RUTGERS HEALTH
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Prioritizing Language-Concordant Behavioral Health Care Models for Newly Arrived Families Experiencing Homelessness

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Introduction

An influx of migrants and asylum seekers from nations such as Guinea, Haiti, and Afghanistan has invited providers to assess current care delivery systems through a more critical lens. Newly arrived immigrants are overwhelmed by obstacles including food insecurity, technology needs, poor housing conditions, and employment marginalization. Access to care is further complicated by growing waitlists for psychiatry appointments and clinicians' struggles to adequately address the language barriers that arise with their Spanish, French, and Haitian Creole speaking clients.

Background

- **Boston Health Care for the Homeless Program (BHCHP)**
  - 501(c)(3) non-profit organization
  - One of nation's largest freestanding health care programs for those experiencing homelessness
  - 30+ clinic sites, 600 medical/behavioral health personnel, nearly 10,000 patients a year
  - Comprehensive and integrated medical services to Boston's most marginalized populations
- **BHCHP's Behavioral Health Department**
  - Psychiatrists, licensed mental health counselors, case managers, clinical social workers, nurse practitioners, addiction specialists
  - Individual therapy and psychiatry, Office-Based Addiction Treatment, structured support groups
- **Community Care in Reach (CCiR) Mobile Addiction Program** – lowest-barrier substance use disorder care through a mobile health clinic
- **Supportive Place for Observation and Treatment (SPOT)** – support for up to ten people at a time who have used substances nearby and are over-sedated
  - First of its kind in the country

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Methods & Results

- **Quality Improvement Committee**
  - Collaboration with Immigrant Health Committee and Medical Respite team
  - Chart reviews of BH patients who speak languages other than English
  - Assess frequency of language concordance and methods of chart documentation
  - **Soft stop on Epic implemented for write-ups**
- **Multilingual Provider Database**
  - Identify Boston-area providers taking **publicly and uninsured patients**
  - Includes clinic locations, hours, languages spoken, insurance levels, and services
- **In-Person Haitian Creole Interpreter**
  - 3-4 month pilot program for Family Medicine team
    - Accessible to BH providers
    - Funded by existing interpreter funds
  - **Same interpreter contracted 1x a week (4 hr/session)**
  - Outcomes based on BH committee feedback:
    - Higher provider satisfaction
    - More efficient visits
    - **Patient trust, continuity of care**
    - Potentially cheaper than remote interpreting
  - **Officially integrated into clinic workflow**



Discussion & Future Directions

- **Federal funding cuts** to vital services like those at BHCHP push for practical care models
  - Continue improving internal operations
  - Keep patients connected to high-quality care, including adjacent provider networks
- **Protocol standardization** informed by data analyses
  - Support future efforts to hire multilingual providers
  - Keep pace with changing cultural/linguistic demographics of local communities
- **Increase community resource knowledge** among newly arrived migrants during acculturation process
  - Ex. ongoing BH support group for French speakers (Guinean and Senegalese asylum-seeking youth)
- **Expansion of in-person interpretation** to other BHCHP clinic sites, with a focus on BH-specific training
  - Ex. Incorporate at women's overnight and day shelters (Woods Mullen, Women's Lunch Place) in response to recently growing Limited English Proficiency patient populations
  - Add clarity in complex situations: *"Is this a figure of cultural specific speech/idiom/practice or is there presence of delusion/psychosis?"*

References

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