The Health Care and Housing Model: Supporting the Whole Person

ANSWERS TO YOUR QUESTIONS

June 03, 2019

The Q&A below reflects answers to questions that were captured. We're still working to have answering some of the questions that were asked. They will be updated as we're provided with more information.

Sacramento Whole Person Care, Jodi Nerell:

Q: Is the City of Sacramento using Pathways Health Management Information System (HMIS)?

A: We're using Salesforce, which drives all of the coordination, not Pathways.

Q: In regards to system change: To improve success, would it be best to make all patients who are experiencing homelessness a special member through Partnership, so that they can go to any clinic for medical care? Would this help impact hospital utilization?

A: It would be optimal in this scenario to submit two applications.

Q: How close is Sacramento to reaching their goal of housing 2,000 by year 2020?

A: Housed 350 people through Pathways alone. Focus on families & vets. Housing takes time, even with the investments – WPC will be done with the housing investments currently. This is the first evidence based practice.

Housing Landscape; DC to California, Carol Wilkins:

Q: What is the role of Adult Protective Services (APS) and Child Protective Services (CPS) in regards to housing?

A: There is work to align both APS & CPS with Coordinated Entry, by collocating outreach workers with each entity.

Q: What can you suggest on how to deal with community pushback? The ideas of: "if we build it, they will come" and "NIMBY" (not in my back yard).

A: Local communities are asking "where were you living before you experienced homelessness" Most come from our communities, putting that information out is super helpful. Los Angeles' United Way has launched a public education program, 'Everyone In'. Everyone In has a lot of tools that are applicable for the entire State, encouraging to look into their practices and methods.

Q: Do you think that AMI (and < 30% for extremely low income) is the best way to determine eligibility/need for affordable housing? Does the extent of income inequality play a role? (in a specific region or city)

A: Counties with the highest rates of income inequality have the highest rates of homelessness.

Q: Do you have any suggestions on how to attract Low-Income Housing Tax Credit (LIHTC) developers? Particularly to rural areas?

A: Developers follow the money. Every source of capital funding, want to be able to say "with my dollars, I produced xyz". Local dollars help boost local development, and attract it. Partnerships with funders and housing authorities, is very critical in these situations.

Q: How do we get people who are experiencing house/homelessness to want to be housed?

Comment: We try hard to celebrate our successes in our IOPCM and our super utilizer groups. We, in both groups need to acknowledge the hard work we & our patients are doing working toward a healthier community.

A: I love your outlook on "Touching the Human Spirit". Hill Country sounds like a supportive working environment, where colleagues work together and care. Self-care, communication, staff well-being is important. Wish I didn't live so far away.

Future of Whole Person Care, Jacey Cooper:

Q: Are you aware of any health management programs that are also HMIS compliant, that you can recommend?

A: Reach out to the WPC team and they should have the answer for that. She's not the technical person for HMIS.

Q: Who is responsible for following the post-incarceration services?

A: Nobody is responsible. Depends on the system in the county built, they're trying to provide services as post-incarceration

Q: Is the state/DHCS working with the legislature to renew the data-sharing permissions that expire 12/2020 (Welfare & Institutions Code)?

A: Looking into it, hopefully will come out with the Fall proposal.

Q: Are any of the WPC services & interventions likely to gain billing codes? If so, which are most likely?

A: Will be a process once the proposal comes out.

Panel #1, Intensive Outpatient Case Management (IOPCM) Programs:

Q: Question for Tom, for the monthly case conferencing meetings, do you include partner agencies to attend?

A: Thus far, they have not, though they have discussed if that's a meaningful way to go about it. Some of their employees are members of their community huddle, where they have those community connections, so they do have access to people at that form.

Q: Question for Tom, Do you have a universal release of information that you could use at the meeting?

A: We don't. They've worked out community business addendum agreements to share info, can share info internally at monthly case conference meetings. They can discuss internally because everyone is working on that person's case and care.

Q: Question for Tom, I am glad you are providing patient centered care & listening to the patients about their expressed needs. What do you do when the medical staff believe that substance use is the primary problem, but the patient is not interested in addressing that issue?

A: Complicated, done case-by-case. Meet people where they're at. How much is their use? When you're ready to work on this, you can come back. Contact us without a second referral. In perspective of medical care, it's getting in the way.

Q: Question for Tom, Do housing case mangers attend as part of your monthly case conference, and do you talk about Substance Use Disorders & Mental Health at case conferences?

A: Yes, housing case managers do attend case conferences, as well as we talk about Substance Use Disorders & Mental Health in those conferences.

Q: Question for Annette, How do you mange 80 patients especially if they are experiencing homelessness. What other support is in place?

A: Full disclosure, we don't have 80 participants – we're working up to it. We rely heavily on partners and care coordinators. We do a lot of triage of need, phone support (excellent phone support keeps crisis at a dull roar).

Panel #2, Whole Person Care (WPC) Programs:

Q: **For Ken, Marin County: Is there a job description for the Recovery Coach?**

A: We'd be glad to share, please email directly.

Q: Any particular, besides support services/shared experiences, techniques that anyone wants to share for hiring & retaining?

Napa: Sharing data in a really open/transparent way with no expectations. Keep an open mind on how we interpret data. It's a pilot, it can be easy to be overwhelmed. Making sure we re-frame, what can we do and what are we learning?

Solano: Staff leave because they worry the project is going to end. Does PHC having something to say to help us? (Dr. Moore) Not particularly, yet. We're waiting to see what the State sends out their proposal in the Fall.

Santa Rosa Location: If at all possible have staff members works 4 days a week rather than 5 days a week, 3 days off in a row to help with burnout.

Eureka Location: We try hard to celebrate our successes in our IOPCM and our super utilizer groups. We, in both groups need to acknowledge the hard work we & our patients are doing working towards a healthier community

Staff Burnout and Compassion Fatigue, Lynn Dorroh:

Q: Can you talk more about providing ACEs Training for staff and what was provided to people who had high ACE scores?

A: In terms of training, we've done a lot of different things. About 20% of our patients have been screened – tend to be in complex care.

Comment: I love your outlook on "Touching the human Spirit." Hill Country sounds like a supportive working environment where colleagues work together & care. Self-care, communication, staff well-being is important. Wish I didn't live so far away."