BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

THE VIEW

FROM THE BRIDGE

FALL 2022

BHCHP welcomes Stephanie Sullivan, PhD, as our new CEO

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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 DR. JIM O'CONNELL, PRESIDENT AND FOUNDING PHYSICIAN

Leadership transitions, bittersweet and poignant times of introspection and renewal, have been blissfully rare during BHCHP's 37-year journey through the vortex of homelessness and health care. In early August, our beloved Barry Bock stepped down after 9 astonishing years and we joyfully welcomed Stephanie Sullivan as our new CEO after an exhaustive and nationwide search by our intrepid Board of Directors.

Our last leadership change, when our legendary Bob Taube retired and passed the mantle to Barry, was just a year before the Long Island Bridge was deemed impassable and BHCHP and the City of Boston rapidly faced a cascade of challenges. At that time we conjured the image of Janus, the mythical Roman god of beginnings and transitions who had two faces, one looking to the future, the other facing the past. His ubiquitous countenance was sculpted or painted on doors and gates and passageways throughout Rome. In a symbol of hope that he would bring largess in the New Year, the Romans named the first month of the calendar year in honor of Janus. This god remains an apt metaphor and I suspect he has broad smiles on both faces as BHCHP undergoes another rare transition, embracing a past that would not have been conceivable without Barry while brimming with excitement in the face of a dynamic future with Stephanie.

In the winter of 1984, Mayor Raymond Flynn convened a broad coalition of shelter and social service agencies, city and state representatives, hospital and health care leaders, and a feisty group of homeless persons and advocates in response to a grant proposal by the Robert Wood Johnson Foundation. From these often-raucous meetings at City Hall emerged a commitment to social justice and a dream of assuring that every poor and homeless individual and family in Boston would have access to excellent and compassionate care delivered within a continuous network of accessible clinics in shelters and on the streets as well as in the hospitals and in our medical respite program. That simple vision, augmented in the past several years by a commitment to equity and justice, has defined our mission and remained our North Star for almost four decades.

"BARRY HELD US ALL TOGETHER DURING THE MOST DIFFICULT TIMES, ALWAYS GROUNDING US IN OUR MISSION WHILE CELEBRATING THE EXTRAORDINARY AND TRULY GROUND-BREAKING HEALTH CARE THAT OUR PATIENTS RECEIVED."

We have celebrated, roasted, and honored Barry with raucous laughter, vales of tears, tender recollections at picnics, Spider Man and other superhero celebrations, staff meetings, board dinners, and hundreds of grateful hugs and personal good-byes. Yet none of these adequately captures the gratitude, admiration, love, and respect with which we all hold Barry in our hearts. A close colleague and director of the nurses' clinics at Pine Street Inn for several years in the late 1980s, we coaxed Barry to join us over three decades ago and he oversaw the monumental move of our medical respite unit from the Lemuel Shattuck Shelter to the old Stadium Manor Nursing Home on Walnut Avenue. He then devoted five exhausting but innovative years as the first director of the Barbara McInnis House, during which time he also was responsible for the creation and implementation of our Consumer Advisory Board, which has set a national standard and remains one of Barry's true passions. I remember how Barbara adored Barry for his passion, quirky humor, and singular devotion to serving the poor. Barry then spent almost two decades as our chief operating officer, overseeing all of BHCHP's clinical endeavors and earning a local and national reputation as an inspirational leader who was always willing to work in the trenches alongside our clinicians and nurses.

That reputation was further brandished during Barry's tenure as CEO, as he led BHCHP through the challenges of the Long Island Shelter closure, the unfolding of the Mass and Cass crisis, the overdose epidemic, the coronavirus pandemic, our venture into the ACOs, and the profound societal issues of diversity and racial equity. Barry held us all together during the most difficult times, always grounding us in our mission while celebrating the extraordinary and truly ground-breaking health care that our patients received. Our heartfelt gratitude to Barry can never be adequately expressed in words.

We now jubilantly welcome Stephanie as our new leader. Stephanie is a Licensed Mental Health Clinician (LMHC) and holds a PhD in Industrial Organizational Psychology. Her impressive resume spans counseling and overseeing social services at Family Health Center in Worcester, leading multidisciplinary clinical teams with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), directing federal prison programs at UMass Medical School, serving as Assistant Deputy Commissioner of Clinical Services at the Massachusetts Department of Corrections, and most recently as the Senior Vice President of Operations for VitalCore Health Strategies, overseeing comprehensive medical services for Vermont's Department of Corrections.

top left: Dr. O'Connell with his patient Mundo / bottom: Barry Bock, RN with Barbara McInnis, RN and Dr. Jim O'Connell / top right: Stephanie Sullivan, PhD, CEO of BHCHP

Throughout her remarkable career, Stephanie has steadfastly been immersed in the issues of homelessness and health care and social justice, advocating within the corrections system and initiating medication for substance use disorders, transgender care, and access to life-preserving organ transplants treatment. We are beyond blessed to have someone with such skills and experience leading BHCHP into our challenging future.

We have witnessed Stephanie's magnetic personality, infectious humor, and graceful manner. The excitement among our staff has been palpable as she spends time visiting our shelter and hospital clinics, working on the Kraft Community Care in Reach or CCIR van at Nubian Square, huddling with our Family Team, and grasping the complexities of McInnis and Kirkpatrick Houses. She has been masterful with our senior managers, bringing renewed purpose and focus to each of our meetings. Stephanie's fresh eyes have helped us all see again the everyday miracles that occur at BHCHP.

Barely six weeks into the position, Stephanie joined us for a dinner in the Atrium with the Blue Cross/Blue Shield Foundation's Fellows in Health Care Journalism. These Fellows spend 10 days under the leadership of Larry Tye, who insists that they have an opportunity to address homelessness. As always the dinner conversation was brisk and the questions probing, and I was struck by Stephanie's poise and presence as she expertly addressed immigration and refugee care for the increasing number of homeless families we are seeing. Stephanie captured our hearts that evening and she is one of us.

MYRA ANDERSON: MONTHLY GIVING REPRESENTS A PLEDGE OF CONTINUOUS SUPPORT

Myra Anderson has been a supporter of Boston Health Care for the Homeless Program (BHCHP) since 2014, and in 2018 joined the Hope & Dignity Society, BHCHP's group of monthly donors.

We so deeply appreciate the steadfast support of Myra and all our monthly donors.

"Monthly giving not only makes it easier to be more generous than possible with a lump sum; it also represents a pledge of continuous support," Anderson said. "Supporting BHCHP is part of my responsibility and commitment to use my resources to help overcome systemic causes of homelessness and health care inequity."

In more of Anderson's words:
"I first learned about BHCHP when I volunteered for Circle of Hope, a Needham-based charity that provides clothing for people experiencing homelessness. I made deliveries to BHCHP's Jean Yawkey Place clinic and to the teams working with families in remote locations.

After the closure of the Long Island bridge and the programs that operated on the island, I started distributing clothing and volunteering with MANNA, a ministry by and for unhoused and formerly unhoused people. BHCHP's street teams were there often, providing care and support.

My relationship with BHCHP began to deepen as I developed friendships with the MANNA team and the people they support and serve. BHCHP cared for my vulnerable friends who are trying to navigate life on the streets. This was no more evident than when BHCHP street teams fanned out during the pandemic, while I was isolated in my home in Needham, to find people who were ill and help them isolate, then provide the COVID-19 vaccine when it became available.

Two things come to mind about what makes BHCHP unique. First: It seeks out patients. The outpatient clinics are always there for people who seek care, but BHCHP's target population suffers from deep trauma and distrust. The street teams work to develop relationships and trust to bring care directly to patients. Second: Barbara McInnis House. Having a facility that cares for unhoused people who can no longer stay in the hospital, but who need shelter and respite to continue their recover,y is special and something I am very grateful for. Again, BHCHP saves my friends."

Might you consider becoming a monthly donor and joining our Hope & Dignity Society?
For more information about the Hope & Dignity Society, please visit **bhchp.org/hope-dignity-society** or reach out to Alyssa Brassil at **abrassil@bhchp.org**. Thank you!

MEET STEPHANIE SULLIVAN, PHD, BHCHP'S CEO

Stephanie Sullivan is an early riser. Most mornings she is up by 4 am while it's still dark and the house is quiet, her mind busy and energized, thinking about her full days ahead.

In August Stephanie took the helm as CEO of BHCHP and since then has spent many days touring the program and meeting the staff. She's been visiting our 30+ clinic sites, having lively conversations and listening with a keen ear, hearing stories from our patients and staff of success and commitment, advocacy and determination.

We were delighted to sit down with her and get acquainted. She was gracious enough to share her own stories.

? What made you come to BHCHP?

I have always been an advocate, volunteer and leader in serving the underserved. I have a background working in behavioral health care and corrections, specifically prisons. Prior to joining BHCHP, I oversaw all healthcare for correctional systems—medical, mental health, dental, etc. I have been fortunate enough to work with the MA Department of Correction, the Vermont Department of Corrections, and the Federal Bureau of Prisons. There was a point in my career where I worked as an advocate and case manager for a shelter for victims of domestic violence. Part of this work involved running bi-monthly sessions on the topic of domestic violence for incarcerated women housed in MCI Framingham. I didn't realize at the time I was building a foundation for my future.

> "SOMETIMES PEOPLE JUST NEED TO FEEL LOVED AND TO BE GIVEN CARE AND COMPASSION TO BE ABLE TO MOVE OUT OF THEIR SITUATION AND WHERE THEY NEED TO BE."

There was also my work as a Clinic Director for MSPCC (MA Society for the Prevention of Cruelty to Children) in Jamaica Plain. I oversaw the case managers and mental health teams who went out to schools and homes to work with children and families in some of the most challenging places in the city. I was also a family counselor and advocate for the Homeless Families Program with a community health center in Worcester.

Ultimately, I am happy to have had a career which allows me to volunteer, advocate, and serve others.

? Who or what shaped you to choose this life?

That's an easy question. I'd have to say that my maternal grandparents in South Carolina have a lot to do with the person I am. As children every summer, my brother and I would spend those summer months with my grandparents.

They were both teachers, so they had their summers off. They would take us on special trips, different places – caverns, a native American reservation, Disneyworld, but most of the time they made sure we ate LOTS of good food, and that we were always learning. They gave us so many wonderful experiences and broadened our worlds, always teaching us about life, our environment, about culture, about people. I learned to fish with them.

Education was very important to them and I think especially since they were both from the south with the perceptions about racism, they helped me form and shape my own opinions and views. They

"I AM A SERVANT LEADER AND CANNOT IMAGINE A BETTER PLACE TO BE OF SERVICE TO PEOPLE IN NEED THAN BHCHP."

guided me to look at the world broadly and to not define or limit myself by how others might perceive me.

Since they were both well-loved teachers in their town, we couldn't go anywhere together without people stopping and thanking them and recognizing them for all their accomplishments and hard work. They were bigger than life for me. I was proud of them and wanted to be like them and make them proud of me. They were definitely a catalyst for the person I am today and I like to think they would be proud of the role I have here at BHCHP.

Being the CEO has presented many changes in your life. What is your approach to change?

I try to look at change as an opportunity, an opportunity to grow and develop and learn, always hopeful that we will end up in a comfortable place where we can feel safe.

Although change may involve going through some temporary discomfort, in the end that discomfort will fade, we will be different and that new reality will be for the better. In that process we have to recognize that the change may not be what we anticipated it to be, but if the change makes me feel like I did something better to help improve my life or someone else's life, that's good.

I am always trying to move myself and others forward. I get satisfaction in knowing if I have touched a life and made it better. It's gratifying when I hear from former colleagues that I gave them good advice or motivated them in a positive way.

The things you do and the words you say can have long lasting impact on others and that's powerful.

Speaking of power, if you have a superpower, what superpower do you think it is?

That's simple. It's Love. I just try to show love to others and always see the good in a person, give without expecting something in return.

Just because people make poor choices doesn't make them a poor human. Sometimes people just need to feel loved and to be given care and compassion to be able to move out of their situation and where they need to be.

What do you like to do outside of work?

I'm a big sports fan, especially football, and the New England Patriots are my team.

Do you play any sports?

In school, I was a huge student-athlete. I was on the basketball, field hockey and crew teams. I also played the clarinet and the saxophone in my school band. I went to a private boarding school on an academic scholarship, so I had the privilege of having lots of opportunities available to me and meeting people from different parts of the country and the world. But, at the same time, having classmates who had so much more wealth than my family had, made me really grateful to my parents for all that they sacrificed to get me there.

You have a lot on your plate right now.

"A LOT" is an understatement!

But, our staff here at BHCHP has been so welcoming and it's incredible to see them at work.

They are all so amazing, talented, strong, courageous, big-hearted, compassionate and good people. They use their skills to relieve our patients' burdens, challenges, and fears and transform them into all the incredible programs we have here. I've seen how each of our clinics has a unique perspective of the patients we serve. However, everyone works together to address the plethora of health-related issues of their patients.

It's really a pleasure to work with this team!

This is challenging work. Are you coming back tomorrow?

The short answer is, yes. I know there are challenges. In the aftermath of the pandemic, we are short staffed, tired, under resourced. Now Monkeypox looms in the background. The Orange Line has been down. The long heatwave of the summer is a distant memory and now fall is reminding us of the winter ahead. Some of us are following the politics of our nation and the impact political decisions have on our work and relationships. And sometimes, a patient succumbs, in spite of all our hard work.

Why come back? The diversity in our staff. The laughs, the smiles, the rich complexity of culture, the years of experience each person brings to work. The abundance of hope that together, we can make it better. I share the passion to help our patients overcome their challenges and help them realize their own success. I am a servant leader and cannot imagine a better place to be of service to people in need than BHCHP.

Theresa Kirby, RN examines a patient at our clinic at 780 Albany Street

MAKING THE TIME: BHCHP IMPLEMENTS OPEN ACCESS FAMILY PLANNING

Lisa Schwartz has long observed the constant hurry that characterizes health care—and the limits of a standard 15-minute outpatient appointment.

"It's not a lot of time for a patient to trust the clinician—especially if they don't know them and especially if they have to get undressed and share very personal things," Schwartz, a nurse practitioner with Boston Health Care for the Homeless Program (BHCHP), said.

"My visits are not 15 minutes," she continued with a laugh. "They're probably an hour."

Dedicating this time is necessary for Schwartz to best serve her patients: women experiencing homelessness and in need of reproductive health care.

Schwartz joined BHCHP in 1999, and has developed a specialty in women's health working at BHCHP's clinics at Woods Mullen, a women's overnight shelter run by the Boston Public Health Commission, and Rosie's Place and Women's Lunch Place, women's daytime programs.

"I have really enjoyed working with the women there," Schwartz said. "I found I could relate to them, and they would open up to me."

Today, Schwartz still works at these facilities, as well as at our flagship primary care clinic, located within our Jean Yawkey Place facility at 780 Albany Street across from Boston Medical Center. Though she also sees male patients for primary care visits there, overwhelmingly she cares for women—increasingly so as of January, when BHCHP began a new effort to widen access to family planning services.

Sealing the Cracks

Current best practice for getting patients into contraceptive care, according to Schwartz, is "open access—having services readily available and offering same-day appointments in order to lessen barriers." This approach is especially crucial for patients experiencing homelessness, as time and energy to dedicate to health care are limited.

"Our patients are very busy surviving every day—dealing with food, clothing, shelter, family needs, sometimes mental health conditions like trauma or addiction," Schwartz said. "They might have a court date, or an appointment with a lawyer or therapist, or they might have to go find their friend because that's where they're staying. They have to do things every day that many don't realize."

Lisa Schwartz, RN with a patient at our clinic at Rosie's Place

Under these circumstances, many patients fall through the cracks when trying to obtain gynecological care, notably accessing long-acting, reversible birth control methods like arm implants and IUDs. For lack of readily available clinicians specially trained to offer these methods, BHCHP staff would often have to refer patients to the obstetrics and gynecology departments of larger facilities —"which might take weeks or months," Schwartz said. "And then you run the risk of unintended pregnancy."

BHCHP responded by investing in staff: providing Schwartz and 15 (and counting) other clinicians with the training to place contraceptive implants and IUDs.

Staff at our flagship clinic then established Thursdays as "family planning day," wherein Schwartz is available to provide counseling around and placement of long-acting contraception (in addition to birth control pills or other short-term methods). The wait time for these family planning services never exceeds a week, if it exists at all; Schwartz is able to do same-day placements of contraceptive implants and IUDs, whether the patient came into the clinic for that specific purpose or mentioned an interest in contraception during an unrelated visit.

Beyond Jean Yawkey Place, Schwartz and her colleagues also provide family planning visits at the women's overnight and daytime shelters as well as at BHCHP's newly opened family medicine clinic at the Horizons Center. During these visits, Schwartz offers the option for additional services such as pap smears and counseling, screening, and/or testing around STIs and breast and cervical cancer.

"They trust us, they know us, we understand their needs"

This flexibility, Schwartz says, is why her appointments are on the longer side—to the great benefit of her patients. Not only is it time-saving for them; it also allows them to remain in their preferred

health care setting, where clinicians are sensitive to the unique intersections between health and homelessness.

"There's often a history of trauma with our patients, and with not trusting the health care system or anybody in authority," Schwartz said. "But they trust us, they know us, we understand their needs. I don't rush them. Things that might not get asked at a more typical OB/GYN visit, we ask. And we don't create a sense of judgment or shock—when a patient says they're a sex worker, or that they use drugs, I take it as if someone says they have high blood pressure."

As patients confide in Schwartz, long-acting contraception often emerges as a health care solution uniquely fitted for the context of homelessness. There are times that Schwartz uses implantable contraception for reasons other than pregnancy prevention, or as a more manageable alternative to daily birth control pills, which can easily be lost in frequent transit.

"I had one woman who was newly homeless and was so upset having to deal with her period in the public bathrooms at the shelter," Schwartz recalled. "We talked about using contraception as a form of menstrual control, basically trying to regulate her period because it was a real source of anxiety for her. I was able to see her on family planning day and put in a long-acting device to make living in a shelter more comfortable.

"It's about respect and being there for the patient," Schwartz continued. "That's what we do well here—making sure we give them the education and care and dignity they deserve."

"THIS IS AN IMPORTANT DISEASE NOT TO IGNORE:" ADDRESSING DIABETES AND HOMELESSNESS

Ideally, a person's blood sugar level never exceeds 120.

So when Laura Curry, a physician assistant, joined BHCHP and saw a diabetic patient whose blood sugar measured 525, it was "an eye opener," laying bare the unjustly dire intersection between homelessness and diabetes.

"Under the best circumstances, diabetes is difficult," Curry explained. "But then you add in having your routines disrupted while living in a shelter with hundreds of other people; often being served starchy foods; at times lacking reliable access to refrigeration for insulin; having to carry all of your belongings to take a walk; and living also with mental illness, addiction, or even just a sense of hopelessness."

This patient—who was promptly taken to a nearby emergency department—also proved to be a motivator for Curry, who's now worked with BHCHP for nearly seven years and has grown accustomed to seeing patients with skyrocketing blood sugar levels.

"It made me want to ensure my patients with diabetes get what they need, within my control," she said.

Control—or lack thereof—is a foremost challenge faced by patients experiencing homelessness and living with diabetes, as well as other conditions like hypertension, high cholesterol, asthma, and chronic obstructive pulmonary disease. As part of BHCHP's chronic disease management team, Curry works to improve the access and quality of screening, testing, education, and care for chronic conditions. The team—comprised of Curry, a clinical pharmacist, nurses, behavioral health clinicians, dentists, AmeriCorps members, and data analysts—hopes to instill in patients a sense of autonomy, and to give them the tools to effectively regulate their health.

Once a patient reaches a BHCHP clinic, the team provides comprehensive care: from educating the patient about their illness, to determining and prescribing the best mode of treatment, to identifying barriers and solutions to adhering to treatment, to providing a weekly support group for patients to connect with one another.

Care is ongoing, and patience is key. But "there is a lot of progress—and that is what keeps me going," Curry said. "I had a patient with Type 1 diabetes with no belief in his ability to manage the condition. After six months, he was telling me how much insulin he needed."

That was six years ago, and Curry still sees the patient. She notes though that he struggles with losing his medications—for hypertension, cholesterol, and a mental health condition—or having them stolen, and has trouble quickly returning to the clinic for refills. Silver bullet success stories are rare, highlighting the need for continued specialized care. Still, "I know he knows about his diabetes," Curry said. "And when he has his medication, I know he knows how to take, and when to take it."

Beyond their current patients, Curry and the chronic disease management team's focus is gaining new ones through regular health fairs at shelters and transitional programs throughout Boston. Here they check body mass indexes, blood sugar, and blood pressure to screen for obesity, diabetes, and hypertension. Over six months and 16 health fairs, the team saw over 200 patients, nearly 50 of whom required follow-up care. Curry provided it on the spot, connecting or reconnecting 30 of these patients with a primary care provider and diagnosing six of them with pre-diabetes.

Given that nearly a quarter of patients' results called for follow up care—Curry aims to push BHCHP's programming around diabetes and its common co-morbidities forward.

"The risk for diabetes is disproportionately higher for the homeless population. That's what scares me—there are people running around not knowing they have diabetes, or pre-diabetes that we can prevent from turning into diabetes," Curry said. "This is an important disease not to ignore."

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REFLECTIONS FROM BHCHP'S EMERGING LEADERS BOARD

ELB members visit with patients at Stacy Kirkpatrick House to paint pumpkins

Composed of 22 individuals under the age of 40, BHCHP's Emerging Leaders Board (ELB) is dedicated to advancing BHCHP's mission through education and awareness building; service; marketing, fundraising, and events; corporate engagement; and recruitment. In so doing, the group makes a significant impact on our program. In 2021, it raised over $200,000 for BHCHP through social events and drives and completed over 375 volunteer hours serving patients.

The ELB educates themselves and their networks and peers about the intersection between health care and homelessness. Earlier this year, for example, members received training on Narcan, a lifesaving medication for overdoses. "When we are more knowledgeable about obstacles and inequities faced by the community, we can more effectively and compassionately support the mission at BHCHP and the patients served," said ELB co-chair Jenni Mehl.

And in a world still reeling from the impacts of COVID-19, the ELB provides the space for connection and networking among Boston's young professionals, all of whom share a commitment to the most marginalized members of our community. Dr. Deion Hawkins, former diversity, equity, and Inclusion committee chair and now ELB co-chair, says the board better connected him to the realities of health care today: "Sometimes as an academic, I feel detached from how things operate in corporate America, health care, etc. So I always love to hear about the initiatives and innovation happening from other ELB members."

Newly elected co-chair Nina Kalluri added, "The ELB has provided me an opportunity early in my career to serve the Boston community and better understand how to address systems that perpetuate health inequity."

Do you have ideas for future newsletters? Contact us!
Call us at (857) 654-1044 Email us at info@bhchp.org

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Editor: Sara Pacelle **Head Writer:** Maya Brownstein
Contributing Writers: Vicki Ritterband and Sara Pacelle