



Interview with Bobby Watts, NHCHC Board Chair 2012---2013
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Deputy Director of the National HCH Council, Melissa DaSilva, talked with new National HCH Council Board Chair and Executive Director for Care for the Homeless in New York City, Bobby Watts, about his time in HCH, what's important to keep going in this work, and working toward ending homelessness.

Melissa Da Silva: Hello, Mr. Bobby Watts. Thank you so much for sharing your time with us. To start, could you talk about your first experiences with community health?

Bobby Watts: I grew up in a poor neighborhood in Brooklyn, New York. My family was not actually poor; we were lower middle class. My mom was a teacher supporting herself and me and my two sisters on her salary. But, I always noticed in the public school that we seemed to be better off than many of the others who were there. When some of my classmates were sick they'd be out, they'd be absent. I remember when I was six years old, a community health center opened up in our neighborhood. Maybe I was 8 years old. I just thought that was the greatest thing and for whatever reason it always stuck with me and I said, I want to do something like that. At that time, I thought I wanted to do it by being a doctor. Later, in college, I switched from plans to be a biology major to something called "biology and society" that looked at the interaction of biology, technology and society. It included a lot of sociology and anthropology. I later termed it pre---public health. It has really prepared me well for what I've done.

MDS: And how did you end up at Cornell?

BW: I was very fortunate to test into one of the best public high schools in the country, Stuyvesant High School. They had a requirement that all seniors had to apply to a college in the local city university system, one in the state university system, and also to an Ivy League. The reason for that requirement was that some of the students came to the school thinking, "I'm going to go to an Ivy League." They'd only apply to those schools, but if they didn't get in then they didn't have a back up option. On the other hand, there were people like me who weren't even thinking of Ivy League, but the school recognized that some of those students would have potential to be accepted. I applied to Cornell only because I had to and, fortunately, got in. That was how I ended up going there.

MDS: How did you decide that being a medical doctor wouldn't be your course in community health?

BW: That actually took a long time, not until after I graduated from college. I had some people who were really urging me to become a doctor and could almost guarantee that I would get in to medical school. I explained that I didn't really want to practice medicine; I was actually more interested in community health from a macro level instead of from the individual level. That kind of made it clear to everybody that, no, I shouldn't really practice medicine. I will say, sometimes I miss not having a clinical background. I think it could've been of help.

MDS: But from the macro level you still ended up doing very hands---on work in the Rescue Mission and internships in health centers.

BW: Right. But, not treating patients one on one. My beginning working in homelessness was in 1985 when I was a live---in counselor at what is now the New York City Rescue Mission in lower Manhattan. Part of my job was to make sure that guys who were sick would see the doctor, actually a physician assistant. That was the beginning. That "doctor" was sent by what is now Care for the Homeless. This was at the very beginning of the Robert Wood Johnson Pew Memorial Trust programs. So, I've been around Care for the Homeless from the very beginning, not as a staff member, but as a beneficiary—seeing how it helped us with our homeless clients.

MDS: What drew you to working with homeless men?

BW: I trace it back to my childhood. I think I was very fortunate in that I grew up in the best place in the world for what I'm doing. As I mentioned, it was a poor neighborhood. I was surrounded by poverty, but I was not in it. For whatever reason, I was always concerned with "Why do I have more than other people, than my friends, than my classmates?" It wasn't until I got out of my neighborhood and went to Stuyvesant High School and then to Cornell that I realized I was still pretty low on the totem pole. Fortunately, it never turned into to "Why do other people have more than I do?" Instead it was "Why do we have so much more than people who don't even have enough to meet their basic needs?" That sense of social justice and concern for the poor has been with me for a long time. Some of that is, as I said, a result of where I grew up. Some of it is from my faith. It's a big part of who I am.

MDS: It seems that you've taken this awareness of social justice to its full extent at your current position of ED at the Care for the Homeless.

BW: Do I think I've taken it to its full extent? No. I think there is more that we can do. Certainly.

MDS: Right now you are leading a humungous organization with over 30 sites in four boroughs. What are some of the changes you've implemented in your seven years as ED at Care for the Homeless?

BW: We've grown a lot in the last seven years. Most of that was through implementing the strategic plan our agency created. One of the largest drivers of our growth was that we built and opened a shelter for homeless women who were mentally ill and medically frail. We've named it Susan's Place after Susan Neibacher, our founder. Also, we were successful in getting New Access Point funding to expand the scope of what we do. Third, we have become better at billing Medicaid. Those are the three real main drivers of our growth from a budgetary point of view.

From an implementation point of view, for most of our history we were not licensed to practice medicine or provide medicine or medical care in New York. We would contract with different hospitals or health centers to provide that care. We changed that in 2008 when we became licensed and absorbed the operations of three of our four contractors under our own umbrella. We continue to contract with a great health center, The Institute for Family Health, and that's going very well.

MDS: Could you talk about the increase in engagement of your consumers and the implementation of program evaluations?

BW: Yes. One of the things I am pleased with is that our consumers have become more active in helping us to become better. That's one of my mottos that I use often: Our Goal is to Get Better. The consumers really get all the credit for that, because they told us they wanted to get involved in new ways. They wanted to expand their impact on us. They told us how. We listened to them and they've done it. You know we still have a ways to go but I think that if we continue to listen that will certainly happen.

MDS: And the data that's driving quality?

BW: Program evaluation is something I really wanted to do for a long time. I think part of that stems from my background. Part of my study was epidemiology and I really believe the right data interpreted the right way can help us make good management and programmatic decisions. Part of getting better is to really take a hard look at our selves. I think that's what program evaluation can do. We are fortunate to have a small but excellent program evaluation staff that knows how to ask the right questions, how to collect the right data, and how to analyze it. When I say questions and data, I'm not just speaking about numerical or quantitative data, but also talking to our clients, talking to our staff, helping us figure out what we want to do and then looking at how well have we done it. If you ask questions and you listen, you can learn an awful lot. We learn a lot from our consumers, our clients, our patients, and our residents. We learn a lot from our staff. We just learn a lot and when you hear the good suggestions and you can implement them, you're going to be better.

MDS: With all of your executive responsibilities, how do you find time to get out into the field and actually talk to people?

BW: I try to do that. I force my self to do that in a few ways. One, I still volunteer outside my agency with other agencies that work with homeless people doing outreach, in particular. And what I try to do, with varying degrees of success, is spend half a day a month in the field with our staff. Not as Bobby Watts the ED, I tell them, but as just a co---worker. I do outreach in the shelters and go knocking on doors for our health educators: “We’re having an event next week. Please come. Here’s what we’re going to do.” It helps me to hear what our clients are going through as well as what our staff is going through in their every day work.

MDS: It must be hard for your staff to go out into the field with their boss.

BW: You know, I hope not. Actually, one of our social workers told the people at the site that her boss was coming. They asked her, “Aren’t you worried that the Executive Director is coming?” She said she thought about it, but that she wasn’t nervous. We’re pretty egalitarian. We’re not too hierarchical. At least, that’s what my goal is, and I think by and large we are that way. We’re still not so big that we don’t know each other.

MDS: With 30 sites in four boroughs, how many staff members are you currently managing?

BW: We have about 100 staff members, and with our subcontractors, including the shelter, the total is maybe 150. So, it’s not too huge, so many of us still know each other.

MDS: You have spent seven years as the ED with Care for the Homeless. Are there moments of either great reward or challenge that stand out in your mind?

BW: I think the most rewarding thing, for me personally as the executive director, is when our staff comes up with an idea and runs with it and it just blossoms. Especially when it’s staff working from different parts of the agency – from the shelter, from health education, or from primary care. Like I said, we’re not so big that staff members don’t know each other, so they work together and they have great initiative and tremendous things happen. It’s just unbelievable. It’s like I said— when you listen, when you ask the right questions and listen, people have ideas and you’ll be amazed at what they can do. Those have been the most rewarding things for me. When we see staff working together to put on great services that change lives. The most challenging has been when we’ve had to, either because of a change in direction or temporary reduction in resources, cut back on services in one area or sometimes cut back staff. That is by far the most challenging.

MDS: It sounds like you are intentional in creating an environment where your staff feels empowered to be creative.

BW: I try to be. I know that because I’ve been here for a long time, from when we were small until now when we’re larger, that I sometimes have to force myself to

step back. When I succeed in that, and I do try to do that, that's when I'm most happy—when I find out something great that's happened and I've had nothing to do with it. I know, at least for that time, that I've succeeded. We want to let people know that it's okay to make mistakes, to try. It's never okay to fool ourselves or to lie about things, but it's okay to make mistakes. We're all going to make mistakes. I admit that myself. I've made mistakes. So, hopefully, the staff feels free to do that.

MDS: Are you concerned that your seven years as the ED removes you too much from the generative potential?

BW: Do I worry about burning out or going stale?

MDS: Sure.

BW: You know, I think that's always a question that every leader has to ask him or herself. I don't, by any stretch of the imagination, feel that I'm there. There are some times where you just get tired. If it lasts a long time, then I would think about it seriously. But, there's so much more to do. And, fortunately, we know much more about the causes and, more importantly, the successful ways that we can fight and eliminate homelessness. There's just so much more to do, knowing that we can really make a difference with the new tools and with the new frameworks that are out there. So, no. By no means.

MDS: You mentioned that you have to make time to be in the field or on the ground. Are you concerned about losing that connection?

BW: Losing that connection? Yes, I feel that if I don't stay in touch with our front line staff and most importantly with our consumers, yeah, I would lose that connection. And, I think that would diminish my effectiveness. My goal is that everyone in our agency who has had direct service experience, no matter where they end up in the agency, would keep that perspective and build it into their job, that they would continue to have some direct client experience. That's my goal. It's very hard. I think everybody that we have here generally wants to do that, but it is hard.

MDS: Do you have conversations with your staff about developing strategies to end homelessness?

BW: The last time that we had a big conversation like that was when we completed our strategic planning process about a year ago. Then a few months after that, we had a big rolling out of it with our staff in a town hall format. We really explained why ending homelessness is part of our mission statement, explained why it's doable and it's not just words on a paper. It's not just inspirational, but it's actually achievable. Certainly, we can come a lot closer. We are in the process of rethinking what policy directions we're going to take as an agency. Part of that will be, I think, considering how we engage our staff in the policy areas of ending homelessness. Because when we talk about ending homelessness, it goes beyond services. Services

are important and they can end homelessness in individuals' lives or in small groups of people's lives, but to end homelessness as we know it in our society? We have to deal with policy issues.

MDS: Are you actively pursuing ways in which your agency and your staff can engage more with policy development?

BW: We're just beginning, or we're close to beginning that. You know we had Doug Berman with us for a long time? He left to go to another agency. Then we had another colleague, the associate policy person, who had to relocate. That happened about three months ago. With our two---person policy team now vacant, that gave us an opportunity to rethink, to reimagine from a board level what we want policy to be. So, we're in that process. When we do begin that process, we'll engage our staff.

MDS: Your work in homeless health care has evolved over many years. Have there been any individuals who have had a great influence on your career?

BW: No doubt. The chief one has been Susan Neibacher who was the founder of Care for the Homeless, the first Executive Director when it was the Robert Wood Johnson Pew Memorial Trust program. I was very fortunate to have worked with Susan, in one way or another, from 1988 until she passed away in 2004. Even when I left the agency for a while, we still kept in touch. She was my mentor. I learned a lot from her and by far she's been the biggest influence on my professional life.

MDS: Is there a lesson or two you might share with us from your time with Susan?

BW: There are a few lessons. One is you have to be passionate. If you're going to be effective in this kind of work, you have to be passionate. I remember the first ad that we ran in 1988 when I'd just come on as an intern, when the program was getting ready to expand with dollars that came with the first federal funding. The ad said that we were looking for competent and compassionate professionals. I've thought about that ever since, those three words. We want people who are professionals. We want them to be competent, above all. But, you also have to be passionate. You have to have compassion. Be empathetic and compassionate. You need both of those to really be passionate in this work. For most of our staff, especially those who have been with us for a long time, this is not just a job. This is something that they love doing, that they feel called to do. It's something that gets them up in the morning. They're glad to do it, to know that they're making a difference in serving people that most of society wants to ignore. You have to be passionate about it. That's one lesson I learned.

Another is the importance of caring for staff as individuals. Susan really knew so much about everyone who worked here. We were smaller but still she made quite the effort to know a bit about everyone who worked here. In the end, I think that made her a better leader. That we still have, to a large extent, a family atmosphere really goes back to those roots. I can't claim to be as good as Susan was at that but to

the extent that we've been able to maintain it, it's because of how good she was and because I at least see the value in trying to do that.

MDS: You have Susan's wisdom. You have the wisdom of your childhood and upbringing. From all of that, what would you like to share with new professionals to the field of health care for the homelessness services?

BW: Besides Susan, other health care for the homeless colleagues over the years helped me grow up as a professional. We've been working together and learning together. Adding to the lessons from Susan and my other colleagues, I would encourage new professionals to hold on to the success stories. It's important to view each person we serve as an individual, even though you're an executive director and we serve 10,000 people a year. Really realize that each person is an individual. And, when you have success stories, hold onto them. They're important. I still remember success stories from my days when I was front line at the rescue mission. When we hear stories about how our staff has changed people's lives, we have to hold on to them because they don't happen as often as we would like. We need to remember that successes do happen and that we are making a difference. I would also say that we should never, ever give up. The race doesn't go to the swift nor to the strong but to those who persevere. Don't. Give. Up. Keep trying and you'll continue to make a difference. And, last, homelessness can be solved. It really is a matter of will and policy. We can make a difference, so that's another reason why we should not give up. It's a winnable fight and whether we win or not is up to those of us who know that it's winnable and don't give up.

MDS: Its sounds like there is a cross---country runner in you.

BW: *Big laugh.* I didn't even know that was in there.

MDS: Young people coming into the field today have the understanding that we are now on our second ten---year plan to end homelessness, and they walk into the question of ending homelessness already feeling a bit dismayed. We often highlight the need to just create housing as the answer. Is the effort to create more housing something that you attend to in your work?

BW: Right now we aren't, not from a program point of view. That is something that we are considering, one of the things we may look at in the future. How can we be more effective in fulfilling our mission, whether that will involve housing or not? I certainly, from a policy point of view, want to do whatever we can to promote and advance more affordable housing.

MDS: Are there are other thoughts you'd like to share with our Council newsletter readers?

BW: The value of the Council is extraordinary. I encourage people to become familiar with the resources and to use them, because it will help each of us to do our

jobs better, and serve those that we serve better. We have a group of committed, passionate experts that freely give of their time and share what they've learned. There's research going on. There's no reason for us or for anybody to reinvent the wheel when there's so much that's been done before and that's been laid out already. Instead we can focus on how to roll the wheel down the road so that we advance in the fight against homelessness.

MDS: At the last national conference, you made a loud public pitch for organizations and individuals to join us and join our work. You mentioned giving back to the Council through your role as Board President. Was there something you were reflecting on in that moment?

BW: Well, I can't say that I was, but someone asked me what is my agenda as president. There are so many experts and so many people at the Council who could be president. What I said was that my agenda was to make that commitment in time and in energy to think about how to advance the Council. I don't know that I know more than anyone else. We're all busy. So, this is a time when I've made a commitment to devote part of my time, brain power, and energy towards working with the Council staff and working with John to advance the cause of the Council, which is really to help end homelessness, to advance health care and housing as human rights and to support the grantees. It's a little bit of enlightened self-interest as well.

MDS: That's perfect. Thank you so much, Bobby Watts, for talking with me and for your service as Board President.

BW: Thank you. It's my pleasure.