

2016

NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE & POLICY SYMPOSIUM

May 31 - June 3, 2016
Portland, Oregon



WORKING TOGETHER FOR
QUALITY • ACCESS • JUSTICE • COMMUNITY

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

WELCOME.

In Health Care for the Homeless, we work together for Quality, Access, Justice and Community. Starting this year, our annual conferences will call attention to each of these themes in turn. Please dive right in and contribute your experiences and insights as we explore our work for Quality.

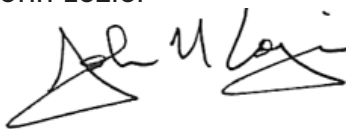
Quality, Access, Justice and Community are ideals. At the beginning of HCH as an organized discipline, we realized that we could attain our ideals only by working together. We assembled interdisciplinary teams to take on complex health problems and the social determinants that drive them. We learned to take guidance from people who have experienced homelessness, and to collaborate with all sorts of people and institutions. We built national peer networks for mutual education, support, and advocacy. Consistent with a human rights framework, inclusion has been the order of the day for these three decades. We are happy that each of you is part of this conference, and of this movement.

On a personal note, this will be the last HCH Conference before my retirement in December, after 32 years in our field. I will leave with great appreciation for all of you who devote yourselves to helping others heal. I will go with tremendous gratitude to the members, the Board and especially the excellent staff of the National Health Care for the Homeless Council, who will continue to find ways to help HCH realize its ideals.

HCH aims for a world with less suffering and more justice. It is work for peace, which is my wish for all of us. Enjoy the conference!



Peace,
John Lozier



Executive Director
National Health Care for the Homeless Council

LET'S CONNECT.



Download the free HCH 2016 Conference mobile application on your Apple

or Android device! Create your conference schedule, share notes and pictures, and network with other attendees in the app!



You can tweet us what you're learning and enjoying by using #HCH2016 in

your tweets! Follow us on Facebook and Twitter to stay up to date with the latest health care for the homeless news!

Notice of Potential Photography, Filming, and Recording

Please be aware that by entering the 2016 National HCH Conference and its related events, you consent to be photographed, filmed, and/or otherwise recorded. Your entry constitutes your consent to the capture of your image and/or statements for any purpose by the National Health Care for the Homeless Council, whether now known or hereafter devised, in perpetuity. If you do not agree to the foregoing, please register your objection at the desk so that we can accommodate your desire.

MEMBERSHIP

Do you believe health care is a human right? Then join us.

The National Health Care for the Homeless Council is the only national association of HCH health centers, Medical Respite Programs, PATH programs, and other stakeholders specifically addressing the intersection of poor health and homelessness. We represent your local interests on the national scale, and have helped to protect and grow homeless services funding since the inception of the HCH program in 1985.

THE PRACTICAL

Research & Collaboration

Jobs Board

Purchasing discounts

Members-only journal access

Product donations

Leadership & Professional Development

Advocacy

Conference Discounts

Recognition & Awards

Organizational Membership is an unmatched opportunity to bring your local perspectives and expertise to the national forum on health care for people without homes. Members designate an official representative—sometimes the CEO and other times the HCH program coordinator—who serves on our authoritative body, the Governing Membership. In this community, brand new social workers in South Dakota, for example, are colleagues and friends with forerunners of the movement in Boston.

The most affordable association in our field, our dues rate is just \$500 for first-time members and small HCH organizations, with only the largest health centers paying the maximum of \$3,500. Our advocacy is dependent on membership dues, and we need your investment to amplify our voice.

Learn more about membership at nhchc.org/join or visit the National HCH Council's green-draped table in the Pavilion ballroom. There you can see if your organization is already a member, or join on the spot.

Individual Membership is Free!

Individual Membership is your way to access any of the National HCH Council's communications, to get involved in our advocacy and research, and to contribute to setting the strategic direction of the Council. The only criterion is that you support our mission. Professional development opportunities abound through three Networks, each of which includes its own distinct benefits. When you apply as a member, you will be invited to join:



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CONFERENCE OVERVIEW

Tuesday, May 31, 2016: Pre-conference Institutes

7 a.m.	Check-in Opens
7-8:30 a.m.	Breakfast
8:30 a.m.-4:30 p.m.	Pre-conference Institutes
11:30 a.m.-1:00 p.m.	Lunch (Off-site, on your own)
6 p.m.	Check-in Closes
5:30-7 p.m.	Governing Membership Meeting (Closed Meeting)
7-8:30 p.m.	NCAB Orientation Meeting (Closed Meeting)
8-10 p.m.	Film Screening: Fix It: Healthcare at the Tipping Point

Wednesday, June 1, 2016: Full Conference Day 1

6:30 a.m.	Check-in Opens
6:30-8 a.m.	Breakfast
7 a.m.	Exhibitor Hall Opens
7-8 a.m.	First-time Attendees Breakfast
8 – 9:30 a.m.	Session I: Workshops
9:30-10 a.m.	Break
10-11:30 a.m.	Session II: Workshops
11:30 a.m.-1 p.m.	Lunch
12 – 12:30 p.m.	Keynote Address
12:30-1 p.m.	Awards Presentation
1-2 p.m.	Session III: Think Tanks
2-2:30 p.m.	Break
2:30-4 p.m.	Session IV: Workshops and Roundtables
4:30-6 p.m.	Clinicians' Network Membership Meeting
5 p.m.	Exhibitor Hall Closes
6 p.m.	Check-in Closes
7-9 p.m.	Conference Reception

CONFERENCE OVERVIEW

Thursday, June 2, 2016: Full Conference Day 2

6:30 a.m.	Check-in Opens
6:30-8 a.m.	Breakfast
7 a.m.	Exhibitor Hall Opens
7-8 a.m.	NCAB, RCPN, and Clinicians' Network Meetings (Closed Meetings)
8-9:30 a.m.	Session V: Workshops
9:30-10 a.m.	Break
10-11:30 a.m.	Session VI: Workshops
11:30 a.m.-1 p.m.	Lunch
12-12:30 p.m.	Keynote Address
12:30-1 p.m.	Awards Presentation
1-2 p.m.	Session VII: Think Tanks
2-2:30 p.m.	Break
2:30-4 p.m.	Session VIII: Workshops and Roundtables
4:30 p.m.	Check-in Closes
4:30-5:30 p.m.	Rally
5 p.m.	Exhibitor Hall Closes
7-8 p.m.	Networking Reception
8-10 p.m.	Paula Poundstone Comedy Event

Friday, June 3, 2016: Learning Labs

7-8:30 a.m.	Breakfast
8 a.m.-12 p.m.	Learning Labs
10:30-11 a.m.	Break



CONFERENCE SCHEDULE



TUESDAY, MAY 31ST, 2016

7 a.m. – 6 p.m.

Check-in

Grand Ballroom Foyer

7 – 8:30 a.m.

Breakfast

Grand Ballroom I

8:30 a.m. – 4:30 p.m.

Pre-conference Institutes (lunch not included)

- Emerging from the abyss: Programmatic and professional strategies to help people recover and grow
Broadway I/II
- Your oral health program: Strategies for success
Broadway III/IV
- Primary care providers and psychiatric care: The next level
Parlors
- ▼ A seat at the table: Influencing state health care delivery system reforms & aligning internal HCH operations
Galleria South
- You receive federal funding? Why should we support you? How would you answer that question?
Galleria North
- Medical respite care: Positioning your program for success
Grand Ballroom II

11:30 a.m. – 1 p.m.

Lunch (off-site, on your own)

5:30 – 7 p.m.

Governing Membership Meeting (Closed Meeting)

Grand Ballroom I

7 – 8:30 p.m.

NCAB Orientation Meeting (Closed Meeting)

Broadway I/II

8 – 10 p.m.

Film Screening: Fix It: Healthcare at the Tipping Point

Broadway III/IV

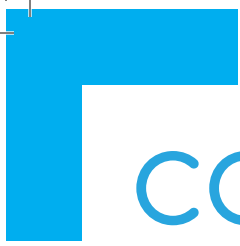


● ADMINISTRATIVE

■ CLINICAL/HANDS-ON CARE

▼ POLICY

◆ RESEARCH



CONFERENCE SCHEDULE

WEDNESDAY, JUNE 1, 2016

6:30 a.m. – 6 p.m.

Check-in

Grand Ballroom Foyer

7 a.m. – 5 p.m.

Exhibitor Hall and Posters

Pavilion Ballroom

6:30 – 8 a.m.

Breakfast

Grand Ballroom

7 – 8 a.m.

First-time Attendees Breakfast

Grand Ballroom

8 – 9:30 a.m.

Session I

- ◆ What's new in homeless health care? A no-jargon summary of the latest research
Broadway I
- Integrating and sustaining patient navigators in a primary care medical home
Broadway II
- Healing from the outside in: Developing a comprehensive wound care program in your HCH clinic
Broadway III
- ▼ Community model for moving law enforcement reform forward: Essential elements of Albuquerque's APD Forward campaign & consumer-driven training
Broadway IV
- ▼ TransAccess: Gender affirming HIV primary care for San Francisco's transwomen of color
Council Suite
- Addressing brain injury within HCH settings: Screenings, interventions, and outcomes
Forum Suite



CONFERENCE SCHEDULE



WEDNESDAY, JUNE 1, 2016

8 – 9:30 a.m.

- Data driven quality: A participatory discussion on improving health through data
Galleria I

- ▼ Voting matters: From voter registration to getting out the vote
Galleria II

Health care for the homeless in Oregon: A panel discussion
Galleria III

Oral Presentations I

Skyline II

- Efforts and interventions in the engagement of homeless populations and partners
- ◆ Addressing the health and quality of life among vulnerable people experiencing homelessness in Northwest Arkansas
- Who needs oral health care? Why? And how?

9:30 – 10 a.m.

Morning Break

Pavilion Ballroom

10 – 11:30 a.m.

Session II

- The quality and compliance connection: From the board to the frontline, strategies for building accountability
Broadway I
- The effects of clinic and staff attitudes about people experiencing homelessness
Broadway II
- Eliminating barriers to care for transgender and gender non-conforming individuals
Broadway III



● ADMINISTRATIVE

■ CLINICAL/HANDS-ON CARE

▼ POLICY

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CONFERENCE SCHEDULE

WEDNESDAY, JUNE 1, 2016

10 – 11:30 a.m.

Session II (cont.)

- ▼ The activist consumer advisory board: Using CABs for policy, advocacy, health education and social justice
Broadway IV
- ▼ Coordinated entry: Understanding and improving the way your clients enter permanent supportive housing
Council Suite
- The power of value-based leadership and decision-making
Forum Suite
- ◆ Homelessness screening in the emergency department: Mending the holes in your safety net
Galleria I
- ▼ A doctor, a pharmacist, a public health activist call for hepatitis C treatment for active users
Galleria II
- Medical home without walls: Community integrated mobile care for people experiencing homelessness with HIV
Galleria III
- ▼ HRSA, SAMHSA, and HUD update
Grand Ballroom

Oral Presentations II

Skyline II

- Medical legal partnership: Taking the relationship to the next level
- Housed and healthy: An urban initiative integrating health services and supportive housing
- Here and now: Reducing barriers to behavioral health integration

Site Visit: Right 2 Dream Too

Off-site



CONFERENCE SCHEDULE



WEDNESDAY, JUNE 1, 2016

11:30 – 1 p.m.

Lunch

Grand Ballroom

12 – 12:30 p.m.

Keynote Address: Dr. David Satcher, MD, PhD, Founding Director and Senior Advisor, The Satcher Health Leadership Institute, 16th Surgeon General of the United States

12:30 – 1 p.m.

Awards Presentations

1 – 2 p.m.

Session III

- Health care for the homeless for dummies: How to integrate and navigate the system
Broadway I
- ▼ What did you say? Reframing and messaging in HCH advocacy
Broadway II
- When street medicine isn't enough: Effective transitions from the street to the clinic
Broadway III
- ▼ Improving access to housing choice vouchers for people experiencing homelessness
Broadway IV
- Beating the blues: Improving depression screening rates in two FQHCs
Galleria I
- New Access Point Orientation Session
Galleria II
- Crossing the abyss: Engaging people experiencing homelessness in health care through innovative service delivery models
Galleria III

2– 2:30 p.m.

Break

Pavilion Ballroom



● ADMINISTRATIVE

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CONFERENCE SCHEDULE

WEDNESDAY, JUNE 1, 2016

2:30– 4 p.m.

Session IV

- ROSE (Recovery Oriented Supports and Engagement): Engaging youth experiencing homelessness towards recovery
Broadway I
- Transformative care through collaboration: One city’s approach from the streets to housing
Broadway II
- Driven to care: A mobile solution for providing health care for the homeless
Broadway III
- ▼ Advocating for justice, organizing for power: Legislative advocacy, community organizing, and policy change
Broadway IV
- A collaborative model for housing and services for veterans
Council Suite
- Integrating trauma informed care and harm reduction philosophies and practices to improve participant health outcomes
Forum Suite
- ▼ Demystifying Medicaid managed care: Maximizing opportunities to partner more effectively with MCOs
Galleria I
- Empowering change: Improving self-management among food-insecure diabetics
Galleria II
- Health care (maintenance) for the homeless: Integrating preventative care into a HCH clinic
Galleria III



CONFERENCE SCHEDULE



WEDNESDAY, JUNE 1, 2016

2:30– 4 p.m.

Oral Presentations III

Skyline II

- Measuring what matters: Creating and adopting quality metrics to address substance use disorders
- A Baltimore story: Hepatitis C from epidemic to cure

Roundtables

Grand Ballroom. Number indicates table number in ballroom.

- 1. Moving from consumer engagement to consumer leadership
- ▼ 2. Beyond access to care: How outreach workers can advance social justice and health equity
- 3. Strategies for engaging and caring for youth experiencing homelessness
- ◆ 4. HRSA/SPNS initiatives to improve housing and health outcomes for HIV homeless populations
- 5. Excellence in health care for the homeless executive leadership

Site Visit: Central City Concern

Off-site

4:30– 6 p.m.

Clinicians' Network Membership Meeting

Skyline II

5 – 10 p.m.

Twelve Step Meeting

Boardroom West

7– 9 p.m.

Conference Reception

Pavilion Ballroom



● ADMINISTRATIVE

■ CLINICAL/HANDS-ON CARE

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CONFERENCE SCHEDULE

THURSDAY, JUNE 2, 2016

6:30 a.m. – 4:30 p.m.

Check-in

Grand Ballroom Foyer

7 – 5 p.m.

Exhibitor Hall and Posters

Pavilion Ballroom

6:30 – 8 a.m.

Breakfast

Grand Ballroom

7 – 8 a.m.

Committee Meetings (Closed Meetings)

RCPN Meeting

Galleria I

NCAB Meeting

Galleria II

Clinicians Network Meeting

Galleria III

8– 9:30 a.m.

Session V

- The other side of the coin: Financial measures from programmatic data
Broadway I
- ◆ Consumer safety at health care for the homeless: Results from the consumer participation outreach survey
Broadway II
- Strategic funding: Aligning partner expectations with clinical priorities
Broadway III
- There is no “us” vs. “them”: A stepping stone toward organizational transformation & culture change
Broadway IV
- Peer support as part of the integrated care model: Integrated experience with a holistic eye
Forum Suite



CONFERENCE SCHEDULE



THURSDAY, JUNE 2, 2016

- 8– 9:30 a.m.
- It takes a community: A collaborative approach to providing outpatient-based opioid treatment
Galleria I
 - The most challenging respite patients: Opportunities for improvement
Galleria II
 - ◆ From research question to legislation: How community-based participatory research can foster social change
Galleria III

Oral Presentations IV

Skyline II

- The development and programming of a patient housing guide
- ▼ Improving health and housing outcomes through systems coordination: Partnering homeless assistance and mainstream health care
- ◆ Linking health and housing: Improving resident health and reducing health care costs through affordable housing

9:30 – 10 a.m.

Morning Break

Pavilion Ballroom

10 – 11:30 a.m.

Session VI

- Taking the journey together: Increasing access to palliative care for people experiencing homelessness
Broadway I
- Overcoming data challenges and creating new links in housing and health care
Broadway II
- ▼ The clinical is the political: Talking social justice in treatment settings
Broadway III
- The integrative pain management program: Expanding options for chronic pain treatment
Broadway IV





CONFERENCE SCHEDULE

THURSDAY, JUNE 2, 2016

10 – 11:30 a.m.

Session VI (cont.)

- Homelessness is a symptom of racism, and we're only treating the symptom
Skyline I
- Health care for the homeless and community health workers: A guide to integrating CHWs into clinical practice
Council Suite
- ▼ States of emergency: How jurisdictions are re-framing homelessness as a crisis
Forum Suite
- Empowerment in consumer governance
Galleria I
- The pathways into and out of LGBTQ youth homelessness
Galleria II
- ◆ Predicting wellbeing and housing loss in supportive housing programs: Lessons learned from a longitudinal evaluation
Galleria III

Oral Presentations V

Skyline II

- ◆ Breaking the cycle: Identifying and addressing risk factors for 30-day hospital readmission among people experiencing homelessness
- ▼ Will we teach on the street?
- Identifying homelessness at a community health center

Site Visit: Central City Concern

Off-site

11:30 a.m. – 1 p.m.

Lunch

Grand Ballroom

12– 12:30 p.m.

Keynote Address: Dr. Paul Harkaway, MD, Chief Accountable Care Development Officer, Trinity Health



CONFERENCE SCHEDULE



THURSDAY, JUNE 2, 2016

12:30 – 1 p.m. **Awards Presentations**

1 – 4 p.m. **Site Visit: Outside In**
Off-site

1– 2 p.m.

Session VII

- ▼ More than lockers: Chicago’s plan to promote health, safety, and connection through storage
Broadway I
- Crucial conversations to empower the underserved: Integrating alcohol, drug and tobacco interventions into primary care
Broadway II
- ▼ Are we doing enough to end homelessness? A thoughtful discussion of what is working and what remains to be done
Broadway III
- Enabling access to hepatitis C cure for people experiencing homelessness
Broadway IV
- ▼ Adapting housing first models for new projects in the midst of an affordable housing shortage
Galleria I
- ▼ State-based strategies for implementing universal health care
Galleria II
- ▼ The personal is political: Liberating consciousness through storytelling
Galleria III

2– 2:30 p.m. **Afternoon Break**
Pavilion Ballroom



● ADMINISTRATIVE

■ CLINICAL/HANDS-ON CARE

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◆ RESEARCH



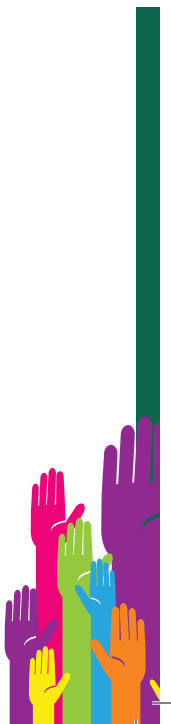
CONFERENCE SCHEDULE

THURSDAY, JUNE 2, 2016

2:30– 4 p.m.

Session VIII

- Working together to deliver mobile physical-behavioral health integration for people experiencing chronic homelessness
Broadway I
- Transforming stress and trauma in public service delivery systems
Broadway II
- ▼ Housing, not handcuffs: Criminalization of homelessness, constructive alternatives, protecting the human rights of people experiencing homelessness
Broadway III
- So you want to start a medical respite program? Here's how!
Broadway IV
- A team-based approach to reducing HIV viral load in patients experiencing homelessness
Council Suite
- Consent, dementia, and surrogate decision-making: Ethical challenges in the context of homeless health care
Forum Suite
- Measuring what matters: How can homeless health care providers shape the measurement of our performance?
Galleria I
- ◆ Results from a NIAAA-NHCHC study: Women's alcohol, drug, health, mental health risks, implications for improving care
Galleria II
- Improving TB control quality among people experiencing homelessness: New treatments, partnerships & no new disease
Galleria III
- Development and implementation of buprenorphine maintenance program in a primary care setting
Skyline I



CONFERENCE SCHEDULE

THURSDAY, JUNE 2, 2016

2:30– 4 p.m.

Oral Presentations VI

Skyline II

- Providing optimal contraceptive care for gender variant youth experiencing homelessness
- Get hip, get connected: A social networking platform
- ◆ Home and health: Experiences of transition into permanent supportive housing from youths previously experiencing homelessness

Roundtables

Grand Ballroom. Number indicates table number in ballroom.

- ▼ 1. Sharing stories wisely
- 2. Sharing lessons from consumer advisory boards
- 3. Looking for resources? How hospital community benefit can help you
- ◆ 4. A survey for the primary care concerns of people who have experienced homelessness: Practical introduction
- ▼ 5. Coordinated entry: Understanding the basics and maximizing opportunities
- ◆ 6. Providing palliative care for people experiencing homelessness facing end of life: Lessons from a Veterans Affairs study

● ADMINISTRATIVE

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CONFERENCE SESSION TYPES

Workshops: A 90-minute workshop is an oral presentation which, provides an in-depth exploration of a program innovation, emerging issue, clinical challenge, or findings from a research project or quality improvement initiative.

Think Tanks: A Think Tank is a 60-minute oral session for presenters who are interested in leading a discussion around an emerging issue or a key question for the HCH community.

Roundtable: Roundtable sessions are 45-minute discussions with small groups, addressing targeted issues/questions around a specific topic area. Presenters will have 15 minutes to present and will then lead 30 minutes of discussion with the participants at their tables. Each roundtable discussion will occur twice, within a 90-minute session, during which several roundtables will occur simultaneously in the Grand Ballroom.

Oral Presentations: These sessions will combine three oral presentations of 30 minutes each (inclusive of questions and answers) in one 90-minute time block.



CONFERENCE SCHEDULE

THURSDAY, JUNE 2, 2016

- 4:30-5:30 p.m. **Social Justice Rally: Housing is a Human Right**
Directors Park, Leaving from hotel lobby at 4:20p.m.
- 5 - 10 p.m. **Twelve Step Meeting**
Boardroom West
- 7- 8 p.m. **Networking Reception**
Pavilion Ballroom
- 8-10 p.m. **Paula Poundstone Comedy Event**
Grand Ballroom



CONFERENCE SCHEDULE

FRIDAY, JUNE 3, 2016

7-8:30 a.m.

Breakfast

Grand Ballroom II

8 a.m.-12 p.m.

Learning Labs

- Comprehensive opioid safety initiatives and programming
Broadway I/II
- How does evidence influence practice? Understanding trauma from a perspective for consumer providers and advocates
Broadway III/IV
- Navigating the housing arena from public to supportive housing
Galleria North
- Connecting quality management to passion, change, and advocacy
Galleria South
- How to develop and implement medical-legal partnerships to address housing and other social needs of people experiencing homelessness
Pavilion Ballroom East
- Special session: HCH pioneers explore the past and address the future of HCH
Pavilion Ballroom West

10:30-11 a.m.

Break



● ADMINISTRATIVE

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KEYNOTE ADDRESSES

WEDNESDAY, JUNE 1 | 12 – 12:30 P.M.



DAVID SATCHER, M.D., PH.D., FOUNDED DIRECTOR AND SENIOR ADVISOR, THE SATCHER HEALTH LEADERSHIP INSTITUTE, 16TH SURGEON GENERAL OF THE UNITED STATES

Dr. David Satcher is a national authority on public health policy. Founding director and senior advisor of the Satcher Health Leadership Institute at the Morehouse School of Medicine, Dr. Satcher served as the 16th Surgeon General of the United States from 1998–2002. He also served as the 10th Assistant Secretary for Health in the Department of Health and Human Services, becoming the second person in history to have held both positions simultaneously. His work reflects a lifelong commitment to eliminating racial and ethnic health disparities and destigmatizing mental illness. In addition to his public service, Dr. Satcher has held top university leadership positions and received over 50 honorary degrees and distinguished honors from numerous organizations.

THURSDAY, JUNE 2 | 12 – 12:30 P.M.

SUSAN L. NEIBACHER ADDRESS

The Susan L. Neibacher Address honors the memory of an early president of the National Health Care for the Homeless Council. Neibacher was a social worker who founded New York's Care for the Homeless and worked to make systems-level advocacy an essential component of the HCH model of care.



PAUL S. HARKAWAY, M.D., CHIEF ACCOUNTABLE CARE DEVELOPMENT OFFICER – MICHIGAN, ST. JOSEPH MERCY HEALTH SYSTEM / TRINITY HEALTH, A NETWORK OF 91 CATHOLIC HOSPITALS IN 21 STATES

Dr. Paul S. Harkaway is an expert on clinically integrated networks (CINs) and accountable care organizations (ACOs). Since 2012, Dr. Harkaway has helped lead efforts around population health management and clinical integration for Trinity Health. As SVP of Clinical Integration and Accountable Care, he was instrumental in the development and construction of Trinity's CINs and ACOs and recently transitioned to overseeing ACO/CIN work in Michigan. Prior to joining Trinity Health, Dr. Harkaway spent more than 25 years caring for patients at Saint Joseph Mercy Hospital in Ann Arbor, MI.



AWARDS PRESENTATIONS

WEDNESDAY, JUNE 1 | 12:30 – 1 P.M.

Ellen Dailey Consumer Advocate Awards
Grand Ballroom



Joanne Guarino maintains Ellen Daily's focus on healthcare and consumer rights to be heard. Joanne is a formerly homeless woman who credits Boston Health Care for the Homeless with restoring her sense of self-worth after decades of illness, addiction, and mistreatment off and on the streets. She is a speaker, a counselor, a supporter and a true champion. Joanne joined the Consumer Advisory Board and its subcommittee over ten years ago, and is currently the CAB Chair and sits on the Board of Directors. Joanne supports all aspects of the CAB's activities which includes her participation in Health Fairs, Patient Satisfaction Surveys, and Voter Registration. Joanne also works with the National Health Care for the Homeless Council, Respite Care Providers Network Steering Committee where she serves as a consumer representative.

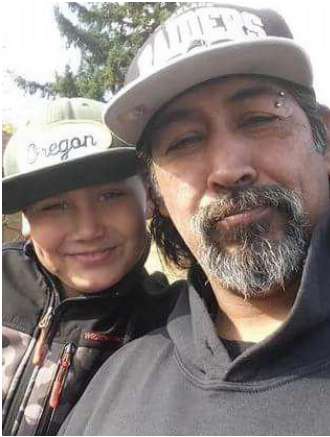
Joanne is caring, thoughtful and compassionate, and giving of her time and energies with such a positive attitude. Joanne's most recent pride and joy was working to develop the "Housing Guide" for newly housed patients to help share skills, tools, and tips to manage the independent life in their apartment and have a successful housing experience. On October 8, 2014 the bridge to one of Boston's Harbor Island's closed, displacing over seven hundred homeless individuals, creating a sense of chaos for our patients, the City, and the community in general. BHCHP hosted a 45-bed women's shelter in the atrium of the McInnis House for over 9 months. Joanne came to the shelter three nights a week since the shelter began often staying until late in the evening. She was here to be a presence for these women who have been displaced; offering a kind word, or advice, or playing games, or intervening to improve the lives of the women. Joanne is single-minded in advocating for access to quality care to those that we serve. She is always thoughtful and a staunch activist for our patients.





AWARDS PRESENTATIONS

WEDNESDAY, JUNE 1 | 12:30 – 1 P.M.



Art Rios is a 20-plus-year advocate who works tirelessly to engage and help everyone he meets. Rich or poor, in a home or experiencing homeless, and those thriving or those looking to survive, he is willing to help all human beings in any situation. He is active with city officials, political heads, community members, non-profit organizations, and people experiencing homelessness—talking about how to end homelessness, ensure quality health care, increase safety on the streets, and promote workforce development. Specifically, Art has served on Central City Concern’s (CCC) Health Services Advisory Council for four years and has been Chair since November 2014. In this role, he helps develop leadership qualities with other council members and he ensures that all voices are heard. He is thoughtful and an articulate facilitator of difficult discussions. Art also serves on CCC’s Board and

has been instrumental in bringing the voice of the consumer to that table. Art is on the “Home for Everyone” Coordinating Board (Portland’s local “plan to end homelessness”) and is an advocate for Sisters of the Road and Right 2 Dream Too (a self-organized housing alternative). He is that voice at the table that makes people think how they can be better and more compassionate towards one another in any situation. His nominator says he has never met a more committed advocate for folks experiencing homelessness. He speaks at a high level regarding the politics of affordable housing but he never loses sight of the day-to-day needs and perspectives of homeless people. Art possesses practical, on-the-ground insights and is a walking resource for the people he encounters on the street.

Medical Respite Award for Excellence

Grand Ballroom



This award honors outstanding contribution to the field of medical respite care by a person, team, or agency as determined by their efforts to improve the health and lives of people without homes. The recipient this year is **Michelle Schneidermann**. Dr. Schneidermann is the founding Medical Director of San Francisco’s Medical Respite Program, a 45-bed recuperative care facility co-located with the San Francisco Sobering Center. She works with a talented, hard-working, compassionate and committed team that daily goes above and beyond the call of duty. She also collaborates with multiple stakeholders including ten referring San Francisco hospitals, the SF Department of Public Health and SF Health Network, and community providers. Michelle is also a professor of clinical medicine at UC San Francisco. In that role she teaches medical students and house

staff, sees patients at San Francisco General Hospital, and helps oversee the hospital’s improvements efforts around safe and high quality transitions of care.

Help us recognize people like Michelle who are making a profound impact through providing or promoting medical respite care. Nominate a colleague or group next year!



AWARDS PRESENTATIONS



THURSDAY, JUNE 2 | 12:30 – 1 P.M.

Karen Rotondo Award for Outstanding Service
Grand Ballroom



The Health Care for the Homeless Clinicians' Network's annual Award for Outstanding Service celebrates the memory of the Network's "Founding Mother", Karen Rotondo. This award recognizes hands-on caregivers who demonstrate vision and creativity in advancing the goals of ending and preventing homelessness, and who have made a significant contribution to improving the health and quality of life of people experiencing homelessness.

The 2016 winner, **Elizabeth Salisbury-Afshar, MD**, is Medical Director at Heartland Health Outreach in Chicago, where she has created new programs addressing addiction, initiated multidisciplinary teams to care for Heartland's highest acuity patients, and collaborated with other organizations to address community health challenges. Dr. Salisbury demonstrates commitment to improving health outcomes of the patients she serves, with an eye to addressing the large-scale issues surrounding homelessness.





AWARDS PRESENTATIONS

THURSDAY, JUNE 2 | 12:30 – 1 P.M.

Phillip W. Brickner National Leadership Award
Grand Ballroom



Philip W. Brickner, MD, (1928-2014) established Health Care for the Homeless as a national model of care for severely disadvantaged persons. In 1983, Dr. Brickner was chosen to direct the HCH Demonstration Program of the Robert Wood Johnson Foundation, the Pew Charitable Trust and the US Conference of Mayors. With his team from St. Vincent's Hospital, he selected projects in 19 cities and oversaw their implementation of multi-disciplinary primary care efforts that were based upon his own work in New York City. The program was replicated by the 1987 Stewart B. McKinney Homeless Assistance Act and now includes 273 federally funded HCH projects nationally.

In 2015, the Board of Directors of the National HCH Council established the Philip W. Brickner National Leadership Award to honor annually an individual from our field who exemplifies Dr. Brickner's characteristics of commitment to social justice, compassion, humility, inclusiveness, innovation, intellect and persistence.

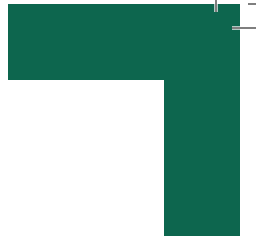
We are proud to name **Jim O'Connell, MD**, as the first recipient of this award. Dr. O'Connell came to work at the Boston Health Care for the Homeless Program in 1985 upon completion of his Harvard Medical School Residency, and is now President of that organization. He worked closely with Dr. Brickner, and is pictured here as he presented to Dr. Brickner the Compassionate Care Award from the New York City Coalition of Providers of Health Care for the Homeless.

In his patient care, research, writing, public speaking, and teaching, there has not been an aspect of HCH that Dr. O'Connell has not deeply influenced. His nominator, Dr. Howard Koh, wrote, "What is remarkable about Jim is not only his lifetime of achievement, but his quiet brilliance and his utter modesty and humility. Jim's fundamental decency and genuine integrity come shining through every human encounter."

Dr. O'Connell has agreed to autograph his recent, widely praised memoir *Stories from the Shadows: Reflections of a Street Doctor* during the Conference Reception on Wednesday evening during this conference. You may learn more about this remarkable leader at www.nhchc.org/BricknerAward.



IN MEMORIAM



Each year on Homeless Persons' Memorial Day we remember those who have died within the HCH community. These deaths are far too common, and come far too early in life.



The National HCH Council grieves the death of **Reginald O. Hamilton** a member of our Board of Directors and a former member of the Steering Committee of National Consumer Advisory Board who died on January 31. Prior to his personal experience of homelessness, Reginald was a lawyer in his hometown Detroit, litigating to improve conditions for the poor and serving on the Board of Directors for Advantage Health Centers. He never lost the impulse to serve others, volunteering with NCAB, the AARP and his church until his last days. HCH Conference regulars will fondly recall Reginald, with a camera in hand, as one of the NCAB “lobbyists” known for encamping in our hotel lobbies.



MEETINGS AND SPECIAL EVENTS

NATIONAL CONSUMER ADVISORY BOARD ORIENTATION

TUESDAY, MAY 31 | 7 – 8:30 P.M.

BROADWAY I/II

The National Consumer Advisory Board invites all HCH consumers to find out more about conference logistics and each other. Attendees will discuss the various opportunities for learning and engagement, as well as options for support at the conference. Consumers will also discuss how to build relationships at the conference and continue engagement with NCAB and the National HCH Council after the conference.

FILM SCREENING: FIX IT: HEALTHCARE AT THE TIPPING POINT

TUESDAY, MAY 31 | 8 – 10 P.M.

BROADWAY III/IV

Join us for the screening of Fix It: Healthcare at the Tipping Point to discover the business case for single-payer healthcare. The film was two years in the making, with more than forty voices advocating for reform, including: activists, health policy experts, economists, physicians, nurses, patients, business and labor leaders.

This documentary takes an in-depth look into how our dysfunctional health care system is damaging our economy, suffocating our businesses, discouraging physicians and negatively impacting on the nation's health, while remaining unaffordable for a third of our citizens.

TWELVE STEP MEETINGS

TUESDAY, WEDNESDAY, AND THURSDAY, MAY 31 – JUNE 2 | 5 – 10 P.M.

BOARDROOM WEST

Self-directed twelve step meetings will occur in Boardroom West at 5 p.m. each day.

SHARE YOUR HCH STORY

WEDNESDAY, JUNE 1, 2016 & THURSDAY, JUNE 2, 2016

BOARDROOM EAST

The story of Health Care for the Homeless is a momentous one—and so is yours! Share your HCH story with us: join Council Communications Coordinator Rick Brown for a digital storytelling session in Boardroom East to let us know what HCH means to you. Multiple times are available—learn more and sign up at nhchc.org/storytelling or in-person at the National Consumer Advisory Board booth in the Pavilion Ballroom. Whether you are a direct service provider, administrator, consumer, or advocate, we invite you to share your perspective and contribute to the oral history of HCH.



MEETINGS AND SPECIAL EVENTS

FIRST-TIME ATTENDEES BREAKFAST

WEDNESDAY, JUNE 1 | 7 – 8 A.M.

GRAND BALLROOM

Join Council technical assistance and membership staff for an introduction to the work of the Council and an overview of what's available at the conference.

HRSA, SAMHSA, AND HUD UPDATE

WEDNESDAY, JUNE 1 | 10-11:30 A.M.

GRAND BALLROOM

In this session, administrators from the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Housing and Urban Development (HUD) will discuss upcoming funding opportunities as well as the policies and programs that affect HCH programs and their clients. Moderated by staff from the U.S. Interagency Council on Homelessness, who will frame the discussion around the goals outlined in *Opening Doors*, the Administration's strategy to prevent and end homelessness. Time will be reserved for Q&A.

Presenters: *Jayme S. Marshall, Chief, Homeless Programs Branch, Center for Mental Health Services, SAMHSA; Tonya Bowers, Acting Associate Administrator, Bureau of Primary Health Care, HRSA; Jennifer Ho, Senior Advisor on Housing and Services, HUD*

Moderator: *Matthew Doherty, Executive Director, USICH*

CLINICIANS' NETWORK MEMBERSHIP MEETING

WEDNESDAY, JUNE 1 | 4:30 – 6 P.M.

SKYLINE I/II

Join us for refreshments and networking at the Health Care for the Homeless Clinicians' Network's annual membership gathering, 4:30 – 6 p.m. on Wednesday, June 1.

Jim O'Connell, President of the Boston Health Care for the Homeless Program, will read from his recently published book, *Stories from the Shadows: Reflections of a Street Doctor*, which shares compassionate insights into the lives of Jim's patients on the streets and movingly reveals the approaches and techniques that are central to successful HCH work.

We will also highlight the Network's upcoming work on end-of-life care, ethics, and preventive health screenings, and ways to get involved in the projects. All conference attendees are welcome and encouraged to attend.





MEETINGS AND SPECIAL EVENTS

CONFERENCE RECEPTION

WEDNESDAY, JUNE 1 | 7 – 9 P.M.

PAVILION BALLROOM

Join your colleagues for a time of relaxing and networking at the conference reception! The event will feature dessert, a cash bar, an opportunity to view and discuss poster presentations, and a book signing by Dr. Jim O'Connell, author of *Stories from the Shadows: Reflections of a Street Doctor* and winner of the inaugural Philip W. Brickner National Leadership Award.

NATIONAL CONSUMER ADVISORY BOARD BUSINESS MEETING

THURSDAY, JUNE 2 | 7 – 8 A.M.

GALLERIA II

All NCAB members attending the conference are expected to attend. During this meeting one NCAB consumer from each HCH project will vote for the new NCAB Steering Committee Members and Regional Representatives. There will also be a discussion about NCAB's priorities and as one of those priorities, how they can better support local consumers. This is a closed meeting.

SOCIAL JUSTICE RALLY: HOUSING IS A HUMAN RIGHT

THURSDAY, JUNE 2 | 4:30 – 5:30 P.M.

LEAVE FROM HOTEL LOBBY AT 4:15 P.M.

Come to the National Consumer Advisory Board's annual Rally for Human Rights to let Portland, Oregon, know that health care is a human right! The rally will be held in Directors Park, 4:30 – 5:30 p.m. on Thursday, June 2. Participants will walk together from the hotel lobby at 4:15 p.m. NCAB invites everyone to join in this spirited expression to demand health care for everyone! There will be a community space available immediately following the rally for shared discussion and learning experiences from our Portland partners.



MEETINGS AND SPECIAL EVENTS

SITE VISITS

WEDNESDAY AND THURSDAY, JUNE 1 – JUNE 2

OFF-SITE

Join us as we tour two health care for the homeless sites and one tent encampment, each dedicated to providing care and respite to people experiencing homelessness. The site visits do have limited space, so please sign up at the designated table in the Pavilion Ballroom from 6:30 – 8:30 a.m. on Wednesday, June 1.

RIGHT 2 DREAM TOO SITE VISIT

WEDNESDAY, JUNE 1, 10 – 11:30 A.M.

Right2DreamToo (R2DToo) was established on World Homeless Action Day, October 10th, 2011. They are a nonprofit organization operating a space that provides refuge and a safe space to rest or sleep undisturbed for Portland's unhoused community who cannot access affordable housing or shelter. They exist to awaken social and political groups to the importance of safe undisturbed sleep. Their purpose is to create a place where unhoused people can rest or sleep without being rousted by police or private security and without being under the threat of violence.

CENTRAL CITY CONCERN SITE VISIT

WEDNESDAY, JUNE 1, 2:30 – 4 P.M. & THURSDAY, JUNE 2, 10 – 11:30 A.M.

Central City Concern meets its mission through innovative outcome based strategies, which support personal and community transformation: direct access to housing which supports lifestyle change, integrated healthcare services that are highly effective in engaging people who are often alienated from mainstream systems, the development of peer relationships that nurture and support personal transformation and recovery, and attainment of income through employment or accessing benefits. On this tour, you will see four different components of Central City Concern's including our clinic operations, pharmacy, recovery center and an example of a typical CCC apartment for individuals.

OUTSIDE IN SITE VISIT

THURSDAY, JUNE 2, 1 – 4 P.M.

Outside In began in 1968 and have continually revised their Homeless Youth Services and Medical Services to meet changing community needs. Their mission is to help homeless youth and other marginalized people move towards improved health and self-sufficiency. They are service providers and advocates, experts in understanding adolescents, a Federally Qualified Health Center, a licensed Mental Health Agency, and leaders in serving LGBTQ youth. This tour will visit various projects housed within Outside In, including the clinic, youth services, needle exchange program, the job-training dog daycare center, and tattoo removal program for former gang members.



PAULA POUNDSTONE COMEDY EVENT



Photo from www.paulapoundstone.com

You may know comedian Paula Poundstone from her regular appearances on National Public Radio's *Wait Wait . . . Don't Tell Me* or you may recognize her voice from last year's hit animated movie, *Inside Out*. If you have a long memory, you may remember Paula's performances on *Comic Relief*, the series of HBO telethons that designated the National HCH Council as its charity.

Or you may recall Paula's appearance at a National HCH Conference two decades ago, when she memorably called out two late-arrivers as Tweedle Dum and Tweedle Dee. Don't be those guys! Arrive early to take advantage of a cash bar (closes at 8:00) and free admission to Paula's performance.

Paula was the first woman to win the cable ACE Award for Best Standup Comedy Special and the first woman to perform standup at the White House Correspondents dinner. She tours nationally, opining on everything from house cats to presidential politics, and engaging her audiences in wonderful conversations about their jobs and their lives.

We are grateful to Paula for this latest, very generous expression of her support for Health Care for the Homeless, and to United Healthcare for their sponsorship of this event. Come enjoy Paula's humor! You will remember this show as a highlight of the conference.

TECHNICAL ASSISTANCE AND TRAINING

The National Health Care for the Homeless Council is a federally supported, national provider of technical assistance and training for homeless health care programs, other health centers, and communities seeking to establish health centers. We offer no-cost trainings and technical assistance on a number of topics, including HRSA health center program requirements, the Affordable Care Act, medical respite care, consumer involvement, and service delivery models adapted to individuals experiencing homelessness including mobile medical care, motivational interviewing, and opioid dependence treatment. For more information, please visit nhhc.org and view our resources under the Get Assistance tab, or contact Caroline Gumpenberger, Director of Education, cgumpenberger@nhhc.org, (615) 226-2292 ext 222.



CONTINUING EDUCATION INFORMATION

OBJECTIVES

After participating in this CME activity, participants should be able to describe and discuss:

- 1 Unique elements of the HCH approach to patient care
- 2 Examples from the HCH community of efforts to maintain clinical quality, consumer participation, and interdisciplinary approaches in clinical care
- 3 The systemic realities of barriers to care and methods to remove those barriers at clinic and community levels

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Vanderbilt University School of Medicine and the National Health Care for the Homeless Council. Vanderbilt University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Vanderbilt University School of Medicine designates this live activity for a maximum 23.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NEW METHOD FOR RECORDING ATTENDANCE AND CLAIMING CREDIT!

Follow the instructions below to evaluate this CME-certified activity and for immediate access to your attendance and credit.

To report attendance and/or claim credit:

- Log in at <https://cme.mc.vanderbilt.edu>
- Visit <https://cme.mc.vanderbilt.edu/nhchc-2016>
 - If you are redirected to the main page after logging in, you may also locate the course by selecting **Educational Activities** then **Courses** from the top bar and searching for the course name.
- Unlock the course with the access code: **Portland2016** (access code is case sensitive)
 - If you did not attend the entire course, review the course agenda and total your credits
- Select the green **Take Course** button
- Complete **Evaluation**, **Credit**, and **Certificate** from the course outline
- Select the green **Complete** button to finish.

VANDERBILT UNIVERSITY



School of Medicine



CONTINUING EDUCATION INFORMATION

FOR NEW USERS:

You will need to be **logged in** and have a **completed profile in order to claim your credit**.

If you do not yet have an account in our CME system, please use the following instructions (it should take 5 minutes or less):

- **For non-Vanderbilt learners:** <http://bit.ly/1Uy1HIX>
- **For Vanderbilt learners:** <http://bit.ly/1pXmjrx>

Participants should claim credit based on their participation time in 15 minute or .25 credit increments and should round to the nearest quarter hour. Faculty may not claim credit as a participant for their own presentation.

Credit must be claimed online before June 30, 2016

If there are any questions or concerns, please feel free to email sarah.krentz@vanderbilt.edu or click the **Contact Support** button from within the CME site.

Course Faculty

Course Faculty indicated they have no financial relationships related to the content of this activity to disclose.

Commercial Support

This educational activity received no commercial support.

Having Trouble?

There are known issues with some older browsers, so we recommend accessing courses with the latest version of Firefox or Chrome. We also recommend clearing your internet history (cache) as this tends to alleviate a lot of access issues



PRE-CONFERENCE INSTITUTE DESCRIPTIONS

EMERGING FROM THE ABYSS: PROGRAMMATIC AND PROFESSIONAL STRATEGIES TO HELP PEOPLE RECOVER AND GROW

Definition of the abyss:

1. Spiritual & emotional death; 2. A wide or profound difference between people; 3. The region of hell conceived of as a bottomless pit - Campbell & Google Dictionary

Our clients and patients face tremendous challenges: homelessness, trauma, poverty, addiction, violence, disease, and many more. Too often, those experiencing (or who have experienced) homelessness fall into an abyss of despair, suffering, and isolation. The truth is that there is hope for everyone. There is something in every human that allows us to recover and find the strength to walk out of the abyss and into a better, more fulfilled life. Strong health outcomes suffer if the trauma is not a part of an integrated client-centered approach to care. We will examine the science and strategies necessary to partner with people on their journey out of the abyss. Post-traumatic growth and recovery is a combination of biological (medical), psychological, spiritual, and social healing. Utilizing their experience and expertise in psychology and medical care, presenters, along with consumers and counselors, will help participants conceptualize their role in the healing process and how to position services to maximize opportunities for growth. There is no darkness that hope cannot overcome.

*Presenters: **Matt Bennett, MBA, MA, Chief Innovations Officer, Coldspring Center; Deborah Borne, MD, MSW, Medical Provider and Principal Investigator, San Francisco Department of Public Health; Siatha King-Thomas, Drug and Alcohol Certificate, Case Manager, Homeless Outreach Team, San Francisco Department of Public Health***
Broadway I/II



PRE-CONFERENCE INSTITUTE DESCRIPTIONS

YOUR ORAL HEALTH PROGRAM: STRATEGIES FOR SUCCESS

This one day intermediate level training is designed specifically for Homeless Community Health Center (CHC) grantees, executive directors, chief financial officers, chief operations officers, dental directors, and dental office managers who want to learn how to sustain, build or begin successful oral health programs that serve the homeless population. Experienced CHC leaders and technical advisors of dental homeless programs will share results of how they created and sustained successful dental programs that served the homeless population. An in depth snapshot from a complete data analysis of all FQHC homeless dental programs which will be presented to show how the data relates to benchmarks. Throughout the day, presentation formats will include lecture and small group discussions. Small group discussions will provide multiple opportunities for participant interaction, sharing of promising practices, and anecdotes of both successful and less successful efforts to provide sustainable oral health services to the homeless.

Presenters: *Colleen Anderson, DDS, Dentist, Boston Health Care for the Homeless; Danielle Apostolon, Technical Assistance Project Manager, Safety Net Solutions; Dori Bingham, Program Manager, DentaQuest Institute, Safety Net Solutions; Daniel Brody, DMD, Dentist, Valley Health Systems; Mark Doherty, DMD, Executive Director, DentaQuest Institute; Mark Koday, DDS, Chief Dental Officer, Yakima Valley Farm Workers Clinic; Da-Nell Rogers, BA, Project Coordinator for Safety Net Solutions, DentaQuest Institute Broadway III/IV*



PRE-CONFERENCE INSTITUTE DESCRIPTIONS

A SEAT AT THE TABLE: INFLUENCING STATE HEALTH CARE DELIVERY SYSTEM REFORMS & ALIGNING INTERNAL HCH OPERATIONS

HCH providers understand health in a broad context and have evolved a model of care designed to recognize how social determinants of health are critical factors to achieving better outcomes and greater stability. As states are implementing changes to the larger health care environment and increasingly acknowledging factors such as housing, there are now new opportunities to achieve two goals: to leverage our knowledge and experience to help state systems understand what's needed to truly reform health care, and to align internal HCH operations with state-wide goals (including quality of care outcomes measures). While it has always been important to maintain relationships with state Medicaid, MCO plans, hospitals, the public health and criminal justice communities, grant makers, and housing providers, new financing methods and other factors are now changing traditional dynamics and offering new opportunities to bolster the health, housing, and social services framework. This is happening in a variety of states, regardless of each state's decision on Medicaid expansion. This PCI will feature presentations from HCH leaders in this work, state partners, and national experts who will share lessons learned from these experiences, the common features of key initiatives that can be replicated across states, and strategies for leveraging a seat at the state policy table (and maximizing your role once there).

Presenters: *Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council; John Lozier, MSSW, Executive Director, National Health Care for the Homeless Council; Barry Bock, RN, CEO, Boston Health Care for the Homeless Program; Bobby Watts, MPH, MS, CPH, Executive Director, Care for the Homeless; Kevin Lindamood, MSW, President & CEO, Health Care for the Homeless; Tom Andrews, MBA, President, Mercy Care of Atlanta; Rachel Solotaroff, MD, MCR, Chief Medical Officer, Central City Concern; Paul Leon, RN, PHN, CEO & President, Illumination Foundation; Ed Stellon, MS, MA, CADAC, Executive Director, Heartland Health Outreach; Frances Isbell, MA, CEO, Health Care for the Homeless Houston; Marty Sabol, Director of Health Services, Nasson Health Care; Steve Somers, President and CEO, Center for Health Care Strategies; Catherine Anderson, Vice President, State Programs, UnitedHealthcare; John Gilvar, Health Care for the Homeless Program Manager for Public Health-Seattle and King County; Leslie Tallyn, Director of Quality Compliance, Central City Concern; Hannah Katch, MPP, Senior Analyst, Center on Budget and Policy Priorities; Chase Napier, Community Transformation Manager, Washing State Health Care Authority*

Galleria South



PRE-CONFERENCE INSTITUTE DESCRIPTIONS

PRIMARY CARE PROVIDERS AND PSYCHIATRIC CARE: THE NEXT LEVEL

The high prevalence of psychiatric conditions among people experiencing homelessness challenges HCH providers, who may not be comfortable with their level of training and skill for assessing and prescribing. Nonetheless, the primary care setting remains a principal venue for encountering and treating mental health problems including substance use disorders, and the integration of behavioral health and primary care is central to quality initiatives such as Patient-Centered Medical Home recognition. This intermediate-level presentation – targeted to primary care teams – will address assessment, intervention, and treatment of mental/behavioral health issues including substance use. This training will be particularly beneficial to programs with limited behavioral and mental health resources. The session will focus on bipolar disorder, schizophrenia, other complex presentations, and medications.

Presenters: *Lynda Bascelli, MD, Chief Medical Officer, Project HOPE; Susan Marie, PMHNP, PhD, Medical Director for Behavioral Health, Old Town Clinic, Central City Concern; Marianne Savarese, RN, BSN, Program Coordinator, COO, City of Manchester Health Care for the Homeless Program Parlors*

MEDICAL RESPITE CARE: POSITIONING YOUR PROGRAM FOR SUCCESS

As the preeminent national voice on medical respite care, the Respite Care Providers' Network (RCPN) Steering Committee has organized a full-day institute to examine current and emerging issues in the field of medical respite. The institute will be facilitated by a diverse set of speakers representing different perspectives and expertise. Relationship development with funders, effective models of care coordination and care transition, and response to addiction and overdose are a few of the topics that will be highlighted. Additionally, there will be an in-depth discussion on how we as a community understand and promote medical respite care. Through panel presentations and interactive discussions, participants in this year's institute will have the opportunity to engage in information sharing and networking with providers from across the country.

Presenters: *Donna Biederman, DrPH, MN, RN, Assistant Professor, Duke University School of Nursing; Brandon Clark, MBA, Chief Executive Officer, Circle the City; Honora Englander, MD, FACP, Associate Professor of Medicine, Medical Director, Community & Clinical Integration, Oregon Health & Science University; Henry Fader, JD, Attorney, Pepper Hamilton LLP; Jessie Gaeta, MD, Chief Medical Officer, Boston Health Care for the Homeless Program; Carrie Harnish, LMSW, Clinical Director Community Benefit, Trinity Health; Jennifer Nelson-Seals, MSHRM, Executive Director, The Boulevard; Rebecca S. Ramsay, BSN, MPH, Director-Population Health Partnerships, CareOregon; Caitlin Synovec, MS, OTR/L, Occupational Therapist, Baltimore Health Care for the Homeless Grand Ballroom II*



PRE-CONFERENCE INSTITUTE DESCRIPTIONS

YOU RECEIVE FEDERAL FUNDING! WHY SHOULD WE SUPPORT YOU? HOW WOULD YOU ANSWER THAT QUESTION?

Working Together for Quality must be an organization-wide commitment. If one aspect of the organization is not strong and unable to provide sufficient support, then all other areas are not as effective as they could be. This statement could not be truer than in the area of fund development as it relates to establishing your value and making your case for support. The process of fund development: the identification of prospective resources, sharing the organizational story to cultivate those prospects, exercising the stewardship necessary to obtain and sustain the receipt of additional resources are best accomplished when we are all working together. But, how does an agency identify and organize the tasks necessary to create a quality-driven, effective model for financial sustainability? What does that look like? As we are all too aware, the federal funding for 330h grantees does not fully fund our programmatic offerings. So, where do those additional financial resources come from to fill the funding gap? How do you identify those resources? Whose job is it to secure the additional resources? Is it the fund development manager, if you have one? The CEO? The Medical Director? The Case Manager? The Board? How do you determine and communicate your value? Are you providing quality and cost-effective services and how do you communicate that to your prospective patients, partners, and/or the community-at-large? This presentation will answer all these questions and more as we take participants through small and large group discussion, interactive exercises, skills-building processes, and modeling in order to build organizational capacity while establishing the fund development process as a quality measure.

Presenters: *Caitlin Feller, MPP, PCMH CCE, Principal, Community Health Solutions (CHS); Maureen Neal, CFRE, COO, Advancement, The Daily Planet; Donald Shepard, PhD, Professor, Brandeis University; Helena DeLigt, LCSW, COO, Programs, The Daily Planet*
Galleria North



SESSION I: WORKSHOPS

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

WHAT'S NEW IN HOMELESS HEALTH CARE? A NO-JARGON SUMMARY OF THE LATEST RESEARCH

Delivering quality health care for homeless populations requires compassionate practice informed by the latest evidence. However, staying up-to-date on the growing field of homelessness research presents a considerable challenge for the busy clinician or administrator. Since 1985, there have been more than 6,500 papers relating to the health of people experiencing homelessness published in the medical literature. In this workshop, 3 clinically-active physician-researchers will present a plain-language summary of selected scientific studies on the health of people experiencing homelessness that have been published since January 1, 2015. The presentation will focus on scientific contributions in the following domains of homeless health: 1) morbidity and mortality, 2) health care access and organization, and 3) housing interventions. The presenters will highlight the practical implications of each study and provide attendees with an annotated bibliography containing take-home points. The session will incorporate an audience response system to engage participants in active learning. The workshop is targeted to all individuals who work in a homeless health care setting. No expertise in research methods is required.

*Presenters: **Travis Baggett, MD, MPH, Assistant Professor of Medicine, Massachusetts General Hospital/Harvard Medical School, Boston Health Care for the Homeless Program; Stefan Kertesz, MD, MSc, Associate Professor of Medicine, Birmingham VA Medical Center/University of Alabama, Birmingham; Margot Kushel, MD, Professor of Medicine, UCSF/San Francisco General Hospital Broadway I***

INTEGRATING AND SUSTAINING PATIENT NAVIGATORS IN A PRIMARY CARE MEDICAL HOME

In 2012, Multnomah County Oregon Health Department's HIV Health Services Center (HHSC) was one of nine demonstration sites across the nation awarded HRSA Special Projects of National Significance funding to integrate patient navigators (community health workers) into its Patient Centered Medical Home. HHSC formed a collaborative partnership with Cascade AIDS Project (CAP), the oldest and largest community-based provider of HIV services, housing, education and advocacy in Oregon and Southwest Washington. Presenters will describe the training and integration of patient navigators into a PCMH setting; developing partnerships with community housing and social service agencies; the role of the patient navigators in identifying and engaging patients in medical care and assisting them to obtain stable housing; program outcomes tracking and evaluation; successes and challenges of inter-agency collaboration; and strategies to sustain navigation programs once grant funding has ended.

*Presenters: **Christa Black, MPH, Project Manager, Multnomah County Health Department; Maurice Evans, SPNS Navigator Team Lead, Cascade AIDS Project; Angie Harbin, Director of Housing & Support Services, Cascade AIDS Project Broadway II***



SESSION I: WORKSHOPS

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

HEALING FROM THE OUTSIDE IN: DEVELOPING A COMPREHENSIVE WOUND CARE PROGRAM IN YOUR HCH CLINIC

This workshop will explore the needs and barriers to care for individuals experiencing homelessness with complex wounds, describing the evolution of an innovative, multi-disciplinary wound care clinic in an urban Health Care for the Homeless clinic. Participants will learn about staffing models designed to optimize each team member's time; flexible scheduling to enhance continuity and approachability by patients; and productivity and offloading algorithms to enhance the bottom line of the wound care program and primary care operations through case presentations. Topics like comprehensive approach to evaluating the wound, assessing barriers to healing, addressing nutritional and functional status, and utilizing products appropriate to the patient's ability to manage the care plan will be discussed. The workshop will also include a description of outcomes related to key performance measures from time to wound healing to other medical outcomes for chronic disease. The workshop will conclude with an interactive discussion with a consumer of the wound care program.

*Presenters: **Pat Buckley, PA-C, ND, WCC, Physician Assistant, Central City Concern - Old Town Clinic Broadway III***

COMMUNITY MODEL FOR MOVING LAW ENFORCEMENT REFORM FORWARD: ESSENTIAL ELEMENTS OF ALBUQUERQUE'S APD FORWARD CAMPAIGN & CONSUMER-DRIVEN TRAINING

The Albuquerque Police Department had 25 shootings in just two years, resulting in a DOJ investigation. APD Forward was launched in response to the local coalition calling for reform after the DOJ report was released. This workshop will engage participants in a case presentation and discussion of the role of HCH projects in reform accountability. Panel presenters include coalition founders who represent an HCH project, a legal advocacy organization, and community organizing entity. In addition, consumer leaders will demonstrate the Building Bridges curriculum. In 2004, Nashville Homeless Power Project developed this training led by people currently or previously experiencing homelessness after criminalization efforts in the city dramatically increased tensions between these groups. The training is designed to disprove stereotypes, build relationships among people experiencing homelessness, law enforcement and social workers, and identify alternatives to the current police responses to people on the streets.

*Presenters: **Adriann Barboa, Field Director, Strong Families NM of Forward Together; Jennifer L. Metzler, MPH, Executive Director, Albuquerque Health Care for the Homeless, Inc.; Carmon Ryals, AHCH BOARD OF DIRECTORS, Albuquerque Health Care for the Homeless; Peter Simonson, PhD, Executive Director, ACLU of New Mexico Broadway IV***





SESSION I: WORKSHOPS

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

TRANSACCESS: GENDER AFFIRMING HIV PRIMARY CARE FOR SAN FRANCISCO'S TRANSWOMEN OF COLOR

Historically, transgender women experience worse outcomes throughout the HIV care continuum compared to the general population, including lower rates of engagement, retention, and viral suppression. According to a 2011 CDC report, racial health disparities place transwomen of color at particularly high risk for HIV. In an effort to improve HIV outcomes amongst transwomen of color in San Francisco, the San Francisco Department of Public Health and the Asian & Pacific Islander Wellness Center created the TransAccess Project in 2013. To date, TransAccess has reached 68 HIV+ transwomen of color in San Francisco, of whom 22% were amongst the top 2-5% of medical service utilizers in SF at time of enrollment. Currently, TransAccess is providing primary care and support services to 42 clients. Learn about our program's successes and challenges in delivering gender affirming primary care to HIV+ transwomen of color.

*Presenters: **Talia Dela Cruz, Health Promotions Specialist, Asian & Pacific Islander Wellness Center; Kate Franza, MSW, Project Manager, Asian & Pacific Islander Wellness Center; Royce Lin, MD, Principal Investigator, San Francisco Department of Public Health***
Council Suite

ADDRESSING BRAIN INJURY WITHIN HCH SETTINGS: SCREENINGS, INTERVENTIONS, AND OUTCOMES

This session will describe an approach that seeks to improve outcomes in all three areas: mental health, substance use and cognitive function through the addition of Occupational Therapy services in a multi-disciplinary primary care setting. Facilitators will provide a background on the evidence to support the need for understanding of brain injury by HCH providers and review the incidence and prevalence of brain injury within homeless and vulnerable populations. Through discussion, facilitators and participants will examine the impact of brain injury on clients' engagement with health services and current barriers to implementing effective intervention for brain injury within HCH settings. Participants will learn about and compare current evidence-based TBI screening tools, the efficacy of screening their population for TBI, and current methods for implementing a TBI screen. Participants will learn about interventions and approaches for acquired and traumatic brain injury, reflecting evidence-based and real-life clinic experience. We will discuss ways to achieve inclusive models for integrating rehabilitation services within the primary care setting, and facilitators will provide education regarding pathways and resources to achieve these models. Attendees of the course should have an introductory understanding of acquired and traumatic brain injury and be aware of the impact or status of brain injury treatment within their settings.

*Presenters: **Jan Caughlan, MSW, LCSW-C, Sr. Director of Behavioral Health, Baltimore Health Care for the Homeless; Caitlin Synovec, MS, OTR/L, Occupational Therapist, Baltimore Health Care for the Homeless***
Forum Suite



SESSION I: WORKSHOPS

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

DATA DRIVEN QUALITY: A PARTICIPATORY DISCUSSION ON IMPROVING HEALTH THROUGH DATA

Quality improvement (QI) leaders from several HCH projects will collaborate to lead a participatory discussion on how health centers can use data to improve the health of people who are experiencing homelessness. Rather than simply showcasing the challenges and accomplishments of their own QI programs, the panelists will begin by sharing their respective approaches to clinical data and then invite workshop participants to not only ask questions but also to share their own challenges and accomplishments. Topics of discussion will include an explanation of population health management, the capabilities and limitations of EMR systems, and the importance of data integrity. The panelists will compare and contrast their different approaches to these topics, including the data systems that each health center uses, their respective staffing structures, and the barriers that each organization has faced in using data in a relevant and meaningful way. Additional topics will include specific examples of how data has led to measurable health improvements in individuals and populations, as demonstrated through individual stories, UDS improvements, QI projects, and funding increases due to improved quality. Each panelist brings a different perspective to population health and data. While the discussion will be moderated, the goal is for every person in the room—panelists and audience alike—to go home with new information and ideas that will help make life better for the clients we all serve.

*Presenters: **Chuck Amos, MBA, Director of Performance Improvement, Health Care for the Homeless; Chris Espersen, MSPH, Quality Director, Primary Health Care; Mandy Graves May, MPH, Vice President, Evaluation and Quality Assurance, Colorado Coalition for the Homeless***

Galleria I





SESSION I: WORKSHOPS

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

VOTING MATTERS: FROM VOTER REGISTRATION TO GET OUT THE VOTE

Voting determines who is in power to make policies, laws, and rules that impact our clients, our HCH projects, and ourselves. It is essential that we take the time to educate our peers, consumers, others, and ourselves in the HCH community on the importance of voting. This workshop will answer frequently asked questions regarding registering people experiencing homelessness to vote, including legal issues and voter rights, how to incorporate voter registration into your clinic's or program's operations, how to conduct a successful voter registration campaign, how to conduct a "get out the vote" (GOTV) campaign, and provide an overview of state laws regarding voter registration including deadlines, residency, and identification requirements.

*Presenters: **Joseph Benson, NCAB Member, Community Health Worker, Health Care for the Homeless Houston; Iris Hodge, BS, Outreach Coordinator, Main Street Alliance; Matt Warfield, MSW, MUP, Health Policy Organizer, National Healthcare for the Homeless Council***
Galleria II

HEALTH CARE FOR THE HOMELESS IN OREGON: A PANEL DISCUSSION

This panel discussion will include representatives from all twelve Health Care for the Homeless grantees in the state of Oregon, moderated by the Executive Director of the Oregon Primary Care Association, Craig Hostetler. Discussion will focus on: the state of homelessness in Oregon, the distinct differences between its urban and rural HCH programs, how HCH health centers have led their communities to address the need, and what resources are available (through CCO funding of non-clinical services, for example) to enhance quality of care. Oregon faces a severe housing crisis, with hundreds of thousands of people moving to the state, pricing out the market for the lowest income level in urban areas. Rural areas struggle with a steady decline in timber and other extractive industries, increasing poverty and homelessness while decreasing County tax revenue to confront the problem. Without such public funding, rural programs have developed creative partnerships to reduce homelessness.

The workshop will highlight the distinctiveness of Health Care for the Homeless programs with an emphasis on urban-rural comparisons, and will therefore be appropriate for Oregonian social service professionals and consumers. But the panel discussion will be equally compelling for HCH administrators and advocates outside of Oregon to learn promising practices that transcend Oregon's singularities, especially states that have a similar political and geographic polarization. Attendees will leave the workshop with insight to inform strong relationships with Primary Care Associations, leveraging resources in rural communities, and building collaborations and relationships with other health centers across service areas.

*Moderator: **Craig Hostetler, MHA, Executive Director, Oregon Primary Care Association***
Galleria III



ORAL PRESENTATIONS I

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

EFFORTS AND INTERVENTIONS IN THE ENGAGEMENT OF HOMELESS POPULATIONS AND PARTNERS

This presentation covers the efforts of establishing a collaborative team and approach utilizing the best practices of several service providers in Mendocino County, California. MCAVHN's perspective allowed our care coordinators the ability to work with persons at all stages on the continuum of acceptance—and to be instrumental in bringing together agencies working within a dozen different paradigms. This will be an overview of the development of a core group, whose mission it was/is to address the needs of those experiencing the co-occurring disorders of substance use and mental illness, and who historically over-utilize low-efficacy, higher-cost, crisis-oriented services. Most of these persons also experienced chronic homelessness at the onset of these services, but began to experience more comprehensive and focused services and better outcomes in multiple domains.

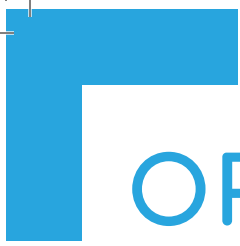
Presenter: Libby Guthrie, EdD, MA, MHRS, Executive Director, MCAVHN

ADDRESSING THE HEALTH AND QUALITY OF LIFE AMONG VULNERABLE PEOPLE EXPERIENCING HOMELESSNESS IN NORTHWEST ARKANSAS

This paper highlights the ongoing work of a community health outreach program offered annually in Northwest Arkansas since 2010. Our project is a multi-organizational medical and service outreach project designed to meet the health-related needs of those experiencing or vulnerable to homelessness in a multi-county area in Northwest Arkansas. Since 2010, over 3,000 adults experiencing homeless and near-homelessness participated in the event. The data presented in this paper reflect comprehensive data collected on participants, their health assessments, and the service provider participation rates over the past five years. Data presented in this paper provides insight to who is accessing the service, what health screening risks are presented, what services are offered, and the extent that those services are used for the event.

Presenter: Kevin Fitzpatrick, PhD, University Professor, Jones Chair in Community, Director of the Community and Family Institute, University of Arkansas





ORAL PRESENTATIONS I

WEDNESDAY, JUNE 1 | 8 - 9:30 A.M.

WHO NEEDS ORAL HEALTH CARE? WHY? AND HOW?

Dr. Beverlee Katz Cutler has worked in Public Health Clinics in Portland Oregon for more than 25 years. She has seen Dental care covered to the maximum (including crowns and bridges) for immigrants, and threatened with elimination for adults. She has worked through Oregon's version of dental coverage and the Affordable Care Act. Through it all, she has continued to treat whoever gets into her chair with the best dentistry possible given the changing rules of the Public Health Dentistry game. She is here to present the insights she has gained from working in a sometimes challenging but always interesting field. In this session, you will learn about the barriers to dental care faced by people experiencing homelessness and how to provide Ideal Dentistry in the face of those barriers.

*Presenter: **Beverlee Katz Cutler, DMD, Dentist, Multnomah County Health Department***

Skyline II



SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

THE QUALITY AND COMPLIANCE CONNECTION: FROM THE BOARD TO THE FRONTLINE, STRATEGIES FOR BUILDING ACCOUNTABILITY

While there are similarities between quality and compliance programs in health centers – both programs develop internal plans (QI/QA plan and compliance annual work plan); require ongoing monitoring; and reach every level of the organization, with regular reporting to the board, oversight and implementation by managers and involvement of front line staff – there are also important differences. This session will provide an update on the current compliance requirements for health centers and share best practices for implementing compliance and quality programs that work together to improve the health of patients and the organization. A series of case studies will demonstrate how health centers from across the country are responding to the increase in compliance requirements and quality measures. This session will teach health center leaders how to build a compliance program that supports the organization's other initiatives by building understanding and accountability at all levels, from the board to front line staff.

*Presenters: **Barry Bock, RN, CEO**, Boston Health Care for the Homeless Program; **Dianne Pledgie, Esq**, Compliance Counsel, Feldesman Tucker Leifer Fidell, Boston Health Care for the Homeless Program
Broadway I*

THE EFFECTS OF CLINIC AND STAFF ATTITUDES ABOUT PEOPLE EXPERIENCING HOMELESSNESS

The topic of changing attitudes of medical care professionals towards people experiencing homelessness has been studied in the context of teaching primary care residents during their rotations to be more culturally competent. There have also been papers directed at people experiencing homelessness feelings of acceptance in their own primary care. At the multisite level, the Evaluation Technical Assistance Center (ETAC: Boston University School of Public Health, Boston Health Care For The Homeless) supported all nine sites that participated in an initiative to build a medical home for HIV+ people experiencing homelessness, funded by HRSA, HIV/AIDS Bureau, to become more culturally competent. Examples of formal support included courses on trauma informed care, Supervisor training to support front line staff, monthly webinars for patient navigator focusing on how to work with people experiencing homelessness with multiple morbidities. Three of these participating sites will explain their unique situations and how they were able to improve staff cultural competency so as to enhance the building of a medical home.

*Presenters: **Robert Betancourt, LCDC, LCSW, Social Worker/Case Manager III**, Harris Health System; **Lisa McKeithan, CRC, SPNS Project Manager**, CommWell Health; **Angelica Palmeros, MD, MSW**, Pasadena Public Health Department; **Sandy Sheble-Hall, RN, ACRN, HIV/HCV Clinic RN**, Boston Health Care For The Homeless
Broadway II*





SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

ELIMINATING BARRIERS TO CARE FOR TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS

Over the past ten years, a number of organizations and programs that serve unstably housed sexual and gender minority groups have emerged, addressing gaps in and barriers to social, housing, and medical services. This year the National Health Care for the Homeless Council conducted interviews with providers of some of these targeted programs to: (a) gain a better understanding of how service access barriers are being addressed by these service models, programs, and initiatives; (b) gain a better understanding of the processes and barriers to developing, implementing, and sustaining these service models, programs, and initiatives; and (c) determine what service providers' training/education needs were met prior to actually providing services to unstably housed transgender and gender non-conforming individuals. The session will briefly share these findings and best practices.

*Presenters: **Claudia Davidson, MPH, Research Associate**, National Health Care for the Homeless Council; **Amber Gray, CBHS/MHSA, Peer Support Specialist**, Transgender Services, San Francisco Department of Public Health; **Jazz McGinnis, Lab and Transgender Services Coordinator**, Outside In ; **Eowyn Rieke, MD, MPH, Associate Medical Director of Primary Care**, Central City Concern; **Kandi Lea Patterson, Peer Support Specialist**, Transgender Services, San Francisco Department of Public Health; **Sara Reid, BA, Health Educator/TransHealth Navigator**, Transgender Program at Boston Health Care for the Homeless Program
Broadway III*



SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

THE ACTIVIST CONSUMER ADVISORY BOARD: USING CABs FOR POLICY, ADVOCACY, HEALTH EDUCATION AND SOCIAL JUSTICE

Through combined lecture and facilitated discussion, three consumers discuss the unique role that Consumer Advisory Boards and Consumer Advisory Committees can play in policy advocacy and consumer health education. We highlight the work of “activist” CABs in Miami and Atlanta and an “activist” CAC in Los Angeles, in which CAB and CAC members engage with government regulators, community organizations and legislators to advocate on homelessness issues such as alternatives to homelessness criminalization and promotion of Medicaid expansion; support activities such as art fairs, community health fairs and consumer focus groups; and sensitize the public to homelessness matters in order to dispel myths surrounding the causes of homelessness. Our CABs and CAC also furnish peer support and help educate consumers on health matters and chronic diseases that disproportionately affect the homeless population. Key content topics include navigating legal and institutional barriers to effective advocacy; tying health education to clinical quality indicators; and sensitizing the public to homelessness issues. This workshop is important because it would help to empower CABs and CACs nationwide to take a leadership role in advocacy, education and social justice matters. This workshop is also important to inform Health Care for the Homeless Projects nationwide of the collaborative role that CABs and CACs can play in helping HCH clinics to more effectively achieve their missions and goals.

Presenters: **T. Sukari Finley, NCAB Secretary, Co-chair** Los Angeles Christian Centers Consumer Advisory Committee, Los Angeles Christian Centers; **Tina Hayes, NCAB Co-Chair, Chairperson** Mercy Care Consumer Advisory Board, Mercy Care; **David Peery, JD, Chairperson**, Camillus Consumer Advisory Board, Camillus Health Concern Broadway IV





SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

COORDINATED ENTRY: UNDERSTANDING AND IMPROVING THE WAY YOUR CLIENTS ENTER PERMANENT SUPPORTIVE HOUSING

Supportive housing is a crucial component in helping people become successful in managing their mental health, physical health, and substance abuse. Federal policy is currently mandating changes be made in the way that people access supportive housing by using a Coordinated Entry system. Coordinated Entry is intended to close all side doors to supportive housing in a community and create a single waiting list. To create this list, communities must determine how to assess people experiencing homelessness for the type of housing they need and how to prioritize people based on those assessments. This session will provide an overview of Coordinated Entry, teach tools on how to coordinate efforts with the local CoC/housing providers, and strategies to best advocate now to effect the policy changes in supportive housing to help their patients.

*Presenters: Kim Keaton, MPA, Senior Program Manager, Corporation for Supportive Housing;
Council Suite*

THE POWER OF VALUE-BASED LEADERSHIP AND DECISION-MAKING

Organizations with shared values achieve impressive outcomes versus those that do not. Values speak to the passion organizations, teams, and individuals have for the work of helping others and their communities. More than just a feel good activity, well-positioned values increase motivation and the effectiveness of decision making. In this workshop, we will present the research around shared values, the power of values for individuals and teams, the leader's role in positioning values, and an experiential exercise for values creation. Two leaders in the HCH community will turn this research into reality. Speakers will tell explain how they injected value-based leadership into the DNA of their organizations and the impacts and specifics of these efforts. Values are an incredibly powerful motivator that leaders too often ignore. After attending this workshop, participants will walk away with not only the understanding of shared values but ideas for integration.

*Presenters: Matt Bennett, MBA, MA, Chief Innovations Officer, Coldspring Center for Social and Health Innovation;
Kevin Lindamood, MSW, President & CEO, Health Care for the Homeless; Jennifer L. Metzler, MPH, Executive Director,
Albuquerque Health Care for the Homeless, Inc.
Forum Suite*



SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

HOMELESSNESS SCREENING IN THE EMERGENCY DEPARTMENT: MENDING THE HOLES IN YOUR SAFETY NET

Studies have demonstrated that large numbers of people experiencing homelessness access hospital emergency departments (EDs) for health care on a regular basis. Homelessness is associated with higher rates of morbidity with longer, more frequent hospital admissions. People experiencing homelessness have a length of stay almost twice as long as their housed counterparts and are more than twice as likely to be readmitted following a recent hospital stay. In order to begin addressing this complex issue, a research study was carried out at a large regional hospital network using a prospective survey method. Systematic screening revealed a much larger percentage of people experiencing homelessness than initially expected. The study revealed other significant findings including that there was no statistical significance with gender and homelessness. These findings ultimately led to permanent systematic screening in select locations and additional resources in the way of funding and staff for the institution's Health Care for the Homeless program. Presenters will share results from this study with an analysis of the findings. The homelessness screening tool, as well as best practices in screening in the Emergency Department, will also be shared. Tips on how to approach institutions to include homelessness screening will be discussed along with implementation and tracking strategies for various EMRs. Lastly, presenters will share uses of screening in improving patient care and tracking, with the goal of improved outcomes and to inform future services.

Presenter: Brett Feldman, MSPAS, PA-C, Director and Founder Health Care for the Homeless/ Street Medicine, Lehigh

Valley Health Network

Galleria I





SESSION II: WORKSHOPS

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

A DOCTOR, A PHARMACIST, A PUBLIC HEALTH ACTIVIST CALL FOR HEPATITIS C TREATMENT FOR ACTIVE USERS

For many years, the word on the street at Outside In's syringe exchange was that if something else did not kill you, HCV would. However, innovative new drugs that can now cure the disease at any stage of infection have the power to change that story. We can end the disease, but a course of treatment can cost \$80,000. To contain costs, Oregon's Medicaid policy has restricted treatment to only those with end stage liver disease and at least six months sobriety from all drugs and alcohol. These restrictions deny treatment to everyone in the disease's transmitting pool and assure a continual supply of customers for the drug manufacturers. A doctor, a pharmacist, and a public health activist present a population-based strategy, a clinical model, and a business case for HCV treatment of active users.

Presenters: *Mindy Butler, RPh, Pharmacist, Outside In; Ryan Hutchison, MD, Physician, Outside In; Haven Wheelock, BS, IDU Health Services Program Coordinator, Outside In*

Galleria II

MEDICAL HOME WITHOUT WALLS: COMMUNITY INTEGRATED MOBILE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS WITH HIV

San Francisco Department of Public Health and Yale University, have developed mobile teams to address the needs of the most vulnerable persons with HIV who were experiencing homeless and suffering from behavioral health and substance use disorders and to address some of the systems issues that create barriers to improving health outcomes. The panel will describe the programs from a consumer and staff perspective. One of the panel members, a consumer from San Francisco, will tell her story and we will share other consumer stories, illustrating the importance of being "patient centered". The integration of behavioral health services and substance use services in these teams will be described. The panel will provide a brief overview of the stakeholder development process as well as the program model and design. Preliminary findings of a local evaluation will be shared. Outcome measures include housing, HIV viral load, cost/utilization in addition to qualitative measures such as consumer satisfaction, stigma, and self-efficacy are part of the longitudinal multisite study.

Presenters: *Deborah Borne, MD, MSW, Medical Provider and Principal Investigator, San Francisco Department of Public Health; Molly Driscoll, Consumer, Consumer of HHOME: Homeless Health through Outreach and Mobile Engagement, Asian & Pacific Islander Wellness Center; Carole Hohl, PA-C, Consultant, BU ETAC, Boston Health Care for the Homeless Program; Siotha King-Thomas, Drug and Alcohol Certificate, Case Manager, Homeless Outreach Team, San Francisco Department of Public Health; Ruthanne Marcus, Project Manager, Yale University; Lindsay Powell, DNP, Psychiatric Nurse Practitioner, Yale University*

Galleria III



SESSION II: WORKSHOPS

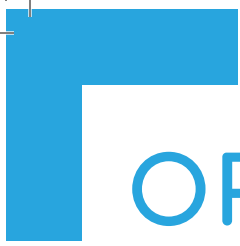
WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

HRSA, SAMHSA, AND HUD UPDATE

In this session, administrators from the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Department of Housing and Urban Development (HUD) will discuss upcoming funding opportunities as well as the policies and programs that affect HCH programs and their clients. Moderated by staff from the U.S. Interagency Council on Homelessness, who will frame the discussion around the goals outlined in *Opening Doors*, the Administration's strategy to prevent and end homelessness. Time will be reserved for Q&A.

Presenters: *Tonya Bowers, MHS, Acting Associate Administrator, Bureau of Primary Health Care, HRSA; Matthew Doherty, ED, USICH, Moderator, US Interagency Council on Homelessness; Jennifer Ho, Senior Advisor on Housing and Services, HUD; Jayme S. Marshall, MSW, Chief, Homeless Programs Branch, Center for Mental Health Services, SAMHSA*
Grand Ballroom





ORAL PRESENTATIONS II

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

MEDICAL LEGAL PARTNERSHIP: TAKING THE RELATIONSHIP TO THE NEXT LEVEL

Medical legal partnerships with Federally Qualified Health Centers are becoming more common across the country, allowing health centers to work closely with lawyers to address upstream social determinants of health. Philadelphia's Project HOME and Legal Clinic for the Disabled have operated a medical legal partnership for nearly two years. We will present the overall benefits and reasons for a medical legal partnership, the process of forming a medical legal partnership, and our successes in doing so. With a special focus, the health center identifies those at risk of sub-standard housing using some citywide data, and trains providers to proactively ask individuals who come from these identified hotspots about their housing conditions (especially those with pulmonary conditions or other health issues affected by poor housing). These patients are referred to the MLP and to community health workers. The MLP personnel and CHWs to work together to follow up on housing conditions, tenancy status, and related issues, with the ultimate goal of tracking impact on health (whether it's visits to the ER, decreased nebulizer/inhaler use, or some other health metric) and quality of life. The goal of this workshop is to show how using different disciplines to work together can create major shifts in our patients' health.

Presenters: *Theresa Brabson, JD, Staff Attorney, Legal Clinic for the Disabled; Mudit Gilotra, MD, Director of Integrated Healthcare Services, Project HOME*

HOUSED AND HEALTHY: AN URBAN INITIATIVE INTEGRATING HEALTH SERVICES AND SUPPORTIVE HOUSING

The main focus of the session will be on the Housed and Healthy project, Central City Concern's initiative to develop strong communication and partnerships between housing and health services to better address the health-related challenges faced by our residents and the staff working to support them. The Housed and Healthy project has proven to be successful in identifying health needs, developing communication lines and care coordination processes between health care providers and housing services, and delivering promising and replicable approaches to supporting clients managing health issues once they have entered supportive housing. Housed and Healthy highlights the value of collaboration and provides a strong case for the need to work towards stronger relationships between health care services and housing support staff. Neither side can address the complex needs that many of their clients face without the assistance of community partners. The presentation on the Housed and Healthy project will describe how Central City Concern identified the needs of a community and how we are continuing to build upon relationships with our own health centers, Old Town Clinic and Old Town Recovery Center, as well as outside health care facilities, to provide our clients with ample support to meet their health needs and lead them towards self-sufficiency.

Presenter: *Dana Schultz, MS, Supportive Housing Healthcare Coordinator, Central City Concern*



ORAL PRESENTATIONS II

WEDNESDAY, JUNE 1 | 10 – 11:30 A.M.

HERE AND NOW: REDUCING BARRIERS TO BEHAVIORAL HEALTH INTEGRATION

Community clinics across the U.S. are being encouraged to integrate mental health and substance use disorder (SUD) services with primary care. Screening patients experiencing homelessness in primary care clinics for behavioral health problems can be uniquely challenging, and connecting them to the help they need even more so. This presentation will highlight lessons learned and adaptations implemented during the process of building a successful SAMHSA level-six integrated practice at a primary care clinic for persons experiencing homelessness in Salt Lake City, Utah. Some of the central themes of a successfully integrated clinic serving people without homes include timing, flexibility, and creativity. Integration of behavioral health in homeless health care requires providers of care to acknowledge that critical interventions need to be delivered on the timeline of the patient, which usually means now. Providing timely behavioral health care for persons experiencing homelessness requires a high degree of flexibility from both clinicians and program administrators, but it is possible and compatible with the highest standards of care.

Presenter: **Samuel Vincent, MSN, DNP, Psychiatric NP, Director of Behavioral Health, Wasatch Homeless Healthcare Skyline II**



SESSION III: THINK TANKS

WEDNESDAY, JUNE 1 | 1 – 2 P.M.

HEALTH CARE FOR THE HOMELESS FOR DUMMIES: HOW TO INTEGRATE AND NAVIGATE THE SYSTEM

This think tank will lead participants through the triumphs and trials experienced by stakeholders as a county Health Care for the Homeless program worked towards total integration and access to services. Who among us really knows how it works and how to work it? A 1993 book examining health care delivery for the poor noted: “Show me the poor woman who can access all she is entitled to in the Medicaid system, and I will show you a woman who can run General Motors.” The same is true for systems and services meant to assist people experiencing homelessness in America—yet patients, providers, and community partners alike are unaware or unable to really navigate the systems meant to help bring them together. In this session, we will look at ourselves to see how navigating a Health Care for the Homeless program can be optimized, examining how we looked at our programs in Contra Costa County and encouraging feedback and providing tools for programs to do the same. This session will examine such topics as identifying stakeholders and demographics, assessing how HCH fits into areas and services, outreach, and more.

Presenters: *Heather Cedermaz, NP, Nurse Practitioner, Contra Costa County Health Care for the Homeless; Joseph Mega, MD, MPH, Medical Director, Contra Costa County Health Care for the Homeless*

Broadway I

WHAT DID YOU SAY? REFRAMING AND MESSAGING IN HCH ADVOCACY

HCH grantees and our supporters are passionate about advocating for health care rights for all and housing for people in need. This workshop will offer anyone with a stake in housing and health care rights easy methods to reframe advocacy messaging and best practice techniques through PowerPoint presentation, video, facilitated discuss, and group work. By examining components of advocacy campaigns, participants will learn what is most likely to be successful and what to avoid in their own messaging. In addition to reviewing key advocacy case studies, including the messaging and advocacy conducted by HCH grantees, this presentation will use public opinion research to explore what concepts and phrases campaigns are most likely to produce positive outcomes. Participants will leave with basic principles allowing them to reframe HCH issues, and participate in broader advocacy on issues of social justice, poverty and the need for human services: use public opinion research to identify concepts and target audiences for best advocacy outcomes, identify ways that providers, consumer and HCH stakeholders can reframe the conversation, discuss common messaging don'ts to avoid, and tie discussion to current issues in social justice and homelessness. Participants will review case studies in effective/ ineffective messaging and work to reframe the messages more effectively.

Presenters: *Jeff Foreman, JD, MGA, MA, MS, Policy Director, Care for the Homeless; Philip Malebranche, BA, Sociology, Member, National Consumer Advisory Board, National Health Care for the Homeless Council; Dominiq Williams, Policy Associate, Care for the Homeless*

Broadway II



SESSION III: THINK TANKS

WEDNESDAY, JUNE 1 | 1 – 2 P.M.

WHEN STREET MEDICINE ISN'T ENOUGH: EFFECTIVE TRANSITIONS FROM THE STREET TO THE CLINIC

Despite the success of street medicine, the quality of care delivered on the street is limited by the resources available to the street medical providers, and the system supporting the team from a traditional setting. Health care delivered on the street sometimes lacks physical privacy, causing the patient to be guarded in the interview, as well as making it difficult to obtain a quality physical exam, among other limitations. During this Think Tank, presenters will share their approach to transitioning patients into traditional care. Each of the presenters come from different supporting and sponsoring institutions such as a large hospital network, a FQHC, and an academic student run program. Algorithmic approaches will be shared with participants and a facilitated discussion will be incorporated into the presentation to allow for sharing of methods, successes and pitfalls. The goal outcome of this session is the creation of a primer for best practices in transitioning unsheltered patients into a traditional health care setting that can be shared with attendees.

*Presenters: **Brett Feldman, MSPAS, PA-C, Director and Founder Health Care for the Homeless/ Street Medicine, Lehigh Valley Health Network; Joel Hunt, MSPAS, PA-C, Care Connections Outreach Team Lead, John Peter Smith Health Network Broadway III***





SESSION III: THINK TANKS

WEDNESDAY, JUNE 1 | 1 – 2 P.M.

IMPROVING ACCESS TO HOUSING CHOICE VOUCHERS FOR PEOPLE EXPERIENCING HOMELESSNESS

Learn how to work with Public Housing Agencies (PHA) to help more people experiencing homelessness access vouchers and improve the utilization of vouchers in their community. It is well known that stable housing, which vouchers provide, can increase the quality of health care and overall quality of life. Homeless service providers can also help improve the quality of voucher administration in their community by providing services that increase the rate of leasing and decrease evictions and moves among voucher holders. This workshop will cover the following topics: 1) Preferences and other waitlist policies. We will explain the different ways preferences can be implemented and the advantages of a good preference policy to both homeless service providers and the PHA. Attendees will learn how to work with their PHA to establish new or better preferences, and avoid individuals who are homeless losing their place on the waiting list. 2) Screening. We will help attendees understand the laws around screening and help advocates push for less exclusionary screening. 3) Helping families use vouchers. We will discuss best practices in all these areas, including PHA policies that make accepting vouchers more attractive to landlords and providing services to aid in the housing search. 4) Supportive housing. For some people experiencing homelessness, supportive housing is the most effective intervention to help them maintain stable housing.

Presenters: ***Ehren Dohler, MSW, Coordinator, HCV Funding Project, Center on Budget and Policy Priorities; Frances Isbell, MA, CEO, Health Care for the Homeless Houston***

Broadway IV



SESSION III: THINK TANKS

WEDNESDAY, JUNE 1 | 1 – 2 P.M.

BEATING THE BLUES: IMPROVING DEPRESSION SCREENING RATES IN TWO FQHCS

Starting in 2014, clinicians and leaders in Baltimore and Denver identified depression screening and referral to treatment as a high-priority quality improvement issue. Clinicians at both centers designed different interventions using the two-question screening and nine-question assessment Patient Health Questionnaires (PHQ-2, PHQ-9), two evidence-based tools that are designed to screen, diagnose, and assess depression in a primary care setting. This workshop will explore the importance of depression screening in an integrated medical home, the opportunities that PHQ tools create for both primary care and behavioral health providers, and the potential impact of effective screening on clients' health. The panelists will share the challenges they faced in implementing the PHQ, which included explaining the screening process to clients, identifying workflows that do not negatively impact the provider/client encounter, and creating proper follow up protocols for positive screens. The workshop will focus on integrated, interdisciplinary care, and will address the work of support staff, medical assistants, PCPs, behavioral health consultants, psychiatrists, and mental health therapists in collaborating on patient-centered interventions. The presenters will also share pre- and post-intervention data that aligns with the UDS quality measure on depression screening and explain how their work helped improve these quality scores. Finally, the workshop will look at the PHQ screening tools, discuss challenges they present for a homeless population, and explore the solutions that clinicians in Baltimore and Denver identified to make the tools more effective and meaningful.

Presenters: *Nikki Allen, LCSW, LAC, Program Manager, Integrated Behavioral Health, Colorado Coalition for the Homeless;*
Laura Garcia, CRNP, Family Nurse Practitioner, PCP, Healthcare for the Homeless

Galleria I

NEW ACCESS POINT ORIENTATION SESSION

If you are a New Access Point for a Health Care for the Homeless program, join us in this session as we explore a brief history of the HCH movement, what it means to be a Health Care for the Homeless program, and the role of the Council. We want to build and strengthen the network of New Access Point organizations, create a space to share successes and struggles, and hopefully answer any questions you may have.

Moderator: *Caroline Gumpenberger, MPH, Director of Education, National Health Care for the Homeless Council*

Panel: *Brandon Cook, Program Manager, New Horizon Family Health Services; Jennifer L. Metzler, MPH, Executive Director, Albuquerque Health Care for the Homeless; Lori Hopper, MSW, LAPSW, Technical Assistance Coordinator, National Health Care for the Homeless Council*

Galleria II





SESSION III: THINK TANKS

WEDNESDAY, JUNE 1 | 1 – 2 P.M.

CROSSING THE ABYSS: ENGAGING PEOPLE EXPERIENCING HOMELESSNESS IN HEALTH CARE THROUGH INNOVATIVE SERVICE DELIVERY MODELS

People experiencing homelessness have many good reasons for not engaging in traditional, clinic-based health care services. Research shows that innovative service delivery models can increase engagement in care and reduce costs. In this Think Tank, we will present two different strategies to radically reduce barriers to care: a shelter-based clinic and a mobile medical clinic. We will engage participants in a discussion of the limitations and opportunities of each model, and how to best select the strategy that works within a specific population. We will review the use of different types of clinicians/providers, scope of practice, sustainability and ability to connect patients to more comprehensive primary care services.

Presenters: ***Bryan Swisshelm, MPH, Clinic Systems and Partnerships Supervisor, Outside In; Mary Tegger, PA-C, AAHIVS, MA, Physician Assistant, Multnomah County Department of Health; Eowyn Rieke, MD, MPH, Associate Medical Director of Primary Care, Central City Concern***

Galleria III



SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

ROSE (RECOVERY ORIENTED SUPPORTS AND ENGAGEMENT): ENGAGING YOUTH EXPERIENCING HOMELESSNESS TOWARDS RECOVERY

ROSE (Recovery Oriented Supports & Engagement) offers voluntary, low barrier recovery services to any youth within Portland's Homeless Youth Continuum, which includes Outside In, New Avenues for Youth, Janus Youth Programs, and the Native American Youth and Family Center. Utilizing peer mentors with lived experience, drug and alcohol specialists, and mental health specialists, ROSE works across four agencies to offer consistent supports, resources, referrals, community recreation groups, and recovery oriented options that are based on the individual. Peer mentors bring a critical perspective and support style to the ROSE team, while also having to navigate tricky boundary situations and maintain their own recovery and self care. The peer mentors often have minimal prior work experience, but are offered trainings, certification opportunities, supervision, and feedback in order to gain new skills and opportunities. This workshop will focus on what its like using harm reduction in our daily work, the unique and amazing experience of training and working alongside peer mentors, and how "success" doesn't always look exactly like how one might expect it to. It will also include a brainstorming session on how to support homeless youth to find a recovery plan or resource that works for them, short films made by youth, and the chance to ask one of our terrific peer mentors questions about her experience doing the work.

Presenters: Celia Luce, Peer Mentor, Outside in; Jasmine Pettet, CADC1, Alcohol and Drug Counselor, Administrative Coordinator for ROSE, Outside In

Broadway I

TRANSFORMATIVE CARE THROUGH COLLABORATION: ONE CITY'S APPROACH FROM THE STREETS TO HOUSING

Harm reduction techniques used to work with the health needs of tri morbid people and veterans experiencing chronic homelessness through collaboration within the immediate community and surrounding areas will be explored in this session. Coordination with mainstream services such as police, fire department, local hospitals including ER and inpatient, medical clinics, the City of Santa Monica and other social service agencies to provide the most comprehensive services to our client population. Information will be presented on continuity of care from the clients first interaction to interim housing to permanent supportive housing and continued case management and medical services.

Presenters: Marrisa Axelrod, RN, Registered Nurse Manager, OPCC; Rose Garcia, MA, Clinical Case Manager, OPCC; Brian Hardgrave, LCSW, Senior Administrative Analyst, City of Santa Monica, Human Services Division

Broadway II



SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

DRIVEN TO CARE: A MOBILE SOLUTION FOR PROVIDING HEALTH CARE FOR THE HOMELESS

This presentation provides attendees with an in-depth exploration of how we re-engineered our Health Care for the Homeless program to provide integrated healthcare and other resources to clients experiencing homelessness. Using our mobile medical unit, our dedicated “bricks and mortar” clinic, and strong community partnerships, we are seeing more success in the quality of care we provide, because we are able to deliver more consistent care over time. Our unique approach to outreach encourages patients experiencing homelessness to establish primary care and follow through with their recommended treatment plans. Working together with our partners, we are better able to track patients for follow-up appointments, and we engage both clients and shelter personnel in promoting preventative care. These strong partnerships play a critical role in identifying clients who need acute, behavioral health, medical, and dental care. Perhaps most importantly, we work together with past participants of our Health Care for the Homeless program to improve the quality of care we provide. We maintain contact with them for at least a year after they are housed and, when appropriate, ask them to assist us with our program. This includes identifying the needs of people experiencing homelessness, learning about additional resources in the community, and locating current camp sites and places where people without homes gather.

*Presenters: **Michelle Keller, BA, MA, VP, Patient Services, Swope Health Services; Martin Murphy, FNP, Family Nurse Practitioner-Homeless Outreach, Swope Health Services; Leah Murry, BA, Community Outreach Coordinator, Swope Health Services***
Broadway III

ADVOCATING FOR JUSTICE, ORGANIZING FOR POWER: LEGISLATIVE ADVOCACY, COMMUNITY ORGANIZING, AND POLICY CHANGE

Homelessness is a direct result of unjust public policies that benefit some at the exclusion of others. As members of the Health Care for the Homeless community, you have the experience, expertise, and knowledge to change these policies and enact others that ensure the experience of homelessness is brief and rare. Public policy change includes both legislative advocacy and community organizing that builds ‘people power.’ Without ‘people power,’ legislative advocacy has limited power; without legislative advocacy, ‘people power’ has limited outlets for change. This workshop will demystify the process of legislative advocacy and provide tools to help develop a legislative advocacy strategy. Participants will also deepen their knowledge of various models of community organizing used to engage and organize communities to overcome marginalization and build collective power. The workshop will combine presentation and hands-on exercises where participants will learn to use both legislative advocacy and community organizing tools to effectively advocate for public policy change.

*Presenters: **Vanessa Borotz, Community Organizer, Health Care for the Homeless; Gary Cobb, Community Outreach Coordinator, Central City Concern; Jeff Foreman, JD, MGA, MA, MS, Consumer, Care for the Homeless; Adam Schneider, MA, MSW, Director of Community Relations, Health Care for the Homeless Baltimore; Matt Warfield, MSW, MUP, Health Policy Organizer, National Health Care for the Homeless Council***

Broadway IV



SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

A COLLABORATIVE MODEL FOR HOUSING AND SERVICES FOR VETERANS

While veteran homelessness is on the decline, the U.S. Department of Housing and Urban Development Annual Homeless Assessment Report (AHAR) revealed that there were 49,933 veterans experiencing homelessness on a single night in January 2014. This number is a gross underestimate, as it excludes those not already engaged in shelters and housing services. Studies have shown that, compared to their housed counterparts, veterans experiencing homelessness under-utilize Veteran Affairs (VA) services and benefits. Moreover, those that do not qualify for VA benefits due to discharge status or length of service are at an even greater disadvantage in accessing services for the homeless. Learning to develop an innovative, collaborative outreach program for all veterans will positively position service providers in caring for those with military histories, regardless of discharge status. Three presenters will deliver a PowerPoint presentation and facilitate a panel discussion.

Presenters: *Kevin Fisher, Director of Veterans Services, MSgt, USAF (RET), Chaplain, Master of Divinity, Director of Veterans Services, The Bridge, NYC; Ansell Horn, PhD, Family Nurse Practitioner, Writer, Photographer, Family Nurse Practitioner, NYU Lutheran Family Health; Tim Blackmore, Formerly street homeless, Veteran, Artist, Videographer, Artist, The Bridge, NYC Council Suite*



SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

INTEGRATING TRAUMA INFORMED CARE AND HARM REDUCTION PHILOSOPHIES AND PRACTICES TO IMPROVE PARTICIPANT HEALTH OUTCOMES

Trauma is a common experience among people impacted by homelessness, making it imperative that homeless service providers utilize a trauma-informed approach in their work. Similarly, social service agencies have increasingly adopted a harm reduction approach, recognizing the pervasiveness of substance use among people experiencing homelessness. While harm reduction is most commonly associated with its applications related to substance use, this approach can be implemented more broadly to reduce other potentially harmful effects of traumatic experiences. Both philosophies emphasize developing strong, therapeutic relationships, characterized by a nonjudgmental, client-driven approach. These approaches improve engagement through an emphasis on establishing and maintaining participant safety rather than mandating specific behavioral changes, such as complete abstinence from substance use. Participants are often stigmatized for engaging in risky behaviors, which keeps them disconnected from services, increasing their vulnerability. When providers view such behaviors as responses to trauma, we are better situated to work patiently and compassionately with participants. This workshop will educate attendees about the concepts of harm reduction and trauma-informed care and the ways that they work together, both in theory and in practice. Through didactic lecture and small group discussions, attendees will identify strategies for incorporating these philosophies at their respective agencies. Attendees will obtain tangible tools for implementing the synergy of trauma-informed care and harm reduction philosophies during client engagement.

Presenters: *Susie Bernero, LCPC, Therapist and Mental Health Specialist, Chicago House and Social Service Agency; James Kowalsky, BA, Engagement Services and Practice Enhancement Specialist, Heartland Health Outreach Forum Suite*

DEMYSTIFYING MEDICAID MANAGED CARE: MAXIMIZING OPPORTUNITIES TO PARTNER MORE EFFECTIVELY WITH MCOS

As Medicaid plays an increasing role in financing health and housing support services—in both expansion and non-expansion states—managed care organizations are also becoming more vested partners to ensure access to care and improve health. This workshop will cover the basics of Medicaid managed care, describe how MCO plans have shared goals and are critical partners with service providers, and discuss how the HCH community can maximize these partnerships to secure greater resources to prevent and end homelessness. Come with your questions about managed care and stay for the discussion about how this is currently working (or could be working!) at your project.

Presenters: *Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council; Clayton Chau, MD, PhD, Medical Director, Care Management, Behavioral Health & Provider Continuing Education Health Services, L.A. Care Health Plan; Peggy Bailey, Director of the Health Integration Project, Center on Budget and Policy Priorities; Catherine Anderson, MPA, Vice President, Positioning and Strategy, UnitedHealthcare; Hieu Nguyen, MSW, LCSW, Behavioral Health Strategic Initiatives Manager, L.A. Care Health Plan*

Galleria I



SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

EMPOWERING CHANGE: IMPROVING SELF-MANAGEMENT AMONG FOOD-INSECURE DIABETICS

This workshop is based on a feasibility study which describes an innovative 12-week interdisciplinary, evidence-based diabetes and obesity program using a group visit model for marginally-housed adults and adults without homes. A rapid cycle improvement process adjusted and modified the program's curriculum. Pre- and post-measures included self-efficacy, BMI, Hemoglobin A1C, BP, LDL, and smoking status. This feasibility study comprised original scholarship in adapting evidence-based practice to a unique and vulnerable population. These adaptations included applying evidence-based guidelines for measurable outcomes to a specific population, enhancing and standardizing a multifaceted program curriculum, promoting group visits, and utilizing an interdisciplinary team. Reducing obesity among urban and marginally-housed diabetic adults as well as diabetic adults experiencing homelessness has the potential to reduce health care disparities and the incidence of serious chronic health conditions and their associated sequelae; to alleviate the burden on the health care services that result from the frequency of appointments required to manage care; and to improve the quality of life for obese patients. In the year following, several of the aspects of the study have been supplanted within various departments and workflows throughout the clinical setting. While change is typically met with some opposition, this study revealed that small, successful innovations could impact practice and promote interdisciplinary care to improve the overall quality of the care provided.

Presenter: **Amber Richert, DNP, CRNP, Family Nurse Practitioner, Health Care for the Homeless**

Galleria II





SESSION IV: WORKSHOPS

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

HEALTH CARE (MAINTENANCE) FOR THE HOMELESS: INTEGRATING PREVENTATIVE CARE INTO A HCH CLINIC

Like many HCH sites, the Mission Neighborhood Resource Center (MNRC) in San Francisco serves a dynamic and highly mobile patient population. As a result, no-show rates are high and preventative care often takes a backseat to acute complaints for both patients and providers. However, over the last 2 years, MNRC has doubled rates of routine screening, dramatically improving health care maintenance across a broad range of clinical indicators. This workshop will showcase our practice transformation from serving as an urgent care clinic to becoming a true medical home, while preserving the flexibility and open access that our patients experiencing homelessness need. We will share multiple ideas for interventions, including the development of standardized care protocols and data tracking systems, the empowerment of nurses and MAs to proactively address preventative care at every visit, and creative approaches such as the use of a raffle to motivate patients to complete recommended screenings. Through lecture and examples from our clinic, we will review best practices for diabetic health care maintenance, women's health, counseling on weight and smoking cessation, and cancer screening.

*Presenters: **Joanna Eveland, MS, MD, AAHIVM, ABAM, Clinical Chief for Special Populations, Mission Neighborhood Health Center; Megan Greenberg, MS, FNP, Clinic Manager, Mission Neighborhood Health Center Galleria III***



ORAL PRESENTATIONS III

WEDNESDAY, JUNE 1 | 2:30 - 4 P.M.

MEASURING WHAT MATTERS: CREATING AND ADOPTING QUALITY METRICS TO ADDRESS SUBSTANCE USE DISORDERS

This presentation describes the process of creating and implementing substance use disorder (SUD) related quality metrics at the Boston Health Care for the Homeless Program (BHCHP). In light of the current epidemic of SUD-related morbidity and mortality, and the high prevalence of SUDs in the homeless population, BHCHP's process of adding SUD related quality metrics to our quality plan will be described. The presenter will discuss data related to SUD prevalence in the general, homeless, and BHCHP populations. The presenter will describe the process used at BHCHP to identify and adopt appropriate, feasible, and evidence based quality metrics for SUDs and will review the recent literature surrounding quality metrics for SUDs in primary care. Next, the presenter will describe the process of determining the feasibility of the possible metrics, including how to identify available data sources, planning process and workflows, and exploring appropriate homegrown metrics. We will discuss how to include staff, consumers, and other stakeholders in choosing the SUD quality metrics. The presenter will also detail the process of defining the numerators and denominators of the measures as well as inclusion and exclusion criteria to calculate a baseline rate, set goals, and facilitate a discussion of intervention planning. Throughout, this discussion will use BHCHP's metrics as an example. The presenter will also discuss BPHC plans for tracking progress with each of the metrics.

Presenter: Sanju Nembang, Quality Data Analyst, Boston Health Care for the Homeless Program

A BALTIMORE STORY: HEPATITIS C FROM EPIDEMIC TO CURE

Hepatitis C is a serious issue that affects more than 900 clients at Health Care for the Homeless in Baltimore. Prior to 2015, Maryland Medicaid restricted the dissemination of Hepatitis C treatments to those physicians who specialized in Gastroenterology or Infectious Disease. Baltimore City was chosen as a pilot site, and in coordination with Johns Hopkins University Division of Infectious Diseases, three providers from HCH Baltimore began a training program with other FQHCs around the city using a standardized, evidence-based curriculum. At HCH Baltimore, we recognized that in order to effectively provide quality services for our patients, it was crucial for us to develop a cohesive interdisciplinary care team approach that involves PCPs, nurses, medical assistants, and pharmacists. This seminar will focus on our training, the lessons we have learned through the process of building an effective interdisciplinary system, and our "best practices" to help serve patients and balancing the challenges of rigorous prior authorizations, idiosyncratic insurance hurdles, and assuring patient adherence with nurses, pharmacists, and CMAs. While specific aspects of our Hepatitis C program are site-specific, our screening and care coordination model is applicable to other infectious and chronic disease states. Additionally, our approach to capturing and reporting data related to Hepatitis C is applicable to any health center that initiates a new program. The policy implications of Baltimore's experience are enormous, and range from improved public health to the shifting roles of PCPs to expanding care coordination within an evolving health home.

Presenter: Chuck Vrasich, MD, Medical Provider, Healthcare for the Homeless Baltimore Skyline II



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

1. MOVING FROM CONSUMER ENGAGEMENT TO CONSUMER LEADERSHIP

Consumer engagement in the decision making process is not only significant for the HCH project, but also demonstrates to consumers that their voice and participation provides a critical perspective to the work and can have an impact on decisions that affect their lives. These experiences can empower consumers in their personal growth where they may choose to advocate beyond internal quality improvement and lead the movement for broader social change in their communities. This engagement provides opportunities to enhance the leadership and advocacy skills our consumers already have including effective communication and critical thinking; yet there are also challenges we must mitigate including barriers to consumer involvement, and the need to address underlying assumptions and power dynamics. This roundtable will invite discussion of ways that consumers and staff have interacted with these opportunities and challenges, and offer the chance to learn from one another's experiences.

Presenter: Katherine Cavanaugh, MSW, Consumer Advocate, National Health Care for the Homeless Council

2. BEYOND ACCESS TO CARE: HOW OUTREACH WORKERS CAN ADVANCE SOCIAL JUSTICE AND HEALTH EQUITY

The Affordable Care Act has highlighted the role that outreach workers (including Community Health Workers) can play in ensuring access to health care services, improving health outcomes, and lowering costs. But even before the recent national focus, outreach workers historically have been powerful forces in bringing attention to and advocating on behalf of marginalized communities. The health center movement sprang from civil rights activists in the 1960s who were moved by the need for access to healthcare for millions of urban and rural poor. What started as two trial centers in Boston and rural Mississippi has grown into over 1,300 CHCs across the country. Due to years of advocacy efforts, the community health model was ultimately integrated into the U.S. healthcare delivery system and outreach workers have played a crucial part in these efforts. Today, the outreach workforce is becoming increasingly professionalized through certification programs, integration into clinical care teams, and reimbursement by some payers for preventative care services. Given these changes, how can outreach workers continue to play a vital role in advancing social justice and health equity both within the populations and communities they serve as well as within their own organizations?

Presenter: Megan O'Brien, MA, Client Services and Marketing Manager, Health Outreach Partners



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

3. STRATEGIES FOR ENGAGING AND CARING FOR YOUTH EXPERIENCING HOMELESSNESS

Youth comprise one of the largest sub-groups of people experiencing homelessness and face a number of challenges to their physical, mental, and emotional health. In this roundtable we will discuss strategies for engaging and caring for youth, share challenges and success stories from our practices, and discuss ways to improve social, developmental and health outcomes for youth experiencing homelessness.

Presenter: Catherine Verriere, DNP, ARNP, FNP-BC, Nurse Practitioner at Homeless Youth Clinic, Neighborcare Health

4. HRSA/SPNS INITIATIVES TO IMPROVE HOUSING AND HEALTH OUTCOMES FOR HIV HOMELESS POPULATIONS

The National AIDS Strategy (NAS) sets priorities and action steps to address the HIV/AIDS epidemic in the US. Its goals are to 1) increase access to HIV care and improve health outcomes for people living with HIV and 2) reduce HIV-related disparities and health inequities. The strategy has a specific indicator for homeless populations seeking to reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent. The Health Resources & Services Administration (HRSA) HIV/AIDS Bureau through its Special Programs for National Significance (SPNS) funded a national initiative with the goal of building a medical home for HIV-positive homeless/unstably housed populations. The priority population is persons who are homeless or unstably housed living with HIV/AIDS with co-occurring mental health or substance use disorders. Additional outcomes to understand the impact on these interventions include quality of life, patient experience with care, and stigma. Presenters from HRSA and the SPNS Initiative will share current federal initiatives to meet the NAS goals through improved housing and health care coordination through Ryan White funding programs and the approach for evaluating achievement of the NAS goals. Approximately 800 PLWHA are currently receiving services. Baseline findings from the national SPNS Initiative evaluation will describe the demographics, barriers to care, unmet service needs for this population, experience with care and stigma. Challenges will be discussed in trying to engage and retain the priority population in the evaluation and strategies employed to improve retention in care.

Presenters: Melinda Tinsley, MA, Public Health Analyst, Health Resources and Services Administration, HIV/AIDS Bureau



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

5. EXCELLENCE IN HEALTH CARE FOR THE HOMELESS EXECUTIVE LEADERSHIP

Presented by a trauma informed care and leadership trainer and an Executive Director from an HCH program, this roundtable will examine research on how executive leaders can promote excellence within the unique HCH setting. Unlike executives in other professions, leaders in HCH clinics struggle to provide a high-quality range of services with the added challenges of dealing with high levels of burnout and secondary trauma. This workshop will provide a model of executive leadership and facilitate a discussion around how to integrate trauma informed research into practice. Executives can expect to provide and receive support and suggestions from fellow executives in this session.

Presenters: **Matt Bennett, MBA, MA, Chief Innovations Officer, Coldspring Center; Doreen Fadus, MEd., Executive Director, Community Benefit & Health, Mercy Medical Center**



SESSION V: WORKSHOPS

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

THE OTHER SIDE OF THE COIN: FINANCIAL MEASURES FROM PROGRAMMATIC DATA

Behind every good program, there is an equally good administrative function making sure that everything behind the scene is running smoothly. This workshop aims to create improvements by discussing metrics to evaluate good quality data that can create and foster collaborations across the provider and administrative teams. This workshop will explore the data from the Practice Management system and walk through various tables and working documents that will provide a variety of outputs to drive decision-making. Presenters will use examples from their data and reports to facilitate a discussion on, but not limited to, managing provider encounters, the life cycle of patient billings, staffing needs, projections, metrics to leverage alternative payment methodologies, identifying gaps in service and funding to better benefit advocacy in public and private sectors, and estimates for budgeting purposes. The workshop aims to highlight the relationship between quality data to both the administrative and clinical functions of an HCH. Participants will leave the workshop with recommendations on how to process their single source data for both clinical and financial decisions in their own organizations.

*Presenters: **Todd Studeny, CPA, Director of Finance, Health Care for the Homeless; John White, Director of Information***

Technology, Health Care for the Homeless

Broadway I

CONSUMER SAFETY AT HEALTH CARE FOR THE HOMELESS: RESULTS FROM THE CONSUMER PARTICIPATION OUTREACH SURVEY

Each year the National Consumer Advisory Board (NCAB) and the National Health Care for the Homeless Council develop a Consumer Participation Outreach Survey (CPO) to better understand the needs and concerns of our consumers. In CPOs, consumer leaders develop the survey tool, are trained to conduct the surveys with other consumers, and analyze the data to develop conclusions and recommendations. This year, NCAB identified physical, emotional, and psychological safety at HCH sites as an important consideration effecting access and quality of care for our consumers. This workshop will reveal some of the lessons we have learned and recommendations we have developed, as well as open space for feedback, suggestions, and conclusions from the audience.

*Presenters: **Joseph Benson, NCAB Member, Community Health Worker, Health Care for the Homeless Houston; Valarie***

Dowell, BA, NCAB Co-Chair, Cincinnati Health Network; T. Sukari Finley, NCAB Secretary, Co-chair Los Angeles Christian

Centers Consumer Advisory Committee, Los Angeles Christian Centers

Broadway II





SESSION V: WORKSHOPS

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

STRATEGIC FUNDING: ALIGNING PARTNER EXPECTATIONS WITH CLINICAL PRIORITIES

Public grants and private fundraising are vital parts of any Health Care for the Homeless project. However, busy clinical schedules and competing priorities create barriers in participating or seeking out these opportunities. Using an interdisciplinary approach to fund development - integrating clinical needs and funding opportunities - ensures that your agency is well positioned to meet agency clinical priorities. The Affordable Care Act changed the way many Health Care for the Homeless programs sustain their work. Whether you are in a Medicaid Expansion state, rely heavily on public grants, or simply need more private support to fulfill your mission; most organizations are faced with brief windows of opportunity to apply for important new sources of funding while managing demanding workloads. Using the example of the Baltimore Health Care for the Homeless, presenters will explore the challenges and opportunities that have risen when clinicians partner with public grants and fundraising staff to articulate the goals and needs of the organization. Participants will receive concrete tools and tips to engage their resources development colleagues in a collaborative process to assess and pursue funding opportunities that fit. The workshop includes strategies to overcome common barriers to developing a comprehensive case for support and tips for being involved in resource development work. This workshop is geared towards clinicians and senior leaders interested identifying, assessing, and securing funding opportunities that better align to strategic, annual, and/or quality goals.

Presenters: Kevin Feldt, MPA, Director of Development, Health Care for the Homeless; Margaret Flanagan, LGSW, Director of Grants Management, Health Care for the Homeless

Broadway III



SESSION V: WORKSHOPS

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

THERE IS NO “US” VS. “THEM”: A STEPPING STONE TOWARD ORGANIZATIONAL TRANSFORMATION & CULTURE CHANGE

For over 20 years, Community Access has put peer voices and peer support values at the forefront of the agency’s vision and mission, though the agency is not peer-run. The infusion of peer values and voices through the design, delivery, and evaluation of services is more effective in creating a cultural shift than the traditional model of “integration/inclusion” of peers into the dominant work culture. In the traditional “integrative/inclusive” model, peer voices have less of a chance to be represented at the executive level and are less successful in reducing stigma. This effective alternative approach also creates a platform to combat organizational and worker stigma which can be a consequence of the traditional “integration/inclusion” model.

In this workshop we will provide concrete strategies to strengthen and collaborate with the voices and perspectives of those who have historically been silenced, and discuss how to use those strategies to fight against organizational and worker stigma. We will also share specific policies, practices, and learning opportunities so non-peers can internalize peer values and become allies for social change in the system. Over the last 20 years, Community Access has been confronted with potential pitfalls and challenges which lead to learning opportunities and ultimately growth. This workshop will identify some of these common pitfalls and challenges, and provide strategies for avoiding them.

*Presenters: **Karen Rosenthal, CPRP, Director of Training, Community Access, Inc.;** **Lynnae Brown, Director, HTH Advocacy Center, Community Access, Inc.***

Broadway IV





SESSION V: WORKSHOPS

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

PEER SUPPORT AS PART OF THE INTEGRATED CARE MODEL: INTEGRATED EXPERIENCE WITH A HOLISTIC EYE

This workshop will describe Psychosocial Rehabilitation & Peer Services (PSR), an expanded component of Mercy Care's Integrated Behavioral Health programming, with an emphasis on the peer-helping-peer focus on wellness and recovery, rather than on illness and disability. The Integrated Experience of PSR is a group treatment approach involving collaboration between providers of various disciplines with the common goal of improving the patients' care, welfare, stability and overall level of functioning. PSR helps adults with varying levels of comorbid behavioral health and chronic medical concerns in learning how to better manage their identified mental health issues and to develop healthier coping skills. Programmatically, the focus shifts from clinician-focused treatment to reliance on individuals living in recovery from mental health and/or substance abuse issues providing peer-to-peer support to others, drawing on their own experiences. Programming provides job training, adult literacy, fitness and health education, communication skills, conflict resolution, anger management and mindfulness expressions. The peer-to-peer approach proves to be both rewarding and motivational, serving as a lifeline for individuals trying to further their education and explore who they are as individuals.

Presenters: *Sophia Franklin, LCSW, Behavior Health Coordinator, Mercy Care; Adina Lewis, CPS, CPS & Program*

Participant, *Mercy Care; Krystal Toland, MSIDT, Behavior Health Day Services Specialist, Mercy Care*

Forum Suite

IT TAKES A COMMUNITY: A COLLABORATIVE APPROACH TO PROVIDING OUTPATIENT-BASED OPIOID TREATMENT

Opioid use and overdose fatalities are rising across the United States. HCH programs provide care to a disproportionate portion of patients who are affected by this rise. The response to this epidemic needs to be comprehensive in design and include strategies that range from education to medication and therapies that promote behavior change. This workshop will describe how one HCH program partnered with community members to address Not In My Backyard (NIMBY) concerns and developed a program that allowed shelter staff from maintenance and security to operations and clinical services to address this epidemic collaboratively. Discussion will address strategies for engaging community members to support your program and for building upon the strengths that every shelter and clinical member brings to work together as a community to provide interventions and treatment options to address this growing epidemic.

Presenters: *Rita Chapdelaine, LICSW, Director of Behavioral Health, New England Center for Homeless Veterans; Kristin*

Hirth, RN, Registered Nurse, Boston Health Care for the Homeless Program; Geren Stone, MD, Physician, Boston Health

Care for the Homeless Program, Massachusetts General Hospital, Harvard Medical School

Galleria I



SESSION V: WORKSHOPS



THURSDAY, JUNE 2 | 8 - 9:30 A.M.

THE MOST CHALLENGING RESPITE PATIENTS: OPPORTUNITIES FOR IMPROVEMENT

The Phillip Dorn Respite in Contra Costa County California first opened in 2010 as a temporary home for recovery, service connection and medical coordination for the county's sickest and most vulnerable patients experiencing homelessness. Each year approximately 150 individuals are housed at our site and then transitioned into an adjacent, larger general shelter with long-term care and housing plans. Our respite shelter has certain policies by which clients must abide in order to remain in the shelter. Each year a number of our respite clients either choose to leave on their own or can no longer reside in the shelter due to repeat policy offences. Most often, these infractions directly relate to mental health and substance abuse. These patients are at times referred to as having "failed" shelter living. But, really, we have failed to meet their needs. In order to re-frame the discussion on what makes these patients challenging for us as providers and how we could better serve them, we surveyed our clients who have repeatedly been required or chosen to leave the respite shelter in order to understand how we can better serve them. This workshop will focus on our findings and discuss the approaches our team took to address the needs of our patients and improve the quality of care they receive. We will also encourage others to share their challenges and innovative approaches to care in the respite or shelter setting.

Presenters: Heather Cedermaz, NP, Nurse Practitioner, Contra Costa County Health Care for the Homeless; Sue Dickerson, RN, Respite Nurse, Contra Costa County Health Care for the Homeless; Joseph Mega, MD, MPH, Medical Director, Contra Costa County Health Care for the Homeless
Galleria II





SESSION V: WORKSHOPS

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

FROM RESEARCH QUESTION TO LEGISLATION: HOW COMMUNITY-BASED PARTICIPATORY RESEARCH CAN FOSTER SOCIAL CHANGE

Community-Based Participatory Research is an innovative and collaborative approach to working together with marginalized communities through the entire research process. CBPR not only provides information necessary to interpret the world—it also fosters the power, equity, and solidarity needed to change it. CBPR leverages the talents and experiences of a variety of stakeholders, breaking down privilege and bringing people together in the effort to identify issues most relevant to the community and create quality organizations, policies, and communities. CBPR can be more than a joint research endeavor with a marginalized community: it can be the basis for legislative initiatives and advocacy efforts. Advancing legislation related to homelessness, poverty, and inequality is most effective when there is strong data aligned with personal stories; engaging consumers in CBPR has proven to be effective not only in generating critical data to advance quality policy, but also in fostering consumer leadership and solidarity. This workshop will highlight the basic principles of CBPR; best practices of CBPR; discuss the process, opportunities, and challenges of developing and implementing a consumer-led CBPR project; funding opportunities for CBPR; and how to turn CBPR projects into springboards for legislative initiatives. Workshop attendees will be given practical information on how they can replicate consumer-led CBPR projects in their own organizations and utilize the results of these projects to jointly advance social change in the areas of housing, health care, poverty, and inequality alongside people experiencing homelessness. In the spirit of working together, the workshop presenters include representatives of HCH and its partners both housed and homeless.

Presenters: *Lisa Klingenmaier, MSW, MPH, Assistant Director for Social Concerns, Catholic Charities of Baltimore; Adam Schneider, MA, MSW, Director of Community Relations, Health Care for the Homeless Baltimore; Tony Simmons, Community Organizer, Right to Housing Alliance*

Galleria III



ORAL PRESENTATIONS IV

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

THE DEVELOPMENT AND PROGRAMMING OF A PATIENT HOUSING GUIDE

Inspired by personal struggles with her initial bout in housing, CAB and Board of Directors member Joanne Guarino helped to create a reference guide for patients as they transition to housing. Following focus group research, a Housing Guide that was launched at BHCHP in April 2015. Since the launch of the Housing Guide, we have distributed it to various sites across the city and have begun to explore programming the guide for our patients. The housing guide addresses a range of aspects of transitioning to housing and living on your own. It provides tips and resources to help patients successfully maintain housing. The guide includes advice on cooking, cleaning, and other life skills. In our presentation, we will go over the inspiration for, creation of, and evolution of the Housing Guide. Specifically, we will address challenges that our patients face as they transition to housing and the process through which the guide content was developed. After explaining the background information and development process we will discuss some of the obstacles that affect our patients success with housing, how we can effectively program/workshop the guide to make the information most accessible for our patients, how to use the Housing Guide on your site.

Presenter: Joanne Guarino, Chairperson of two BHCHP Consumer Advisory Boards and Member of BHCHP Board of Directors, Boston Health Care for the Homeless Program; Lena Cardoso, Research Assistant, Boston Health Care for the Homeless Program

IMPROVING HEALTH AND HOUSING OUTCOMES THROUGH SYSTEMS COORDINATION: PARTNERING HOMELESS ASSISTANCE AND MAINSTREAM HEALTH CARE

Housing assistance and health care systems remain largely separated, even for providers serving the same populations. Coordination across these two systems is vital to ensuring that people experiencing homelessness are properly assessed for health care needs, and are able to access appropriate and adequate health care. A recent series of twenty action planning convenings brought together key stakeholders from both systems, revealing a consistent need in communities and states across the country for HCH programs to play a greater role in homeless assistance Continuums of Care. This presentation will include case studies from around the country, highlighting established and promising innovative partnerships between HCH programs, other health care providers and homeless assistance agencies that can be replicated in additional communities. The presentation will offer strategies for facilitating partnerships and coordination among hospitals, managed care organizations, HCH programs, other Federally Qualified Health Centers, and housing programs, with the ultimate goal of leveraging the array of homeless-targeted and mainstream resources to improve the quality of care available to and accessed by people experiencing homelessness.

Presenter: Gillian Morshedi, Staff Attorney, HomeBase





ORAL PRESENTATIONS IV

THURSDAY, JUNE 2 | 8 - 9:30 A.M.

LINKING HEALTH AND HOUSING: IMPROVING RESIDENT HEALTH AND REDUCING HEALTH CARE COSTS THROUGH AFFORDABLE HOUSING

National health care reform has created an opportunity to rethink and improve the approaches by which people may receive quality, accessible health care while minimizing costs to the health care system. In particular, managed care models and Coordinated Care Organization architecture create a framework and incentives for investing health care dollars outside of the traditional boundaries of health care service delivery, promoting health, reduced cost, and quality outcomes via a more comprehensive approach rooted in the social determinants of health. One key element of this new approach is housing. Residential instability is strongly associated with high health care utilization and costs. However, providing stable, affordable housing for vulnerable, at-risk populations has been shown to improve health outcomes while reducing costs. In a one-year longitudinal study commissioned by Enterprise Community Partners in partnership with Providence's Center for Outcomes Research and Education (CORE), stable housing and integrated services for residents of affordable family housing, permanent supportive housing, and housing for seniors and people with disabilities was shown to significantly improve access to and quality of care, increase utilization of primary care, reduce emergency department utilization, and reduce health care costs by 12%. This presentation will explore significant data-driven lessons learned, and how health and housing sectors must collaborate to improve health outcomes for the people they serve and reduce costs for the health care system.

Presenter: **Amanda Saul**, Senior Program Director, Enterprise Community Partners

Skyline II



SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

TAKING THE JOURNEY TOGETHER: INCREASING ACCESS TO PALLIATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

In recent years the World Health Organization has made a strong push to increase accessibility to palliative care for all populations. Yet the homeless population, inarguable one of the most vulnerable, struggles to access palliative care. Palliative care acknowledges that there is no cure for incurable illness, instead focusing on relief of physical, emotional or spiritual suffering along the journey. This workshop will open with a powerful exercise intended to connect the participants with the experience of loss as a first step in opening to the losses another faces, and building a therapeutic relationship. Following this exercise, an overview of both palliative care principles and practices will follow lecture style. This will include introducing 5 practices that participants can use during their interactions with palliative patients. Participants will be broken into small groups, given case studies and develop suggestions for palliative care interventions. This will be very helpful for participants who are working to coordinating multiple agencies supporting one individual. The final section of this workshop will introduce advanced directive planning. The entirety of this workshop is intended to serve as an introduction to palliative care principles and practices in the setting of the homeless populations.

Presenters: Angela Lee, RN, BSN, Nursing Director, Hospice Without Borders; Meg Martin, MSW, CPC, Program Director, Interfaith Works Emergency Overnight Shelter; David Slack, MD, Executive Director, Hospice Without Borders Broadway I





SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

OVERCOMING DATA CHALLENGES AND CREATING NEW LINKS IN HOUSING AND HEALTH CARE

Technology, metrics and interagency care coordination are quickly becoming critical to any agency's survival, raising questions about how to share client data in a way that remains HIPAA compliant, yet enhances community partnerships and improves client outcomes. In this interactive session, presenters will focus on strategies to enhance partnerships, to collect and use data in agency strategy and decision-making, and to operate more efficiently and economically while improving their delivery of services. Presenters will share examples of agencies exchanging data with Health Homes, Health Information Exchanges (HIEs), and Regional Health Information Organizations (RHIOs) to provide new levels of coordinated care. This workshop will also take a closer look at how successful, collaborative national program models are working to reduce homelessness and hear examples of how innovative partnerships are being applied to support the day-to-day recovery of clients in local communities. Highlights will include best practices from the Corporation for Supportive Housing (CSH), including its work collaborating with FQHCs across the nation and its Frequent Users of Systems Engagement Initiative.

Presenters: *Jasper de Guzman, CIS Manager, Catholic Charities of Santa Clara County; Kim Keaton, MPA, Senior Program Manager, Corporation for Supportive Housing; Paul Rossi, Director, Client Services, Foothold Technology Broadway II*

THE CLINICAL IS THE POLITICAL: TALKING SOCIAL JUSTICE IN TREATMENT SETTINGS

Clinicians typically are not expected to address social oppression as part of their everyday practice. But is it our ethical responsibility to help clients contextualize their life experiences within a macro-level framework of institutionalized injustice? Is it our place to help clients disempowered by racism and patriarchy find language to describe their experiences? And, once it's out there, how do we collaborate with advocates to connect clients with movements for social change? In this knowledge-generating workshop, a guided discussion and facilitated activities will address these questions. We will examine some of the unjust policies and macro-level structural problems that impact our clients lives and help clinical providers who may not come from a policy background increase their comfort with these types of discussions. Participants will join with one another to identify and practice ways to help further the work of activating and engaging the directly-affected populations we serve.

Presenters: *David Avruch, LCSW-C, Mental Health Therapist, Health Care for the Homeless; Bilqis Rock, LGSW, SOAR Coordinator, Health Care for the Homeless Broadway III*



SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

THE INTEGRATIVE PAIN MANAGEMENT PROGRAM: EXPANDING OPTIONS FOR CHRONIC PAIN TREATMENT

Chronic pain is highly prevalent, costly, and challenging to treat in vulnerable populations. Multimodal treatment through the combined use of medications, procedures, physical and behavioral modalities, and integrative options, is the standard of care. Non-medication modalities are particularly difficult for vulnerable populations to access, in part because of perceived lack of efficacy and cost. As a result, there has been an over reliance on medications, especially opioids, leading to an opioid overdose epidemic in the US. As well, patient and staff dissatisfaction related to lack of treatment options and challenges around opioid misuse are common. The Integrative Pain Management Program (IPMP) was developed to expand non-medication treatment options in the San Francisco Department of Public Health. The setting for the Program will be primary care, as that is where most patients with chronic pain are managed. The IPMP will include behavioral health interventions (cognitive behavioral therapy), rehabilitation services (physical activity/movement groups), integrative modalities (acupuncture, massage, mindfulness), and patient education, including medication education. During the workshop, we will discuss the evidence base for non-medication treatments; the process used to gather and incorporate input from patients, staff, and local experts to develop the IPMP pilot; pilot services; and preliminary evaluation results of the pilot. We will then have a group discussion to elicit other promising and innovative practices and strategies to expand and incorporate non-medication treatments for chronic pain into practice, and the unique challenges to doing so in vulnerable populations.

Presenters: **Barbara Wismer, MD, MPH, Physician**, Tom Waddell Urban Health Clinic, San Francisco Department of Public Health
Broadway IV





SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

HEALTH CARE FOR THE HOMELESS AND COMMUNITY HEALTH WORKERS: A GUIDE TO INTEGRATING CHWS INTO CLINICAL PRACTICE

In the summer of 2015, the National HCH Council completed a three-year demonstration project funded by the Center for Medicare and Medicaid Innovation (CMMI), which measured the impact of integrating Community Health Workers (CHW) into Health Care for the Homeless clinical practice. The preliminary findings demonstrate an extraordinary benefit to employing a CHW, improving the experience of both HCH clinicians and their clients. That the majority of the participating HCH programs retained their CHWs after the project ended is a testament to its success. In order to perpetuate this accomplishment, the National HCH Council developed a comprehensive course for HCH programs interested in integrating CHWs into their practice. This online course details the roles and responsibilities of CHWs, hiring and supervising CHWs, and integrating and supporting CHWs in HCH settings, in addition to other resources. The content was principally informed by the experiences and lessons learned from the study participants. In this workshop, two CHWs and one administrator will share their knowledge and on-the-ground experience with the CMMI project. Their expertise will provide participants with a comprehensive understanding of the benefits and challenges of integrating CHWs into HCH programs, as well as tangible strategies for overcoming barriers. This interactive workshop will also include an overview of the online course and other available resources.

Presenters: Susan Childs, CPS, Community Health Worker, Duffy Health Center; Rodney Dawkins, Community Health Worker, Heartland Health Outreach; Susan Moore, MPA, MPH, Director of Homeless & Public Housing Health Services, Charles Drew Health Center
Council Suite



SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

STATES OF EMERGENCY: HOW JURISDICTIONS ARE RE-FRAMING HOMELESSNESS AS A CRISIS

While some areas of the U.S. have seen declines in homelessness, other areas have seen increases that have overwhelmed local homeless services. In response several jurisdictions have declared formal states of emergency on homelessness. Much like a state of emergency caused by a natural disaster, these declarations are designed to allow local governments to re-allocate resources, overcome procedural barriers to addressing the problem, and more quickly direct funding to meet local needs. While each locale has used its declaration in different ways, some common themes have included recognizing that homelessness is a human-made disaster that has reached crisis levels, calling for an immediate increase in the availability of temporary shelter, and requesting additional resources from State and Federal governments. As a new strategy, it is unclear what long-term effect these declarations will have on the number of people experiencing homelessness; however, these are intriguing vehicles for raising public awareness and realizing new resources. This workshop will explore the potential for emergency declarations to be used as an advocacy tool for policy change. Service providers from Los Angeles and Seattle will describe what changes (if any) they have seen as a result of their city's emergency declaration, and an overview of declarations and advocacy strategies will be provided so others can pursue similar goals in their locality.

Presenters: *John Gilvar, Health Care for the Homeless Program Manager for Public Health- Seattle and King County; Amber Roth, MSW, MS, Director of Operations & Programs, Homeless Health Care Los Angeles; Matt Warfield, MSW, MUP, Health Policy Organizer, National Health Care for the Homeless Council*
Forum Suite

EMPOWERMENT IN CONSUMER GOVERNANCE

Health Centers are required to engage consumers in governance either through participation on the Board of Directors or outreach that solicits contributions such as focus groups, surveys, or Consumer Advisory Boards. This involvement provides consumers with the opportunity to ensure that people experiencing homelessness have their health care needs effectively addressed. This workshop will identify best practices in fulfilling this responsibility, including both structural considerations (e.g., how consumer advice is gathered and incorporated into agency decision-making) and practical tips for participating in decision-making processes (e.g., how to conduct a meeting and consensus decision making).

Presenters: *Tina Hayes, NCAB Co-Chair, Chairperson Mercy Care Consumer Advisory Board, Mercy Care; Carmon Ryals, Consumer Advisory Board Committee Member, Albuquerque Health Care for the Homeless; Derek Winbush, Board Member, Boston Health Care for the Homeless*
Galleria I





SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

THE PATHWAYS INTO AND OUT OF LGBTQ YOUTH HOMELESSNESS

One of the reasons LGBTQ youth homelessness happens is that many people, including parents and providers, don't understand LGBTQ youth needs or how social safety nets fail LGBTQ youth. This workshop will provide attendees with (1) working knowledge of the realities facing LGBTQ youth experiencing homelessness and (2) present new resources for advocates working at the intersection of LGBTQ youth and housing justice. Participants will be introduced to the Real Time Ally, an opportunity identification tool created by a master's student at the Center for Social Design at MICA in collaboration with Baltimore area LGBTQ youth, homelessness advocates and service providers. Real Time Ally is a resource designed to educate and guide people unfamiliar with LGBTQ justice in becoming affirming allies through shared definitions, concrete next steps and direction for further learning. The creator of Real Time Ally has teamed up with program leaders, service providers and consumers at the Healthcare for the Homeless in Baltimore, Maryland and Outside In in Portland, Oregon for this presentation. Participants will learn how different systems collectively push young people out of stable housing and into the harsh realities that LGBTQ folks face at homelessness services: discrimination at shelters, widespread harassment, inability to meet basic needs, lack of access to medical care and education, criminal profiling, and loss of community. This workshop will have a strong intersectional and collaborative focus while examining the many pathways to homelessness for LGBTQ youth.

Presenters: *Amanda Antenucci, LCSW, Clinical Services Manager, Outside In; Joseph Bonnell, CADC, QMHA, Street RISE Case Manager, Outside In; Eva Fury, Student, Robert W Deutsch Social Design Fellow, Maryland Institute of Art; Lisa Stambolis, CPNP, Director of Pediatrics, Health Care for the Homeless, Inc.*

Galleria II



SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

PREDICTING WELLBEING AND HOUSING LOSS IN SUPPORTIVE HOUSING PROGRAMS: LESSONS LEARNED FROM A LONGITUDINAL EVALUATION

Permanent Supportive Housing (PSH) programs offer individuals a variety of tools that assist in promoting housing stability, including case management services. The main goal of these supportive housing programs is to maintain continuous housing stability with secondary benefits that include improved quality of life in tenants. The Housing First model is recognized as the preferred evidence-based method of implementing PSH programs, but many communities struggle to offer the depth and complexity of services to achieve model fidelity. For six years, one Texas community has conducted a continuous improvement and performance-based evaluation of its Housing First program, focusing on housing retention, quality of life, substance abuse, mental health and medication adherence. Qualitative analysis indicated that reduction in tenant engagement with case management was a precursor to program disenrollment. Over the 6-year period, tenants' self-sufficiency, quality of life, mental health, substance abuse and medication adherence followed general patterns of initial increases, followed by plateaus, and decreases for some groups of tenants. The use of performance metrics influenced program outcomes, with increases in occupancy and annual retention rates following the establishment of performance payments. The presenters will facilitate a solution-focused dialogue with session participants about challenges associated with implementing Housing First models when resources are not available to fully fund all model components.

Presenters: *Kwynn Gonzalez Pons, Graduate Research Assistant, University of North Texas Health Science Center; Emily Spence-Almaguer, PhD, Associate Professor, University of North Texas Health Science Center; Otis Thornton, MDiv, Executive Director, Tarrant County Homeless Coalition*
Galleria III





SESSION VI: WORKSHOPS

THURSDAY, JUNE 2 | 10 - 11:30 A.M

HOMELESSNESS IS A SYMPTOM OF RACISM, AND WE'RE ONLY TREATING THE SYMPTOM

Racism exists. Its manifestations and impacts are seen and felt throughout our society – both in unjust social policies and within social service organizations seeking to promote justice. This workshop will explore the complex connections between racism and homelessness. Presenters will share findings from their recent review, which maps the existing research on race and homelessness across areas such as health, housing, mental health and addiction, trauma, criminal justice, social supports, and culturally competent interventions. But racism doesn't just manifest “out there:” the workshop also will examine the ways that structural racism manifests within health and social service organizations. Participants will consider what becoming an anti-racism organization means and reflect on the areas their organizations might focus on to make progress toward this goal. Together, workshop participants will develop goals for themselves and their organization and share tool for tracking progress toward collectively dismantling racism in our communities and organizations.

*Presenters: **Gerardo Benavides, Disability Assistance Outreach Specialist, Health Care for the Homeless; Leonard Croft, Client Access Associate, Health Care for the Homeless; Marc Dones, BA, Senior Analyst, Health Policy, Center for Social Innovation; Jeff Olivet, MA, CEO, Center for Social Innovation; Heather Strauss, Client Access; Adam Schneider, MA, MSW, Director of Community Relations, Health Care for the Homeless Baltimore Associate, Health Care for the Homeless Skyline I***



ORAL PRESENTATIONS V

THURSDAY, JUNE 2 | 10 - 11:30 A.M.

BREAKING THE CYCLE: IDENTIFYING AND ADDRESSING RISK FACTORS FOR 30-DAY HOSPITAL READMISSION AMONG PEOPLE EXPERIENCING HOMELESSNESS

This presentation will highlight findings from a recent study that used Medicaid claims data merged with HCH electronic medical record data to investigate the primary risk factors for 30-day inpatient hospital readmissions among a sample of individuals who were homeless in Boston. Specific patient-level and admission-level risk factors that were examined included, but were not limited to, patient race, sex, preferred language, age, care team at Boston Health Care for the Homeless Program (BHCHP), and more. The presentation will address how results from the study, which analyzed over 1,300 inpatient hospital admissions over a two-year period, will be used to inform the development of innovative and targeted readmission reduction interventions for the homeless population. While there has been increasing pressure by the Centers for Medicare and Medicaid Services (CMS) to address specific quality measures aimed at reducing hospital readmissions, few studies have examined readmission rates and specific risk factors for 30-day readmission among people who are experiencing homelessness. This is particularly important in the era of accountable care, as safety net providers, including HCH grantees and their partners, increasingly take on financial risk for their patients' total quality and cost of care, including inpatient hospital costs and quality measures related to readmissions. Preliminary results from this study suggest that having a Health Care for the Homeless behavioral health visit within 30 days of an initial or "index" hospital admission significantly reduced the risk of a readmission to the hospital within that 30-day period. Presenters will discuss the implications of such findings, particularly with respect to how a homeless health center can collaborate with area hospitals to use these findings, "working together for quality," while also highlighting ways that other HCH grantees may replicate this study with their own data.

*Presenters: **David Munson, MD, Medical Director**, Barbara McInnis House, Boston Health Care for the Homeless Program; **Melanie Racine, MPH, Project Manager**, Boston Health Care for the Homeless*





ORAL PRESENTATIONS V

THURSDAY, JUNE 2 | 10 - 11:30 A.M.

WILL WE TEACH ON THE STREET?

We will emphasize curriculum specifics in fields of medicine, surgery, behavioral health and public health/advocacy that we are adding to the Family Practice Residency Program at Shasta Community Health Center (FQHC), HOPE Mobile Outreach as well as HOPE Street Medicine Outreach in Redding, California. These curricular emphases are designed to be useful in the mobile, urban and rural homeless medical care setting. Regarding platforms of care, the community collaboration, seeking of stakeholders, interfacing with administrators and educators is a critical piece of learning for students and residents as they anticipate a career with the underserved. We will present a multi-staged plan for development of a dedicated Homeless Medicine Rotation within our Family Practice Residency Program at Shasta Community Health Center. Finally, the presentation will discuss the results of our residency sponsored survey of underserved providers, discussing creation and structure of medical student and resident experiences that link them to “a heart” for the underserved and homeless. This presentation seeks to stimulate thought processes in our membership to create learning opportunities for those that will follow us in the service of our brothers and sisters on the street. A discussion of an effective curricular model, the student/resident involvement in all continuity platforms of care, and the inspiration to seek it and keep doing it despite setback – is in sum, my wish to bring to the table.

Presenter: *Doug McMullin, MD, Assistant Professor of Family Medicine, UC Davis, Shasta Community Health Center; Jennifer Shrestha, Medical Student, UC Davis*

IDENTIFYING HOMELESSNESS AT A COMMUNITY HEALTH CENTER

This presentation offers a narrative description of a quality improvement project implementing homelessness screening at a FQHC with Community Health Center designation located in Minneapolis. Initial findings will compare point-of-care screening to existing and emerging methods, followed by a facilitated discussion on translating findings to practice. In Minnesota, 40,000 people a year experience homelessness, the majority of whom are children. Most report using an outpatient provider to meet health care needs, yet limited research is available on health care utilization patterns or health outcomes for those utilizing traditional primary care sites. Research is also limited by non-uniform definitions that poorly capture episodic homelessness or the experiences of youth, families, and migrant communities. This quality improvement project compares three methods of identifying homelessness: 1) existing practice where receptionists record housing status, 2) address-based identification, and 3) provider-based screening at the point of care, documenting positive findings with diagnostic codes. Accurately identifying homelessness is a priority for clinicians hoping to improve care delivery and outcomes, administrators hoping to capture patient complexity in a way that influences reimbursement, and researchers who want to understand social determinants of health on a population level. As people experiencing homelessness have more options for accessing care, traditional care providers have much to learn from HCH sites.

Presenter: *Rosemary Fister, MN, RN, PHN, Psychiatric/Mental Health DNP Candidate, University of Minnesota, Hennepin County Health Care for the Homeless Project Skyline II*



SESSION VII: THINK TANKS

THURSDAY, JUNE 2 | 1 - 2 P.M.

MORE THAN LOCKERS: CHICAGO'S PLAN TO PROMOTE HEALTH, SAFETY, AND CONNECTION THROUGH STORAGE

For young people experiencing homelessness and housing instability, access to safe and secure storage options for personal belongings--such as clothing, medications, keepsakes, and legal documents--is a daily, often hourly, stressor. In the absence of stable housing, these possessions--including those necessary for housing, employment, and educational opportunities--are in constant danger of being lost, stolen, discarded, or damaged. The traumas of homelessness are exacerbated by the lack of safe, secure, and accessible storage options. Youth suffering from the loss of personal belongings find themselves that much further delayed in obtaining and securing resources. Youth experiencing homelessness have identified solving the storage program as one of the most important ways to alleviate their day-to-day stress, improve the immediate quality of life for individuals in unpredictable and temporary living situations, and support the short-and long-term goal setting towards stable housing. The Chicago Youth Storage Initiative seeks to create an integrated and comprehensive storage system for more than 2,000 young Chicagoans experiencing homelessness. This think tank will explore solutions for a range of experiences and needs; findings and recommendations from our youth-led participatory research process (released in May 2015); and tools, handbooks, and guides that may be used to implement, maintain, and evaluate storage programs for adaptation in your own communities.

Presenters: Lara Brooks, Director, Chicago Youth Storage Initiative; Ka'Riel Gaiter, Community Engagement

Coordinator, Chicago Youth Storage Initiative

Broadway I





SESSION VII: THINK TANKS

THURSDAY, JUNE 2 | 1 - 2 P.M.

CRUCIAL CONVERSATIONS TO EMPOWER THE UNDERSERVED: INTEGRATING ALCOHOL, DRUG AND TOBACCO INTERVENTIONS INTO PRIMARY CARE

Old Town Clinic (OTC) is a Federally Qualified Health Center in downtown Portland providing patient-centered, trauma-informed and integrated behavioral health and primary care to patients who are low-income and/or experiencing homelessness. Presenters will outline the regional and national policy influences that supported the implementation of a drug and alcohol-focused screening intervention. Presenters will review some evidence supporting the value of SBIRT (Screening, Brief Intervention, and Referral to Treatment), while noting that very little data or literature exists on the use of SBIRT in homeless or underserved populations. Presenters will also share how expanded staffing has allowed OTC to widen its reach and scope to include tobacco cessation. Finally, presenters will review essential considerations in implementation of interventions related to alcohol, drug, and tobacco use through two lenses: that of the patient experience and that of EHR integration, workflow design, and quality improvement. Related to the patient experience, presenters will provide lessons learned for overcoming systemic and cultural barriers to having impactful conversations with patients experiencing homelessness about behavior change, including integrated alcohol, drug and tobacco treatment services. They will also share experiences using quality-focused interdisciplinary team to design workflows that allow for EMR integration, process and outcome measures, staff engagement, and improved patient access.

Presenters: *Amy Hardy, RN, BSN, Nurse Manager, Central City Concern; Kerith Hartmann, Health Educator and Project Coordinator, Central City Concern*
Broadway II

ARE WE DOING ENOUGH TO END HOMELESSNESS? A THOUGHTFUL DISCUSSION OF WHAT IS WORKING AND WHAT REMAINS TO BE DONE

A number of mainstream media articles have hit the press proclaiming giant strides in ending homelessness. The State of Utah announced they reduced the incidence of chronic homelessness by over 90%. Communities around the country are promoting a message of “ending homelessness.” Yet, at the same time, mayors in major cities in Hawaii, Oregon, and California have announced “states of emergency” over homelessness. Housing instability has hit an all-time high in some of the largest urban communities in the U.S. And, a casual walk through many cities reveals a staggering number of people experiencing homelessness. A great disconnect exists. The workshop will continue the conversation started at the 2015 HCHC conference by helping health center providers and programs sort through the facts, figures, press, and information to determine critical paths to advocacy. The workshop will include a moderated discussion with key thought-leaders in the homelessness field and an interactive crowd-sourcing activity.

Presenters: *Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council; Kevin Lindamood, MSW, President & CEO, Health Care for the Homeless; Jim O’Connell, MD, Founder, Boston Health Care for the Homeless; Jeff Olivet, MA, CEO, Center for Social Innovation; Wayne Centrone, NMD, MPH, Senior Health Advisor, Center for Social Innovation*
Broadway III



SESSION VII: THINK TANKS

THURSDAY, JUNE 2 | 1 - 2 P.M.

ENABLING ACCESS TO HEPATITIS C CURE FOR PEOPLE EXPERIENCING HOMELESSNESS

Populations experiencing homelessness suffer disproportionately from hepatitis C (HCV) infection but their access to curative treatment remains low. Access to simple, tolerable, highly effective HCV treatment has been available for almost two years and national guidelines recommend treatment for all infected individuals. Enabling access to this revolutionary treatment for individuals experiencing homelessness should be crucial to the priorities of HCH programs, but there is limited experience in HCH programs with implementing this kind of specialized care. Boston Health Care for the Homeless Program's HCV treatment program was initiated in January 2014 to enable access to treatment for the 23 percent of our patients infected. As of October 2015, we have evaluated over 240 individuals and treated 95. The aim of our presentation is to share our team-based approach and discuss strategies and lessons learned for providing this specialty treatment to individuals experiencing homelessness. We will discuss ways in which we utilize the electronic medical record and population management, as well as coordination with outreach sites and office-based buprenorphine treatment to enable success for vulnerable individuals. We will share outcomes from our experience, engaging audience members in discussion around challenges to implementing HCV treatment in their own sites.

*Presenter: Marguerite Beiser, NP, Director of HCV Services, Boston Health Care for the Homeless Program
Broadway IV*

ADAPTING HOUSING FIRST MODELS FOR NEW PROJECTS IN THE MIDST OF AN AFFORDABLE HOUSING SHORTAGE

The goals of this think tank include gaining an understanding of current housing market landscapes and barriers faced by Housing First models, how to structure and design Housing First programs to efficiently overcome current barriers to housing, and to learn new skills and strategies to grow scattered-site housing stock available to program participants through fostering landlord and property investor relationships. We will provide information on local and national affordable housing shortages, an overview of the Social Impact Bond (SIB) project and challenges that come with serving a high-utilizer population in a scatter-site housing setting, and review the design in place at Colorado Coalition for the Homeless (CCH). We will also review strategies to recruit and network with property investors, provide tools to maintain mutually beneficial business relationships over time, and provide strategies for program design that balance clinical and therapeutic needs of program participants with demands of the modern-day housing market.

Presenters: Matthew Mollica, MBA, Director of Housing Intake and Placement, Colorado Coalition for the Homeless; John Parvensky, J.D., President, Colorado Coalition for the Homeless; Lisa Thompson, DNP, PMHNP-BC, Director of Housing First and ACT Services, Colorado Coalition for the Homeless

Galleria I



SESSION VII: THINK TANKS

THURSDAY, JUNE 2 | 1 - 2 P.M.

STATE-BASED STRATEGIES FOR IMPLEMENTING UNIVERSAL HEALTH CARE

Our current American healthcare system puts tremendous pressure on individuals and families leading to bankruptcy, foreclosure, and homelessness. The cost of American healthcare, twice that of other developed countries, diverts money away from education, social spending, and housing, resulting in the US having the worst public health in the industrialized world. Achieving healthcare quality, access, and reduced costs for any segment of our population requires a universal care plan. Participants will learn how single payer financing provides better care to more people for less money than is possible with our American private health insurance system. The US Congress, with partisan gridlock, is unlikely to attempt any national healthcare program in the foreseeable future. With Congressional action impossible, states must enact their own statewide healthcare plans. Our presentation will discuss the attempts of Vermont, Colorado, and Oregon to work within current federal constraints to implement statewide universal care. Participants will gain an understanding of the financial advantages of universal care, how single payer maximizes the efficiency of a universal care program, why states will be at the forefront of implementing universal care, the challenges confronting individual states, and what the experiences of Vermont, Colorado, and Oregon might mean for all statewide universal care campaigns.

*Presenters: **Peter Mahr, MD, Family Medicine physician, Multnomah County Department of Health, Oregon, Portland***

*Chapter, Physicians for a National Health Program; **Samuel Metz, MD, Member, Portland Chapter, Physicians for a National Health Program; **Charlie Swanson, PhD, Chair, legislative committee, Health Care for All Oregon*****

Galleria II

THE PERSONAL IS POLITICAL: LIBERATING CONSCIOUSNESS THROUGH STORYTELLING

The personal is political. Storytelling is how we make sense of our experiences both individually and collectively. With concrete examples of projects that have embraced the art of storytelling to effect individual, organizational, and systemic change, in this think tank participants will discuss methods for sharing stories that can develop critical consciousness, build solidarity, and inspire action. Through an interactive presentation and discussion participants will gain an understanding of the Freirian model of liberation education, share insights, and develop practical strategies for incorporating storytelling models within their localities.

*Presenters: **Vanessa Borotz, Community Organizer, Health Care for the Homeless; **Gary Cobb, Community Outreach*****

Coordinator, Central City Concern; **Morgan Fritz, PhD, Development Writer, Health Care for the Homeless, Maryland; **Tony Simmons, Community Organizer, Right to Housing Alliance****

Galleria III



SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

WORKING TOGETHER TO DELIVER MOBILE PHYSICAL-BEHAVIORAL HEALTH INTEGRATION FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS

Chronic homelessness in Cuyahoga County has decreased 73% since Housing First opened its first building in 2006. In 2015, FrontLine Service (a community mental health agency), Care Alliance Health Center (an FQHC), and Enterprise Community Partners collaborated to launch an integrated delivery system for individuals living in Housing First permanent supportive housing in Cleveland, Ohio. This innovative care delivery program includes a fully-equipped primary care Mobile Clinic, equipped for real-time wireless Electronic Medical Record (EMR) access. Our integrated primary care and mental health team is comprised of primary care and psychiatric providers, RN care manager, outreach navigator, administrative support staff, and case management. Through working together with partners and HCH clients, the Mobile Clinic program enables the delivery of whole-person care at the doorstep of Cleveland's most medically-vulnerable residents, individuals who were otherwise difficult to reach, and does so in an effort to improve outcomes and the quality of care. Throughout our program implementation, we have addressed several challenges, which we can now help other organizations navigate: Engaging HCH clients to determine what services they need and how best to design, deliver, and promote those services through mobile health care program; Overcoming the differences between the primary care and behavioral health philosophies and delivery models; Administering care in a public setting in a way that is mindful of confidentiality and HIPAA compliance; Adapting to post-implementation operational adjustments; and Determining effective on-site patient workflow between two organizations.

Presenters: *Joseph Benson, NCAB Member, Community Health Worker, Health Care for the Homeless Houston; Andrew Berger, NP, Nurse Practitioner, Care Alliance Health Center; Dave Buck, MD, MPH, Professor - Baylor College of Medicine, Healthcare for the Homeless - Houston, Baylor College of Medicine; Dan Meges, MD, Medical Director Emeritus, Care Alliance Health Center; Dr. Katherine Nagel, Chief Administrative Officer, Care Alliance Health Center; Mark Sperber, MA, LPC-S, LCDC, LMFT-Associate, Behavioral Health Consultant, Healthcare for the Homeless - Houston; Cynthia Vrabel, MD, Medical Director, FrontLine Service*

Broadway I





SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

HOUSING, NOT HANDCUFFS: CRIMINALIZATION OF HOMELESSNESS, CONSTRUCTIVE ALTERNATIVES, PROTECTING THE HUMAN RIGHTS OF PEOPLE EXPERIENCING HOMELESSNESS

Imagine a world where it is illegal to sit down. Could you survive if there were no places where you were allowed to fall asleep, to store your belongings, or to stand still? In communities across the nation, these harmless, unavoidable behaviors are treated as criminal activity for persons experiencing homelessness, often forcing them into health-threatening situations to avoid detection and creating arrest records that put further barriers between these individuals and the access to housing and services they need. This panel discussion will teach participants about the negative aspects of criminalization, share positive examples of alternatives, provide specific steps that participants can use to identify and address criminalization in their home communities, and provide a way to work together for better quality for all in the exciting new campaign for Housing, Not Handcuffs that is working at the federal, state, and local levels to end criminalization of homelessness and promote the human right to housing.

*Presenters: **Jeff Foreman, JD, MGA, MA, MS, Consumer**, Care for the Homeless; **Eric Tars, JD, Senior Attorney**, National Law Center on Homelessness & Poverty; **Raymond West, Consumer Advocate**, Care for the Homeless
Broadway III*

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

SO YOU WANT TO START A MEDICAL RESPITE PROGRAM? HERE'S HOW!

This workshop will present a compact review of the evolution and history of medical respite care, models of care, funding challenges, scope of practice, and the significance of medical respite care to accountable care organizations and hospitals. Attendees will be encouraged to participate in group discussions and shared learning through examination of case studies and stories from the field. This interactive workshop will provide opportunities for information sharing and networking among attendees that will be of interest to both clinicians and administrators.

*Presenters: **Sarah Ciambone, MS, Director of Clinical Innovations**, Boston Health Care for the Homeless Program; **Leslie Enzian, MD, Medical Director**, Edward Thomas House Medical Respite Program, Harborview Medical Center
Broadway IV*



SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

A TEAM-BASED APPROACH TO REDUCING HIV VIRAL LOAD IN PATIENTS EXPERIENCING HOMELESSNESS

This workshop will highlight the experiences and best practices of the Multnomah County HIV Clinic related to serving persons living with homelessness and HIV. The HIV Clinic is an accredited patient center medical home that serves over 1300 patients each year. These patients have other co-morbidities such as severe mental illness, diabetes, Hepatitis C, and hypertension. The clinic has a public health mandate to reduce the spread of HIV by suppressing the HIV viral load of our patients. Viral load suppression is also one of the clinic's quality indicators. Homeless and unstably housed clients are among the most difficult to engage in care and with whom to achieve medication adherence. Service issues are further compounded by the lack of affordable housing. This workshop will address team-based care, service integration, quality improvement, and client engagement strategies. The presentation will include case examples, data, and first-person stories (audio/video) of how a multidisciplinary team works with homeless patients to achieve HIV viral suppression. This workshop will also highlight the roles community social services, housing partners, and behavioral health staff play in enhancing a traditional medical home model to better serve persons experiencing homelessness. The lessons learned from serving an HIV population are transferrable to serving other tri-morbid groups experiencing homelessness. The presenters include a primary care provider/HIV specialty provider, a medical case manager, and a community health worker.

Presenters: *Emily Borke, LCSW, Medical Case Manager, Multnomah County Health Department; Angela Kuzma, BA, Community Health Worker, Multnomah County Health Department; Mary Tegger, PA-C, AAHIVS, MA, Physician Assistant, Multnomah County Department of Health*
Council Suite



SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

CONSENT, DEMENTIA, AND SURROGATE DECISION-MAKING: ETHICAL CHALLENGES IN THE CONTEXT OF HOMELESS HEALTH CARE

This interactive workshop will use the case of an 85-year-old male from Puerto Rico with advanced dementia and likely rectal cancer to address issues of consent and surrogate decision-making in the context of health care for homeless persons. The workshop will incorporate a series of small-group discussions to promote participant engagement in an iterative analysis of emerging issues as the case unfolds. Brief didactic summations of key points will be provided to highlight ethical principles and core concepts arising in the context of health care for persons experiencing homelessness. A medicine-pediatrics physician, a family medicine physician, and a clinical social worker will lead the workshop. This team also brings additional training in bioethics, public health, and law. The case will be presented in three segments with each segment addressing a different ethical concern. After each segment, the workshop participants will be divided into small groups to discuss the ethical concerns raised during that segment for 15–20 minutes. The group will then reconvene to discuss how the general principles of ethics apply to the questions raised by the case. The goal of this workshop is to help practitioners working with patients experiencing homelessness who lack capacity for aspects of medical decision making understand how to ethically and legally provide care for these patients who need special assistance.

Presenters: Mark D. Fox, MD, PhD, MPH, Professor of Medicine and Pediatrics, Associate Dean and Director, Indiana University School of Medicine–South Bend; Laura Kaplan-Weisman, MD, Family Physician, The Institute for Family Health, Care for the Homeless; Ricky Munoz, JD, MSW, Assistant Professor of Social Work, University of Oklahoma Forum Suite



SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

MEASURING WHAT MATTERS: HOW CAN HOMELESS HEALTH CARE PROVIDERS SHAPE THE MEASUREMENT OF OUR PERFORMANCE?

Performance measures not only shape clinical priorities, but also are a high priority for payers seeking to ensure that care is both value-based and patient-centered. In this era of performance measurement, HCH providers face a challenge because their patients' concerns are often unique and the circumstances surrounding care are exceptional. Current measures, on which health centers providers are increasingly paid, are not always relevant to the care of people without homes. In this dynamic workshop we will discuss how Central City Concern has developed and selected measures relevant to its population, facilitated by an innovative local payer, CareOregon, a Medicaid managed care organization dedicated to a more flexible and responsive system of value-based payment. We will then review the core components of good health care performance measures (spanning process and outcome measures, as well as measures of quality, cost and experience) and invite workshop participants to design measures most suited to their clinical scenarios. We will conclude with a discussion of how to influence local and national health policy to incorporate these performance measures into payment and incentive programs.

Presenters: Eowyn Rieke, MD, MPH, Associate Medical Director of Primary Care, Central City Concern; Rachel Solotaroff, MD, MCR, Chief Medical Officer, Central City Concern; Mindy Stadlander, MPH, Director of Network and Clinical Support, CareOregon
Galleria I





SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

RESULTS FROM A NIAAA-NHCHC STUDY: WOMEN'S ALCOHOL, DRUG, HEALTH, MENTAL HEALTH RISKS, IMPLICATIONS FOR IMPROVING CARE

"Women's Health Survey: Substance abuse, mental health and health needs of women in primary care" is a project of the Practice Based Research Network involving 11 HCH clinical sites in 9 states, funded by the National Institute for Alcohol Abuse and Alcoholism. The study aims were to: 1) Describe the prevalence and correlates of past year risky alcohol and drug use, and comorbidities with mental and physical health conditions, among women receiving primary health care services in HCH programs; 2) Describe access to substance abuse treatment among women in this sample including perceived barriers to care, motivation to seek substance abuse treatment, and the acceptability and perceived helpfulness of having HCH primary care providers assist with these issues; and 3) Identify potentially innovative approaches to prevent and treat substance abuse and mental health issues in this population. The study included a survey of 750 adult women seeking care in HCH programs augmented by a medical record review. The session will highlight study methodology and findings, including a discussion of behavioral health issues among women experiencing homelessness and integrating behavioral health into primary care.

Presenters: ***Claudia Davidson, MPH, Research Associate, National Health Care for the Homeless Council; Christina Stehouwer, PA, MPH, Speaker, Care Alliance Health Center; Geraldine Kennedy, APRN, Nurse Manager, Mercy Medical Center***

Galleria II

IMPROVING TB CONTROL QUALITY AMONG PEOPLE EXPERIENCING HOMELESSNESS: NEW TREATMENTS, PARTNERSHIPS & NO NEW DISEASE

This workshop will focus on changes in TB control in homeless populations that have resulted in improved quality of health care delivery models, partnerships among homeless services providers, local health departments and governmental agencies, and most importantly, quality of life for people without homes. We will present the summary proceedings from a CDC-sponsored workshop on TB among persons experiencing homelessness, which gathered shelter staff and directors, homeless advocates, healthcare department representatives and TB controllers to discuss improved TB control in their local jurisdictions. The presentation will address administrative and respiratory controls, housing for patients with active TB, basic infection control, and the role of partner agencies. We will highlight common barriers and challenges to TB control and provide educational resources for addressing these challenges. The workshop will include a focus on the city-wide response to a large TB outbreak, led by the director of the local HCH program, which included education, screening and testing programs, and shelter standards. Improved testing and shortened regimens for treatment of latent TB infection will be discussed as ways of improving quality of life for patients with TB infection and TB disease.

Presenters: ***Tom Andrews, MBA, President, Mercy Care of Atlanta; Sapna Morris, MD, MBA, Medical Officer, CDC, Mercy Care of Atlanta***

Galleria III



SESSION VIII: WORKSHOPS

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

DEVELOPMENT AND IMPLEMENTATION OF BUPRENORPHINE MAINTENANCE PROGRAM IN A PRIMARY CARE SETTING

Drug overdose is an epidemic in our country. Methadone and buprenorphine are drugs that are used to provide medication-assisted therapy (MAT) for people with an opioid use disorder. Unlike methadone, buprenorphine can be prescribed in primary care settings for the treatment of opioid use disorder. Despite the fact that buprenorphine maintenance is an evidence-based practice and an effective treatment option for individuals with opioid use disorder, it has not been widely implemented into primary care settings. The severity of the overdose epidemic in recent years has led to an increased focus at the national level on improving access to substance use treatment and specifically medication assisted treatment. HRSA recently called for proposals for technical assistance grants to assist health centers in expanding MAT into their practices. This session will review the national trends around opioid use and overdose in the United States and the increasing demand for opioid use disorder treatment. We will briefly review opioid use disorder treatment options and will have a specific focus on buprenorphine maintenance treatment. Knowing that many health centers have recently applied for the HRSA technical assistance MAT grant, we will outline the key elements that any new program will want to consider when developing and implementing buprenorphine into their practices, as well as areas where programs may take different approaches.

Presenters: Julie Rushkewicz, LCPC, CADC, Senior Mental Health Clinical Practitioner, Heartland Alliance for Human Needs and Human Rights; Elizabeth Salisbury-Afshar, MD, MPH, Medical Director, Heartland Health Outreach Skyline I





ORAL PRESENTATIONS VI

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

PROVIDING OPTIMAL CONTRACEPTIVE CARE FOR GENDER VARIANT YOUTH EXPERIENCING HOMELESSNESS

This presentation will examine the high risk for unwanted and dangerous pregnancies among gender-variant youth who were born female and are using testosterone for masculinization, sensitive and appropriate clinical practices, and the use of long-acting reversible contraceptives (LARCs). Provider comfort levels and common misconceptions regarding gender identity, sexual practices and pregnancy risk will be addressed. Approaches for developing comprehensive and inclusive sexual activity assessments will be discussed, as will the use of outreach workers and health educators to increase youth's knowledge and acceptance of LARCs.

Presenter: Catherine Verriere, DNP, ARNP, FNP-BC, Nurse Practitioner at Homeless Youth Clinic, Neighborcare Health; Cheri Gail, NP, Nurse Practitioner, Homeless Youth Clinic, Neighborcare Health

GET HIP, GET CONNECTED: A SOCIAL NETWORKING PLATFORM

This presentation will detail how Mercy Care's HIV Prevention Team utilized a social media networking platform, Get Hip Get Connected, as a successful intervention strategy in reaching its target population. The program also recently integrated behavioral health interventions into the care model. In addition to the above, the program utilizes innovative intervention strategies that address approaches to prevention in which the social influences on disease can affect specific target populations. This includes the use of social media to reach the target population. The approach is a community mobilization social networks/media and in-person engagement strategy developed for Mercy Care. The use of online social applications combined with the efforts of peer navigators has been widely received as a non-stigmatized linkage-to-care model. This approach enables gay African-American men to access health care services around HIV testing, sexually transmitted infections (STI) treatment, mental health, and substance use through warm transfer referrals and linkages to care services. The project has helped to: 1) develop relationships with local safety-net providers, which expands access to care, and 2) develop relationships with stakeholders such as club promoters and party vendors who support the intervention by permitting outreach and recruitment services to be facilitated at their venues. The HIV Prevention Team has also expanded its Social Network Strategies outreach in diverse subcultures to include targeting very high-risk clients (transgender, leather community, ballroom community) who can be trained as recruiters.

Presenter: Rameses Frederick, BS, Health Promotion Specialist, Mercy Care



ORAL PRESENTATIONS VI

THURSDAY, JUNE 2 | 2:30 - 4 P.M.

HOME AND HEALTH: EXPERIENCES OF TRANSITION INTO PERMANENT SUPPORTIVE HOUSING FROM YOUTHS PREVIOUSLY EXPERIENCING HOMELESSNESS

This presentation will detail results from a recent study on “transitional aged homeless youth” (TAHY, 18-24), who suffer health disparities largely related to drug and sexual risk behaviors. Research indicates that providing permanent supportive housing (PSH) to adults experiencing homelessness reduces their drug and sexual risk behaviors. However, the effects of PSH on the health behaviors of TAHY have not been studied. In January of 2014, the first San Francisco city-funded PSH building exclusively designated for TAHY opened its doors. Preliminary epidemiological findings indicate that this is a population at high risk for HIV and other STIs. Of 35 participants who engaged in biological testing, we identified 2 HIV-positive individuals and seven individuals testing positive for one or more STIs (chlamydia, gonorrhea, and/or syphilis). All participants testing STI-positive were referred immediately into treatment and resources for partner-delivered therapy. Preliminary qualitative findings reveal changes in drug use and sexual risk behavior among youth entering PSH. Changes in drug use patterns appear mixed, with some participants reporting ceasing use while others reporting increasing drug use or adoption of new substance use patterns since entering into PSH. Several participants describe decreased engagement in sexual risk behavior, including survival sex. They frequently reported decreased episodes of resorting to violence to resolve conflicts or of theft to make ends meet, in part out of a desire not to lose housing. Our research suggests that while PSH provides youth critical respite from the streets, it is not a panacea. Residents continue to face challenges to their health and wellbeing, including ongoing barriers to health care access, high levels of food insecurity, and high prevalence of unidentified and untreated STDs.

Presenter: **Jessica Lin, MPH, Specialist**, UC Berkeley School of Public Health, San Francisco Department of Public Health
Skyline II



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

1. SHARING STORIES WISELY

In this Roundtable, we will discuss successful strategies for sharing personal stories in a variety of venues, including talks with legislators, sharing on social media, and speaking at community events. As powerful as narrative advocacy can be to engage and persuade policy-makers, it can and has been misused. We will offer a series of brief case studies, examples of when narrative advocacy has worked well, and instances when it has had negative consequences. We will offer concrete suggestions and resources for incorporating narrative advocacy in the health care work of participants, whether they are health care providers, consumers, health care educators, clinic administrators, or policy makers.

Presenters: Josephine Ensign, ARNP, DrPH, Associate Professor, University of Washington; Amy Grassetto, Case Manager, Managed Care Assistant, Family Health Center

2. SHARING LESSONS FROM CONSUMER ADVISORY BOARDS

Consumer Advisory Boards (CABs) enhance consumer involvement in governance while advocating on behalf of consumers of an HCH project and in the community. While CABs share this underlying mission and similarities of structure and activities, each CAB is a part of a different community and project, and thus there are a number of variations on the model. This discussion will allow space for individuals to discuss the successes and challenges of their CABs while learning from others who are engaging in the work.

Presenter: Derek Winbush, Board Member, Boston Health Care for the Homeless

3. LOOKING FOR RESOURCES? HOW HOSPITAL COMMUNITY BENEFIT CAN HELP YOU

The ACA mandates that non-profit hospitals conduct Community Health Needs Assessments and Implementation Plans to target Community Benefit (CB) investment. This roundtable will address the history of hospital CB programs and the current mandates for non-profit hospital systems. Discussion will share principles of CB, what qualifies as CB spending, and new and exciting opportunities for HCH programs to collaborate with hospitals on strategic planning and resource expansion for homeless services, with a focus on a replicable HCH-hospital collaboration involving a Trinity Health System facility.

Presenters: Doreen Fadus, MEd., Executive Director, Community Benefit & Health, Mercy Medical Center; Carrie Harnish, LMSW, Clinical Director Community Benefit, Trinity Health



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

4. A SURVEY FOR THE PRIMARY CARE CONCERNS OF PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS: PRACTICAL INTRODUCTION

We will describe the research involved in creating the Primary Care Quality-Homeless (PCQ-H) surveys. We will introduce both versions of the survey: the long and short forms. We will give examples of practical experiences using the survey so that program and clinical staff in other settings can decide both whether this survey represents a good fit for their organization and how best to administer it. The practical experiences will include review of the experience of the Boston Health Care for the Homeless program (which has administered over 1,000 PCQ-H surveys over the past three years); the Homeless Patient-Aligned Care Team at Birmingham VA Medical Center, and a volunteer student clinic in Birmingham, Equal Access Birmingham. We will describe methods of administration based on in-person administration by trained volunteers, use of mailed surveys, and administration by a single student volunteer. We will describe our screening and recruitment processes with patients and how we adapt them to appropriately fit each site we survey. We will explain how we have adapted to clinic flow: becoming fully equipped, survey-administering mobile units. We will describe the collaboration between BHCHP and the UABMC teams to analyze the data collected with the surveys. This will include a discussion on question response trends, the addition of an open-ended question, and stratification by demographic factors. We will also describe the follow-up action steps we have taken as a program based on the results of the survey including new research to study patterns of response across over 5000 veterans who have experienced homelessness in 28 care settings.

Presenters: **Stefan Kertesz, MD, MSc, Associate Professor of Medicine, Birmingham VA Medical Center/University of Alabama, Birmingham**



ROUNDTABLES

Grand Ballroom. Number indicates table number in ballroom.

5. COORDINATED ENTRY: UNDERSTANDING THE BASICS AND MAXIMIZING OPPORTUNITIES

This roundtable will help HCH programs engage with system-level changes occurring in their communities due to the development of coordinated entry systems by HUD's Continuum of Care (CoC). The goal of this roundtable is to equip attendees through a short presentation and facilitated peer discussion to understand the goals of coordinated entry, basic elements and qualities of coordinated entry systems, and how HCH programs can improve their quality of care by helping clients access housing and services through coordinated entry. Participants will have a chance to exchange ideas on their current level of involvement with the CoC and how to effectively participate in planning and implementing coordinated entry. This roundtable will contribute to the theme of "Working Together for Quality" by encouraging collaboration between HCH programs and other homeless services providers at the local level, showcasing constructive solutions for allocating housing resources in a client-centered manner, and helping HCH programs maximize housing opportunities for their clients to support their attainment of physical, mental, and behavioral health outcomes.

Presenter: Sylvia Nelson, MPA, Associate, Center for Social Innovation

6. PROVIDING PALLIATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS FACING END OF LIFE: LESSONS FROM A VETERANS AFFAIRS STUDY

This roundtable will explore the results of a Veterans' Administration study of end of life (EOL) care for military veterans experiencing homelessness, who do not fit easily into traditional hospice and palliative care programs. The study sought to understand the breadth and depth of unmet need for EOL care among homeless veterans and the barriers and facilitators to providing them excellent EOL care. Fifty of 152 VA Medical Centers (33%) completed an email survey, revealing an average of 9.4 homeless veterans at EOL annually. Interviewees and focus group participants at four sites emphasized: (1) In spite of homeless Veterans' declining health, which prevents independent living or realistic plans to abstain, current housing options are too often limited to places that insist on functional independence and a clean and sober lifestyle. (2) Symptom management within the context of addiction, unstable housing and behavioral health problems is challenging. (3) Discontinuity of care between systems restricts EOL care delivery. (4) VA regulations pose significant challenges to collaboration with community providers. (5) Nonetheless, dedicated homeless and EOL program staff collaborate informally. Study advisors are developing (1) a series of VA policy and implementation recommendations, (2) new educational programs for VA and non-VA homeless and EOL care providers, and (3) a proposal to pilot-test a harm reduction housing model for homeless Veterans who need palliative care.

Presenter: Jacqueline Jones, PhD, BN, RN, FRCNA, FAAN, Associate Professor, University of Colorado, Denver



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

COMPREHENSIVE OPIOID SAFETY INITIATIVES AND PROGRAMMING

Drug poisoning or overdose is the number one cause of death among individuals experiencing homelessness in some communities. A robust and high quality opioid safety and overdose prevention initiative involves many strategies implemented or enhanced in different ways. Some communities and organizations have implemented overdose education and Naloxone distribution (OEND) programs for people who may witness an overdose and/or people at risk for overdose. OEND programs educate people to prevent, recognize and respond to an overdose and offer them Naloxone, the antidote to an opioid overdose. Medical providers play a role in opioid safety in the way they prescribe opioid pain reliever medications and prescription medicines that are frequently combined with opioids to enhance effects (eg: benzodiazepines, certain anti-psychotics, etc). Prescribers can also provide buprenorphine for people with an opioid use disorder. The need for Naloxone prescribing and/or distributing is expanding, yet organizations struggle to address hurdles, wasting precious funding and time resources. Similarly, medication assisted treatment (MAT) services are insufficient for people with substance use disorders and experiencing homelessness. This workshop will provide practical support for navigating the interdisciplinary steps in establishing a comprehensive opioid safety initiative, including OEND, integrating overdose risk assessments into regular clinical and non-clinical practice, and the interdisciplinary components of office-based opioid treatment with buprenorphine. We will provide template documents, models implemented across the country, and case studies. We will brainstorm solutions for common hurdles and, in small groups, we will develop organization- or geographic- specific implementation support documents. Attendees should have a working knowledge of the role of MAT in preventing opioid overdoses and enhanced opioid safety, generally. Similarly, conceptual knowledge of overdose education and naloxone access initiatives is expected. The format is lecture, group discussion, small group activities and hands-on practice.

Presenters: Maya Doe-Simkins, MPH, Manager, Training & Technical Assistance, Heartland Health Outreach; Elizabeth Salisbury-Afshar, MD, MPH, Medical Director, Heartland Health Outreach; Haven Wheelock, Bachelors of Science in Community Health, IDU Health Services Program Coordinator, Outside In
Broadway I/II



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

CONNECTING QUALITY MANAGEMENT TO PASSION, CHANGE, AND ADVOCACY

This Learning Lab is a roller coaster ride through the theory and implementation of Quality Management. The ride begins with a plunge into quality theory, exploring how the roots of quality science can open up a new paradigm for HCH providers. This shift of thinking challenges us to see quality and homelessness within a broader community perspective and can help us shift from an organization-centric perspective to one that can help end homelessness. After considering this quality paradigm shift, we'll focus on practical approaches that engage participants in activities to demonstrate the power of quality. This section will not only give participants confidence in their own ability to do quality work, but also a powerful Quality Improvement Tool (Model for Improvement) that they can use within their own programs. The Model for Improvement is proven to be a highly effective and robust framework that supports collaborative, strategic, systematic, accelerated change and can be facilitated by novice evaluators, administrators, and leaders. This tool provides methodologies of setting clear aims, establishing reasonable measures, and selecting feasible improvement projects. The Learning Lab finishes by examining quality improvement in relation to the science of organizational change. At its core, quality is about identifying changes that can positively impact an identified problem. To test and implement changes, leaders must guide people through a process to change behavior and thinking. An organization's ability to implement change allows it to realized better outcomes for patients and clients. Change is difficult and leadership is critical to the success of any quality initiative. A well-positioned quality program can change organizations, communities, and the quality of services patients receive.

Presenters: Brooke Bender, MPH, Quality & Evaluation Specialist, Coldspring Center for Social & Health Innovation; Matt Bennett, MBA, MA, Chief Innovations Officer, Coldspring Center; Bettina Harmon, MDiv, President & Chief Quality Officer, Coldspring Center for Social & Health Innovation
Galleria South



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

HOW TO DEVELOP AND IMPLEMENT MEDICAL-LEGAL PARTNERSHIPS TO ADDRESS HOUSING AND OTHER SOCIAL NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

Individuals who are homeless experience legal issues that can impact their ability to receive health care services and maintain proper health. The types of criminal and civil legal issues among populations experiencing homelessness vary, and if left unaddressed, may prolong homelessness. Medical-legal partnerships (MLPs) can help close the gap between these legal issues and good health by ensuring patients have access to appropriate legal assistance integrated into their primary health care setting. During this interactive Learning Lab attendees will learn all stages of developing an MLP with the focus on planning, implementing and sustaining an MLP across a range of populations and settings. Participants will use the National Center for Medical-Legal Partnership's Toolkit to identify steps plan a new MLP, or reboot or expand an existing MLP. Team members from the National Center for Medical-Legal Partnership will guide participants in understanding the transformation of legal aid and healthcare practice triggered by MLP, and how it can leverage and grow legal aid resources and capacity, including pro bono and law schools. HCH health care providers will serve as peer guides and share their experiences with developing MLPs in various settings to address the legal needs of vulnerable children, families, and specifically patients who receive services at Health Care for the Homeless health centers. The Learning Lab will set the stage for structured, open on-going technical for all interested HCH sites during 2016-17.

*Presenters: **Brian D. Johnston, MD, MPH, Chief of Service, Department of Pediatrics, Harborview Medical Center; Ellen Lawton, JD, Co-Principal Investigator, The National Center for Medical-Legal Partnership; Charita McCollers, MSW, LCSWA, Social Worker, Lincoln Community Health Center; Madlyn C. Morreale, JD, MPH, Supervising Attorney, Medical-Legal Partnership Program, Legal Aid of North Carolina, Inc.; Darlene M. Jenkins, DrPH, National Health Care for the Homeless Council Pavilion Ballroom East***



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

HOW DOES EVIDENCE INFLUENCE PRACTICE? UNDERSTANDING TRAUMA FROM A PERSPECTIVE FOR CONSUMER PROVIDERS AND ADVOCATES

Consumers, providers and advocates offer a rich and incredibly important role in serving the diverse needs of people experiencing homelessness. With life experience of real-world challenges, consumer advocates are a deep and credible source to best support people in moving from the experience of homelessness to permanent housing stability and life transformation. Critical to their work is grounding in the evidence-based practices that have been shown to be most beneficial in working with people experiencing homelessness. This Learning Lab, requested by the National Consumer Advisory Board (NCAB) leadership, will provide an introduction to the philosophy, knowledge, and skills of two evidence-based practices in trauma-informed care and Motivational Interviewing. The team of trainers from the Center for Social Innovations t3 training institute will tailor the learnings to the unique learning needs of consumer professionals and advocates. We will involve the consumer perspective through video/audio recordings, active discussion with attendees, and case examples.

Presenters: Wayne Centrone, NMD, MPH, Senior Health Advisor, Center for Social Innovation; Ken Kraybill, MSW, Senior Associate and Director of t3 training, Center for Social Innovation
Broadway III/IV



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

NAVIGATING THE HOUSING ARENA FROM PUBLIC TO SUPPORTIVE HOUSING

This Learning Lab will focus on the interactions of key stakeholders in the health and housing arenas and their roles in supportive housing and continuity of care. The presentation will begin with an in-depth look at different types of public housing and where supportive housing fits into the public housing arena. This discussion will then explore local partners in the housing arena like regional HUD, Public Housing Authorities, Americorp VISTA programs, FQHCs, CBOs, faith based organizations and strategies for engagement of these stakeholders. The next portion of the presentation will examine the ways in which FQHCs capture the demographics of their patient population, in particular how they count people without homes and public housing residents for the Uniform Data System Report. Discussion will focus on the infrastructure of FQHCs and how their diversity drives the methodology for determining patient demographics. Conversation will examine which local stakeholders to engage in the process of counting patients and the implications of this information on expanding services around supportive housing. This final segment will focus on considerations for FQHCs interested in supportive housing services (financing operations and budgeting for supportive housing) and affordability of supportive housing (vouchers and exploring new models of reimbursement for services). We will explore case studies highlighting different types of administrative and service options for supportive housing programs with a focus on the different types of funding support (mainstream funding, state funded, engaging health care community to support people through Medicaid funding channels). At the completion of this presentation, participants will be able to identify where they fit in the supportive housing world, the stakeholders they need to engage in the discussion around supportive housing in their local community, and best practices for their particular communities.

Presenters: Alex Lehr, MPH, Program Director, Community Health Partners for Sustainability; Liz Buck, Program Manager, Corporation for Supportive Housing; Kristine Gonnella, MPH, Manager, Technical Assistance and Consultation, Community Health Partners for Sustainability
Galleria North



LEARNING LABS

FRIDAY, JUNE 3 | 8 A.M. – 12 P.M.

SPECIAL SESSION: HCH PIONEERS EXPLORE THE PAST AND ADDRESS THE FUTURE OF HCH

Health Care for the Homeless (HCH) began as a national demonstration program that started in 1985, was replicated in the 1987 McKinney Act, and now serves over 850,000 people experiencing homelessness each year through 270 federally funded health centers. Over three decades, the National HCH Council has gathered the interests of health care professionals, researchers, advocates and people without homes into a respected, coherent and principled movement that insists upon accessible, quality care and the human right to housing and health care. In this interactive session, long-time leaders in HCH will explore the vision and values with which we started, the evolution of the model of care, our impact to date, and the future of HCH in a rapidly evolving health care environment.

Presenters: **Ed Blackburn, MA, Executive Director**, Central City Concern; **Sharon Brammer, CRNP, Program Director**, Franklin Primary Health Center; **Gary Cobb, Community Outreach Coordinator**, Central City Concern; **Barbara Conanan, RN, MS, Community Medicine Program Director**, NYU Lutheran Family Health Centers; **Barbara DiPietro, PhD, Senior Director of Policy**, National Health Care for the Homeless Council; **Jean Hochron, MPH, Community Member**; **Vincent Keane, Mdiv, President/CEO**, Unity Health Care, Inc; **Kevin Lindamood, MSW, President & CEO**, Health Care for the Homeless; **Jennifer L. Metzler, MPH, Executive Director**, Albuquerque Health Care for the Homeless, Inc.; **Heidi Nelson, MHSA, CEO**, Duffy Health Center; **Jim O'Connell, MD, Founder**, Boston Health Care for the Homeless; **John Parvensky, JD, President**, Colorado Coalition for the Homeless; **Bobby Watts, MPH, MS, CPH, Executive Director**, Care for the Homeless Pavilion Ballroom West



POSTERS

Visit the Pavilion Ballroom **Wednesday and Thursday, June 1 – June 2, between 7 a.m. – 5 p.m.** for the poster presentations by experts in the homeless health care field. Posters offer a succinct view of programs, practice, or research analysis and presenters are available to discuss their work or answer questions during conference break times on Wednesday and Thursday. They will also be available during the Conference Reception on **Wednesday, June 1, at 7 – 9 p.m.**

2015 CENTRAL CITY CONCERN COMMUNITY HEALTH SURVEY

Authors: **Nicole Cerra, MA, MPH, HEARTH Research Project Coordinator, Central City Concern; Greg Townley, PhD, Assistant Professor, Dept of Psychology, Portland State University; David Caress, MBA, LMSW, CPHQ, Director of Quality Management, Central City Concern**

ACHIEVING A ROBUST AND MEANINGFUL COMMUNITY HEALTH NEEDS ASSESSMENT

Author: **Alyssa Laswell, MPH, Population Health Management Analyst, Mercy Care**

ANALYSIS ON EFFICACY OF NALOXONE DISTRIBUTION PROGRAM FOR VARYING EMERGENCY DEPARTMENT PATIENT POPULATIONS

Author: **Bihuan Chen, University of California Irvine BS, Naloxone Program Co-Leader, Orange County Needle Exchange Program (OCNEP)**

BALANCING RIGOROUS EVALUATION WITH CLINICAL NEEDS FOR AN AMBULATORY INTENSIVE CARING UNIT INTERVENTION

Authors: **Matthew Mitchell, MTS, Quality and Data Specialist, Central City Concern; Brian Chan, MD, Physician/Clinical Researcher, Central City Concern; David Caress, MBA, LMSW, CPHQ, Director of Quality Management, Central City Concern**

BATTLEFIELD ACUPUNCTURE (BFA) AS A FORM OF PAIN MANAGEMENT IN THE HOMELESS POPULATION

Authors: **Andrea Loejos Lee, MSW, Clinical Social Worker, Bethesda Cares; Holly Berkley, BS, Medical Student, Uniformed Services University; Tiffany Chang, BS, Medical Student, Uniformed Services University; Mark Stephens, MD, Professor and Chair, Department of Family Medicine, Uniformed Services University; Mark Babiak, LBSW, Critical Time Intervention Specialist, Bethesda Cares**

BRINGING HEPATITIS C TREATMENT INTO THE MEDICAL HOME

Author: **Joanna Eveland, MS, MD, AAHIVM, ABAM, Clinical Chief for Special Populations, Mission Neighborhood Health Center**



POSTERS

CHRONIC CARE PLUS: CHARTING A PATH TO PERMANENT STABILITY FOR CHRONICALLY HOMELESS ER SUPER UTILIZERS

Presenter: **John Kim, Director of Grants**, Illumination Foundation

CLOSE TO HOME: INTEGRATING PRIMARY CARE IN PERMANENT SUPPORTIVE HOUSING

Authors: **Richard Waters, MD, MSc, Site Medical Director**, Downtown Homeless Programs, Neighborcare Health; **Tricia Madden, Homeless Services Program Manager**, Neighborcare Health; **Sandhya Agrawal, Project Manager for Health and Housing**, Neighborcare Health; **Janet Cady, MN, ARNP, Associate Chief Medical Officer**, Neighborcare Health; **Zoe Reese, Director of Specialty Programs, Operations**, Neighborcare Health

CORRELATING NURSING VISITS AND HIV VIRAL SUPPRESSION AMONG HIGH-ACUITY PATIENTS EXPERIENCING HOMELESSNESS IN SAN FRANCISCO

Author: **Hannan Braun, Medical Student**, UCSF School of Medicine

CRITICAL PRESENCE AS SOCIAL JUSTICE: PUTTING CRITICAL THEORY INTO ACTION

Author: **Caitlin Margaret May, APRN-FNP-BC, Adjunct Clinical Faculty**, University of Rhode Island, College of Nursing

DATA DRIVEN COLLABORATION

Authors: **Dan Shetler, Data Analyst**, Data Analyst for Monitoring & Evaluation, Columbus House; **Michael Ferry, Lead Social Worker**, Yale-New Haven Hospital

DENTAL CASE MANAGEMENT: IMPROVING DENTAL OUTCOMES AMONG PERSONS EXPERIENCING HOMELESSNESS

Authors: **Samuel Weeks, DDS, CAB member**, Alameda County HCH Program; **David Modersbach, BA, Special Programs**, Alameda County Health Care for the Homeless Program; **William Quan, BA, Social Worker**, Alameda County HCH Program; **Nancy Quintero, BA, Social Worker**, Alameda County HCH Program

EFFECTING PUBLIC POLICY CHANGE: LESSONS LEARNED IN EXPANDING CE OPTIONS FOR WASHINGTON STATE DENTAL HYGIENISTS

Authors: **Patricia Brown, BA, Coordinator**, University of Washington Oral Health Collaborative; **Norma Wells, Professor Emeritus, RDH, MPH, Founder/Supervisor**, University of Washington Oral Health Collaborative; **Cindy Larson, RDH, BS, Member**, University of Washington Oral Health Collaborative; **Nancy Alleman, RDH, BS, Member**, University of Washington Oral Health Collaborative; **Theresa Marks, RDH, MS, Member**, University of Washington Oral Health Collaborative

EXAMINING THE BENEFITS OF SOAR: DISABILITY BENEFITS AND THE ROAD TO RECOVERY

Authors: **Bilqis Rock, LGSW, SOAR Coordinator**, Health Care for the Homeless; **Margaret Flanagan, LGSW, Director of Grants Management**, Health Care for the Homeless; **Emily Saari, MSW Candidate**, University of Maryland School of



POSTERS

GARDNER FAMILY HEALTH NETWORK HEALTHCARE FOR THE HOMELESS PROJECT: THREE MODELS OF CARE

Author: **Roberta Gundersen, Program Coordinator, Program Coordinator**, Gardner Family Health Network, Inc.

H2HOME PATHWAY: LESSONS LEARNED WHILE INSTITUTING A CARE TRANSITION MANAGEMENT PROGRAM FOR HOSPITALIZED CLIENTS EXPERIENCING HOMELESSNESS

Authors: **Emily Heikkala, RN, MN, Assistant Nurse Manager**, Harborview Medical Center; **Kim Rezentes, RN, Registered Nurse**, Harborview Medical Center

HOSPITAL UTILIZATION BY PEOPLE EXPERIENCING HOMELESSNESS IN MASSACHUSETTS: A PREVIEW OF WHAT IS TO COME?

Presenter: **David Munson, MD, Medical Director**, Barbara McInnis House, Boston Health Care for the Homeless Program

IMPROVING MENTAL HEALTH CARE ACCESS FOR PEOPLE EXPERIENCING HOMELESSNESS THROUGH SERVICE-LEARNING

Authors: **Kathryn Johnson, DO, MA, Psychiatry Resident PGY-3**, Virginia Tech Carilion School of Medicine - Carilion Clinic; **Aditya Reddy, MD, Psychiatry Resident PGY-3**, Virginia Tech Carilion School of Medicine - Carilion Clinic; **Norah Silver, MD, Psychiatry Resident, PGY-3**, Virginia Tech Carilion School of Medicine - Carilion Clinic; **Helen Ferguson, MPH, Director of Programs**, Rescue Mission Ministries, Inc.; **Christian Neal, MD, MPA, Associate Program Director**, Virginia Tech Carilion School of Medicine - Carilion Clinic

INTEGRATION OF PRIMARY HEALTH AND MENTAL HEALTH CARE FOR PERSONS EXPERIENCING HOMELESSNESS IN INDIANAPOLIS, INDIANA

Authors: **Bradley York, RN, Site Manager**, Eskenazi Health; **Liza Crane, RN, Charge Nurse**, Eskenazi Health; **Corbett Troyer, MSW, LCSW, LAC, GC-C, Clinical Supervisor**, Eskenazi Health; **Aaron Kalinowski, MD, Medical Director**, Eskenazi Health

MONITORING QUALITY OF CARE FOR VETERANS IN THE HOMELESS SERVICES SYSTEM

Author: **Jennifer Knapp, LCSW, Supervisory Social Worker**, Health Care for Homeless Veterans

MOVING TOWARD GREATER HEALTH LITERACY AT OLD TOWN CLINIC

Author: **Anne Arthur, MA, Health Educator**, Old Town Clinic, Central City Concern



POSTERS

PARTNERSHIP WITH CLINICAL PHARMACISTS: OPTIMIZING THE QUALITY OF DIABETES CARE IN AN UNDERSERVED POPULATION

Authors: **Emily Ashjian, PharmD, BCPS, BCACP, Clinical Assistant Professor**, Oregon State University/Oregon Health & Science University College of Pharmacy; **Elizabeth Le, PharmD, PGY2 Ambulatory Care Specialty Pharmacy Resident**, Oregon State University/Oregon Health & Science University College of Pharmacy; **Harleen Singh, PharmD, BCPS (AQ-Cardiology), BCACP, Clinical Associate Professor**, Oregon State University/Oregon Health & Science University College of Pharmacy; **Kipp Bajaj, ND, Lac, Primary Care Provider**, Old Town Clinic; **Barbara Martin, MS, PA-C, Director of Primary Care**, Old Town Clinic

RATE OF AND BARRIERS TO ADMINISTRATION OF THE SHINGLES VACCINE AT A TRANSITIONAL HOMELESS SHELTER

Author: **Laura Kaplan-Weisman, MD, Family Physician**, The Institute for Family Health, Care for the Homeless

THE CHALLENGES OF TRANSITIONING INDOORS: A QUALITATIVE ANALYSIS OF EARLY DEATH IN SUPPORTIVE HOUSING

Author: **Emma Dobbins, BA, Medical Student Researcher**, UC Berkeley - UCSF Joint Medical Program; **Colette Auerswald, MD, MS, Director**, MS Program, UC Berkeley - UCSF Joint Medical Program; **Josh Bamberger, MD, MPH, Associate Clinical Professor for Family and Community Medicine**, University of California, San Francisco

THE RHODE ISLAND MEDICAL NAVIGATOR PARTNERSHIP: PILOTING A CLIENT-STUDENT NAVIGATOR MODEL WITH PEOPLE EXPERIENCING HOMELESSNESS

Author: **Megan Smith, MSW candidate, Outreach Worker**, PATH, House of Hope CDC, Rhode Island College, Warren Alpert Medical School of Brown University; **Meredith Adamo, MD Candidate**, Warren Alpert Medical School of Brown University; **Craig Kaufmann, MD, Psychiatrist**, House of Hope CDC, Warren Alpert Medical School of Brown University

USE OF A COLLABORATIVE DATA BANK TO MEASURE HRQOL AND SERVICE UTILIZATION IN MEN EXPERIENCING HOMELESSNESS

Author: **Jack Keegan, BS, 3rd Year Medical Student**, Medical College of Wisconsin

UTILIZING COMMUNITY-ACADEMIC PARTNERSHIPS TO UNDERSTAND AND PREVENT SUICIDE IN PEOPLE EXPERIENCING HOMELESSNESS

Author: **Lori Holleran, MS, MA, Student**, Palo Alto University; Harvard University

WOUND REVEALED: OPPORTUNITIES TO INCORPORATE CONTEMPLATIVE PRACTICES IN WOUND CARE WITH INDIVIDUALS EXPERIENCING HOMELESSNESS

Author: **Angela Lee, RN, BSN, Nursing Director**, Hospice Without Borders



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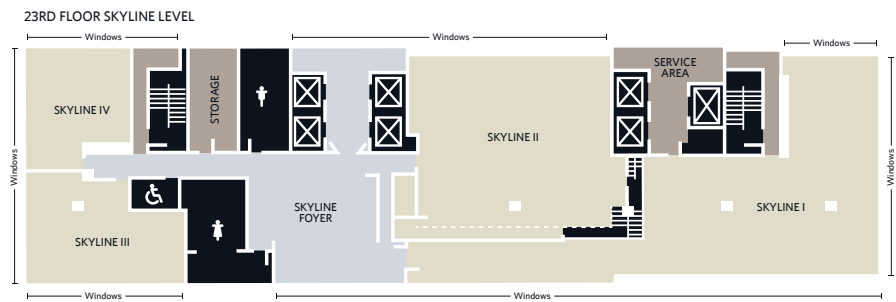
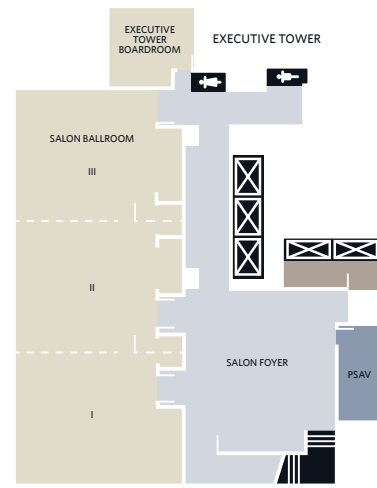
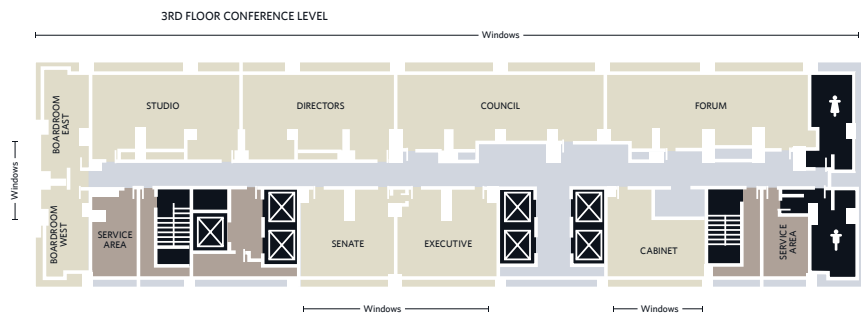
Crissy Zitka, MA, CFRE, Senior Director of Development



HOTEL MAP

FLOOR PLAN FOR CONFERENCE & EVENT ROOMS

FLOOR MAPS



KEY

- Elevators
- Meeting/Conference Rooms
- Service Area
- Amenities
- Foyer Space



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