HOMEWARD

HEALTH CARE for the HOMELESS

Day in the life: Shelter-based care

*This January, we established weekly shelter-based medical clinics. In this edition of "Day in the Life," Senior Director of Medicine for Community Sites **Tyler Gray, MD,** and Client Service Specialist **Luciana Wise-Oliver** share a look into one Friday session at the city's largest emergency shelter.*

8:00 AM Tyler walks to the entrance of the Weinberg Housing and Resource Center and chats with shelter staff on his way in the door. "Hey doc!" they greet him.

As he sets up on the third floor, a woman ducks into the office to ask for a referral for an orthopedic appointment she has next week. They can do that, Tyler assures her. He puts in the referral through the system so it's ready.

"We've had a lot of positive responses from clients," he says. "We knew that a lot of people who live here were having trouble accessing medical care at the Fallsway Clinic. Right now, we offer medical sessions on Wednesday and Friday mornings. And we hope to add a third session soon."

8:30 AM Once Luciana arrives, they review the list of shelter residents who have signed up for appointments, which run from 8:30 to 11:30am. They are normally joined by a medical assistant (who was out this day) and see 8-10 people, or 12 when it's raining. But today it's nice out, so fewer residents are in the building, and it'll be a slower pace.

One of Luciana's key roles is coordinating with shelter staff to help residents in the building make it to their appointments. She walks over to the manager in the women's dorm to see if anyone is ready yet.

"Number 52?" they yell out. "Number 11?" Residents are identified by their bed numbers to maintain confidentiality. The first two women aren't in the dorm, but a third can come early.

9:32 AM Tyler and the first client of the day head to the exam room. "How can I help you today?"

She brings up several concerns related to her health and the shelter environment. "Can it be documented that I need a second mattress because of my arthritis?" she asks. Tyler says he can put in the request.

"You mentioned you have high blood pressure. Would you like it checked?" As he readies the blood pressure cuff, they talk through options for her to check her blood pressure on her own—something she knows how to do but doesn't have the equipment for.

"Stay in touch with your primary care provider about this. You can ask your doctor about getting blood pressure cuffs and how often to check it. You can pick them up for $30-$50 at Walgreens or CVS."

"Oh! I'll try to pick one up," she says, feeling encouraged.

Next, they discuss some chronic pain she's been having. "When I lived in my own apartment, I did my own exercise, cooked my own food and I would swim," she reflects. But a year and a half into her stay at the shelter, there just isn't the space or option for these activities.

Since she sees a primary care doctor elsewhere, Tyler suggests ways to request coverage for physical therapy. "I would say to your doctor, 'Where I'm living, I can't do home exercises. Can I get a referral to a physical therapy site?' I have faith your insurance can accommodate that."

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10:00 AM Time for the next client, a woman in her late 70s who Tyler has seen regularly during her three-month shelter stay. "How are you? You don't seem quite like yourself today."

She's been having trouble sleeping (difficulties with lights, noise and dorm room neighbors are common in the shelter).

Settling on the exam chair, she pulls a napkin out of her bag with a handwritten list of questions and concerns.

She asks for a refresher on certain terms they talked about last visit. She is also concerned about a prescription refill for pain management. Even though a pharmacy is only two blocks away, mobility is a major barrier. "I have to take a Lyft to get to the pharmacy," she explains.

"If you get prescription coverage, you can get meds delivered to you," Tyler suggests.

Next on her list is a referral. She pulls out the paperwork. "I don't understand where this is happening or what the procedure is."

Tyler takes a look. "This is for an x-ray of your lower back and hips. Luciana can always fax these to the imaging center for you. Is that a location you can get to?"

"Yes, that's where I want to go."

At the end of the visit, Tyler checks in with Luciana about faxing the referral and he calls in the next client.

10:20 AM Luciana walks downstairs to see if any other residents with appointments are in the day room and finds one person on the list.

Back at her desk, the client in her 70s stops over with the exact medicines that she needs refilled. Looking over the information, Luciana says aloud, "Hmm but you're going to run out before [Nurse Practitioner] Kirstin McCurnin is back on Wednesday." She sends Tyler a message, checking whether she could run to Mt. Vernon Pharmacy to pick up the refills on the clients' behalf.

With Tyler's go ahead, she calls the pharmacy to arrange the pick-up and heads out the door.

"I like to help out when I can," Luciana says. "For me, it's getting my exercise in to walk the two blocks. But for this client, it would be impossible."

When Luciana returns with the prescription, the client jokes, with a big smile, "How much do you charge for delivery?"

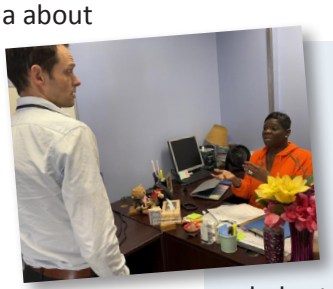
11:00 AM Meanwhile, Tyler continues to see clients one by one. He fills out medication refills and forms, completes a cervical cancer screening and shares lab results for one person without a phone. Another person shares a health concern that she had never felt comfortable talking about with doctors before. "That's a positive sign of building trust," Tyler reflects afterwards.

A big part of his role outside of medical care is helping clients navigate who to talk to for their requests and setting expectations for what might be possible in the shelter.

"I have to constantly balance shelter interest and client interest. If I feel strongly that there's a medical interest, I talk to shelter staff to figure out what's a reasonable accommodation."

11:30 AM It's getting close to the end of the medical clinic. Luciana goes downstairs for a final call for appointments. "If Mark* is here, I'd like to see him" says Tyler. "I know he was recently released from the hospital."

"They say he's been gone from here," Luciana responds. In the emergency shelter setting, it's hard to keep track of who is staying here on a given night, and only shelter residents are eligible for this clinic.



To round out his notes for the day, Tyler walks downstairs to talk to the shelter's case management staff, including Patrice Emerson. Since residents have their own case managers through Catholic Charities, which operates the shelter, it helps to coordinate and get extra context for some of the needs brought up in the exam room.

12:15 PM After closing up, Luciana heads to the West Baltimore clinic to finish out her day, and Tyler, as a director of multiple sites, uses the afternoon for remote staff meetings and to respond to client needs from other sites.

*Pseudonym

A pill that prevents HIV

When the first medication to prevent HIV became available in 2012, it was a monumental shift—both for people at risk and for public health officials.

"I have a partner who is HIV positive and I'm not," explains Dominic, who has been taking PrEP (or pre-exposure prophylaxis) daily for four years. "At first I was a little hesitant because I thought [PrEP] was for people who were already positive," he says. "But my doctor at Health Care for the Homeless explained more about how it worked and said it would be a good option."

People experiencing homelessness are at higher risk for contracting HIV; PrEP reduces that risk by about 99%. It can provide more security than condoms alone and helps people feel safer in their lives and relationships.

"Unfortunately, the populations who are most disproportionately affected by HIV in the US are the least likely to be prescribed PrEP," says Nurse Practitioner Elizabeth Galbrecht. Those can include people who use IV drugs and African American women.

According to the CDC, Black women have a higher lifetime risk of contracting HIV, but less than 2% of Black cisgender women eligible for PrEP use it. The earliest forms of PrEP were marketed and approved solely for men who have sex with men and trans women. Many Black women report being unaware they might be eligible for PrEP, or even that it exists.

Despite accounting for 1 in 10 HIV diagnoses in the US, people who use IV drugs aren't always prioritized in public health. Sharing needles, engaging in sex work, trading drugs for sex—all of these things are risk factors for HIV, emphasizes Dominic.

Harm Reduction staff say it's been hard to encourage some at-risk clients to try PrEP. That's in part due to difficulty taking daily medication, concerns about cost and side effects—but it's also based on misconceptions.

"One thing I really try to say is that PrEP is for everyone," says MAT RN Sarah Barry. "It's not just for gay men, it's not just for people who are at risk through having sex. We work a lot on decreasing stigma."

Providers must also be educated. There are three forms of PrEP available in the market, and they each serve a unique patient population. Long-acting injectable PrEP can also be a good option for people who have difficulty taking daily medication due to unstable housing.

Dominic Reid and provider Elizabeth Galbrecht, NP review his prescription for PrEP–which he takes to prevent HIV.

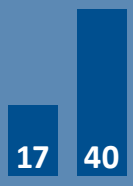
"I hear a lot of concerns about cost," says Elizabeth. "But thankfully, PrEP is covered by insurance—and for uninsured clients, we're even able to provide free access through our neighboring pharmacy."

"Prescribing PrEP is one of the most rewarding parts of my practice," she continues. "It's our responsibility as providers to take a thorough sexual history, identify behaviors that increase HIV risk, and talk about PrEP with all clients."

For his part, Dominic leverages his lived experience to improve community health. He works at a recovery center and shares his experience with PrEP. "I explain that I haven't had any side effects. And I talk about how at first I would only remember to take it sometimes—but you have to take it every day for it to work."

"I tell everyone: it's made me feel safer," says Dominic.

Since January, Health Care for the Homeless has **doubled** the number of clients who are prescribed PrEP **(from 17 to 40)**

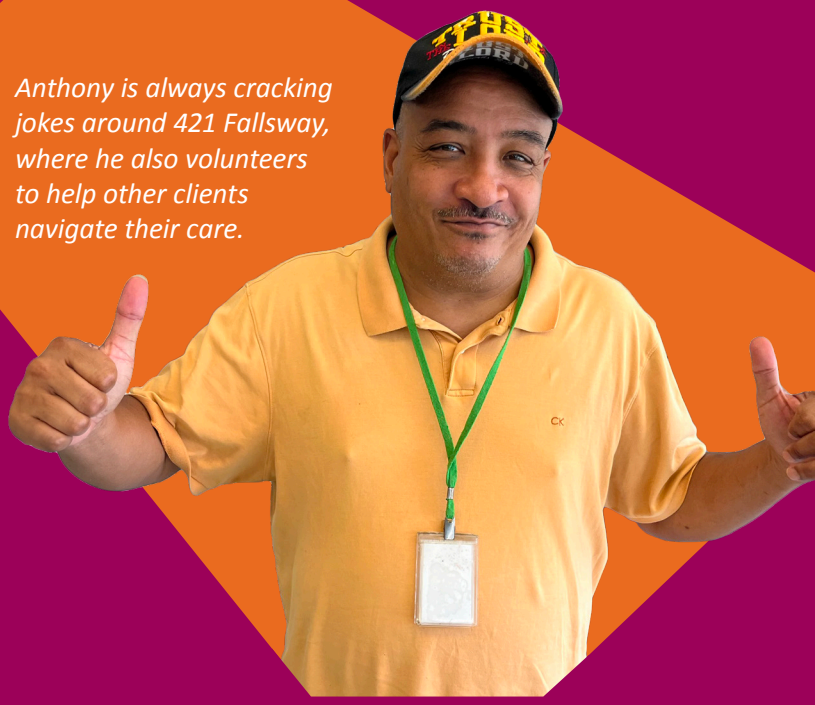


PrEP

In 2021, only 11% of Black people who could benefit from PrEP were prescribed it, compared with 20% of Hispanic people and 78% of White people. *Source: CNN*

Read more about PrEP

PASS the MIC with ANTHONY STONE



Anthony is always cracking jokes around 421 Fallsway, where he also volunteers to help other clients navigate their care.

When I was young I had very bad bronchitis. My foster mother used to rock me in her arms, I was wheezing so bad. I grew out of it once I got older, thankfully, and she started putting me in a lotta things. Baseball, Cub Scouts, summer camp.

I was maybe five when me and my sister were put in the foster home. I'm not afraid to talk about it; I used to be. My natural mother couldn't take care of us after a nervous breakdown.

But my foster mother—I call her my mother, really—she kept me busy.

One thing you couldn't stop me from doing was running. Up and down the street, all over the gym. One day in junior high, a teacher stopped me in the hall and asked, "What are you doing with all this running around?" And that's when they came up with the idea of me doing track.

Man, I *loved* track. The 4x100, 4x200—the relay, sprint medley. I walked around my high school with the Letterman jacket on. I wanted to be an Olympian.

I was acting up too much, though, playing around because I wanted to play follow the leader. I had to repeat a grade. My foster mother sat me down, said, "You know, if you want to run track next year, you're gonna have to wise up."

I said, "Shoot..." I got it together and I graduated.

When I was 18, I moved back in with my birth mother. I did a few years at Coppin State, too, studying physical education. I started volunteering at the Sandtown Winchester Community Center. At first I was there doing computer classes, but I noticed all these kids hanging around with nothing to do!

So I told them, "You know...I used to run track at Frederick Douglass High School." And that's how I started coaching these kids.

I spent 20 years doing that, off and on. And I've seen some of these children now that they're grown. The other day I was up at the market and one of them said, "Isn't this Mr. Stone? I was on your track team!" She had her own little girl with her.

Right now, I'm temping at a hotel in the city. I've always liked hospitality. I like to interact with people. I was taught, you're there to assist people; whatever they need, you have to attend to people.

I spend a lot of time going to church or bible study. It's hard sometimes to be nice to people. I been through a lot; sometimes people get one over on you. But you have to reach your hands out. If you have something to give—you give it. If you don't, well, you pray about it.

What I used to tell the kids is: it's about focus. F-o-c-u-s. Don't get in trouble. Stay on the right track. And give the rest to God.

"Pass the Mic" is a storytelling space featuring the voices and stories of people with a lived experience of homelessness.

Donate today

Keep quality care and newsletter stories like these coming!

RUM members with Delegate Stewart, Delegate Ruth, and Councilmember Mink at the Tenant Safety Act signing this spring.

Renters Unite!

Since 2019, Health Care for the Homeless has been part of the Renters United Maryland (RUM) coalition—a key advocacy group advancing housing justice in Maryland. We talked to RUM leader Zafar Shah about the coalition and wins this legislative session.

What drives the priorities of the coalition?

We all believe that safe, affordable, lasting housing is a human right and that the state's failure to uphold that right is not simply a market condition but a policy choice. It's the wrong choice to make in a state where 30-40% of households are renting and the majority of those households have to make monthly trade-offs between paying the rent or paying for other essentials. That's what drives RUM's priorities. We believe those trade-offs are damaging, particularly to residents whose access to housing and economic security are constrained by systemic racism. We have die-hard advocates for justice in RUM, and we increasingly rely on renters themselves to inform the coalition's priorities.

What are some of the trends you are seeing with housing in Maryland since the peak of COVID?

On one hand, economic safety nets were pulled away despite continuing need. Not only federal rental assistance, but expanded child tax credits, expanded SNAP benefits, extended Medicaid coverage. As all of these supports ended, landlords raised rents by around 20% over two years. Household goods also rose in price. And wages did not keep pace. In 2021 and 2022, evictions for non-payment of rent had fallen to historic lows – around 300,000 cases filed each year. In 2024, landlords filed well over 400,000 cases.

At the same time, we are seeing the effects of widespread property mismanagement. Rapid turnover in management staffing, negligent business record keeping, and deferred maintenance and repairs are all problems that have come to a boil now for tenants.

Why should people who are interested in ending homelessness care about renters' rights?

To end homelessness, we have to look to root causes. There is abundant research to show that "housing costs explain far more of the difference in rates of homelessness than variables such as substance use disorder, mental health, weather, the strength of the social safety net, poverty, or economic conditions" (Pew 2023). Unaffordability puts renters into disadvantageous positions with housing choices. A 2023 report on eviction prevention funds in Maryland found that 20-25% of persons evicted become homeless. Renters' rights are key to preventing homelessness.

Tell us about the bills you helped pass in 2024.

RUM helped to pass the Tenant Safety Act (HB1117) to give renters stronger tools to hold landlords accountable for substandard housing conditions and legislation to establish a rental assistance fund for community schools (HB0428/SB0370). We worked hard to beat back harmful amendments to Governor Moore's successfully passed Renters' Rights and Stabilization bill. Coalition members also helped to pass legislation around shielding court records in eviction cases.

What can readers do to support safe, healthy homes for all?

First, you can be vocal. During the pandemic, officials, lawmakers, and media heard the message from all corners that the housing crisis was real. The backlash against renters is rumbling in Annapolis already, as though now it's time to protect landlords' advantages. Amplifying the real-life stories of renters will make a difference. Reach out to us at **contact@rentersunitedmaryland.org**.

Second, reject the us-versus-them rhetoric that helps to keep bad housing policies in place. Homeowners versus renters, market-rate renters versus subsidized renters, citizens versus immigrants, cities versus suburbs and rural communities – these kinds of rhetoric work to silence the voices that talk about housing for *all*, and sometimes it's "our side" playing into that rhetoric. We all gain more by thinking about housing collectively.

10TH ANNUAL

ROCK YOUR 5K SOCKS to health & home

Saturday, November 2

Meet us at the Pulaski Monument in Patterson Park and run (or walk!) to end homelessness with family, friends and community. Register today – and earn some rockin' swag, too.

Register at giving.hchmd.org/5K

New staff leaders you should know

Tosha Hershey

Chief People and Culture Officer

(Former HR Director from 2016-2019; previously with Prestige Healthcare Resources, Inc.)

"So much of my best work was done at Health Care for the Homeless as the HR Director. I always hoped there would be an opportunity to return in some capacity and continue working to advocate for issues very near and dear to me."

Fatou Toure

Chief Financial Officer

(Previously with Bread for the City, Inc)

"I hope with my background and experience, I can strategically support leadership and staff in reaching our goals. Health Care for the Homeless is a great voice for Baltimore residents. I am excited to be part of that continuing process."

Meghal Shah

Director of Revenue Cycle

(Previously with NextGen Healthcare)

"To be able to contribute and be part of such a great mission to end homelessness—I couldn't have wished for anything else."

Cecelia Lane

Director of Practice Operations

(Previously with Mankin Consulting, LLC)

"I've always believed that support services are as critical to clients as direct clinical care. Registration, benefits and referrals connect clients to the entire system; we have the power to make a real difference in a client's life. "

Wouldn't you love to work with Fatou, Tosha, Cecelia and Meghal? We're hiring! ***hchmd.org/work-here***