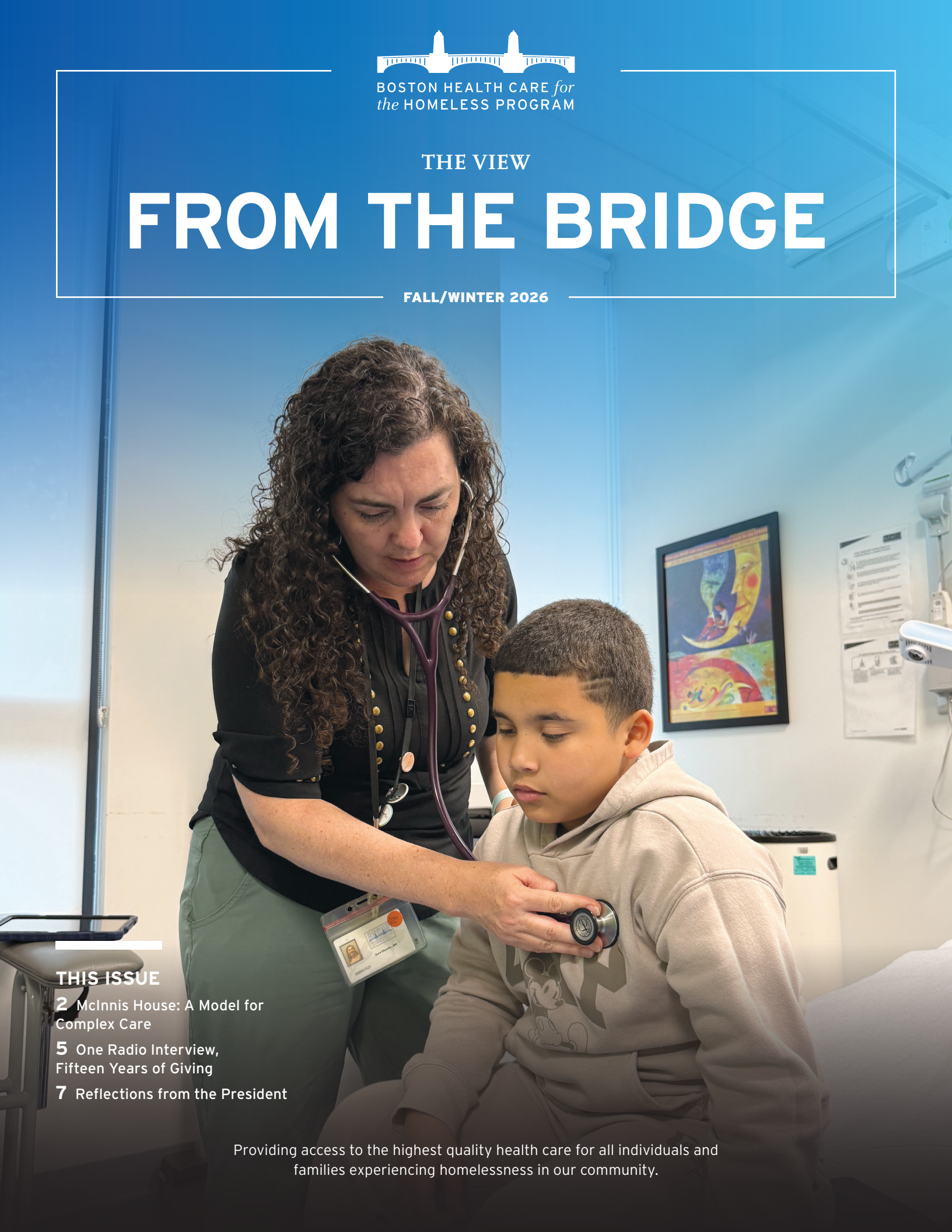
BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

THE VIEW

FROM THE BRIDGE

FALL/WINTER 2026



THIS ISSUE

2 McInnis House: A Model for Complex Care

5 One Radio Interview, Fifteen Years of Giving

7 Reflections from the President

Providing access to the highest quality health care for all individuals and families experiencing homelessness in our community.



DEAR FRIENDS,

For 14 years, I've had the privilege of serving Boston Health Care for the Homeless Program's patients in several capacities, including as a physician and now as CEO. Each role has deepened my appreciation for the extraordinary people who make this organization what it is. Our staff community's compassion, expertise, and commitment, along with the profound resilience of our patients, inspire me every day, especially as we face significant challenges.

More than 200,000 Massachusetts residents could lose Medicaid coverage in 2027, when new work requirements and more frequent eligibility reviews take effect. Some of the residents who will lose coverage will be our patients. At BHCHP, we have faced immense challenges over the past 40 years—from the AIDS epidemic to the overdose crisis to COVID-19. Every time, we have adapted and prevailed. The impending Medicaid changes represent yet another challenge for our patients and our program.

Our Development Team—which raises the critically-needed funds that make our unreimbursed care possible—will be more important than ever in the years ahead. We are delighted to welcome Colleen Eagan as our new Chief Development Officer. A talented development professional who has been part of our team since 2008, Colleen brings a deep knowledge of our work and a wealth of experience to her new role. She succeeds Linda Wood O'Connor, who retired in August and leaves an extraordinary legacy.

I am deeply grateful to our staff, donors, volunteers, and partners, whose commitment makes it possible to care for every patient who turns to us, regardless of insurance status. That commitment has carried BHCHP through difficult times before, and it will carry us forward again.

Gratefully,



Denise De Las Nueces, MD, MPH
CEO

Cover photo: Dr. Aura Obando, medical director of BHCHP's Family Team, listens to a patient's heart during a well-child visit



Omar Marrero, executive director of Barbara McInnis House, checks in with a patient

MCINNIS HOUSE: A MODEL FOR COMPLEX CARE

The staff of Barbara McInnis House (BMH), BHCHP's medical respite facility, cares for some of the Boston area's most medically and socially complex patients. Most live with one or more serious health conditions; about 80% also have a substance use disorder (SUD); and half have a major mental illness. Some arrive taking as many as 30 medications. Most have endured significant trauma in their lives. Many have also had negative experiences with the health care system, making it challenging to build the trust essential to care.

"Most of our patients would be considered socially and medically complex because they're not getting their needs met on a regular basis for shelter, food, medicine, and health care," says Christy Sheehan, director of nursing at the 103-bed facility.

Added nurse practitioner Elizabeth Fehrenbach: "Our patients' levels of complexity are a challenge because there are so many areas we're managing concurrently. Somebody could be having heart failure and an exacerbation of their chronic obstructive pulmonary disease. They might be in active withdrawal and never followed up on a concerning nodule seen in an incidental chest image."

Adapting Care to Complex Addiction

In recent years, the growing number of McInnis patients with co-occurring substance use disorders has led to significant changes, including the addition of the Complex Addiction Treatment (CAT) teams. The teams comprise EMTs who educate, counsel, and support patients with active substance use disorders. If a patient becomes sedated from opioids or other sedatives, CAT technicians monitor their vital signs and may administer oxygen to support breathing or naloxone to reverse an overdose.

With four chairs for sedation monitoring, the CAT room "is a safe space for these patients," says Sheila Tanguay, a veteran McInnis nurse. "When the CAT technicians aren't monitoring someone in the room, they're walking around McInnis, making sure everyone is OK and alerting the medical staff if someone needs intervention." Although substance use is not permitted at BMH, many patients struggle to stop using substances immediately.

Until 2024, McInnis patients receiving methadone for opioid use disorder traveled daily to an outside clinic. An embedded methadone clinic now allows them to receive treatment on site. A robust behavioral health team collaborates closely with the medical staff, integrating behavioral and medical care to meet patients' complex needs. A new treatment program specialist helps people transition to substance use treatment programs after discharge.

Changes to the illicit drug supply mean McInnis nurses are devoting more time to complicated wound care. The street opioid supply is now saturated with fentanyl, leading people to inject more frequently to stave off withdrawal. More frequent injections increase the risk of serious infections and difficult-to-heal wounds. Xylazine, a veterinary sedative increasingly found in street drugs, can cause wounds to become necrotic—meaning the tissue dies—and is especially slow to heal.

Patients using fentanyl also experience more severe withdrawal, according to McInnis's former medical director Jordana Laks, MD, MPH. "These patients are just sicker, they're extremely uncomfortable," says Dr. Laks. "Our capacity to immediately treat withdrawal with methadone or other medications helps them feel better."

Thanks to the beefing up of SUD services, McInnis patients with an active addiction:

- are better able to tolerate a respite stay and are more likely to complete their treatment goals
- are less likely to leave McInnis against medical advice or because of behavioral issues
- are less likely to be sent to the emergency room after a severe overdose

The Graying of McInnis

McInnis House has experienced another shift in recent years: more older patients. Baby boomers are now in their 60s, 70s, and 80s, and Boston-area rents have outpaced fixed incomes. A shortage of affordable senior housing adds to the problem. Many have multiple chronic conditions including heart failure, chronic liver disease, and dementia.

"Many have never navigated the shelter system before and unfortunately, the system is complicated even for young folks," says Omar Marrero, executive director of Barbara McInnis House. Edith Mulhern, a nurse case manager dedicated to discharge planning for older patients, has been a game changer, says Marrero.

Managing the Milieu

With such a complex mix of patients, creating a calm, healing environment can be challenging. Milieu managers address behaviors that disrupt the larger community, help resolve disputes between patients, and encourage patients to engage in their care.

"We have been very intentional about taking the management of behaviors away from the clinical team," says Marrero, who sometimes serves as a milieu manager. "The clinical team should be focusing on the care of the patients. We also don't want to disrupt those relationships by having clinicians manage difficult behaviors."

McInnis has earned a national reputation as one of the country's leading medical respite facilities, according to Marrero, who regularly hears from people around the country hoping to learn from its model. "We offer robust services and you will not find a model like ours anywhere else," he says. ■

Better Care After Discharge from McInnis House

McKinsey & Company, a leading management consulting firm, recently studied outcomes for patients who transitioned to McInnis House after an inpatient hospital stay or emergency department visit. Researchers compared them with patients discharged from the hospital to other settings. They found that patients who stayed at McInnis had:

- Higher utilization of primary care and specialty care
- Higher completion of preventive screenings
- Higher use of outpatient mental health services and lower reliance on inpatient psychiatric care
- Higher utilization of life-saving medications for substance use disorders and fewer emergency room visits for overdose

"These findings tell the story of the comprehensive and connected nature of care in McInnis House," says Jordana Laks, MD, MPH, the former medical director. "The BMH does not just provide acute care for an injury or infection. Staff also, for example, connect patients with metastatic cancer to oncology treatment, make sure female patients are up to date on their mammograms, and initiate methadone after an overdose. We integrate patients into our system of care to help them sustain better health for years after they leave respite."

DAY IN THE LIFE OF FAMILY CLINIC



Dr. Paula Hercule consults with a mom about her baby's sudden onset of a rash

Continued from back cover

Maria is a longtime BHCHP patient. She first met Dr. Obando over a decade ago when she was homeless and staying at a family shelter with her then-five-year-old daughter. In those days, our clinicians and case managers traveled to family shelters and motels with suitcases full of medical supplies. Fast forward to now, thanks to the opening of the flagship Family Clinic five years ago, the team's ability to provide comprehensive, integrated primary care has expanded dramatically.

Before Maria and Manny meet the doctor, medical assistant Jacob Chen warmly welcomes them into the exam room, checks Manny's vitals, updates his medical record, and completes the preparations for the well-child visit. Dr. Obando joins soon after and performs a routine physical exam and a developmental screening for Manny; everything looks good. Maria shares her worries about Manny's weight and nutrition, and Dr. Obando gives advice on diet and exercise to mother and son, seamlessly switching between Spanish and English as needed. Maria praises the team's excellent care. "I've never had such a good doctor," she says. "My family and I love her very much. Dr. Obando cares a lot about her patients, is very understanding, and I can always communicate with her." Before heading out, case manager Candace Keshwar gives Manny a donated backpack with new school supplies.

Bringing medical, behavioral health, and case management services together in one place has made it easier for patients to get the care they need—and for staff to provide it. The dedicated state-of-the-art Family Clinic enables us to serve our families with dignity, compassion, and cultural and linguistic competence.

Below are several snapshots from the same day.

- A young woman checks in with nurse Tatiana Saenz, seeking vaccination and testing for sexually transmitted infections (STI).
- A patient who was recently diagnosed with depression is connected to our behavioral health team and given referrals to dental and pharmacy services. Dr. Obando also sets up an external referral for mammography. After learning that the patient is uninsured, Fatima at the front desk helps her apply for MassHealth, the public health insurance program for residents with low- and moderate-incomes.
- A five-month-old patient who was seen the day before due to sudden onset of a rash is reexamined by Dr. Paula Hercule, another physician on the team. The rash has significantly improved after treatment, and the mom seems relieved.
- Ana Nealon, the behavioral health clinician, has a telehealth appointment with a patient who is mandated to engage in therapy by the Mass Department of Children & Families. The patient is trying to regain custody of her children, and Ana clarifies her pending cases and appointments.
- A young mother brings her two-month-old for a well-child visit with Dr. Obando. After the exam, nurse Tatiana gives routine vaccines to the baby. The mom requests help with diapers and meets with case manager Candace.
- Dr. Hercule listens to a patient who reports prolonged menstruation. They discuss the benefits and side effects of birth control medication, and her treatment is prescribed.

Families experiencing homelessness face immense challenges each day to meet their daily needs—challenges that often interfere with accessing a continuous and dignified source of health care at a pivotal time in their lives. Thanks to your support, BHCHP's Family Team is able to eliminate barriers to care for Maria, Manny, and over 1,000 patients each year. ■

**Patient names have been changed to protect privacy.*

ONE RADIO INTERVIEW, FIFTEEN YEARS OF GIVING

Editor's note: Michael and Betty Bradley are longtime friends of BHCHP and generous supporters of our mission. They have established a donor-advised fund to support BHCHP—one of many ways you can make a meaningful gift to the people we serve. In the following Q&A, they share what inspires their philanthropy. To learn more about ways to give, please contact Kim McLaughlin, Director of Major Gifts, at kmclaughlin@bhchp.org.

How did you first learn about Boston Health Care for the Homeless?

Michael: It was totally by chance. About fifteen years ago, I was driving to work and I turned on the radio. BHCHP President Dr. Jim O'Connell was being interviewed and was telling the story of BHCHP and how he had dedicated his life to providing health care to Boston's homeless population. I got to my office that morning and decided that this guy and his organization needed our backing. So on the spot I sent in a contribution from Betty and me. Not a lot…just a gesture of support.

Betty: When we asked our family physician about BHCHP and about Jim, we got glowing reports. So when the next year rolled around, we made another donation. We liked the cause and we thought it deserved our continued support.

What happened next?

Michael: In 2014, the BHCHP Development department sent out an invitation to donors, inviting them to take a tour of the BHCHP facility on Albany Street. I signed up and that's when I got my first look at the operation, the patients, and the staff. I remember meeting Dr. Colleen Anderson, a young dentist. I asked her, "What motivated you to do this kind of work?" She said, "Oh, dentistry?" I said, "No, this kind of dentistry." She explained that she always knew she wanted to work in public service and to care for people who really needed her. I was knocked over by the pure goodness of who she was.

That's when you got hooked?

Michael: Exactly. On that same tour I also met Jim O'Connell and came home wanting to get more involved. It was around that same time that Fidelity had contacted us, asking to do a testimonial video about our charitable giving. We thought the BHCHP story was what they needed to tell. And in the video that was produced, they captured the essence of BHCHP—its caregivers, its patients, and the humanity of the place.

How does BHCHP fit into your broader views on philanthropy—on helping others?

Betty: We're not very complicated. We mostly back education and health care initiatives because throughout our lives we've been on the receiving end of both educational support and great health care. And we believe deeply in strangers helping strangers. We think that the people at BHCHP are worthy of our support because we've always admired people who give of themselves when there's not a lot in it for them—except the satisfaction of doing good.



And your connection and support has continued for fifteen years now.

Betty: Time does fly, doesn't it? Every interaction we've had with BHCHP over the years has reinforced our commitment. The caregivers here are very, very special. They see all people as equal—deserving the best that they can do for them. We marvel at this combination of equality and humanity.

So, Michael, do you still listen to the radio?

Michael: To be honest, I don't listen very often now and I actually didn't listen much fifteen years ago. But something made me turn the radio on in my car that day. And I'm grateful for it. ■



EMERGING LEADERS NEWS

Get ready to connect with the Emerging Leaders Board this November 12 at their annual Fall Soirée! The event features dinner and drinks, live music, silent auction, and networking with Boston area young professionals—all while supporting the lifesaving care BHCHP provides to 11,000+ patients each year. And this year, we're pleased to honor Paul English (founder of Winter Walk), Suffolk, and State Street for their extensive contributions to our patient community. Don't miss out on this fun and meaningful evening! ■

Q&A

UNDERSTANDING THE MEDICAID CHANGES

For over four decades, Boston Health Care for the Homeless Program (BHCHP) has championed a singular mission: to provide or assure access to the highest quality health care for anyone experiencing homelessness in our community. We believe that health care is a fundamental human right, and no one is turned away from our doors.

Historically, our commitment has been largely supported by policies from the federal and state governments, and we've been able to foster excellence and innovation in our care delivery, becoming a national and global leader in homeless medicine. The impending Medicaid changes pose a significant challenge for us to uphold our mission. In this article, Dr. Denise De Las Nueces, BHCHP's Chief Executive Officer, dives deeper into this developing situation and how your support matters now more than ever.

Q Why are Medicaid changes particularly detrimental to our program and patients?

As most readers are aware, the vast majority of our patients live well below the poverty level and are incredibly medically complex—that is, they have a high burden of medical illness, often exacerbated by mental illness and/or substance use. Most health care organizations have a mix of payers, meaning that in addition to Medicaid, they also receive reimbursement from commercial insurance payers and Medicare. Since our patients are overwhelmingly covered by Medicaid, we will be disproportionately affected by these cuts. We anticipate that some percentage of our patients will lose coverage, which is significant for the individuals but also for BHCHP. Our patients may struggle to access health care in other settings, but BHCHP will continue to care for them no matter what. That will come at a tremendous cost for our program, and now more than ever, the support we receive from donors will play a critical role in helping us to persevere in our mission.

Q How will the funding cuts affect patient care?

Two key changes—new work requirements and more frequent eligibility reviews—are expected to have a major effect on our patients' insurance status. While the bulk of the policy changes will start in January, we have already started to see the ripple effects of the funding constraints that lie ahead. We would ask you to think about patients like Sam, who is cared for by our Street Team. Sam lives day to day, just surviving. His priorities are safety, shelter, and food. Sam has not worked in years: he has a very serious heart condition and an anxiety disorder. He struggles to make appointments and get his prescriptions filled and so our Street Team seeks him out and helps him get his medications. Sam will fall through the cracks when the new rules go into effect. Because BHCHP operates a pharmacy, we can fill his prescriptions even if his Medicaid lapses; however, Sam would no longer have access to diagnostic testing and specialty care at outside providers. That said, BHCHP will continue to serve Sam; we will always be there for him.

Q What is BHCHP doing to offset the impact on patient care?

BHCHP and our community partners are educating our patients and staff about these upcoming changes to the Medicaid program. We have always helped patients navigate the Medicaid application process, and we are adding additional staff to ensure as few people as possible fall through the cracks. We are also planning to increase the number of BHCHP care sites where people can get help with enrollment and renewals.

Q In addition to giving a donation, how else can our supporters help our patients?

We encourage conversations and advocacy at the local and national level that focus on maintaining core health care reimbursement and services for the nation's most vulnerable individuals and families. As Dr. King said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." We are deeply grateful for the faithful donors who bring our mission to life each day, and we hope that during this turbulent time, donors will continue to step forward to make sure our patients can access the dignified and compassionate care they need. Supporters can also help by sharing our story with their friends and communities to build awareness of the impacts of policy changes on our most vulnerable neighbors. Please know that no gift is too small; every gift makes a profound difference by bringing hope and healing to a community that truly needs it. ■



Street Team staff check in with a patient near Downtown Boston



Dr. Jim O'Connell and Warren Magee, member of the BHCHP Consumer Advisory Board (CAB), enjoy a chat in the Atrium

REFLECTIONS FROM THE PRESIDENT

The struggle to age gracefully must withstand the cascade of medical insults, the withering of muscles and joints, the fraying of once indelible memories, and the stubborn reluctance to let go. We early baby boomers are coming to grips with the realization that 80 is not the new 60 (!), but rather a time to humbly reflect on legacy. As we have learned recently, nothing is permanent and so much of what has been accomplished can be erased with the stroke of a pen. Indeed, what has been truly important in our lives?

The coalition of homeless stakeholders who worked with Mayor Raymond Flynn in 1984 to launch BHCHP insisted on social justice rather than charity. No volunteers or students were allowed during our first five years. Clinicians would work in teams, assure consistency, and facilitate continuity of care "from shelter and street to hospital and respite care." Anchor clinics at Boston Medical Center (BMC) and Massachusetts General Hospital (MGH) supported a network of clinics in shelters and on the streets, and a medical respite program was begun in the Shattuck Shelter to care for persons without homes discharged from hospitals but too ill to withstand life on the streets.

Our clinical services launched in the summer of 1985 amidst an outbreak of multidrug-resistant tuberculosis and the emerging AIDS epidemic. Both brought unspeakable suffering and underscored the importance of collaboration with specialty and inpatient care to ensure the highest quality care. The Robert Wood Johnson Foundation urged health care for the homeless projects to become "catalysts" within the mainstream hospitals and health centers and not separate systems of care for homeless persons.

We have long cared for a feisty, caustic, fiercely independent, and wonderful woman who was recently diagnosed with advanced lung cancer. In her late 60s, she had survived uterine cancer, back surgeries, and a knee replacement. We first met her in the winter of 1986 when she was sleeping on the banks of the Charles River esplanade, and over the years we have followed her on the Pine Street Inn Overnight Van, on daytime street rounds, in our MGH clinic, through multiple McInnis House [respite] admissions, and during home visits. She cursed us often, fired us regularly, but came to cherish our team as family. After decades on the streets, she was housed in 2013 and has been sober ever since, coming frequently to our MGH Clinic for care and community. Her home is a crowded studio shared with her partner. The walls are adorned with pictures of our team and homeless friends.

Recently, her oncologists arranged for hospice and we began more regular home visits. Our conversations, spanning the profane to the profound, have brought joy and gratitude to all of us. She died peacefully in her bed last Thursday night, shortly after a last visit to say goodbye. Words can't express how profound this loss has been. Our team had the privilege of accompanying her on this long and winding journey, and we realize that she offered us wisdom, lots of love, and so much more than we gave her.

"THE ROBERT WOOD JOHNSON FOUNDATION URGED HEALTH CARE FOR THE HOMELESS PROJECTS TO BECOME 'CATALYSTS' WITHIN THE MAINSTREAM HOSPITALS AND HEALTH CENTERS AND NOT SEPARATE SYSTEMS OF CARE FOR HOMELESS PERSONS."

Dr. Jim O'Connell

At the risk of sounding maudlin, she showed us what truly matters and the outcome we struggle to articulate at BHCHP. ■

Written by Dr. Jim O'Connell, President & Founding Physician of BHCHP, on August 27, 2026.

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Read about our work, learn how to get involved, and support our work at **www.bhchp.org | THANK YOU!**

DAY IN THE LIFE OF FAMILY CLINIC



Dr. Obando consults with Maria and Manny on nutrition and weight control

Maria and 10-year-old Manny, a mother-son duo, arrive at 9 am on the dot as the BHCHP Family Clinic opens its doors. They check in with Fatima Castillo at the front desk, fill out forms, and wait to see Dr. Aura Obando. But first, the staff gather for a huddle and go over the day's plan. Several concerns about complex patient cases are addressed, and a busy day caring for this unique population unfolds.

"MY FAMILY AND I LOVE HER VERY MUCH. DR. OBANDO CARES A LOT ABOUT HER PATIENTS, IS VERY UNDERSTANDING, AND I CAN ALWAYS COMMUNICATE WITH HER."

Maria, BHCHP Patient

Continued on page 4

If you would like to reach our Development team, please call us at **857-654-1044** or email us at **donorservices@bhchp.org.**

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