



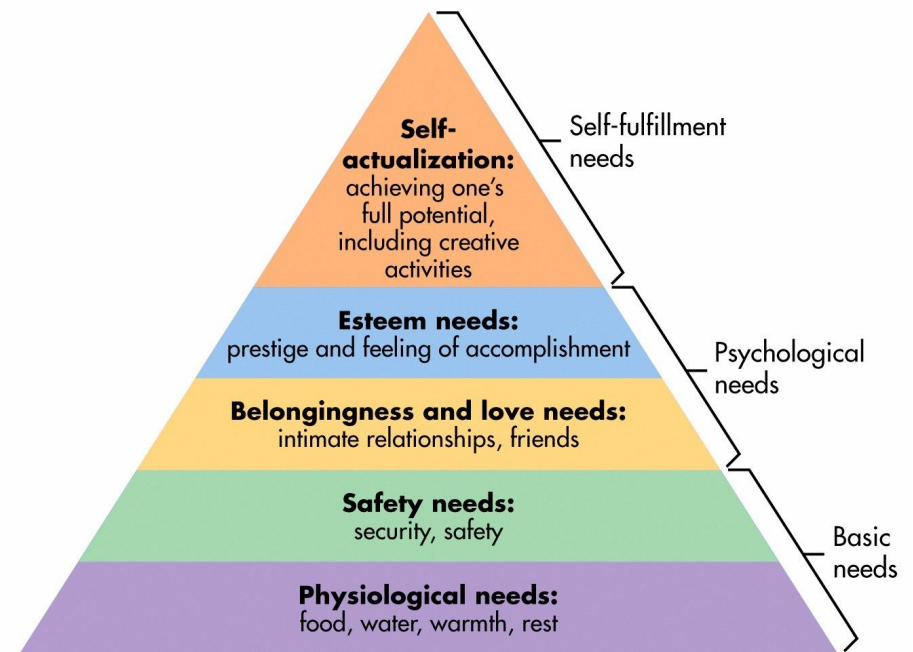
Over 11,000 *homeless* individuals are cared for by *Boston Health Care for the Homeless Program* each year. We are committed to ensuring that every one of these individuals has access to comprehensive *health care*, from preventative dental *care* to cancer treatment.

Since 1985, our mission has remained the same: to provide or assure access to the highest quality health care for all homeless individuals and families in the greater Boston area. We believe it has been and continues to be medicine that matters.

# Barriers in maintaining health for those experiencing homelessness.

- No safe place to sleep
- Pre-existing poor self-care skills
- Health literacy
- Access to transportation to and from appointments
- Inadequate access to healthy meals
- Substance use disorders
- Recurrent traumatization
- Severe mental illness
- Legal problems
- Limited social supports
- Low ego-strength
- Limited access to available resources

**Hierarchy of basic human needs will always win!**



# homelessness and addiction

Homelessness happens when the cost of housing exceeds the money a person has to spend on housing.

It is common to have a severe substance use disorder and not be homeless.

It is common to be homeless and not have a severe substance use disorder.

The intersection of homelessness and substance use is the intersection of poverty, trauma, and addiction.

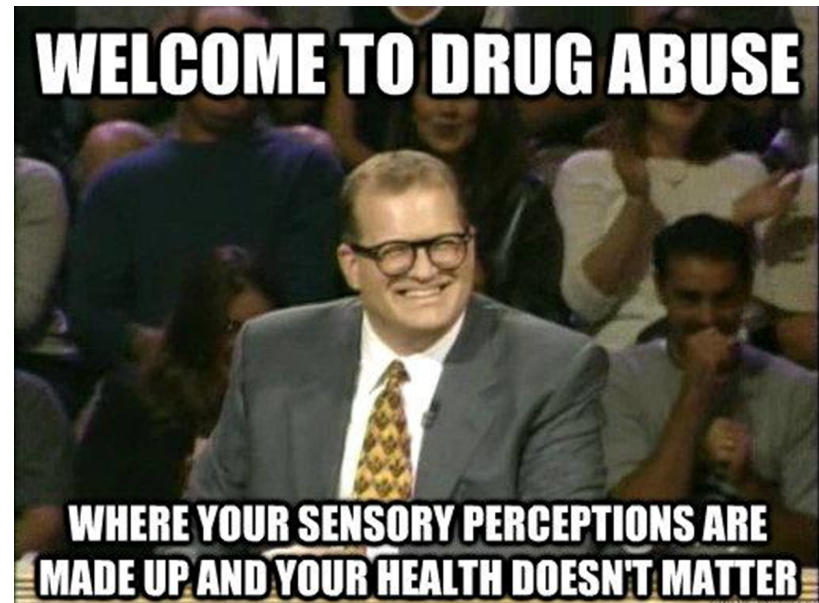
# DSM 5 diagnostic criteria for a Substance Use Disorder





# How Substance Use Disorders create barriers to care and treatment in the healthcare.

- Stigma around SUDs and discrimination in healthcare settings
- Psychiatric comorbidity (paranoia, depressions, personality disorders, PTSD)
- Increased complexity of untreated physical illness
- Cognitive impairments, impulse control, judgement deficits
- Pre-occupation with obtaining substance result in limited space for activities of self-care



# Addiction treatment at BHCHP

**Primary care**

**Behavioral health**

**Specialty teams:**

**Office-Based Addiction Treatment**

**House of Correction Team**

**CareZone**

**Harm reduction specialty teams:**

**SPOT**

**Engagement Center**

**“Comfort station” outreach**

# BHCHP OBAT Team-Telehealth



Clinical goal that we have less physical presence but more emotional presence, meaning we are having RNCMs, Therapists, and Recovery Coaches reach out more often than we normally would see people in clinic for patients who are more stable in their recovery.



RNCMs and Therapists are having more billable visits and able to offer more behavioral health support to keep patients engaged and focused on their individual goals of recovery during the epidemic

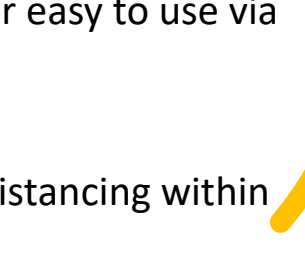


Able to assess for other psychosocial needs more frequently. Ex: food insecurity, cell phone bill payments, domestic violence etc.



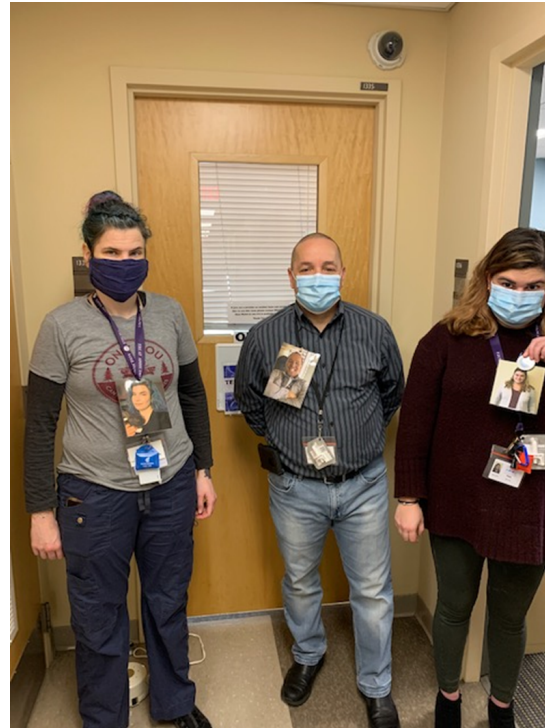
Have been able to continue Behavioral Health support groups via Zoom/Conference calling

# Barriers to telehealth

- Some patients do not have access to a private environment or phone to connect with providers, thus requiring them to come into clinic for rooming model of telehealth
  - Some patients still need to come into the pharmacy d/t lack of ID to pick up meds at a pharmacy closer to where they are staying
  - Unable to monitor urine toxicology reports
  - Unable to visibly see patient for physical exams
  - Limited minutes or data on wireless phones, no wifi networks for the patients to connect to when they are out in the community
  - Translation services are not always available or easy to use via 3-way calling
  - Patients feel less “connected” to providers
  - The emotional and safety concerns of social distancing within the IVDU and homeless population
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So how do we provide access to the highest quality of health care for those experiencing homelessness with these barriers?

With creative problem solving!

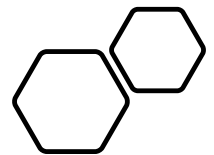




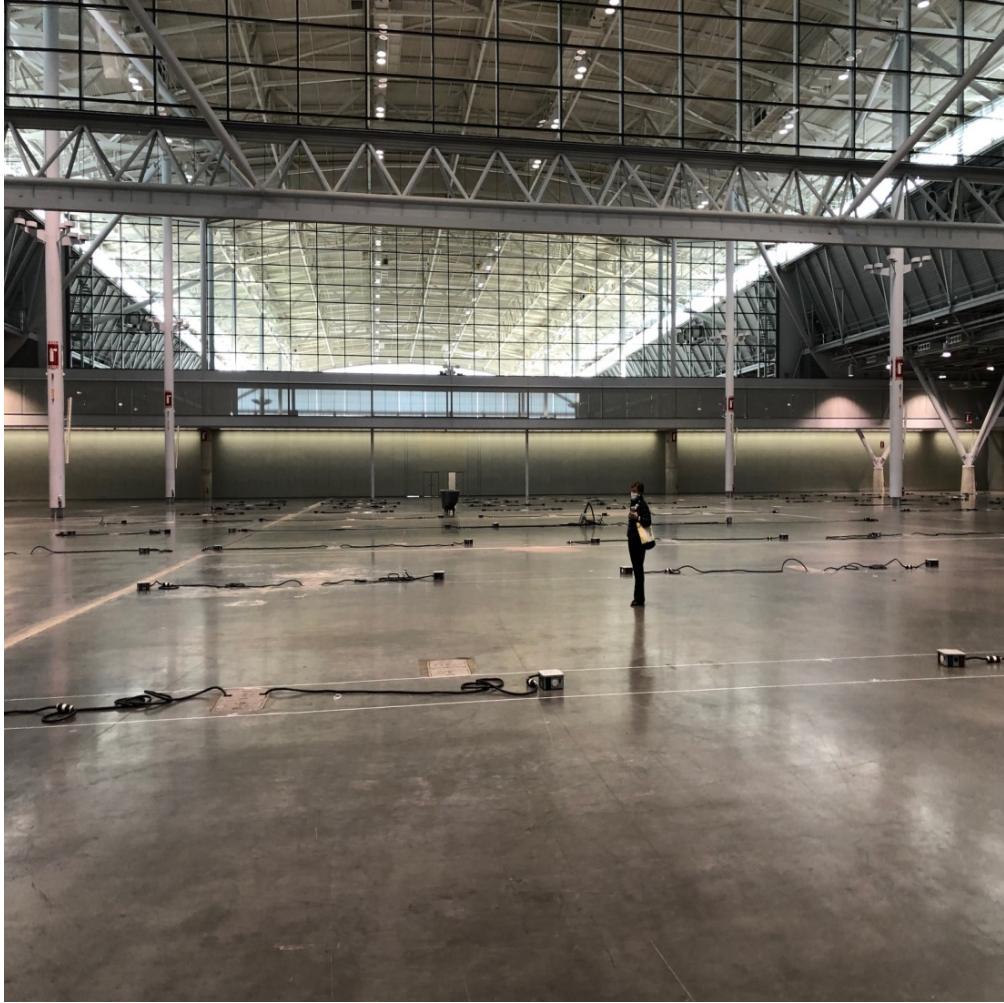


## COVID-19

- Required more creativity to address the needs of our patients during a global health pandemic









# Thank You!

Boston Health Care for the Homeless Program – Medicine That Matters for 35 years