



BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

THE VIEW

FROM THE BRIDGE

COVID ISSUE 2 **SPRING 2021**



Ensuring unconditionally equitable and dignified access to the highest quality health care
for all individuals and families experiencing homelessness in our community.

IT'S THE LARGEST VACCINATION EFFORT OF OUR GENERATION



A BHCHP staff member vaccinates a patient.

This isn't April Donahue's first rodeo when it comes to vaccine distribution, implementation and infrastructure. As a nurse with BHCHP for the past ten years, she's been on our vaccine task force during outbreaks of other diseases like influenza, hepatitis A, and meningitis, so she's familiar with the process of receiving vaccines from the State and coming up with a plan to get people vaccinated.

The COVID vaccination rollout is, by far, the largest effort we've undertaken in our 36-year history.

Of course, the pandemic has complicated things further. Not only did we need to build out space in shelters and clinics to distribute the vaccine to willing patients, but we also had to ensure that patients were being screened for COVID-19 symptoms, as well as maintaining social distancing for the safety of staff

and patients alike, while also providing space and time for patients to be observed for 15-30 minutes after receiving the vaccine (this is standard to monitor patients for reactions).

As the different vaccines entered the market, it became clear that initially we could not offer Pfizer because of the storage temperature requirements—we simply don't have access to freezers that are cold enough, so it became clear from the outset that Moderna would be the way to go. We've been receiving doses from the Commonwealth, but we've also been selected by the Health Resources and

Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services as one of 250 health centers around the country, who are recognized as serving an untraditional or underserved population. This allows us to increase our dose intake and distribute more vaccines.

“WE’RE JUST THERE. WE’RE THERE TO PROVIDE SUPPORT AND ANSWER QUESTIONS, AND WHEN AND IF THEY DECIDE TO GET VACCINATED, WE’LL BE THERE TO DISTRIBUTE THAT TOO.” – APRIL DONAHUE

“We’re working very closely with BHCHP’s Equity Committee to ensure that our vaccine rollout has equity at the forefront of our efforts to vaccinate the community,” said April. In January, BHCHP formed its Vaccine Equity Committee to help distribute the vaccinations.

We also try to be mindful of our patients’ time and put that kind of thought and care into the vaccine distribution infrastructure. “Like everyone, our folks’ time is precious,” April says, “They spend so much of their time waiting and being constantly directed through different systems. We want this process to be as smooth as possible for them.”

We’re pleased to say that as of this writing in mid-March, we’ve vaccinated 2,883 people—this includes shelter guests and staff, (with a total of 4,575 total doses). At the outset of our vaccine rollout, we anticipated it would be daunting to get our patients back for their second dose. It has been challenging, but almost 80% have received their second dose. “It’s important that we give our patients access to the vaccine on their own terms,” says April, “An equity lens is essential in offering access and education surrounding the vaccine. We’ve done a lot of work around vaccine hesitancy and make it clear that we’re not pushing. There’s a long history of racism in vaccine efforts, so we’re doing our best to meet our patients where they’re at: answering questions they have with transparency and not pushing any agenda. We’re just there. We’re there to provide support and answer questions, and when and if they decide to get vaccinated, we’ll be there to distribute that too.”

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PEOPLE VACCINATED
BY MID-MARCH (WITH A
TOTAL OF 4,575 DOSES)

80%
OF PEH (PEOPLE EXPERIENCING
HOMELESSNESS) HAVE
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Successful vaccine implementation is a marriage of teamwork and clinical acumen. Members of our clinical staff were required to take an educational training on anaphylaxis led by Dr. Peter Smith, Medical Director of our BMC clinic. This helped make sure that staff members were equipped to screen folks for potential anaphylaxis.

“I have been so grateful for our team here at BHCHP,” says Donahue now, “We’re a year into a crisis response and every single member of this organization across disciplines: from clinical staff to facilities to finance responded to my asks with a ‘yes’ and it was a quick yes. We wouldn’t have been able to do all we did with vaccine implementation without working together like this. I’m grateful to our internal staff and to our partners and supporters for meeting this critical moment with urgency and grace.”

BHCHP’S HCV CARE TEAM RECOGNIZED AS ONE OF THE TOP GLOBAL INNOVATIVE CARE MODELS SERVING PEOPLE WHO USE DRUGS

Congratulations to our Hepatitis C (HCV) Care Team members who were recognized by the International Network on Health and Hepatitis in Substance Users **as the #1 care model in North America**, and for best practices as one of a handful of global care models. Our entire HCV team provides clinically precise and compassionate care to people with Hepatitis C. As Director of HCV Services, Maggie Beiser, ANP-BC said, “We continue to work to reach eliminate hepatitis C in our patient population, to remove barriers and provide high quality treatment infused with compassion to improve the health and well-being of people who use drugs.”

Seven years ago, BHCHP formed our Hepatitis C (HCV) treatment team to address an increasing prevalence of HCV among our patients, who had a historically poor level of engagement with care. The team is made up of primary care providers with expertise in HCV treatment, as well as a nurse, case managers, and a data manager. Using a harm reduction approach, we created a welcoming, low-barrier model of care that recognizes the competing priorities our patients face, and makes it as easy as possible for them to complete treatment despite those challenges. Our program rarely has a wait list and there is no

requirement that patients are in recovery, both of which can be huge barriers for patients seeking to access HCV care in other programs. Flexibility and compassion are dual forces at the core of our care. We support adherence through a range of options, including frequent visits, weekly pill boxes and daily direct observed therapy. We are able to change the support plan to fit each individual patient as needed and can offer treatment integrated with primary and addiction care at our main clinic at Jean Yawkey Place, as well as many shelter based clinics, on the streets, and the Community Care In Reach (CCIR) Van(launched by the Kraft Center for Community Health).

People who use substances are often stigmatized and judged in society, which creates another huge barrier for care. At BHCHP, respect for our patients is paramount, so we view all our care through a lens of harm reduction: from our education around HCV transmission and reinfection to HIV prevention, screening, PrEP, wound care, overdose prevention, and medical treatment for opioid use disorder.

Since 2014, about 1,600 individuals have been linked to HCV care here at BHCHP, and over 1000 have started treatment. 87% of those who completed treatment have been cured.



Taken pre pandemic, our HCV Care Team poses for a photo in our Atrium.

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Cover photo: BMH Patient Mary meets with her nurse practitioner, Patty Seery-Baribeau Photo Credit: Chris Shane

DOUBLING DOWN ON OUR COMMITMENT TO EQUITY

Social justice is a cornerstone of Boston Health Care for the Homeless Program’s mission. We see the many systemic inequities that our patients encounter on a daily basis. The societal ills of racism, sexism, xenophobia, homophobia and transphobia affect everyone from patients to staff and we strive to foster an inclusive community that supports staff and patients alike. In 2017, we hired Sonja Spears, JD, as our Chief Equity and Inclusion Officer. This role was designed to devote even more resources and staff to cementing this mission. Our fall issue will highlight Sonja’s invaluable contributions in centering equity and racial justice in all aspects of our work. You can read more about Sonja on our website!

In late 2020, our former AmeriCorps Manager, Morgan Ward, moved into a new role as Equity and Inclusion Partner at BHCHP. This new role works with Sonja to develop equity and inclusion training, protocols and policies to continue education around issues of equity, inclusion and social justice. Social

justice isn’t new for Morgan, who has been involved in this work since high school and it’s been at the heart of her work at BHCHP since her graduation from Simmons University in 2016. Her work—and Sonja’s work along with our Senior Management and the Equity and Social Justice Committee—strive to make BHCHP an equitable and inclusive place for staff and patients alike. The latest initiative they’ve been tackling is BHCHP’s vaccine rollout, making sure that information, as well as vaccine access, is disseminated through an equity lens.

“There’s a long-standing history of racism in this country,” says Morgan, “And there’s a lot of trauma in the medical system for Black folks, so we need to make sure we’re addressing the specific needs of marginalized communities to make sure we’re giving them the best outlook on their health. At BHCHP we’re so passionate about our patients and the social determinants of health—we know there’s more than just that medical visit that helps folks out.”

The commitment to equity is a practice and a journey that we recommit to daily. It isn’t about quotas or checkboxes, but rather understanding and unpacking the ways we communicate, work, and serve. It’s about challenging our own perceptions, and accepting our limitations and blind spots with grace and a commitment to do better—something our Chief Medical Officer, Dr. Jessie Gaeta, articulated in a recent acceptance speech she gave at the Greater Boston Chamber of Commerce Pinnacle Awards this year.



BHCHP’s Equity and Inclusion Partner, Morgan Ward



“One of the things that I’ve had to confront is the deep skepticism and mistrust expressed by many people of color within our COVID care spaces, isolation sites, and now in our vaccination efforts. It’s been difficult over the years to reckon with how my own profession has harmed people of color, and as I continue to hear from patients about their experiences of racism in health care, I’ve had to dig deeper and examine how my own implicit bias negatively affects the care I provide and the systems I design.

For the disproportionately high number of COVID cases who are people of color, their health and survival will depend on the medical establishment confronting significant histories of mistrust and inequities in both resources and outcomes of care, which have been severe and predictable. In the weeks and months and years to come, I look forward to working harder than ever with my colleagues to rebuild trust in our health care system among people of color. It’s only by doing so that I believe we will be able to fully heal from this pandemic and to emerge as a more resilient community.” – DR. JESSIE GAETA

STOPPING THE SPREAD: BHCHP AND CONTACT TRACING

It starts with a diagnosis. Since the early days of the pandemic, BHCHP has been at the forefront of testing for COVID-19 among people experiencing homelessness. We encounter COVID positive folks in a myriad of ways: from our testing sites at one of our many shelter based clinics, from area hospitals that discharge patients to our Barbara McInnis House (BMH) respite program or, in the earlier days of the pandemic, from the Boston Hope field hospital or our testing and isolation tents near our main campus in the South End. Simultaneously we are addressing disease prevention in the shelters and on the streets of Boston. This involves, in part, drawing a very careful roadmap of the COVID positive patients’ last known whereabouts before infection was confirmed: a practice called contact tracing.

Accurate contact tracing is difficult, even with the general population; it involves documenting the places and people with whom a COVID positive patient may have had contact, prior to positive test results. But it’s a necessary step in any contagious disease public health emergency, like the one we’re living through right now. Thorough contact tracing can halt the spread of disease and keep others safe. As one can imagine, contact tracing becomes more complicated with folks who stay in shelters or live on the street.

In 2016, a deadly meningococcal outbreak in Boston’s homeless community was quickly managed and contained through the leadership of Dr. De Las Nueces, BHCHP’s Medical Director, using contact tracing efforts, which were later recognized by the Centers for Disease Control as best practice. As soon as COVID cases started rising among our population, Dr. De Las Nueces and Mary Takach, RN, MPH, BHCHP’s Senior Health

Policy Adviser, worked closely with the Boston Public Health Commission (BPHC), and assembled a team to develop a relevant survey tool to assess COVID positive individuals and to report that data to the Health Commission.

Lisa Nguyen, MPH, BHCHP’s Contact Tracing Collaborative Investigator and Team Lead, took over once things settled into a rhythm. Deirdre Heilbron, RN, in our BMH respite program, was the primary contact tracer, she would connect with and try to get a list of contacts from each COVID positive patient and then provide those contacts with direct tests or transportation to get to a testing site and determine their COVID status. If any of the new contacts tested positive, then they were given instructions to self-isolate, if possible. If the new contact were in a shelter-based environment, they typically were moved to our BMH respite program. Since there is no effective way for shelter guests to isolate, any contact who had a negative test was tested every 3-4 days within the 14-day COVID incubation period.

Initially using BHCHP’s own resources to conduct contact tracing, we then applied for and received a grant from Partners in Health, the official contact tracing group for the Commonwealth of Massachusetts. Usually these grants require the contract tracing agency to be an official contact tracker for the whole state. Our population kept us busy enough as it was. Partners in Health was impressed with our methodology and gave us the



BHCHP clinician, Gloria Batista, RN, providing care for a patient at Boston Hope.

green light to continue operating contact tracing with our patient population using their grant funding. So we became the official contact tracing hub for individuals experiencing homelessness in Boston.

“It became a good partnership; we had the boots on the ground experience to be able to effectively do contact tracing for folks on the street, and we had the relationships with our patient population to be able to do it in an effective and compassionate way,” says Mary Takach, “If we found out that “John” was exposed to “Maria”, we would have a pretty good idea of where to find John to be able to do a swab. We would actually swab people right on site. We had nurses like Deirdre and others who could take a rapid machine right to each patient exposed to Maria and determine right then and there if someone had COVID.”

As cases continue to fall across the Commonwealth and vaccinations have ramped up, contact tracing has subsided, but as long as COVID-19 continues to remain at-large, we have the infrastructure in place to do due diligence.

“IT BECAME A GOOD PARTNERSHIP; WE HAD THE BOOTS ON THE GROUND EXPERIENCE TO BE ABLE TO EFFECTIVELY DO CONTACT TRACING FOR FOLKS ON THE STREET, AND WE HAD THE RELATIONSHIPS WITH OUR PATIENT POPULATION TO BE ABLE TO DO IT IN AN EFFECTIVE AND COMPASSIONATE WAY.” – MARY TAKACH



MEET OUR NEW MCINNIS HOUSE MEDICAL DIRECTOR: DR. JOANNA D'AFFLITTI

Late last year, our dedicated Barbara McInnis House (BMH) Medical Director, Dr. Dave Munson, left respite to return to his roots on our Street Team, where he will be leading the team's efforts as Medical Director for street outreach.

After an extensive search, BHCHP welcomed Dr. Joanna D'Afflitti as BMH's Medical Director. Prior to joining BHCHP, Dr. D'Afflitti has held a number of leadership positions across the street at Boston Medical Center, including Associate Medical Director for Innovation and Quality, Medical Director of Office Based Addiction Treatment, and Medical Director of Complex Care Management. Joanna graduated from medical school at the State University of New York Downstate Medical Center and completed her MPH at Columbia University.

Dr. D'Afflitti radiates warmth; her empathy permeates the Zoom computer screen as she outlines her care philosophy: "If a patient isn't engaging in care, then you're not offering the right care. We can't approach medicine by trying to get patients to engage in care

we want to provide, we have to work with our patients to provide care that feels accessible to them."

BHCHP has long prided ourselves as a community health center that meets the community where they are and works with patients to provide or assure essential health services. It's because of this commitment that we've long been on Dr. D'Afflitti's radar as a destination for her medical talents and inherent compassion. She speaks of our patients with respect and dignity, "When it comes to our patients, it's very easy for a provider to write their own narrative about what it means to be homeless. We ascribe chaos to our patients' lives—and sometimes that's true, but oftentimes there are networks of support and compassion within the homeless community. To be a good provider for patients experiencing homelessness, we have to first understand that stability is relative and then think creatively about how to manage life without a home. I've had to think outside the box a lot with my patients who live on the street; we need to work together to help find ways to store medication that needs to be refrigerated or how to safely catch a few hours sleep in a public space. But all of that requires establishing trust."

“WE CAN'T APPROACH MEDICINE BY TRYING TO GET PATIENTS TO ENGAGE IN CARE WE WANT TO PROVIDE, WE HAVE TO WORK WITH OUR PATIENTS TO PROVIDE CARE THAT FEELS ACCESSIBLE TO THEM.” – DR. JOANNA D'AFFLITTI

Dr. D'Afflitti's public health background is illuminated throughout, as she talks about how her Masters in Public Health gave her a lens through which to view medicine. "I got my MPH before I went to medical school," she says, "For me, it crystallized the stark inequities in our society through policies, environmental

injustices, racism, and other constructs that overburden marginalized communities. It helped me ask questions of systems and not of individuals: for example, if a playground is built on a former landfill, the kids in that neighborhood are more likely to suffer from asthma. The education can't just be about instructing parents to dust more frequently. The education is with the system: how do we make the community cleaner? What policies can we enact to equitably distribute green spaces, clean air, and access to quality drinking water? This education informed my medical practice, by always looking at medicine through a lens of social justice."

Joanna has only been in her role for a few months, and already she has memorable stories to share. She was walking through McInnis House in late February and saw a familiar face: a patient she'd lost touch with months ago before COVID. He's a young man with poorly managed diabetes, a substance use disorder, COPD, and HIV. "I would see him a lot when I ran a substance use treatment program at BMC," says Dr. D'Afflitti, "We'd start him on a treatment protocol and he'd always leave in the middle of it. And he was very resistant to medications like Suboxone and methadone, which are used to treat substance use disorders. "I was so shocked to see him here," says Dr. D'Afflitti, "in the months since I'd seen him, he was hospitalized with COVID and then came to BMH for recovery from COVID. In the process, he's started taking methadone and is working with the team here to manage his diabetes. It made me happy to see him here receiving such excellent care."

In closing, Joanna shared this, "Five years ago I was at a leadership workshop with the BU School of Medicine. They asked us this question: 'Where do you want to be in five years? And who do you have to talk with to make that happen?' I wrote down, 'I want to work at Boston Health Care for the Homeless Program. And I need to talk to Dr. Jessie Gaeta to make that happen. And five years later, here I am and Jessie's my boss.'"

A SILVER LINING: TELEHEALTH IS HERE TO STAY

“IF IT WEREN'T FOR TELEHEALTH, YOU'D SEE A LOT OF PARENTS FOREGOING THEIR OWN CARE.” – DR. AURA OBANDO

The global pandemic has changed much of our daily life. There's been much talk about returning to "normal": seeing loved ones in person, being able to sit inside a restaurant or traveling for the sake of pleasure. But what about the lessons we'll take with us from these times in isolation—the practices and habits that will stick with us long after vaccination efforts expand and infection control succeeds?

The pandemic forced us to radically shift many of our clinical operations. Prior to the pandemic, we had minimal tele-health capacity and we needed to aggressively modify that. At the onset of the pandemic, so much was unknown, though it was clear that we needed to limit in-person care to the extent possible.

According to our Director of Behavioral Health, psychiatrist Dr. Esther Valdez, we'd long been considering implementing a telehealth practice. The need was clear: there are many people experiencing homelessness who don't engage in traditional types of care, and telehealth is another innovative way to reach those individuals. However, the pandemic amplified our need and made that need more immediate.

Because our patient population's needs are unique and their access to technology limited, we were often conducting phone visits—visits that don't require a video screen or an internet connection—to keep them engaged in their health care. We were deeply grateful when the Commonwealth through Mass Health (Medicaid) stepped forward to reimburse telehealth visits.

We've seen that telehealth can further allow us to meet our patients where they are. It's not surprising that telehealth works well with behavioral health visits. Dr. Valdez appreciates the flexibility

that telehealth offers our patients, "Our patient population is constantly in motion and with telehealth we're able to track them down as they move from place to place and prescribe medicine over the phone. I think telehealth is here to stay."

Dr. Katie Koh, a psychiatrist with our Street Team, explained how telehealth allowed her to establish a more intimate connection with some patients. Both she and Dr. Valdez mentioned that many times their recently housed patients are struggling with the transition from life on the streets or in shelters. Isolation is particularly difficult for newly housed people struggling to acclimate to life without their community on the streets. **"Sometimes we're the only people they talk to all day," says Dr. Valdez, "Maintaining those relationships has been of the utmost importance."**

Dr. Koh talks about the new kinds of intimacy fostered between patient and provider. Because patients were in their own space, instead of the clinic space, this often could lead to deeper conversations. Providers would initiate the visit by calling patients, leading to a higher retention rate, with fewer patients missing appointments.

Samantha Ciarocco, LICSW, our Director of Telehealth Medicine and Manager of our Office Based Addiction Treatment (OBAT) team, shared a story of a patient at Boston Hope, the 1000-bed COVID field hospital at the Boston Convention and Exhibition Center. BHCHP operated 500 of those beds, which were specifically reserved for patients experiencing homelessness. This particular patient tested positive for COVID, and as a result had to miss a scheduled appointment with her OBAT nurse, "She was really anxious about losing that connection," says Sam, "It

wasn't about the medication, it was about that relationship. So I found her an iPad and set her up with a Zoom meeting with her nurse. When I did that, she was able to calm down, and her anxiety eased."

And it isn't just behavioral health. Our Family Team Medical Director, Dr. Aura Obando mentioned how telemedicine has affected our patients with children. The pandemic has been particularly difficult on single mothers. COVID has placed necessary restrictions on who is and isn't allowed in a clinical setting; kids are often not allowed to accompany their parents to visits, which has presented a huge challenge for our patients with children—the majority of whom are women. "If it weren't for telehealth, you'd see a lot of parents foregoing their own care," says Dr. Obando, who has conducted many telehealth sessions for families experiencing homelessness.

It's clear that nothing can replace the value of an in-person visit, especially for physical examination, but through the dedication of our clinical staff and willingness from our patients, it's clear that telehealth is a useful tool. Telehealth is just another innovation that BHCHP is adopting to meet our patients where they are.



BHCHP's Director of Behavioral Health, Dr. Esther Valdez, conducts a telehealth visit.



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NEW FLAGSHIP CLINIC FOR OUR FAMILY TEAM: OPENING SOON



Photo taken pre-COVID. BHCHP Family Team Director, Georgia Thomas-Diaz, LMHC consults with a patient.

BHCHP's Family Team has been a stable source of care for families experiencing homelessness since our founding in 1985. We deliver multi-lingual, trauma-informed health care and case management services to families and unaccompanied youth in family shelters, domestic violence shelters, motels and on the street.

Throughout the COVID-19 pandemic, our Family Team has continued to offer shelter-based services to ensure that families have a source of accessible health care. Because of necessary public health restrictions, our staff used a combination of in-person and telehealth

services to continue to engage patients in care. Our quality nursing and medical care services include vaccinations, well-child visits, cervical cancer screenings, primary and episodic care, weight counseling, family planning, case management and behavioral health and substance use disorder counseling.

In the age of COVID-19, instances of conditions like depression are sharply rising and are magnified for those enduring the chaos and trauma of homelessness, many of whom experienced behavioral health issues prior to the pandemic. While timely detection of behavioral health conditions is essential for everyone, it is critical that those experiencing homelessness receive accessible, trauma-informed, and family-centered behavioral health services.

While COVID-19 has affected every aspect of our program, BHCHP is committed to proceeding with its transformative capital project to create a **full-time**

flagship clinic for our Family Team within the **Horizons Center, Horizons for Homeless Children's new, state-of-the-art facility**. Our clinic will provide rapid access to trauma-informed medical, nursing, behavioral health, health education, and case management services for the more than 200 homeless families who will receive services from the Horizons Center. While the pandemic has delayed the construction timeline, the project is moving forward with new COVID-19 safety considerations with a projected opening in Summer 2021.

As we open this new flagship clinic, BHCHP will seek to add clinical capacity, particularly to better serve patients with limited English language proficiency, and provide accessible, culturally competent health care, which this population so desperately needs and deserves.

If you are interested in learning more about how to support this critical capital project, please contact Sara Pacelle, Senior Director of Development, at spacelle@bhchp.org or 857-654-1052. Thank you!

Do you have ideas for future newsletters? Contact us!
Call us at (857) 654-1044 Email us at info@bhchp.org

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