BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM

BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM

A Simple but Vital Mission…

- To assure access to quality health care for all homeless individuals and families in the greater Boston area

Bridging the gap between public health care and those in need

Delivering Care Since 1985

Founded 30 years ago by the Robert Wood Johnson Foundation and Pew Charitable Trusts, BHCHP:

- Maintains strong partnerships with the Boston medical community, homeless service organizations, and city and state government
- Provides care to more than 12,000 homeless men, women and children every year, making it the largest program of its kind in the country
- Grown into a national model of care, emulated in cities throughout the U.S.

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A Unique and Complicated Program

- Providing comprehensive, integrated health care services for the wellness of Boston's most vulnerable individuals and families. Our services include:
  - Medical and nursing care
  - Dental care
  - Addiction and mental health services
  - HIV education and treatment
  - Medical respite care
  - Family case management services
  - Street outreach
  - Housing support outreach

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Complex Health Care Needs

- Higher risk for infectious disease
- Complications in management of chronic diseases
- Impedes recovery from major medical procedures
- Susceptibility to exposure related conditions such as frostbite or heat stroke

Each day, many individuals experiencing homelessness are burdened with problems that quickly take priority over health care

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Many Community Partnerships

- Hospitals
  - Massachusetts General Hospital
  - Boston Medical Center
- Homeless Service Providers
  - Pine Street Inn
  - St. Francis House
  - Boston Public Health Commission
  - Father Bill's Shelter
  - N.E. Center for Homeless Veterans
  - Casa Nueva Vida
  - Project Hope
  - Boston Living Center
  - Numerous others

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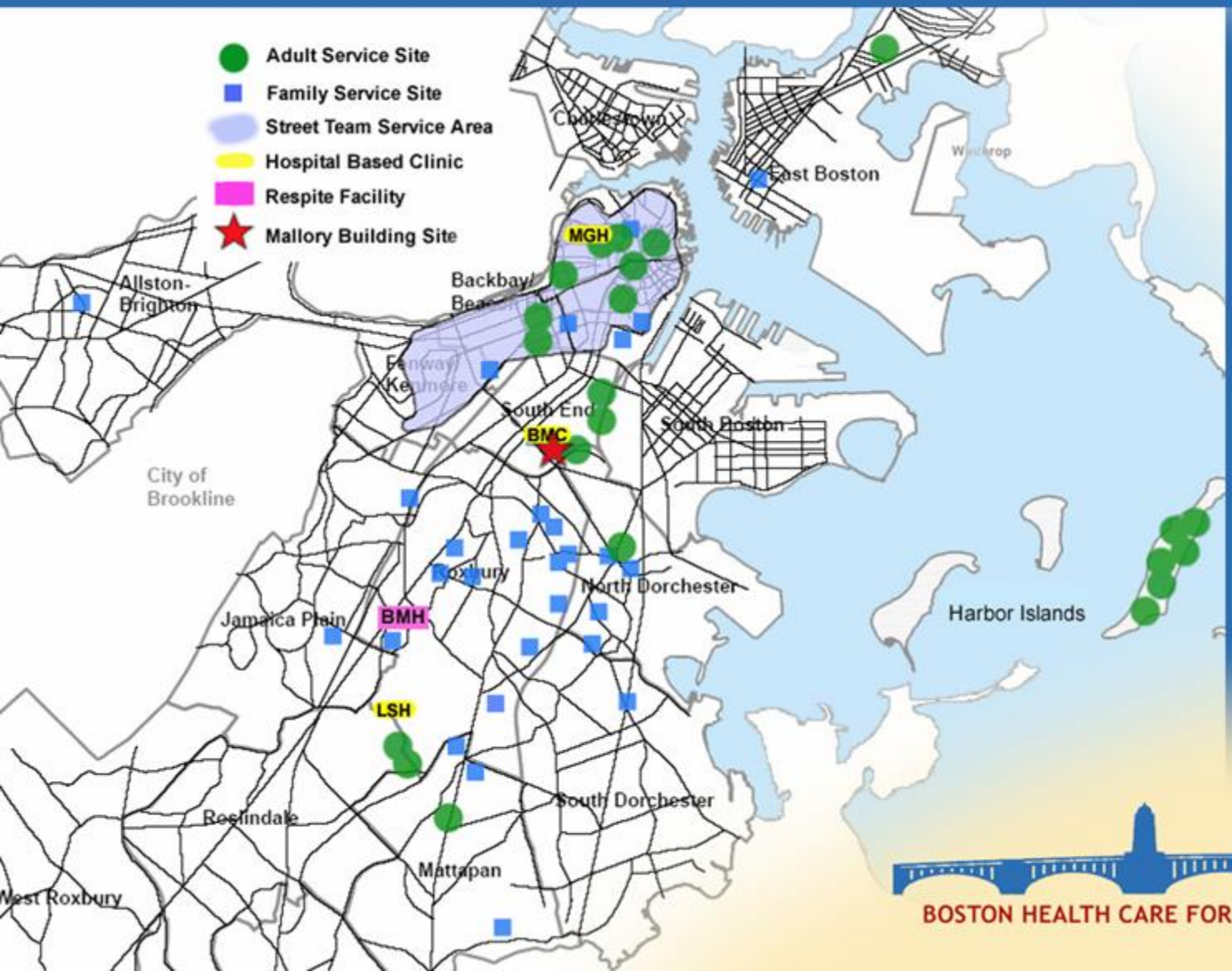
70 locations in our community



Delivering care in shelters, hospitals, and other community service sites

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Essence of the BHCHP Care Model Principles of Practice

- 1 to 1 patient to provider relationship is the basis of care – little is likely to change outside of a respecting relationship
- Multidisciplinary teams are essential
- Integration with mainstream medicine – continuity from streets, shelters, ER, hospital, respite, and housing
- Care delivered non-judgmentally preserving patient dignity
- Bridging of personal and public health
- Bridging of mainstream medicine with the realities of homelessness

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Strategic Directions

- Quality of Care
- Develop and Sustain an Integrated Care Model
- Quality and Diversity of Staff
- Strong Partnerships
- Advocacy Strengthened by Public Awareness
- Financial Stability
- Consumer Involvement
- Innovative Use of Information Technology

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