



BHCHP Basic Goals 1984

- Establish a health services care delivery model to provide continuity of care from **shelter** and **street** to **hospital**;
- Provide care through multidisciplinary outreach **teams**;
- Establish the capacity to meet the needs of homeless individuals for home-type **respite care**

The Limits of Charity

Health care as “justice not charity”
 No volunteers
 No students (interns, residents)
 No research
 No mental health services

Hale & Dorr (1984)

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Hospitals and Homeless Persons:

What are the numbers??

14,200 BHCHP adult patients seen in 2004-5 matched with Partners Healthcare database:

3,283 common patients

2,090 (15%) at MGH

1,148 (8%) at BWH

(only 259 at both MGH and BWH)

BHCHP Service Delivery Model

- glue between shelters and teaching hospitals/CHCs
- bridge medicine and public health
- multidisciplinary family and adult teams (MD/NP/PA/RN)
 - 2 hospital clinics (BMC, MGH)
 - clinics in 79 shelter and outreach sites
- 104 beds of respite care at new McInnis House
 - EMR since 1996
 - 15 MD, 3 DMD, 35 NP/PA, 50 RN
 - PHS Section 330(h), stand-alone HCH
- annual budget \$32M, 80% from Medicaid/care
- 13,000 men, women, and children served in 2008

Annual Single Night Homeless Census

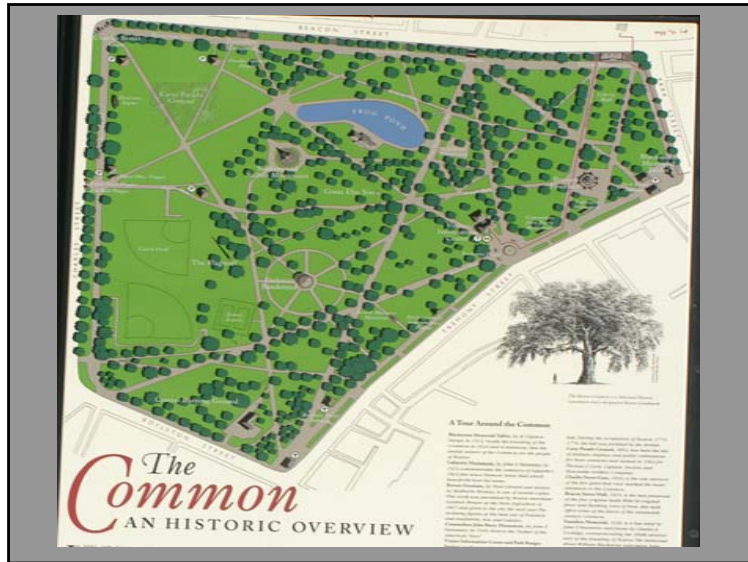
Monday, December 15, 2008

2004 Boston Population: 596,638

- All Homeless Persons 7,681 (↑11%)
 - 1% of population of Boston
- Families (adults/children) 3,870 (↑22%)
- Unattached Adults 3,811 (↑3%)
- Rough Sleepers 219 (↑19%)
 - 6% of adult homeless population

City of Boston Annual Census, 12/13/2004

- Of 3,944 unattached homeless individuals identified in the annual single night census,
- 888 (22%) were in medical/mental health facilities
 - 286 medical hospitals
 - 279 mental health hospitals/inpatient programs
 - 225 public detoxification programs
 - 14 emergency departments
 - 84 medical respite beds (McInnis House)



A Public Health Approach to Reducing Morbidity and Mortality Among Homeless People in Boston

James J. O'Connell, Shawn Mathison, Christine M. Judge, H. Joslyn Strupp Allen, and Howard K. Koh

Urban homeless populations suffer disproportionately high rates of premature death. In response to a wave of highly publicized deaths on the streets of Boston during the winter of 1998-1999, the Massachusetts Department of Public Health (MDPH) convened a task force to investigate these deaths and implement an integrated response to this public health crisis. Composed of a broad coalition of public and private agencies as well as homeless persons and advocacy groups, the MDPH Task Force reviewed the circumstances surrounding the 13 deaths, monitored subsequent deaths among homeless persons in Boston, and implemented a comprehensive plan to address critical needs and prevent further deaths. Contrary to the task force's initial assumption, the 13 deaths had not "fallen through the safety net" but had multiple recent contacts with the medical, psychiatric, and substance abuse systems. In response to this finding, the MDPH Task Force sought to improve continuity of care and prevent future deaths among Boston's street population. Coordination of needed services was achieved through the creation of new, and often unconventional, partnerships. This case study exemplifies a public health practice response to the vexing health care challenges confronting homeless people who must struggle to survive on the streets and in shelters.

KEY WORDS: delivery of health care, homeless persons, mortality, public health practice, urban health services

Unintended deaths of homeless people on the streets (ie, "street deaths") emerged as a public health crisis in Boston during the decade of the 1990s. In particular, a wave of street deaths during the winter of 1998-1999 generated wide public concern and prompted a broad public health response.¹ A special public health task force was convened with the goals of understanding the root causes of each death and developing strategies to prevent future deaths among the elusive and often hard-to-reach street population. We describe that process as a case study of a public health practice response to this vexing health care challenge. The task force focused on Boston's rough sleepers, a subgroup of homeless individuals who avoid public shelters and hospitals and sleep in the streets. Such "street people" sleep in doorways and alleys, in bus terminals and train

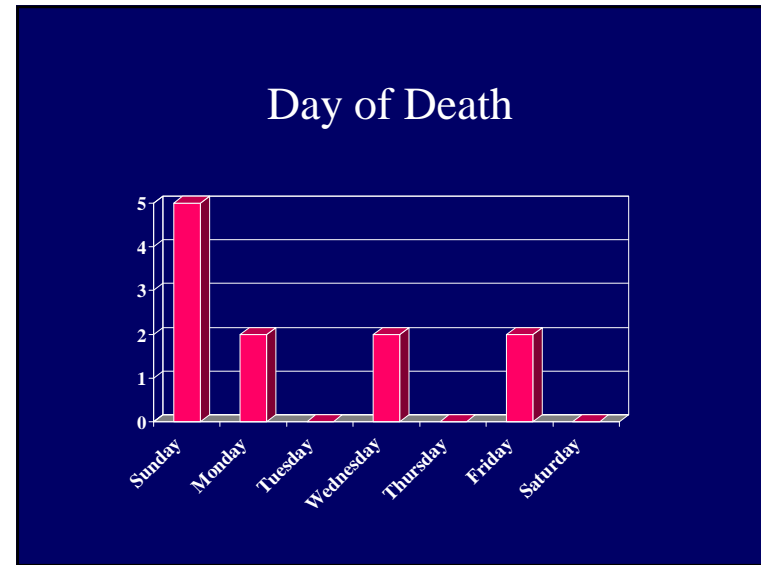
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Co-Morbid Conditions

- Multiple Major Medical Illnesses
- Chronic Mental Illness
- Alcohol Abuse

Category	Count
Medical	14
CMI	8
E/OH	12

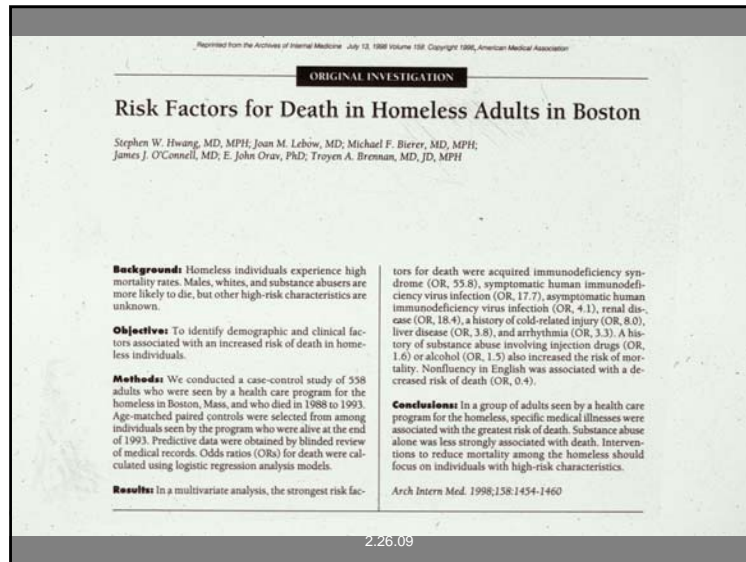


Last Known Contact with Hospital

Name	DOD	Hospital	Visit Date	#Days to Death
ES	7/4/98	MGH EW	6/28/98	6
BM	7/26/98	MGH EW	7/18/98	8
KF	7/26/98	BMC EW	7/24/98	2
JB	10/12/98	MGH EW	10/3/98	9
CF	10/21/98	MGH EW	10/14/98	7
RL	11/30/98	MGH EW	11/21/98	9
RG	12/12/98	MGH IN	11/30/98	12
JB	12/23/98	BMC EW	12/16/98	7
JH	1/6/99	BMC EW	12/12/98	24
WM	1/29/99	MGH EW	1/19/99	3
JB	1/29/99	MGH EW	1/6/99	23

Last Known Detox

Name	DOD	Detox Unit	D/C Date	#Days to Death
ES	7/4/98	River Street	6/30/98	4
BM	7/26/98	Andrew House	7/6/98	20
KF	7/26/98	Andrew House	7/18/98	8
JB	10/12/98	Andrew House	10/9/98	3
RL	11/30/98	River Street	11/21/98	9
RG	12/12/98	Andrew House	11/9/98	33
JH	1/6/99	Dimock	12/14/98	22
WM	1/22/99	Andrew House	12/12/98	40



Demographics of HR Cohort

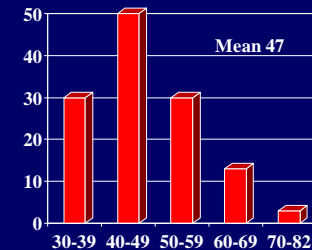
Male: Female

3:1

Age

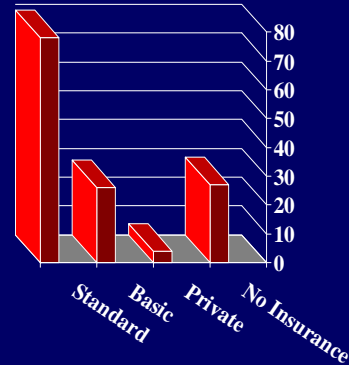
Ethnicity/Race

- White 96 (76%)
- African-Am 15 (12%)
- Native Am 9 (7%)
- Latino 6 (5%)

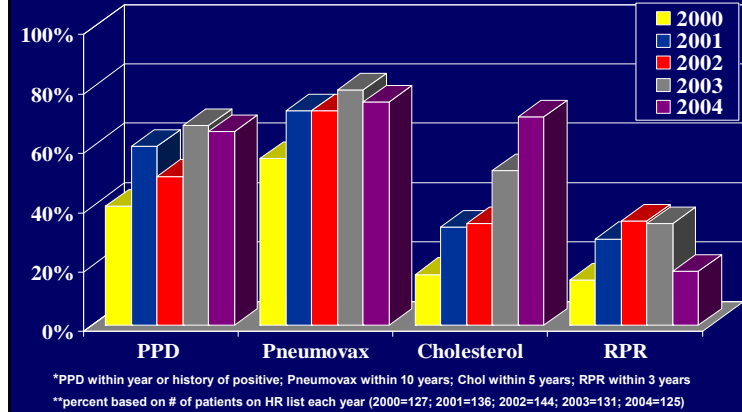


Health Insurance of Street Cohort

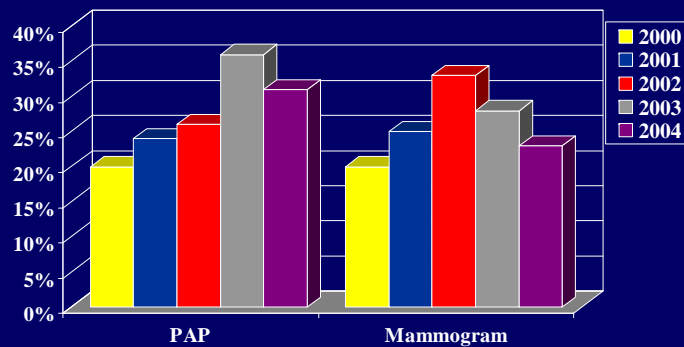
- 80% (108) with health insurance
 - 58% (78) with MassHealth “Standard” (SSI or SSDI)
 - 19% (26) with MassHealth “Basic” (expansion by waiver)
 - 3% (4) with private insurance
- 20% (27) with no insurance



Outcome Measures 2000 - 2004



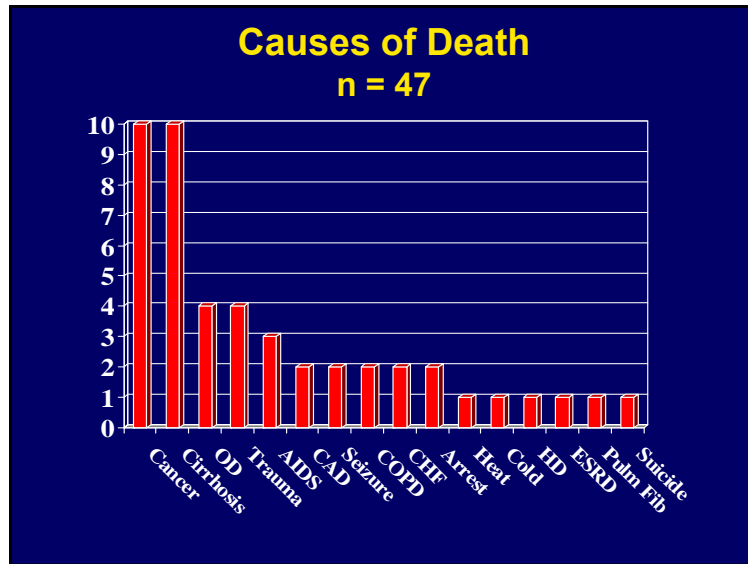
Women’s Outcome Measures 2000 - 2004



*PAP within year; Mammogram within 2 years for women over 40
 **percent based on number of women on HR list each year (2000=31; 2001=33; 2002=37; 2003=28; 2004=26)

Nine Years Later: Whereabouts of Original Street Cohort 01/01/2009 (N = 119)

- Deceased 47 (40%)
- Nursing Home 10 (8%)
 - Nursing Home 9
 - Chronic Hospital 1
- Incarcerated 2 (2%)
- Shelter 2 (2%)
 - Emergency 0
 - DMH 1
 - Program 1
- Housed 44 (37%)
 - Apartment 28
 - SRO 8
 - Family/Friends 6
- Streets 9 (8%)
 - Streets 7
 - Respite (BMH) 2
- Unknown/LTFU 5 (4%)



Utilization of Medical Services by the Cohort, 1999-2003 (N = 119)

- Emergency Room Visits 18,384