COMMUNITY HEALTH PARTNERS FOR SUSTAINABILITY

STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING

GENESEE Community Health CENTER

Partnership Strategies to Increase Access for the Public Housing Resident and Homeless Populations

Introductions

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Objectives for Today

- Participants will be able to develop collaborative outreach strategies to work with individuals (including veterans, families, and youth) experiencing homelessness, living in public housing, or living at-risk.
- Participants will be able to identify benefits of and challenges to working with a housing authority
- Participants will be able to identify at least one recent trend in public housing.
- Participants will better understand HRSA's Public Housing Primary Care Program.

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Supported via a National Cooperative Agreement with U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care

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Why Partner?

Without partnership

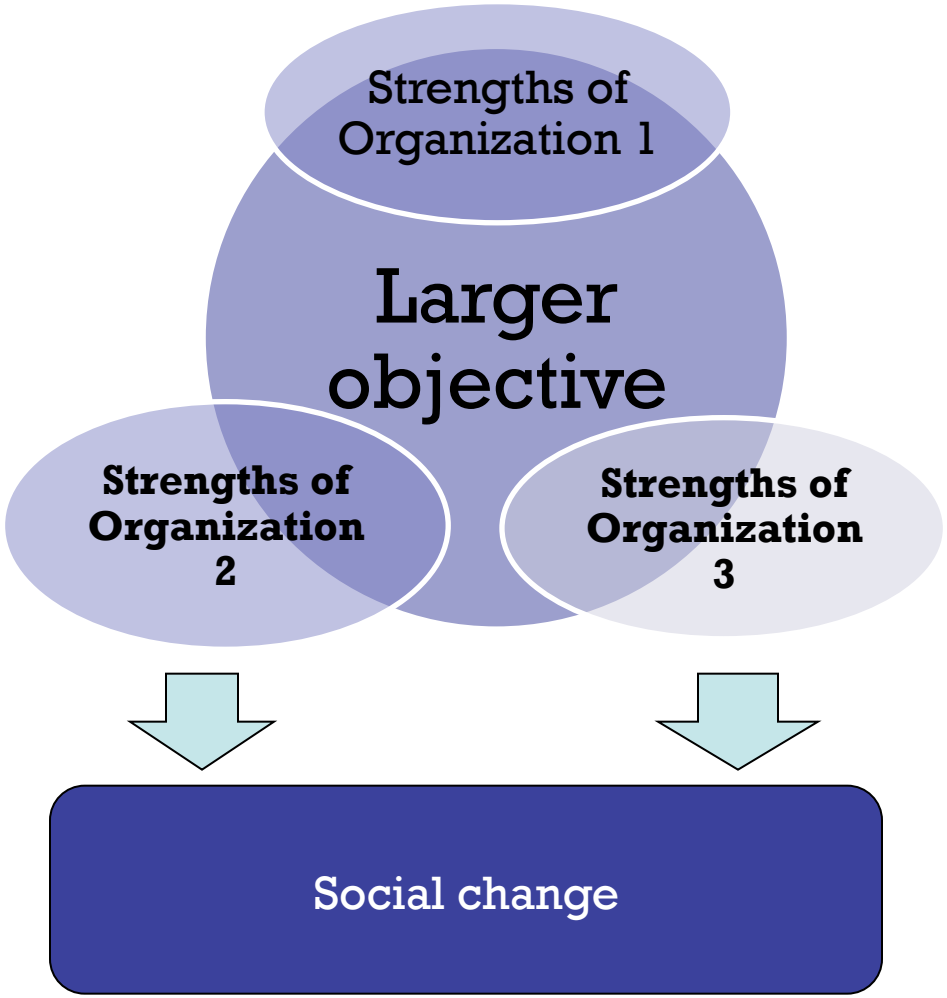
Organization 1

Organization 2

Nebulous idea of social change

Organization 3

With partnership



Why Partner?

- Align joint response to intertwined issues of health and housing
- Marketing channel for vulnerable population that may not be currently served (service area overlap)
- Access to funding opportunities (HUD)
- Access to Housing Authority resources (space, human resources)

Public Housing Primary Care Program

- Authorized by Section 330(i)
- Overseen by the HRSA BPHC Office of Special Populations Health
- In 2011, Served 187,998 patients through 61 reporting grantees
- Special populations governance waivers available in some cases

Recent Trend: Enormous Demand

- No change in average waiting time for public and assisted housing despite increase of total # of units.

- Waiting times in some areas exceed 10 years.

Treating Public Housing Residents

- Sensitivity to reporting address (due to "doubling up")
- Sensitivity to reporting income (due to rent regulations)
- Health disparities
- Social determinants

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Decentralization

- **HOPE 6 Program (1992)**
- Increased reliance on **Voucher (e.g., Section 8) programs**, which are not defined by HRSA as public housing
- Increased reliance on **scattered sites**

Mixed consequences of decentralization

- Positives
  - Increased economic capital through mixed-income communities
- Negatives
  - Displacement of residents
  - Outreach and community engagement more challenged

Response to Decentralizaion

Many health centers serving public housing residents are no longer located *inside* public housing

- Collaboration with housing authority remains

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Partnering with Housing

Key partners:

- HUD
- Your Housing Authority
- Housing Assistance Providers

HUD Secretary's Strategic Plan

Goal 3: Utilize Housing as a Platform for Increasing the Quality of Life

- **Goal 3B: Utilize HUD assistance to improve health outcomes**
  - **Strategy 3: Provide physical space to collocate healthcare and wellness services with housing (for example, onsite health clinics)**

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Making the Case to a Housing Authority: Key Contacts

Partnerships must be explored early, through any or all of the following:

- Residents
  - **Tenant Councils**
- Housing Authority Staff
  - Executive Leadership
  - Development Staff
  - Outreach Staff
  - **Site Managers**
- Elected Officials

Making the Case to a Housing Authority: Return on Investment

Healthier residents are more able to:

- Access and keep decent jobs, including through the health center itself
- **Pay rent on time and meet other public housing regulations**
- Avoid school absences and successfully graduate on time
- Maintain safe households free of environmental hazards and domestic violence
- Achieve a higher quality of life

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Return on Investment: Workforce Development

Residents engaged in career tracks for health care jobs will earn more

Level of educational attainment	Median yearly earnings
No high school diploma	$16,777
High school diploma	$24,435
Associate's Degree	**$32,386**

Return on Investment: Workforce Development

Residents engaged in career tracks for health care jobs will contribute more in taxes, need less public support

Education Level	Lifetime Income	Lifetime Taxes and Government Benefits
No High School Diploma	$660,400	($32,000)
GED	$845,070	$221,831
High School Diploma	$1,040,000	$273,000
Associate's Degree	**$1,310,000**	**$408,000**

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How May We Help You?

- Live events
- Live and archived webinars and other web-hosted resources
- Site visits
- Needs assessments
- Document review
- Other topics as appropriate – just ask!

Join Us!

- National Conference – Keys to Health Center Success
  - June 4-6
  - Denver, CO
  - Registration open now
  - More information available at www.chpfs.org.

HRSA FQHC New Access Point Grantee

- Public Entity Genesee County Community Mental Health (now Genesee Health System) is the grantee co-applicant with the Genesee Community Health Center
- Also the recipient of a HRSA Planning Grant in 2011
- Awarded NAP $$$ June 13, 2012
- Received funding to open two small clinics serving special populations (Projecting ~3700 patients by May of 2014 across both sites)
- 330h (Homeless) and 330i (Public Housing), not 330e

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Genesee Health System is a key player in the community

- Mental Health Services Provider for over 50 years
- Substance Abuse Services Coordinating Agency
- Serves individuals with co-occurring mental illness, substance abuse, developmental disabilities, and other co-occurring complex chronic health conditions
- Directly employs over 300 staff with a budget of over $140 million and 17,000 people served
- Community Collaborative Partner
- Continuum of Care for Homeless Assistance and Permanent Supportive Housing
- PATH Homeless Outreach Program

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Integrated Health Highlights

2009: InSHAPE®, Garden Project, Wellness Stations

2010: Apply for 330 funding

2011: Hire Epidemiologist, HRSA Health Center Planning Grant, MDCH Recovery Navigator Grant

2012: Opened FQHC, MDCH SBIRT Grant, UM Patient Registry Grant

Motivation to apply for 330 funding: Our consumers were dying

- Widely reported that persons with chronic mental disorders (including schizophrenia, bipolar disorder, recurrent depression) experience substantial health disparities **dying on average 20-25 years younger than the U.S. general population**.
- Why? Preventable heart disease and related risk factors, including obesity, hypertension, and diabetes.

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Clear need in City of Flint

- 24% unemployment*
- 49% of families with children <18 below the federal poverty level*
- Nearly 70 percent of the population is overweight or obese
- Year after year, among the top 5 most violent cities

*2007-2011 American Community Survey

The priority populations for the health center

- 3,000-4,000 homeless in Genesee County
- ~30% of the homeless population are children < 18 (in families)
- About half of all homeless individuals in the county are homeless for the first time
- Atherton public housing is 90% single mothers with children

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Genesee Community Health Center

Center City site opened October 8th, 2012
Located in downtown Flint, MI
Nurse-led Health Center

Strengths of Center City HCH site

- Close to GHS main site and existing pharmacy (right across the street)
- Co-located with the housing outreach program at GHS
- Walking distance to the safety-net hospital and Emergency Department
- Accessible via bus lines, close to other service providers

Motivation for our model

Per Doug Eby MD*

Primary care, at its best, is **a set of *functions, roles, and relationships*** that are "built optimally into everyday life… focused on the household and **the whole person**, [their] values, [their] goals, [their] entire health journey…"

Primary care, at its worst, is a *place* where medical things are done to patients, no matter how friendly and colorful and even if certified as a "patient centered medical home".

see
www.southcentralfoundation.com

What's better than PCMH?

Per Clem Bezold PhD*

- The GOAL is better *health*, not better *healthcare*
- The point is to recognize and address underlying factors (motivators) that shape patterns of illness, to improve health equity across patient populations, and prevent illness in the first place
- A strong presence IN the community via collaborative outreach strategies is best
- New models for CHCs to move beyond clinic walls to address population health, and to integrate community prevention into patient care; i.e., *community mental health – the experts at safety-net, in-community integrated care!*

The reason for integrated care

Paraphrasing Doug Eby ~

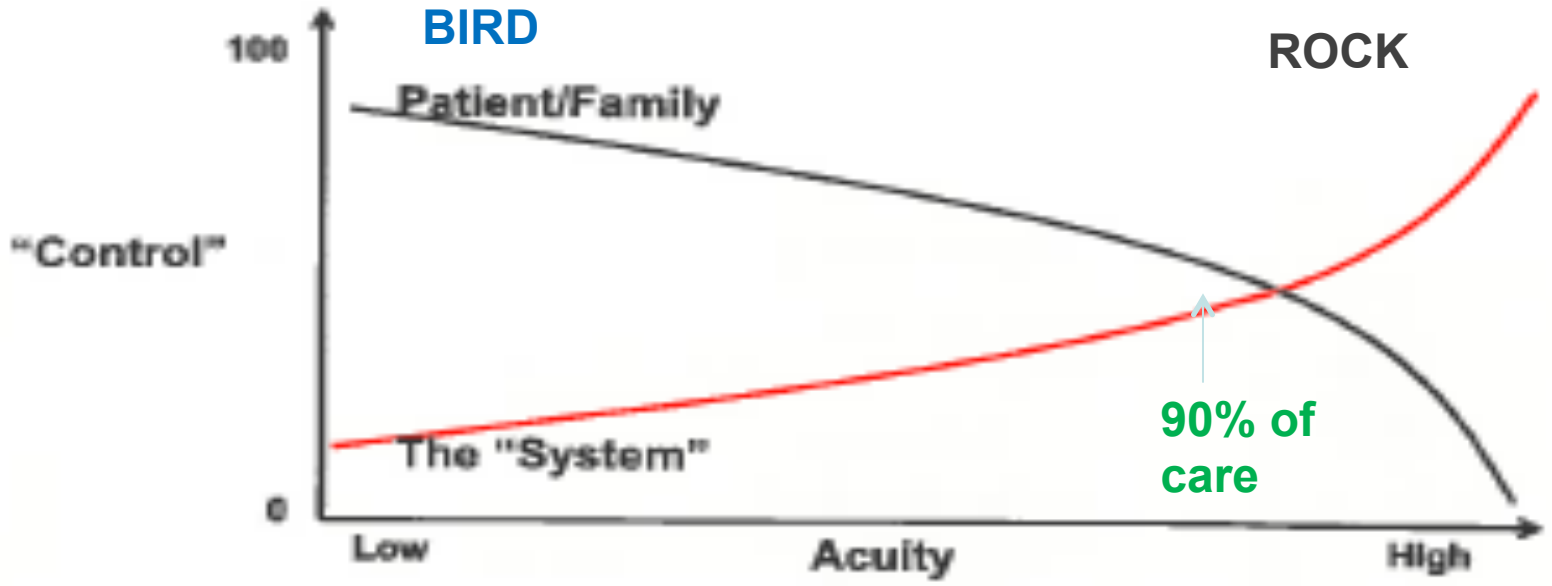
The "primary medical diagnosis" is the individual's ***social situation*** – his isolation, his hopelessness, his depression. To ***connect*** with "what gets him up in the morning" is to set the stage for successfully addressing his chronic conditions – his COPD, his CHF, his diabetes.

Plus, as a bonus: ⇧HEDIS, etc., ⇩cost

Ideal: GCHC's care team model with embedded SW.

Bird or Rock?

Control: Who really makes the decisions



1. Control – who makes the final decision influencing outcome?
2. Influences – family, friends, co-workers, religion, values, money
3. Real opportunity to influence health costs/outcomes – influence on the choices made – behavioral change
4. Current model – tests, diagnosis, treatment (meds or procedures)

Southcentral Foundation

Why it's about birds, not rocks

http://www.youtube.com/watch?v=tLnZ3_AccoU

Original Vision for PHPC site: Genesee Community Health Center-Atherton

- Plan to convert an existing building of 4 townhome units into a health center
- 192 units within public housing site
- 800 residents
- Additional 3,000 people within walking distance living in subsidized housing
- 90% Single women with children

History: PHPC Planning

- Began conversations with the Flint Housing Commission in 2010
- Had a longstanding relationship with the leadership
- Worked together to identify a public housing site
  - Size
  - Location (bus lines, walk-ability, other neighborhood features)
  - Proximity to existing FQHC in town
  - Family vs Senior

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Flexibility & Faith

- Intense outreach to residents through Tenant Council
- Then told by Housing Commission leadership that we needed to select a new location, as the current choice was going to be demolished.
- Worked together to select a new location
- More outreach to residents at new location
- Director fired
- Interim Director appointed
- Asked to go back to original site
- Even more effort re-establishing relationships with residents

Flexibility & Faith

- Assumed HUD was involved via the local housing authority (do not do this!)
- Received a shocking rejection letter from HUD just days before starting renovations
- After exhausting other options, turned to our local politicians, Senators, national councils, etc.
- Finally have a verbal approval, nothing in writing, and several frustrating stipulations have been added
- Meanwhile, HRSA asked us to develop a backup plan and we are at risk of losing the dedicated renovation $$

Pros: Unique Partnership Opportunities

- Working together with a local community college job skills training class of about 20 students to complete the renovations on the health center site
- Many of the students in this program are also residents
- Amazing opportunity to obtain buy-in and ownership
  - Liability? Deadlines? Organization? Communication? Oh my!
- Relationship has been strengthened with local housing authority

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Future expansion plan: One-Stop Community Resource Center

- This was the original vision, but now it is the vision for future expansion planning (more of that flexibility and faith!)
- For the Health Care for the Homeless site we planned to partner with Catholic Charities, Resource Genesee, and a variety of other service providers to create a one-stop community resource center complete with a soup kitchen, warming/cooling center, community closet, community gymnasium, lockers, showers, and connections to many other community resources and services

Community Awareness

- Be sure to bring attention to your project's strengths through media outlets
- Inviting a wide variety of community stakeholders, partners, politicians, residents, etc to grand openings or walk-throughs
- Opportunity for positive press is always welcome
- Not just pictures, easily understandable facts and data make a difference
- Currently reworking website to include multimedia and be more user-friendly

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Expanded Needs Assessment

- Conducted 4 focus groups and over 120 1:1 surveys
- Crucial planning information collected
- Important relationships built
- Marketing effect
- Established credibility in the eyes of other community service providers and potential partners
- “What is attractive about this for us is that you have gone in and asked the community what they would like to see, what services they need, instead of just showing up with a plan. As far as I know, that hasn’t happened here before.”

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Overcoming Barriers

- Be prepared to point out areas of mutual benefit that might be of interest to partners
- Data and research are essential
- Listening for what the areas of concern are
- Transparency
- Engaging all partners equally
- Modeling effective communication
- Robust marketing plan to overcome misconceptions

Targeted Outreach Strategies

- Designed two outreach positions for the Genesee Community Health Center
  - One is a resident of the public housing complex; one will be located at the One Stop Housing Resource Center
  - Both outreach workers will be trained to provide:
    - Basic Health Assessments
    - Motivational Interviewing

GHS as a Partner: Outreach to Target Populations

Goal: Reach out to those individuals and families, who are uninsured, have no benefits, and have no income.

- Homeless individuals and families
- Veterans
- Youth 18 to 24

Vision:

Outreach, Engagement, Accessibility, and Recovery

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Collaborative Outreach Strategies

- Resources are too scarce to have outreach workers who are working in silos
- Establish a regular mechanism for connecting all outreach workers in the same community
- Create a way for outreach workers to communicate with each other easily

Transitioning from Homelessness (PATH)

Pathways = 'No Wrong Door'

Assisted Referrals = Linking to FQHC, GCCMH, GHP, DHS and other mainstream services

Transitioning from homelessness and vulnerability

Housing = Supportive & Permanent

Goal: Outreach, Engagement, Accessibility and Outcomes…

SOAR

- SOAR is a critical element of an effective PATH Program
- What = Social Security Outreach, Accessibility and Recovery
- Who = Homeless individuals who are eligible for SSI/SSDI/SSA Benefits
- Where = From streets and shelters to FQHC
- How = Assisted referrals/Internal and community partnerships
- Why = Benefits, Income – Key to Recovery

Recovery Navigator Team

- Recovery Navigator Team:
  - professional staff, at least two peer support specialists, and at least two members with experience in recovery from a substance use disorder
- Inclusion Criteria:
  - Discharged from psych inpatient unit or sub acute detox (i.e. mental illness and/or substance use disorder)
  - At least 1 of the following chronic conditions: BMI > 25, cardiovascular disease, asthma, diabetes
- 30% of all participants are homeless
- All participants are connected to the GCHC NP

More about Partnerships

- Conversations beget conversations
- Eventually need to spell out commitments in writing
- The payoff of partnering is always worth the effort required
- “Stop Thinking about Limitations and Start Thinking in terms of Possibilities” (Terry Josephson)

Thank You!

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