope that these stories bring to life the impact of your generosity. We could not do this work without you.

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SPOT is Saving Lives

Since April 2016 when BHCHP opened our Supportive Place for Observation and Treatment (SPOT) in a former conference room, at least 10% of our visitors have directly sought treatment for their disease. Here at SPOT, the only program of its kind in the country, we provide medical monitoring following opioid use to prevent fatal overdose and promote access to long term treatment.

“The fact that, so far, 10% of our SPOT visitors—and probably more—have accessed treatment is terrific,” says BHCHP Chief Medical Officer Jessie Gaeta, MD, the creator of SPOT. “People who come to SPOT are often not well engaged with the healthcare system. They are often living on the streets where drugs are easily available and they have few social supports.”

As SPOT nears its one year anniversary, its numbers are striking. Since April 2016, 424 men and women struggling with opioid use disorder have used SPOT. Those 424 people, who are over-sedated and at risk for respiratory failure and death, have accounted for 3,291 visits. These multiple visits are to be expected for our patient population says Gaeta : *“The stigma associated with homelessness and addiction presents a constant barrier to engage in services. The hill our fragile patients must climb to be successful in recovery is very, very steep. It may be after multiple visits to SPOT that our patient will eventually be connected to treatment.”* According to Dr. Gaeta, if SPOT were not available, about 1/3 of SPOT encounters would have necessitated more expensive hospital emergency room visits or may have resulted in death.

The Need
Today, opioid overdose is one of our nation's biggest public health challenges. The opioid addiction crisis has hit our patient population particularly hard. Overdoses are the leading cause of death for our patients

and until SPOT opened, we responded to between two and five opioid overdoses in Jean Yawkey Place every week. “Everything would come to a grinding halt for 20-30 minutes as our rapid response team resuscitated the patient,” explains Dr. Gaeta. “It became clear that we had to build some infrastructure to manage the sheer volume of overdoses. Ultimately, we also want to provide non-judgmental support to anyone with this disease, including people not currently able to access treatment.”

That infrastructure is now SPOT, where up to 10 people at a time, who are at risk of a fatal overdose, are monitored and cared for by a skilled nurse with a specialty in addiction. A harm reduction specialist is also present in the room, to forge relationships with patients, provide overdose education, and hopefully, connect them with long term treatment. **No drugs are allowed on the premises.**

An Unequivocal Success
“The staff has done a tremendous job of building trust with people who often have eschewed involvement with the healthcare system—or any kind of ‘institution’—for years,” says BHCHP CEO Barry Bock. “And that trust, as anyone who works in the field of substance use disorders knows, is critical to getting people engaged with treatment.”

SPOT has been an unequivocal success on many levels, according to Dr. Gaeta, who has fielded queries from public health officials and clinicians from all over the country (indeed, all over the world) who are considering opening similar programs.

What We're Learning From SPOT Can Provide a Blueprint
The SPOT program has brought to light a tremendous amount of knowledge about the drugs patients are using and the effects on their bodies. Because our staff has worked hard to build trusting relationships with our SPOT patients, they are often very forthright about the substances they have injected and consumed. Many have combined opioids—heroin and fentanyl—with several other drugs and medications. The way the body responds to this “drug cocktail” is different from its reaction to an opioid alone, and reversing these types of overdoses can be more difficult, explains Dr. Gaeta.

With these insights from SPOT, BHCHP researchers have submitted two SPOT-related studies for publication in medical journals. We hope that the learnings from this harm reduction approach to care for people with opioid use disorder will provide the blueprint for a replicable model that can be used in other settings and other cities across the country.

SPOT has been completely funded through the generosity of our private donors and foundations. We are so grateful for this generous philanthropic support to sustain SPOT for its first year. We are working hard to obtain public funding for certain services provided in SPOT, but that is uncertain. SPOT will continue to need support for the crucial “engagement” work of our staff to connect these struggling individuals with long term treatment and recovery.

“The staff of SPOT has prevented or reversed dozens and dozens of overdoses and saved lives,” says Dr. Gaeta. And by having resources dedicated exclusively to reversing overdoses, it has taken the strain off of other parts of our organization and of the city. “SPOT is also teaching the entire health care community a lot about patterns of substance use in this highly vulnerable patient population,” adds Dr. Gaeta.



BHCHP's Response to Deadly Bacteria Outbreak Lauded by CDC

Medical Director Denise De Las Nueces, MD, recently spoke to federal public health experts at the Centers for Disease Control (CDC) in Atlanta about BHCHP’s very successful response to last year’s outbreak of meningococcal disease, a potentially deadly bacterial infection, among homeless shelter guests. BHCHP also collaborated with the CDC on a study identifying the factors that made those infected more susceptible to the life-threatening bacteria. Meningococcal disease describes two illnesses: meningococcemia, caused by bacteria entering the bloodstream, and meningitis, when the bacteria gets into the lining of the brain and spinal cord. The bacteria are spread through close contact with an infected person through actions like coughing, kissing or sharing utensils.

“The CDC invited me to Atlanta to speak to its staff members so they could learn about what made us so successful in containing this outbreak,” explained Dr. De Las Nueces, who led BHCHP’s response to the cluster of cases of meningococcal disease in early 2016. Sadly, the infection killed two homeless people and sickened three others, but was quickly contained, thanks to the leadership and collaboration of BHCHP, the area shelters, the Boston Public Health Commission and the Department of Public Health. *“I informed the CDC that what made us successful was not only our relationships with our patients—how deeply they trusted us and our clinical expertise—but also the partnerships we’ve forged over the years with shelters, the Boston Public Health Commission, and the*

Department of Public Health and academia.”
Those collaborations were key to BHCHP’s swift and effective response to the outbreak. Meningococcal disease is spread through close contact, so BHCHP worked with the shelters to identify everyone—315 men and women in all—who had slept near the infected individuals. Then, BHCHP nurses and clinicians, with the help of the homeless shelters, tracked down the at-risk people, screened them for infection, and administered antibiotics. The few patients who were symptomatic were hospitalized.

BHCHP also undertook a mass immunization campaign led by BHCHP nurses and with the help of nursing students from several local universities, vaccinating 3,621 people in four weeks—shelter guests and staff as well as healthcare workers. “We were at seven shelters giving vaccines at all hours of the day and night,” recalled Dr. De Las Nueces. *“The CDC was floored by how successful we were at (1) identifying and screening the shelter guests who were most at risk because of their proximity to the infected patients and (2) by our efficient and effective vaccine campaign. They considered our two-pronged response an example of best practices.”* BHCHP also collaborated with the CDC on a research study that examined the factors that made the sick patients more vulnerable to infection, which included having a weakened immune system due to diseases like diabetes and HIV. BHCHP now offers the meningococcal vaccine routinely to its patients.

We are grateful to Dr. De Las Nueces and Program Director of Nursing Barbara Giles, Chief Operating Officer Pooja Bhalla, and Pine Street Inn Clinic Director April Donahue, our state and local public health departments, shelters and university partners, and our donors, all of whom enabled us to respond immediately to end this deadly outbreak. BHCHP researchers Lena Cardoso and Casey Leon were instrumental to the joint BHCHP-CDC research study.

Sen. Markey Holds Press Conference at BHCHP—Calls for More Funding to Fight Opioid Epidemic

Sen. Edward Markey held a press conference at BHCHP in November, calling for more federal funding for prevention and treatment programs to address the opioid addiction crisis.

“The terrorists walking our streets are opioids, prescription drugs and fentanyl,” he told an audience of BHCHP staff, reporters, and guests gathered in our atrium. Chief Medical Officer Jessie Gaeta, MD, spoke at the press conference, along with Cheryl M., our patient who is in treatment for her substance use disorder, who bravely relayed her struggles, gratitude for the care she is getting here at BHCHP, and her hope for a healthy future with her family.

Sen. Markey has introduced numerous bills to fund and expand opioid addiction prevention and treatment as well as legislation mandating education on safe prescribing for caregivers who write opioid prescriptions.

“Unfortunately, the \$1 billion in funding that Senator Markey was requesting has not come through, but he has been a tireless advocate for those affected by this heartbreaking epidemic and we are so grateful for that,” says BHCHP CEO Barry Bock.



Senator Edward Markey speaking to press in the BHCHP Atrium with Dr. Jessie Gaeta and patient Cheryl M.

HER Saturday is Fresh Face of Women's Health Initiative



Melinda Thomas, BHCHP Associate Medical Director and Zoe Burns, HER Saturday Clinic Coordinator

These days, if you wander into BHCHP’s headquarters on what used to be a quiet Saturday morning, the main lobby is buzzing with health fair and engaging activities. Beyond the lobby, in exam rooms, women are seeing providers for their medical and behavioral health issues or case managers for any number of non-medical needs. It’s a health fair, coffee talk, crafting session and walk-in clinic, all rolled into one. Welcome to HER Saturday, the foundation of BHCHP’s Women’s Health Initiative. **HER stands for Health. Empowerment. Resources.**

“We wanted to create a women's only space—a safe and welcoming place for women to come off the streets, relax, learn about their health and get services that they may be reluctant to access during the week when our building is a lot busier,” said BHCHP Associate Medical Director Melinda Thomas, who is heading up BHCHP’s multi-pronged Women’s Health Initiative.

Women are among the most vulnerable subgroup of the homeless population.

The vast majority of homeless women have experienced unspeakable trauma at some point in their lives, explained Thomas. A loud, bustling clinic setting can be upsetting to some. HER Saturday seeks to forge clinical relationships with women who might otherwise avoid seeing healthcare providers. **Our expert and compassionate clinicians provide what’s called “trauma- informed care”—treatment that recognizes and responds to the trauma that patients have experienced and avoids re-triggering them.**

We launched HER Saturday on Valentine’s Day and it has exceeded all our expectations. Between 40 and 60 women show up each week to participate in one of our many activities and a good portion of them are taking advantage of the walk-in clinic. “I’m newly homeless, and I love coming here because it provides stress-relieving things that I can’t get anywhere else I’ve gone,” commented Rita, who has become a HER Saturday regular. In addition to BHCHP staff and fellows, five dedicated volunteers keep HER Saturday humming.

Health Challenges of Homeless Women
About 1/3 of BHCHP’s patients are female. Compared to females in the general population, homeless women are far less likely to seek preventative care like regular mammograms and PAP smears, putting them at greater risk for advanced breast and cervical cancer. Increasing those screening rates is one of several goals of the Women’s Health Initiative, driven by a multi-disciplinary group of BHCHP staff who meet monthly. The group is also exploring ways to better support non-English speaking patients as well as those experiencing domestic and sexual violence.

While HER Saturday is new, BHCHP has always placed a very high priority on women's health and for many years we have run women's-only clinics at Rosie’s Place, Woods-Mullen Shelter, Pine Street Inn and most recently, at St. Anthony’s Shrine in downtown Boston. Our Family Team is also very engaged in women's health in our clinics at family and motel shelters, like St. Mary’s Center for Women and Children, EMPath, and other programs. HER Saturday Clinic Coordinator Zoe Burns said it’s been especially gratifying to welcome women to the HER Saturday sessions who have not come to BHCHP’s other clinics. “The environment at HER Saturday feels really positive,” said Burns. “We really are building a community.”

—
HER Saturday is possible through the generosity of our private donors. Please consider supporting BHCHP to enable programs like HER Saturday. Thank you.

Boston's Winter Walk—Making Strides to End Homelessness

On February 12th, 2017, over 500 people came together for the first annual **Winter Walk** in Boston. BHCHP was honored to be one of the five partner organizations to work with the Winter Walk and benefit from its inaugural efforts. We shared in this special event along with Bridge Over Troubled Waters, Brookview House, Pine Street Inn, and Y2Y Harvard Square.

Many members of the BHCHP community walked the two miles, including CEO Barry Bock, the BHCHP Fellows group and our Emerging Leaders Board, along with clinical and administrative staff, supporters, and patients.

Following the walk, participants met at Copley Square for a community breakfast and to hear stories from Boston’s homeless advocates. BHCHP President Dr. Jim O’Connell noted, “When I look out today I think, this is the community that I want to be part of, and this is a community that brings us together so that we can respond to what is going on here [in our world].”

Videos streamed showing BHCHP patients and friends, including Lindsay, a member of our BHCHP Emerging Leaders group whose father had been homeless for most of her life. She shared her story and formed a team to participate in the Winter Walk. We are so grateful that Lindsay is a member of our BHCHP community.

The **Winter Walk** will have year-round engagement with BHCHP and we are excited and grateful to benefit from this wonderful partnership.



Walkers with Paul English (center) co-founder of the Winter Walk