

THE VIEW

# FROM THE BRIDGE

**SPRING 2023** 



**06** Consumer Advisory Board: The Voice of Our Patients



#### A MESSAGE FROM STEPHANIE SULLIVAN, CEO

"AND YET THROUGH A CURIOUS
SLEIGHT OF MIND, WE STEP OVER
THE BODIES, DRIVE PAST THE
MENDICANTS, RETURN TO OUR
OWN PROBLEMS."

- Tracy Kidder, Rough Sleepers

The BHCHP community applauds Tracy Kidder and his authored work, Rough Sleepers, documenting five years of the work of Dr. Jim O'Connell and our Street Team. It is difficult to get any closer to understanding the complexity of this mission-driven work unless you are willing to step into the shadows of homelessness yourself. Our unique health care model, bringing care to patients where they are, taking the time to build trusting relationships and addressing their essential needs, all with abundant compassion, is not covered in the typical insurance reimbursement. We would not be able to do this work without the amazing and generous financial contributions from each of you, our wonderful donors.

Thank you, Tracy, for entering our world, pausing, reflecting, returning, and supporting us by telling our story with such eloquence and compassion.

## A CONVERSATION WITH TRACY KIDDER

Nurse, BHCHP board member, former President of the American Nurses Association and longtime provider of and advocate for homeless medicine Barbara Blakeney sat down with BHCHP founding physician and president Dr. Jim O'Connell and Pulitzer Prize-winning author Tracy Kidder, whose newest book is Rough Sleepers: Dr. Jim O'Connell's Urgent Mission to Bring Healing to Homeless People. Their full conversation took place on Our City Streets, Blakeney's show about homelessness on Waltham's community access channel. The below excerpt has been condensed and edited for clarity.



BHCHP founding physician and president Dr. Jim O'Connell and Pulitzer Prize-winning author Tracy Kidder

**BB:** Tracy, I would love to know how you got interested in following Jim.

**TK:** I went out on the Pine Street Inn van. I was astonished by what I saw: the very warm relations between Jim and the patients and the people operating the van. They weren't searching for patients; they knew where they were. It was homebodies without homes, and a doctor making house calls. But it was more than just a usual doctor patient relationship.

So I got interested in that—and that there was a problem out there in plain sight that in my own life I had failed to pay attention to, in the usual way of committing some sleight of mind where you don't see need and distress, partly because you don't know what you can do about it and partly because you just don't want to be bothered. To be fair, I didn't set out to do a good deed. I just wanted to tell a radical story.

**BB:** You embedded yourself in the program (Boston Health Care for the Homeless Program) for five years. Is that your normal approach?

**TK:** I've done it with a lot of different people. I become interested in a person and then I want to get interested in the things that preoccupy them. And then of course I get into the bigger subject, in this case homelessness, particularly of the rough sleeper variety. It's one way of humanizing things that can be seen just as statistics. I need stories to understand the world. And there were plenty for me to latch onto.

### AND DR. JIM O'CONNELL

BB: There's a scene at the end of the book where Jim, you realize that the group of people you had cared for for years was thinning out. There was a new group of people showing up, and you were not going to have the same amount of time to build relationships with this younger population. Can you talk about this a little more?

**JOC:** I remember that very clearly. It was at a memorial to remember the people who had died on the street in the year before. It was a moment of vulnerability, of realizing, 'Shoot, I wish I was beginning all over again.' But this has always been shared work, and I felt a sense of pride that we have set up something that guarantees to each patient that when one person has to walk away, they will still know the rest of the team and not feel deserted. There was something

about that day that made me realize what had been going on for the last 35 years was evolving, and that our commitment really is—as we'd been asked to do by the homeless community-to provide continuity of care.

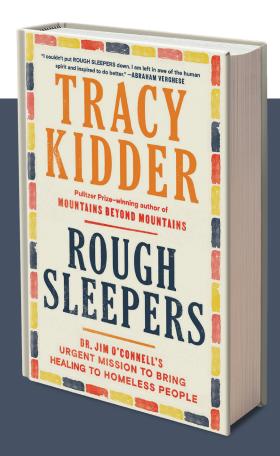
BB: There's a lot of death on the streetrarely from strange or unusual diagnoses. Jim, how do you manage that?

JOC: Very few, if any, of our patients are experiencing homelessness because of something they did. Most of it has been structural: bad foster care; physical, sexual, emotional abuse; mental health issues; racism; poverty; all the other societal things that funnel into homelessness. Frequently, we don't have the ability to change the fact that they die from neglect that happened a

long time ago. I think it's the greatest challenge to anyone who wants to do this work and stick with it. But one important thing is we work in a team. I would urge anyone who wants to do this job to try as best they can to work in a team, to share the grief-and also share the joy.

**BB:** Was the experience of Tracy writing this book what you thought it was going to be?

JOC: Tracy got to know so many of our patients over such a long and measured time. His magic with spinning a story was applied to people we have known and loved. We were more than happy to share that, and hopefully for the rest of the world it will shine light on the courage and nobility and real resilience of people on the street.



"I COULDN'T PUT ROUGH SLEEPERS DOWN TILL THE LAST PAGE. KIDDER'S WRITING SIDESTEPS LABELS LIKE "HOMELESS" TO REVEAL THE HUMANITY OF THOSE WHO LIVE ON THE STREETS. I AGONIZED WITH THE DEDICATED PHYSICIAN AND THE ARMY OF OTHERS WHO GIVE THEIR LIVES TO A CAUSE MOST OF US PRETEND IS INVISIBLE: I REJOICED IN THE FLEETING VICTORIES. AS WITH MOUNTAINS BEYOND MOUNTAINS, I AM LEFT IN AWE OF THE **HUMAN SPIRIT AND INSPIRED TO DO BETTER. THAT** IS KIDDER'S GENIUS."

Abraham Verghese, author of Cutting for Stone

# MEET THE STREET TEAM

Street Medicine has been a critical innovation of BHCHP since a disproportionate number of deaths occurred among the several hundred unsheltered individuals during the winter of 1985-86. This newsletter offers a glimpse into the evolution and accomplishments of BHCHP's Street Team that continues the mission of providing continuity of the highest quality medical, psychiatric, and substance use disorder care to Boston's "rough sleepers," those who assiduously avoid shelters and sleep in doorways, under bridges, down back

alleys, on park benches, and along the banks of the Charles and Muddy Rivers.

In the summer of 1985, in the midst of the devastating epidemics of AIDS and TB, BHCHP initiated direct clinical care in most of Boston's adult shelters and soup kitchens, family shelters and motels, and opened the nation's first medical respite care unit of 25 beds nested within the Lemuel Shattuck Shelter. Continuity and coordination of care were fostered by daily anchor clinics at Boston City

Hospital (now Boston Medical Center) and Massachusetts General Hospital. But the deaths on the streets during that first harsh winter called for an expansion of the care delivery model. With funds from the Massachusetts DPH, Pine Street Inn began an Overnight Van that has combed the city each night for these past 37 years from 9PM until 5AM bringing food, blankets, clothing, and a dedicated staff to engage these individuals who assiduously avoid shelters and struggle to survive while exposed to the extremes of heat and cold and the vicissitudes of life on the streets. Recognizing a need for medical care,



Mike Jellison is the Team's Recovery Coach supported by Mass General Hospital and has been doing

this for 7 years. The importance of Mike's role of peer support in the care of people experiencing homelessness cannot be overstated as Mike is able to engage with our patients as a person with lived experience. He describes our patients on the street as having experienced serious hardships and traumas, but they "also have beautiful, wonderful and heartwarming stories of who they are. Our patients didn't just wake up one morning and think 'I want to be a person experiencing homelessness' they've had lives, dreams, and goals." Mike is grateful to be able to share the journeys of his patients, "I can't think of another job out there that would have enriched my life as much as this role has for me."



Katie Koh, MD, has been a psychiatrist on the Street team for 4 years. Seeing patients in various

settings, "allows for incredibly rich and intimate conversations about people's life experiences, symptoms, fears, hopes and dreams. I strive to help a patient develop insight into what they may be experiencing, how a psychiatric disorder can affect their thoughts and behaviors or how therapeutic strategies or medications can help alleviate their suffering."

She says that her patients have been through unimaginable life experiences and adversity, and "yet find a way within themselves to keep moving forward to a better life, and often let me into their inner worlds. Their resilience is truly breathtaking and moves and motivates me every day."



Becky Lee, MD, joined the Street Team as a physician in 2020. She describes most of her

patients as having experienced serious trauma in their lives, needing medical or psychiatric care, but who "fly under the radar."

What does Becky have in her backpack? Becky's backpack items include lots of medical supplies and equipment, along with gloves, socks, granola bars, gift cards and T passes.

Becky says that what our patients need most is "whole-hearted, unconditional love and compassion, without judgment or stigma." She quotes Homeboy Industries founder, Fr. Greg Boyle's definition, of compassion-"Compassion is not a relationship between the healer and the wounded. It's a covenant between equals".



Dave Munson, MD,

first started on the Team in 2012 and, as its Medical Director, is responsible

for its clinical operations and quality metrics, and for prioritizing continuity of care across settings for our patients. He focuses on building relationships with our patients who he says, often "feel marginalized by the health care system at large." From his experience, Dave sees that "most people experiencing homelessness are the victims of unfortunate circumstances that could befall any of us." If anyone asked him how they might help our patients, he would say, "try volunteering at a local shelter or soup kitchen. Spending time with people who are experiencing homelessness will help decrease the stigma many of our patients face." Dave enjoys mentoring students and future clinicians who are interested in our work.



#### **Richard Nickerson,**

Care Coordinator, has been a case manager for 4 years, and says that his experience

on the Street Team has expanded his capacity for compassion and his "ability to meet someone where they are." His favorite part of his role is engaging with patients on their own terms. He wished folks knew his Street Team patients as

Dr. Jim O'Connell was invited by the PSI Van staff to join two nights each week. He was later joined on the van by Dr. John Romano, the medical director of BHCHP's respite unit. These nightly rounds were expanded several years later to include daytime street rounds with the welcomed addition of BHCHP nurse practitioner, Denise Petrella. The Street Team has continued to grow ever since, becoming a national and international model of street medicine.

The Street Team adheres to the core principle that care must be brought directly to those struggling to survive in shelters and on the streets rather than expecting them to come to traditional clinic sites in health centers and hospitals. Trust, earned through a consistent and compassionate presence, is bedrock for engagement in health care. Continuity of care optimizes quality and becomes a core of the relationships fostered by the Street Team. To achieve this goal, the Street Team strives to follow each patient from the streets to clinic to hospital to McInnis House to housing. While first aid and episodic care occurs frequently during sessions on the van and rounds on the streets, the team has gained vast experience caring for rough sleepers with acute and chronic diseases, such as heart

failure, chronic lung disease, hepatitis C, AIDS, skin infections and infestations. For more than 20 years. BHCHP's street clinic at MGH has fully integrated the care on the streets within the mainstream of the hospital, including accessibility to essential specialty clinics and inpatient care.

Including Dr. Jim O'Connell, the founder of BHCHP's Street Team and Julie Bogdanski its Administrative Assistant, the team is comprised of two internists, a family physician, two psychiatrists, a physician assistant, two nurses, a care manager, and a recovery coach.

We spoke to the Street Team about their inspiring work.

he knows them, what they have endured, who they are as individuals. His hope is that people will feel more compassion and be able to engage with those experiencing homelessness, even if it's a simple acknowledgment, like making eye contact when walking by them.



Jen Nunes, PA-C, Physician Assistant, has been on the Street Team just over two years and

says our patients' hesitancy to engage in traditional medical care is often caused by previous negative experiences, mistreatment and lack of accommodation and that our Street Team's model is an effective way to engage with them. Jen loves learning from her patients, following their lead, listening more than talking and being part of a strong team with diverse experience and expertise.

Jen's describes her patients as "some of the most generous and selfless people I've ever met, even in the face of tremendous personal challenges." Her hope is that others will "treat those living on the street with dignity, respect, and kindness. A simple greeting or smile can go a long way in someone's day."



**Eileen Reilly, MD,** has been a Street Team psychiatrist for 20+ years, treating folks with serious

mental illnesses such as schizophrenia, bipolar disorder, depression, and posttraumatic stress disorder. Eileen's deep and pioneering experience has made her an expert in the field.

She humbly describes her work as "oldfashioned home visits to folks who do not have homes, "extending visits to where the patients go intermittently, such as hospitals and our own Barbara McInnis House respite program. She sees her patients as isolated and lonely, needing "affirmation of themselves as valuable human beings."

Eileen is honored that patients share their lives with her. When asked how others can help the Street Team patients, Eileen answers simply, "Look them in the eye, show kindness and concern, offer to buy a sandwich or coffee, simply show that you notice them and care."



Beckie Tachick, RN. is currently the Street Team Manager, and has been on the Street Team for 8 years,

primarily as a case manager. Prior to that. Beckie had been a volunteer at our BHCHP foot clinic at St. Francis House and an Americorps member on our Family Team. She values the high quality continuity of care that we provide our patients, following them as they transition from the street to clinic to housing, as that consistency and compassion are core to building trust with patients. Many of our patients, Beckie says, "have experienced unimaginable levels of trauma in their lives," and trust is difficult for them. It takes time and dedication. Beckie enjoys engaging with her patients, many of whom "have a brilliant sense of humor," despite all they have been through. She says she feels "so lucky to be able to build relationships with our patients that allow space to share tears and big belly laughs."



Mary Ying, RN, Nurse Case Manager has been on the street team for 2+ years, having previously

been an inpatient psychiatric nurse. She views herself as an advocate, assisting patients in navigating the complexities of the healthcare system in various settingson street outreach, within our clinic, during hospitalizations, and post-discharge follow-up. Her street clinical care includes wound care, triaging patient's medical complaints administering routine vaccines and substance use disorder treatment. She values the special relationships she forms with her patients, bearing witness to their struggles and their resiliency, growth, humor and how they care for one another on the streets.

#### CONSUMER ADVISORY BOARD: THE VOICE OF OUR PATIENTS

Patients are one of the best sources of information about how we can best serve their needs. That's the philosophy behind our Consumer Advisory Board (CAB), a nearly three-decades-old institution at BHCHP. Up to 13 members, formerly or currently unsheltered and receiving their care at BHCHP, meet once a month to advise and inform BHCHP on a variety of programs and policies as well as to develop an advocacy agenda. A sounding board for the program, the CAB has provided valuable input on everything from BHCHP's overdose monitoring program SPOT to improving patient-facing technology such as text appointment reminders.

Three CAB members currently serve on the BHCHP Board of Directors, providing important insights from the patient perspective and serving as a critical bridge between the two boards. Every Board of Directors meeting includes a report from the CAB. CAB members have also previously been the chair and co-chair on the Board of Directors as well as chairing Board subcommittees.

Former CEO Barry Bock has this to say, "I adore BHCHP, and in my 32 years here I believe that the creation and sustaining of the CAB was one of the most important and enduring things that I was involved with. The contribution of the CAB for BHCHP and similar programs across the nation cannot be overstated."

Created in 1996 and the first of its kind in the country, our CAB model has been replicated across the country literally hundreds of times. As a program, we simply couldn't function as effectively as we do without the CAB and it has left its mark on many areas of BHCHP. CAB

members assist in the development of patient satisfaction surveys and participate in voter registration and monthly staff orientation. It was the CAB that advocated for changing the practice name to "McInnis Health," from Boston Health Care for the Homeless Program, so patients no longer had to be identified as experiencing homelessness on their prescriptions or appointment cards.

#### "I'VE GONE THROUGH THAT SAME DARK TUNNEL, AND I TRY TO BE A LIGHT FOR PEOPLE WHO ARE **EXPERIENCING THE SAME THING."**

Derek Winbush, CAB Co-Chair, BHCHP **Board Member** 

Joanne Guarino, who serves both on the CAB and the Board of Directors, recognized that transitioning from chronic homelessness to housing could be both joyful and potentially quite stressful. For herself as well as for many other folks, she knew that things others may take for granted, such as washing clothes and paying bills, was not something she had done for many years. She was also alone in her place-again both a wonderful gift, but newly isolating. Lonely and embarrassed to ask for help for what seemed like such basic matters, problems started to arise. Joanne realized newlyhoused people needed practical advice-so she created a guide advising on everything from keeping a home clean to budgeting to maintaining a weekly schedule. The guide is distributed to case managers throughout BHCHP and across the U.S.

Larry Adams, a beloved and recently passed CAB member produced a video "New Place, New Problems" that discusses the depression and sense of isolation that can descend on patients after a move into housing, and offers solutions for the newly housed and their advocates.

More recently, CAB member Andy Maier created a video guide discussing Medication Assisted Treatment and Office-Based Addiction Treatment for patients who are considering taking this step in their recovery. CAB members also plan, attend and advise at health fairs, have appeared in fundraising videos for the annual sock drive with the Red Sox and throw a holiday party every year at a partner family shelter.

CAB members say they benefit from their experience with the CAB as much as BHCHP does, and it allows them to give back to the program that has cared for them for many years. "Being on the CAB has given me a sense of purpose," said CAB co-chair and BHCHP Board Member Derek Winbush. "I've gone through that same dark tunnel, and I try to be a light for people who are experiencing the same thing."

Like so many members of our CAB, long-time BHCHP patient Kacia Wilkinson joined the Board as a way to thank the program and help others. Kacia recalls, "One of my providers approached me and said I would be a great asset to the Consumer Advisory Board, which I agreed to do. I wanted to give back what was so freely given to me. I want to make a difference in someone's life."

We are so grateful to the CAB for their commitment, advice, and wisdom for the past nearly 30 years—they are a gift to our world.



CAB members (left to right): Joanne Guarino, Larry Adams (deceased), Andy Maier, Derek Winbush and Kacia Wilkinson



Left to right: BHCHP President Dr. Jim O'Connell, CEO Stephanie Sullivan, PhD, and Director of Trauma Services Samantha Ciarocco: Tim Russert Award Honorees from RIZE MA: Sarah Merrefield, Senior Program Officer, and Diane Powers, Director of Development; and Dr. Jim O'Connell Award Honoree Jack Connors, Jr. (photo credit: Bill Brett)

#### BHCHP'S 2022 MEDICINE THAT MATTERS GALA

An evening celebrating the individuals and organizations, whose extraordinary contributions make a profound difference in the lives of the individuals and families we serve.

A group of 500 of BHCHP's longtime donors and new supporters gathered in October 2022 for the 11th Annual Medicine That Matters Gala-our first in-person gala in two years! It was clear folks enjoyed being together again to celebrate BHCHP! The room was filled with a palpable energy and inspiration, embodying the vibrant spirit and commitment of our BHCHP family. We were humbled and grateful to see so many of our friends together again in support of BHCHP's life-saving, life-changing care.

**EACH YEAR, THE GALA RAISES CRITICAL FUNDS NEEDED TO CARRY OUT OUR MISSION-BUT** THE RECORD-BREAKING SUPPORT FOR THE 2022 GALA WAS A LIFESAVER FOR BHCHP.

It was a great privilege to honor Jack Connors, Jr. with the 11th Annual Dr. Jim O'Connell Award. For over three decades, Jack has been a champion and advocate

for BHCHP in countless ways, ensuring the resiliency of the program to continue providing the highest quality health care for our patients. A visionary philanthropist and leader in the Boston community, Jack's devotion to BHCHP's mission has enabled the program to grow significantly since its founding in 1985, and expand the reach and breadth of care provided to Boston's homeless population.

We were so pleased to award the RIZE Massachusetts Foundation the 11th Annual Tim Russert Award, RIZE Massachusetts has been leading the way in finding solutions to the overdose crisis and saving lives by embracing creative ideas, reducing the scourge of stigma, and centering this work on the voices of the people affected by substance use disorders. Their multifaceted approach considers the inherent complexity of the opioid overdose crisis and employs a combination of strategies towards its vision of "zero stigma, zero death." Their partnership and support have been instrumental in our ongoing efforts to save and change our patients' lives and advance public health here in Boston and beyond.

The event was generously co-chaired by Miceal Chamberlain, Managing Director & Massachusetts President, Bank of America: Sam Kennedy, President & CEO, Boston Red Sox; Sharon McNally, President, Camp Harbor View and Chief of Staff, Connors

Family Office; and Bryan Rafanelli, Founder & Chief Creative Officer, Rafanelli Events; with support from honorary co-chairs Governor Charlie Baker, First Lady Lauren Baker, and Jean C. Tempel.

Our longtime friends from WCVB Channel 5-Shayna Seymour, Chronicle Anchor; and Erika Tarantal, Anchor & Reporteremceed the evening with inspiring energy. Their ongoing commitment to our work is deeply appreciated. Each year, the gala raises critical funds needed to carry out our mission-but the recordbreaking support for the 2022 Gala was a lifesaver for BHCHP. As we continue to dedicate our staff and financial resources to address evolving public health crises and the ongoing significant health challenges our patients face, we couldn't be more grateful for this outpouring of generosity to help sustain us in this work at a time when we truly needed it most. .

#### A SPECIAL THANK YOU TO

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Read our patient stories and learn how to get involved and support our work at www.bhchp.org | THANK YOU!







#### **BHCHP'S 2022 EMERGING LEADERS FALL SOIREE**



Left to right: BHCHP Emerging Leaders Board Members Elizabeth Pacelle, Sarah Torrice, María Álvarez-Tólcheff, Nina Kalluri, Aaron Kanzer, Michelle Brignac, Olivia King, Deion Hawkins, PhD, and Steven Mauzy (photo credit: Anthony Riso)

# Boston's young professionals driving visibility and support for BHCHP

BHCHP's Emerging Leaders Board (ELB) is a group of 22 socially conscious young professionals from various organizations and companies across Boston, who serve as ambassadors for the program

within Boston's young professional community. The ELB raises awareness and understanding of the issue of homelessness, while driving visibility and support for BHCHP's work by raising critical funds for BHCHP and contributing directly by volunteering with the program.

The Emerging Leaders Board Fall Soiree, the group's annual signature fundraiser, is a festive evening of networking and educating the community about the vital care that BHCHP provides. After two years of virtual events, the ELB was thrilled to celebrate in-person in November 2022. Between the connections made, the insight shared by BHCHP's staff, and the outpouring of support through our silent auction, the evening was a huge success, raising over \$215,000 to further BHCHP's work.

We were pleased to honor Mass Service
Alliance with the Change Maker Award;
Blue Cross Blue Shield of Massachusetts

with the Leader in Service Award; and Ipsen with the Sox for Socks MVP Award. These three organizations have been essential advocates for and contributors to BHCHP's mission, providing financial support, volunteering their time, and donating much needed items for our patients.

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The evening was made special by the shared passion and commitment of our ELB members and BHCHP staff.
Savannah Shores, a nurse with BHCHP, said it best: "Life's too short to not do work that you love and that feels fulfilling to you." For all of us at BHCHP and on the Emerging Leaders Board, this is the work we love—not just caring for patients experiencing homelessness, but also walking shoulder to shoulder with the community to build a growing movement for health equity and human rights in Boston and beyond.

We are deeply grateful to our ELB and for this outpouring of support to help sustain us in this work!

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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