Ensuring unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.
A MESSAGE FROM STEPHANIE SULLIVAN, CEO

As the seasons change here in New England, anticipation increases as we eagerly look forward to the holidays and prepare for the colder months ahead. I have been the CEO for BHCHP now for just over a year. When people ask me why I chose this position—indeed, I answer, “To save the world, of course”. However, I offer a more subtle verbal response citing my passion for community, serving the underserved, and being a strong advocate and champion for those marginalized by systemic social, economic, educational, health and political inequalities. I am here because I believe my actions will make a positive difference in the lives of others.

I have never been one to shy away when asked to find time to support others by participating in fundraisers, drives, and walks for healthcare, housing, food, or clothing drives. As we watch the increasing numbers of migrant families seeking shelter across the Commonwealth, the ongoing public health crisis brought on by the opioid epidemic, and the sunlight during fall days becoming shorter, I feel a deepened sense of urgency to ensure we have the resources needed to be successful in navigating approaching challenges, both known and unfamiliar.

My year with BHCHP confirms being a servant leader is a privilege. I am honored to work with a wonderful, compassionate, driven, wise, and intelligent team of clinical professionals and support staff. I encourage you to come experience BHCHP for yourselves—come for a tour and see firsthand the work you make possible. I promise you will be profoundly inspired.

To each of you in our incredibly supportive BHCHP community, please accept my deepest thanks for allowing us to make a positive difference in the lives of our patients.

Front cover: Dr. Aura Obando, medical director of BHCHP Family Team examining a patient in clinic

FAMILY TEAM: HELPING YOUTH EXIT OUT OF HOMELESSNESS

Unaccompanied youth (ages 14–24) experience homelessness at alarming rates. A 2015–2016 national survey found that one in 10 young adults (ages 18–25) had been homeless within the last year, and these numbers are likely much higher. According to Dr. Aura Obando, medical director of BHCHP’s Family Team, it is difficult to accurately count this patient population since they are often a “hidden” population, staying with friends (i.e. couch-surfing), sleeping in cars, or in encampments hidden in the woods. Our best estimates in 2023 are that on any given night in Boston, there are over 360 youth experiencing homelessness.

Significant drivers of youth homelessness include family rejection, exposure to family and domestic violence, social services involvement, and involvement with the legal system. Consequently, youth homelessness experiences are often linked to severe trauma, substance use disorders and mental health needs. LGBTQ+ youth are also unfortunately disproportionately affected as compared to the housed population. As a result, unaccompanied youth must navigate urgent needs such as seeking shelter, food, employment, safety, and of course—their healthcare—without the support and guidance of a trusted adult.

True to our mission to ensure access to high quality health care to individuals and families experiencing homelessness, BHCHP’s Family Team cares for unaccompanied youth in two of our shelter partner clinics: Bridge Over Troubled Waters in Boston and Y2Y in Cambridge and at our BHCHP Family Team clinic at the Edgerley Family Horizons Center, 1785 Columbus Avenue in Roxbury. By bringing fully-integrated
primary and behavioral health care onsite in spaces that already feel safe and welcoming to youth, we are able to build relationships with these young folks and provide the care they need. In addition to the youth clinics, the Family Team provides mobile health care in the Community Care in Reach (CCiR) mobile health van to unaccompanied youth disconnected from a medical home. Many of the young people served by the van engage in risky health behaviors such as unprotected sex and substance use, and the van offers a low-barrier access point for testing, treatment, and support. The Family Team invests significant energy in trust-building and meeting youth on their terms, engaging at whatever level feels comfortable to them, whether it’s dressing a wound to full spectrum primary and behavioral health care.

Dr. Obando comments, “I’m continuously humbled by the resilience and survivorship of the youth we care for on the Family Team. While they carry a great deal of trauma, they are also filled with hope and humor, and this makes working with them truly rewarding—and fun! Data shows that intervening early in a youth’s experience of homelessness is linked to better outcomes with more stable housing. Our goal as a team is to support their medical and behavioral health needs in order to better facilitate their exit out of homelessness and to prevent their progression to chronic adult homelessness. We’ve seen youth in our shelter-based clinics who have gone on to graduate high school, college or trade school, or start loving families of their own. Regardless of what their personal goals are, youth are always met in an age-appropriate, nonjudgmental, and safe and affirming setting when they step into our clinic spaces.”

FOR MORE INFORMATION, visit our website at bhchp.org/services/family-services/

“I’M CONTINUOUSLY HUMBLED BY THE RESILIENCE AND SURVIVORSHIP OF THE YOUTH WE CARE FOR ON THE FAMILY TEAM. WHILE THEY CARRY A GREAT DEAL OF TRAUMA, THEY ARE ALSO FILLED WITH HOPE AND HUMOR, AND THIS MAKES WORKING WITH THEM TRULY REWARDING—AND FUN!”

Aura Obando, MD

Who Are Unaccompanied Youth and Young Adults Experiencing Homelessness?

“A person 24 years of age or younger who is not in the physical custody of a parent or legal guardian, and who lacks a fixed, regular, and adequate nighttime residence. “Fixed” refers to a residence that is stationary, permanent and not subject to change. “Regular” means a dwelling at which a person resides on a regular basis (i.e. nightly). “Adequate” means that the dwelling provides safe shelter, meeting both physical and psychological needs of the youth. All three components of this definition—age, connection to a parent or guardian, and housing status—must be met in order for a person to be considered an unaccompanied homeless youth.”

Definition established in 2013 by the MA Special Commission on Unaccompanied Homeless Youth
BHCHP ANSWERS THE CALLS TO ACTION

Since our founding nearly 40 years ago, BHCHP has partnered with the city, state and community organizations to deliver high quality, integrated health care to individuals and families experiencing homelessness. We appreciate that our community continues to turn to BHCHP to offer our expertise at the intersection of health care and homelessness. From opening the nation’s first medical respite program for unhoused individuals, to creating CDC-designated best practices for suppressing the spread of communicable diseases in the homeless community, to managing the 500-bed COVID field hospital in Boston—and so much more—BHCHP pledges to care for our patients wherever they are and to share our knowledge and findings.

Today, we again answer the call from civic and community leaders to provide our expertise and care for folks experiencing homelessness and suffering from medical and behavioral health issues, including substance use disorder. This past year, we have been asked to participate in these Boston-based clinical programs for our patient populations:

Shattuck Hospital Redevelopment

In July 2022, Boston Medical Center (BMC) invited us to join a broad coalition of partners in an innovative clinical and housing redevelopment model at the Shattuck Hospital site to provide much needed support to an at-risk population of individuals. We are very familiar with the Shattuck Hospital site. Our history there goes back to our beginning. In 1985, BHCHP opened one of our first clinics at the Shattuck Shelter and it was there, with 25 beds, that we created the nation’s first medical respite program for unhoused individuals, and fought the devastating AIDS and Tuberculosis epidemics.

Today, BHCHP’s intended role in this Shattuck coalition project, in concert with our mission, is to deliver medical, behavioral health and substance use disorder treatment consultation and services. In this role, we would ensure that these individuals have equitable access to high-quality integrated care that meets their unique needs.

Through our participation in this proposed redevelopment of Shattuck Hospital, BHCHP will be able to address the intersecting crises of unmet mental health needs, addiction and related homelessness. Each coalition partner, health and social service providers (Bay Cove Human Services, BMC, BHCHP, Health Care Resource Centers, Victory Programs and Pine Street Inn) has proven strategies and track records of success, which will enable us to make a meaningful difference together.

We look forward to assisting our long-time partner BMC and the other coalition partners in continued dialogue with city and state officials, civic leaders and members of the community to advance this redevelopment plan.

Long Island Health Services

Since our beginning in 1985 until the demolition of the Long Island Bridge in 2015, BHCHP, along with other service agencies had provided important medical, behavioral health, substance use recovery care and other services within the Long Island’s campus of medical and shelter buildings. The remote island facilities afforded our patients a calm and healing space, away from the dangers and violence of the urban streets. Without bridge access to the island’s facilities, the resultant gap in these services has created significant challenges for our health care providers and for the patients we serve.

The plan by Mayor Wu and the city of Boston to rebuild the bridge and reimagine and restore the critical health services on Long Island will be transformational for individuals suffering from substance use disorder and other health issues. We look forward to working once again with the city of Boston to provide these much-needed, separate health care spaces for these medically vulnerable individuals, to promote healing for these individuals and for our Boston community at large.

We are committed to the care of our patients, wherever they are, geographically or in their recovery journey, and continue to advocate for those who are impacted by the opioid crisis or homelessness.

TODAY, WE AGAIN ANSWER THE CALL FROM CIVIC AND COMMUNITY LEADERS TO PROVIDE OUR EXPERTISE AND CARE FOR FOLKS EXPERIENCING HOMELESSNESS AND SUFFERING FROM MEDICAL AND BEHAVIORAL HEALTH ISSUES, INCLUDING SUBSTANCE USE DISORDER.
This past May, BHCHP hosted our 12th Annual Medicine That Matters Gala at the Omni Boston Hotel. It was a well-attended and inspiring evening that raised $1.1 million in support of the care we provide for our 10,000 patients. We are immensely grateful for the generosity and steadfast commitment of our longtime donors and new supporters. Together with everyone’s help, we can continue to ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.

The success of this year’s event was made possible by our exceptionally dedicated friends Jack Connors Jr., Dr. David F.M. Brown, President of Massachusetts General Hospital and Sharon McNally, President of Camp Harbor View and Chief of Staff of the Connors Family Office. This formidable team worked tirelessly to raise critical support for BHCHP—their genuine commitment to our mission is a priceless gift for which we could not be more grateful!

With the release of Pulitzer Prize winner Tracy Kidder’s latest book Rough Sleepers: Dr. Jim O’Connell’s Urgent Mission to Bring Healing to Homeless People earlier this year, we were excited to host a special live conversation between the Pulitzer prize-winning author and Dr. O’Connell, BHCHP President and Founding Physician at the event. Eloquently moderated by Margaret Boles Fitzgerald, Chair Emerita and Director, Henry Luce Foundation, the fascinating conversation was profound and inspiring. All attendees received a complimentary signed copy of Rough Sleepers along with the ever-popular box of cookies prepared in-house by our food services team.

Additionally, the evening program featured a poignant video from our Consumer Advisory Board (CAB) members who thanked donors for their life-saving support over the years and gave a heartfelt shout out to Tracy Kidder for chronicling the complex stories of “rough sleepers”—and our Street Team who cares for them—in such a respectful and moving way.

As our nation struggles to address the societal issues that lead people to experience homelessness, we will continue to shine a light on the resiliency of the human spirit despite unspeakable trauma and work to break down the barriers to care that drive poor health among a world hidden in plain sight.

Sincere thanks to all for partnering with us in our mission.

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ORAL HEALTH AND HOMELESSNESS

This summer, BHCHP said goodbye to our dental director Colleen Anderson, DDS. Dr. Anderson joined us in 2009 and became director in 2018. Before relocating, we sat down with her to talk about homelessness and oral health. We also want to congratulate Dr. Tara Prasad on her recent appointment as the new dental director.

How prevalent are dental problems among homeless patients?

Studies show that, at any given shelter, 90%+ percent of folks surveyed have untreated dental disease. The most common problems are the same as in the general population: cavities and gum disease. What we see in dentistry among our patients is what we see across homeless healthcare in general: things have progressed further by the time they get to us and there are fewer treatment options. Instead of doing a small filling, the tooth may have already fractured. Or the gum disease has damaged not only the gums, but also the bones, and the teeth are starting to loosen. Tooth loss has all kinds of downstream effects: it affects bone structure, ability to chew—which affects nutrition—and other medical conditions become involved as well as mental health, self-esteem, and the social costs of having missing or broken teeth.

What dental services does BHCHP offer?

We provide primary care dentistry. We do comprehensive and urgent exams, cleanings, restorations for cavities, extractions, and complete and partial dentures. We refer more complicated oral surgery, to a few hospitals in the area, like Boston Medical Center, or to one of the dental schools (Tufts, BU, or Harvard). We have three full-time and one part-time dentist, a hygienist and several dental assistants. We work closely with our medical clinics and our respite program. We share the same patient electronic health record, do cross trainings, and consult each other to understand the impact their health conditions have on each other.

Why are dental problems more common among homeless patients than the general population?
The risk factors are higher and their access to care is more limited. Causes of oral diseases are multifactorial. And our patients often have multiple risk factors including: 1) limited access to clean water and hygiene supplies (toothbrush, toothpaste, and clean bathrooms) 2) inadequate nutrition—a lot of our folks have a hard time accessing healthy, whole foods that are good for their mouth and body 3) other medical conditions—like poorly controlled diabetes or side effects of certain medications—can put you at higher risk for mouth problems 4) mental illness and substance use disorder can interfere with your ability to care for your oral health 5) lack of routine checkups and preventative care.

Why is dental care so important for our patients?

Gum disease or cavities or an untreated abscess can create chronic infections that take a toll on your body. They can put you at higher risk for complications like diabetes. We also see a relationship to cardiac disease. Folks who have routine dental care are less likely to have cardiac issues long term.

“DENTAL CARE IS HEALTHCARE, BUT IT’S ALSO ABOUT RESTORING ONE’S SENSE OF SELF.”

If your mouth pain or loose teeth create difficulty eating, good nutrition is nearly impossible and can lead to illnesses. Untreated dental disease can cause pneumonias, due to the reservoir of bacteria in your mouth aspiring into the lungs. Immunosuppressed patients—perhaps they’re getting treated for cancer—are vulnerable to even small mouth infections spreading quickly because their body can’t isolate and fight off the infection.

There’s research that shows there’s synergy between oral care and other types of treatment, like substance use disorder
When folks feel good about each kind of care, they are motivated to continue on each of those paths.

What have you personally learned about homelessness and homeless patients since working here?

Homelessness is more pervasive and complicated than I ever knew. But, being face to face with individual patients every day keeps the focus on what can I do for that person right now.

How does the oral health care we provide affect patients’ lives—in non-medical ways?

Often, patients will come to us after being referred by their primary care doctor or in our respite program. They’re at a point where they’re stabilizing their lives: their urgent medical problem has been taken care of or they’ve finished a substance use disorder treatment program and they’re ready to take care of themselves in ways they hadn’t before. Dental care is healthcare, but it’s also about restoring one’s sense of self. People often say, “I don’t feel like myself. I’m feeling better and this health problem is being rectified, but I don’t want to reconnect with my daughter or mom when I’m not looking like myself.” That’s where we come in. It’s a highly motivating time to work with someone.

Another big reason folks come in for dental care is a job search or starting a training program. If they have broken or missing teeth or they have cavities, they know there are social costs. So for many folks, if we can replace or fix their teeth, they’re able to present themselves with a full confident smile. I have many patients who say they train themselves not to smile to hide their missing teeth. When they get their teeth replaced or repaired, they have to teach themselves to smile again.

Some folks have been coming to our clinic for 14 years, since I started with the program. I can see their progression over time. They trust us, feel comfortable, respected, and treated kindly. You watch someone go through the first few months, when the treatment is intense, and then enter a sustained period of wellness and good health. It makes me cry sometimes.

“SUPPORTING BHCHP FEELS WONDERFUL”

Danica Mari has called the city of Boston her home for the last 20 years. As a healthcare administrator at the Mass General Brigham, she learned about BHCHP’s work firsthand early in her career at Mass General Hospital. After interacting with some of our Street Team patients who were getting care at the Boston Health Care for the Homeless Program’s clinic at Mass General Hospital, she says she “stayed obliquely interested in BHCHP for a while.” Given the opportunity to redirect her giving several years ago, she chose to support BHCHP more consistently by joining our monthly giving Hope & Dignity Society.

“What’s powerful about BHCHP is that they are bringing health care to people who are the most vulnerable in our population. I’m not sure that health care is a frequent focus of groups that work with the homeless around the country. It’s the only group that I’m aware of that brings the highest level of professionals out to the streets to help the homeless. I like that BHCHP works with people at their pace to get them off the streets. The health care piece is what really pulls me because there is a huge gap and you can have a positive impact on people at the level of basic human need.” Danica attributes her giving spirit to her personal beliefs, shaped strongly by her faith, and finds that supporting BHCHP is a great match for someone who luckily stumbled into the world of health care. We are immensely appreciative of her and all our monthly donors for their staunch dedication and support of our work.

IF YOU ARE INTERESTED IN LEARNING MORE about donating to BHCHP or our Hope & Dignity Society, please visit bhchp.org/hope-dignity-society or reach out to Paige Belfield at pbelfield@bhchp.org. Thank you!

“What’s powerful about BHCHP is that they are bringing health care to people who are the most vulnerable in our population ... It’s the only group that I’m aware of that brings the highest level of professionals out to the streets to help the homeless.”
ELB MEETS MEMBERS OF CONSUMER ADVISORY BOARD

Members from the Emerging Leaders Board with CAB members Joanne Guarino and Derek Winbush

This past May, our Emerging Leaders Board (ELB) voted to resume their monthly board meetings to be in-person at least once every quarter for the near future, and online. June’s meeting was held at BHCHP’s 780 Albany Street site and included a meet-and-greet with two Consumer Advisory Board (CAB) members, Joanne Guarino and Derek Winbush.

As you may know, our CAB consists of formally or currently unsheltered individuals who receive their care at BHCHP and meet regularly to advise and inform on BHCHP policies, programs, and advocacy measures. Their voices and tireless efforts to increase our understanding of the patients’ needs are vital to the quality and efficacy of our care. We are grateful to Derek and Joanne for chatting with the ELB, informing them on the complex lives of folks experiencing homelessness and ways to collaborate to offer hope and dignity to those most in need in our community.

With humor and openness, Joanne and Derek recounted their own personal journeys and challenges that led them to and through homelessness. With the support of BHCHP and other organizations, they surmounted obstacles and overcame their past circumstances. Slowly but surely, they began anew and increased their engagement with the BHCHP community. Currently, they are both CAB members, and serve on BHCHP’s Board of Directors.

Our ELB were clearly moved by Joanne and Derek’s presentation and were delighted at the opportunity to ask them questions. At the end of the meeting, the ELB asked the CAB members to continue this dialogue so that they could be better ambassadors for BHCHP within Boston’s young professional community. Each quarter, the ELB plans to continue to have members of the CAB join them at their meetings and hopes to develop more ways in which the groups can partner and support each other to have a larger impact on BHCHP. We are excited to build upon the energy generated from this initial gathering and cannot wait to share more updates with you soon!

IF YOU ARE INTERESTED IN BEING PART OF THE EMERGING LEADERS BOARD or might know a young professional who you would like to recommend, or if you would like to support their efforts, please contact Paulita Velasquez-Fernandez at pvf@bhchp.org.