The Health Care Housing Model: Supporting the Whole Person

June 03, 2019

Welcome & Framing the Day

Robert Moore, MD, MPH, MBA
Chief Medical Officer, Partnership HealthPlan of California

Dr. Moore started off the conference by introducing Intensive Care Management and the ideas of upstream medicine. He presented statistical data regarding the Regression of the Mean and summed it up by saying “if starting with a statistical outliers, and move more towards the average without intervention, that is regression to the mean”.

He touched on how inequities are similar to social influences of health and those influencers are as follows: economic stability, education, social and community context, health and healthcare, and neighborhood and built environments.
Lastly, he described both Whole Person Care and Intensive Outpatient Program Case Management, setting the stage for the rest of the speakers.

12 Emergency department visits equal 1 inpatient admission cost. The average ED visit cost is $350 which amounts to an average inpatient cost of $4200. Dr. Moore introduced social influences of health as a new phrase versus social determinants of health. Social influences of health = the condition of which people grow and change and circumstances are shaped.
3 Healthcare influence: Individual intervention, community intervention, wider societal intervention.

WPC is county based except for the city of Sacramento. As of September 2018 PHC has 532 enrollees in WPC throughout 6 counties; Solano, Sonoma, Shasta, Napa, Maria, and Mendocino. IOPCM has 565 enrollees through PHC in 10 counties.

Sacramento Whole Person Care

Jodi Nerell, LCSW
Director of Behavioral Health, Sacramento Covered

Sacramento’s Whole Person Care (WPC) was part of the third tier launch for WPC, so it was launched in November of 2017. Unfortunately, according to Jodi, the systems that we have in place now are not set up for the community members to succeed – essentially the entities that are supposed to be helping people are perpetually the ones that are keeping them in the constant cycle of homelessness.

Their program currently has 705 enrollees, 57% of which are 50 years of age or older, 43% of these enrollees are “inside” while an astonishing 57% remain “outside” on a daily basis. There has been struggle with this considering there are only four shelters in Sacramento County, mainly for single people that being most often, single men.

Jodi discussed the Collective Impact Model, describing that it is when the community comes together to accomplish a shared ideal and the most important value of this model is relationships between the various entities. The pillars of this model include: a shared agenda, a shared measurement system, each organization practicing at their expertise, and ongoing communication.
Lastly, there have been challenges for those who are homeless in Sacramento County, as well as for those who use Medi-Cal. Some of those challenges being that providers will charge excessive deposits just for simply holding an appointment time slot for Medi-Cal patients. This dissuades patients from going to the doctor since they are unable to come up with the deposits to hold their appointment time. Another challenge that has been faced is the hospitals have become the “defacto providers” for the homeless; the emergency room is open twenty-four hours a day, seven days a week, and they provide a roof over the person’s head for the time being, food, and blankets as well. The homeless population has been using hospitals and emergency departments for care as well as shelter.

Sacramento is the only city in the nation using WPC. They have a goal to get 2000 homeless people off the streets by the end of 2020. Clients spend about 10 months in the program before graduating. 76% decrease in inpatient care for the city!

Housing Landscape; DC to California

Carol Wilkins
Housing Consultant, Partnership HealthPlan of California

The outcomes of Adverse Childhood Experiences (ACEs) has been increasingly prominent in recent years and a connection between ACEs and housing stability has been identified as one of those outcomes. It has been found that ACEs contribute to metabolic and neurological conditions; on a regular basis, the homeless population is encountering stressful and traumatic events and they are not able to healthily regulate that stress since they do not have stable housing. Carol Wilkins made a point that housing is a Social Determinant of Health, however housing assistance is currently NOT an entitlement and there is no guarantee that if one applies for assistance, that they will receive it. Currently, three quarters of low-income people who qualify for housing do not get it, instead there are wait lists, preferences, and set-asides.

Carol explained Area Medium Income (AMI), as the level at which half of incomes in a city or county are above that level and half of the incomes are below that level. Extremely low-income is described as 30% below the AMI level. She explained what affordable housing really means – the tenants pay 30% of their income as their rent and permanent supportive housing – where each tenant can stay as long as they'd like and pay no more than 30%-50% of their income as their rent, though they must comply with the lease agreements and have access to supportive services around them. Thus far, supportive housing has been shown to decrease hospital stays and emergency room visits.

The number of times a family moves combined with the ACEs score increases toxic stress in people. Toxic stresses increase the risk of homelessness. Toxic baggage remains from childhood traumas. Homelessness in the United States lasts years for some people. We are experiencing a mixture of newly homeless and long term homelessness. 2 out of 3 homeless people in California are outside with no shelter. Agencies have been able to use shelters within communities to gain access to the homeless population in order to get them tucked into services and care. People stay in the communities they are connected to, even while homeless. Racial disparities play a role in access to housing. If local agencies can put in more monies to their communities it will attract developers.

Future of Whole Person Care

Jacey Cooper
Senior Advisory, Health Care Programs Department of Health Care Services

As the Senior Advisory for the Health Care Programs for the Department of Health and Community Services (DHCS), Jacey spoke about the future of Whole Person Care (WPC) and looking forward. Across the state of California, there are twenty-five WPC pilot programs, some bigger and more complex than others, but all ending in 2020. Overall, the target population to help is high-risk, high-utilizers of Medi-Cal, with co-occurring mental health issues or conditions, and homelessness. She discussed her four month journey across the state to interview each pilot program and see what was working and what wasn't. From her data collection, she came up with some strategies for further care coordination. Those strategies include: standardized assessment tools, universal data sharing systems, social determinant strategies, navigation infrastructure, data-driven algorithms, and a prioritization of the highest needs for those on a wait list. On the trip, they also looked for gaps, opportunities, and the good things that were happening within the pilot programs. In result, they have started talking to other states, like North Carolina, who recently decided to cover six months of housing for people. Additionally, DHCS plans to create an internal workgroup that will focus on improving member experience, assessing and addressing all social determinants of health, and reducing disparities or inequities.

The objective of the performance measures is to assess the success of the pilot WPC program. They are using care coordination strategies for: Navigating infrastructure, standardized assessment tool, data sharing systems, social influences of health, data-driven algorithms, prioritization of highest needs if on waiting list. Three WPC things to continue: Continue building a data system, continue to build the care coordination training teams, and continue the conversation with Managed Care Health Plans. Looking for opportunities of integration. Learn from other WPC programs and follow mandates. Use data to be proactive to target vulnerable populations. In lieu of services are currently voluntary and they are looking at ways to incentivize it. There are 13 million Medi-Cal members in California. 85% of them fall under a managed care health insurance plan. Moving forward, do we have mandatory statewide benefits or in lieu of services? The pilot programs end in 2020. 1115 ends December 2020, and 1915B ends June 2020. DHCS is developing a 5-10 year road map for the future of Medi-Cal.

Panel #1, Intensive Outpatient Program Case Management (IOPCM)

Panel members discussed their programs and emphasized that housing is healthcare – it's that important!

Panel #2, Whole Person Care

Marin, Napa, Solano, and Sonoma Counties were on the Whole Person Care panel discussing how their programs work within their county. Each county had varying criteria for their WPC enrollment and a varying number of enrollees. Napa, a smaller county, explained that they have faced some hardships since they don't have the capacity for adequate data sharing like the larger counties do. On the other hand, Marin County, anticipates that by the end of 2020, their homeless population will be extremely low and almost gone. All of the panelists have faced challenges within the pilot program, have a difficult time finding housing for their constituents, and acknowledge that the system is not perfect.

Ken Shapiro
Director, Whole Person Care
County of Marin, Health and Human Services

8 contracts with providers. Enrolling from 2 target populations. 1100 enrolled, 200 intensive cases. Marin County is on track to end homelessness within the county in 2020.

Jennifer Palmer
Project Manager, Whole Person Care
Napa County Health & Human Services

175 enrollees total 350 participants. They have a narrow focus on housing.

Denise Kirnig, RD, MS
Senior Health Services Manager, Whole Person Care
Solano County Health & Social Services

Goal of 250 enrollees. Goal to reestablish connections to family & support systems.

Heather Criss
Program Manager, Whole Person Care
Mendocino County Health and Human Services Agency

160 enrollees with 70% being homeless. Only need 2 qualifying factors, but one of them has to be Mental Health or substance use disorder related. Their overall goal is to improve quality of life. They assumed trust and collaboration between agencies, providers, and the health plans or other WPC counties and it hasn't been there.

Staff Burnout and Compassion Fatigue

Lynn Dorroh, Chief Executive Officer
Hill Country Medical Clinic

Lynn Dorrah explains that in the medical field, and working with the mental health population, burnout and compassion fatigue is common and self-care is something that we must partake in to prevent it. In order to ensure self-care at her clinic, she requires an all-staff meeting every month for all 160 of her employees. During these meetings staff tell stories, take part in team building exercises, listen to talks from speakers, give out awards, and rejuvenate their minds and bodies. She closes her talk by sharing two anecdotes about being present in the here and now and ensuring each person gives their attention and focus to what they are doing, which builds a connection, versus giving just their time.

Her philosophy of care can be summed up in 1 word: Relationships. Everyone doing this type of service or work needs to be on the same team. There's always value in debriefing both formally and informally. Recommended a book by Laura Van Dernoot Lipsky called The Trauma Stewardship, An Everyday Guide to Caring for Self While Caring for Others. Watched a YouTube video called Off The Cliff. People who are self-righteous are usually under a lot of stress or have dealt with traumas. It is important to destress using diet, exercise, or meditation. Give thanks daily for your life and it's blessings. Recommended Watson Caring Science Institute. Dr. Jean Watson is the founder and director of the institute which is an international non-profit foundation created to advance the philosophies, theories and practices of Human Caring.