Introduction
In the latest Boston Point-in-Time Count (2017) for homelessness, there were 6,179 people experiencing homelessness in the city. From that number, there are 2,379 single adults and 3,800 people from 1,239 homeless families. The Boston homeless population as a whole is in excess of the city, the most vulnerable subset of the city’s homeless population.

Objective of the Study
While the majority of my internship was focused on field work in the context of serving the rough sleeper population in Boston during street rounds and outreach, the focus of my individual research was on the chronically homeless population in Boston from the February 2018 list designated by the Department of Neighborhood Development (DND). The main objective of my study was to address the gaps in research on the most vulnerable portion of the homeless population, and I aimed to create a cohesive collection of information about the variety of resources available to this population. In addition, I hoped to address the gaps in care due to inherent biases of the organization, as the street homeless population cared for by BHCHP was qualitatively diverse.

Methods
The case managers on the street team gave me access to the DND warehouse, which collected the name, age, and static days homeless of the 297 people documented on the February 2018 chronic list. After a cross-examination of the information from the DND list and the medical information available on the EPIC medical records software, the following was determined: 236 patients had available medical information and 61 did not. Thus, data collection and analysis could only be completed on the 236 patients with available information. Data analysis on the demographics, age, days spent homeless, variety of mental health/substance abuse disorders, and the veterans on the list were coded manually on R Studio through CSV values collected on Excel done patient by patient.

Results
The data illustrates the distribution of data regarding the chronically homeless population in Boston, as there are patients on the chronic list created manually on R Studio through CSV values with available information. Data analysis on the medical information and 61 did not. Thus, data collection and analysis could only be completed on the 236 patients with available information. Data analysis on the demographics, age, days spent homeless, variety of mental health/substance abuse disorders, and the veterans on the list were coded manually on R Studio through CSV values collected on Excel done patient by patient.

However, it must be noted that only 36.52% of the chronic list are women, leaving 83.48% as men. Through qualitative observations, the loudness of the data results from the increased amount of resources available to women and the increased urgency for women to avoid the Fine Street Inn, which comes to survey the homeless population yearly in January.

Discussion
The data collected objectively shows the issues and demographics associated with the most current chronic list. With this information, more informed decisions should be made about the distribution of resources – especially considering the more disadvantaged populations within this most vulnerable subset (women, Blacks, mentally ill, etc.). On street rounds and home visits, the population that BHCHP serves both from and outside of the chronic list is primarily male and white. Thus, this data illustrates that the DND chronic list reflects a more diverse chronically homeless population, and the services provided should more accurately reflect these demographics.

Questions
• How can BHCHP examine its inherent biases when interacting with patients outside of their care? How can this be reflected in how those from the chronic list are cared for?
• In what ways can street outreach be expanded in order to better document and correlate patient information with hospitals in order to minimize the gaps in patient information within the city of Boston?
• How can providing care to Black and Latinx populations in Boston be increasingly culturally competent in order to maintain consistency in outreach to communities outside of downtown Boston, including Roxbury, Dorchester, etc.?

Conclusion
The chronically homeless population of Boston is exceptionally vulnerable, as illustrated by the increased national mortality rates as described in the results section. However, there are currently several resources available to those with mental illness and substance abuse disorder in order to find housing. During my internship, I was able to make one unique opportunity to watch an individual receive housing through SAMHSA with a voucher. This patient had been street homeless for more than ten years, and she had to go through paperwork process for nearly a year before being able to sign her lease and receive her keys in mid July 2018.

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