Working Together to Deliver Mobile Physical-Behavioral Health Integration for the Chronically Homeless

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Presentation Goal:

Discuss successes and challenges in launching a mobile clinic in partnership with mission-similar organizations to leverage disparate resources, expertise, and systems.

Care Alliance Health Center

- **1985:** Health Care for the Homeless
- **1993:** Independent Nonprofit Organization
- **1998:** Public Housing Primary Care
- **2000:** Ryan White Part C
- **2002:** Dental Program
- **2011:** Electronic Medical Record Implementation
- **2013:** PCMH Recognition, Level 3 and Electronic Dental Record Implementation
- **2014:** Behavioral Health Integration
- **2015:** Expansion into the Central Neighborhood
- **2016:** PCMH Recognition, Level 3 (2014 standards)

Services

Medical Care:

- Across the lifespan
- For people living with HIV/AIDS
- HIV & STI testing
- Chronic care programming
- Women's health services
- Podiatry
- Physical Therapy
- Immunizations

Behavioral Health Care:

- Mental Health Counseling
- Chemical Dependency Counseling
- Psychiatry

Pharmacy

Dental Care:

- Partials & Dentures
- X-Rays
- Extractions
- Fillings
- Cleanings

Supportive Services:

- Medical Case Management
- Health Literacy
- Benefits and Medical Insurance enrollment

Homeless Outreach Program

Permanent Supportive Housing Team

- Primary Care Provider
- Psych NP
- Nurse Care Manager
- Medical Assistant
- Care Coordinator

- Registered Nurse
- Outreach Workers

Street and Shelter Team

- Primary Care Provider
- Medical Assistant
- Care Coordinator
- Behavioral Health Counselor (LISW)

Objective 1: Integrated Care

Why Integrate?

- People with serious mental illnesses die 25 years earlier than the general population. 87% of the years of life lost to premature death are due to treatable medical illnesses.
  -Lutterman et al 2003
- Increase in incidence of illness, greater severity of disease, decreased quality & length of life
- Trauma
- Fragmented, inefficient care (=barriers)
- Higher ED utilization

Behavioral Health Integration

- 68% of adults with a mental illness also generally report at least one physical medical disorder
- Working on integration initiatives with partners since 2011
- July 2014: received ACA funding to expand behavioral health services internally

Core Values Identified

- Trauma Informed Care
- Housing is Health Care
- Change is a stage-wise process
- The client is driving the bus
- Commitment to Care Coordination

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PSH Partners

FrontLine Service

Reaching out. Resolving crisis.

Reaching out to adults and children in Northeast Ohio to end homelessness, prevent suicide, resolve behavioral health crises and overcome trauma

Care Alliance Health Center

Our mission is to provide comprehensive, high-quality medical and dental care, patient advocacy and related services to people who need them most, regardless of their ability to pay

Eden

Emerald Development & Economic Network, Inc.

EDEN, Inc. provides, operates, and advocates for safe, decent, affordable housing and support services for persons living with disabilities or special needs who have low incomes and may be experiencing homelessness.

Our Partnership

- Long history of working together
  - Housing First
  - Bridges to Housing
- Mission overlap
- Similar cultures*
- Build and support on the strengths of each other
- Trust

Spectrum of Integrated Care Services

- Street and Shelter Outreach
- Mobile Clinic at Housing First Sites
- Behavioral Health onsite at Care Alliance
- Primary Care onsite at FrontLine Service

Partnership Framework

Category	Description
Leadership	Included in all studies, to be successful, a partnership needs to have a defined leader, supported and recognized both internally and externally. The leadership should have extensive knowledge of the issue and the external environment within which the partnership is working.
Purpose and Commitment	The purpose and commitment of the partnership includes both a clear vision and mission (purpose) and the commitment of the partners to that stated purpose given their individual expertise. The purpose provides focus for the partnership as well as a favorable cost-to-benefit ratio ensuring individual members remain connected to one another and to the partnership. This will allow for flexibility of contributions by the individual members that are focused on the greater good of the partnership and reflective of subject matter expertise of the individual members.
Communication	Clear and consistent communication, internally and externally, of the purpose of the partnership and benefits to the community. Communication helps to establish the partnership as the established subject-matter experts.
Accountability	Accountability goes hand-in-hand with establishing clearly defined roles and responsibilities, and includes accountability of individual members, leadership, and in some instances, the community the partnership serves.
Funding / Resources	Funding and resources enable the partnership to do the work. This likely includes pooled financial resources, in kind contributions of members and joint fundraising.
Planning / Operations	Planning and operations represents the actual work of the partnership, including development, implementation and technical assistance. A feedback process, with a shared information system for data collection and analysis, should also be included to allow for outcomes measurement and continuous improvement.

Lessons Learned

- Important to establish shared vision and language

- Important to work with all levels of organization
  - Leadership, Housing-specific management, Resident representation

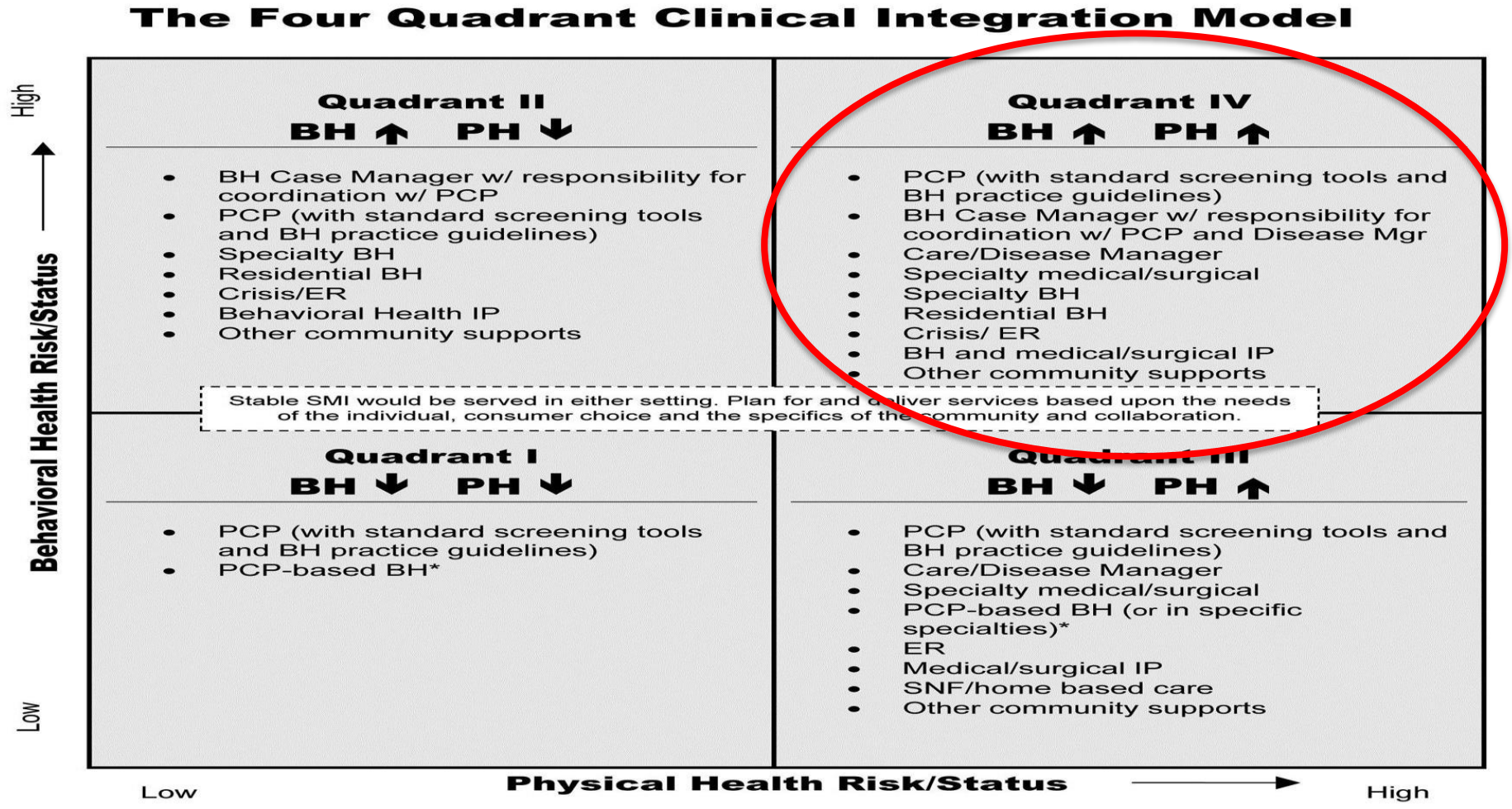
- Address cultural differences and plan for merging the two cultures
  - “Only those who are able to adapt to changing scenarios will continue to survive and prosper. Success is directly proportional to the degree of positive adaptation to change.” Vishwas Chavan

Objective 2: Mobile Clinic Delivery System

https://youtu.be/vB0cHpofZf4?t=4m39s

- A piece of greater integration efforts
- Health delivery model

The Four Quadrant Clinical Integration Model



www.thenationalcouncil.org/resourcecenter

Setting: Housing First

- 8 sites as of September 2015
- 510 units occupied (127 in construction)
- <1% return to homelessness
- Chronic homelessness has decreased 73% since 2006

Housing First

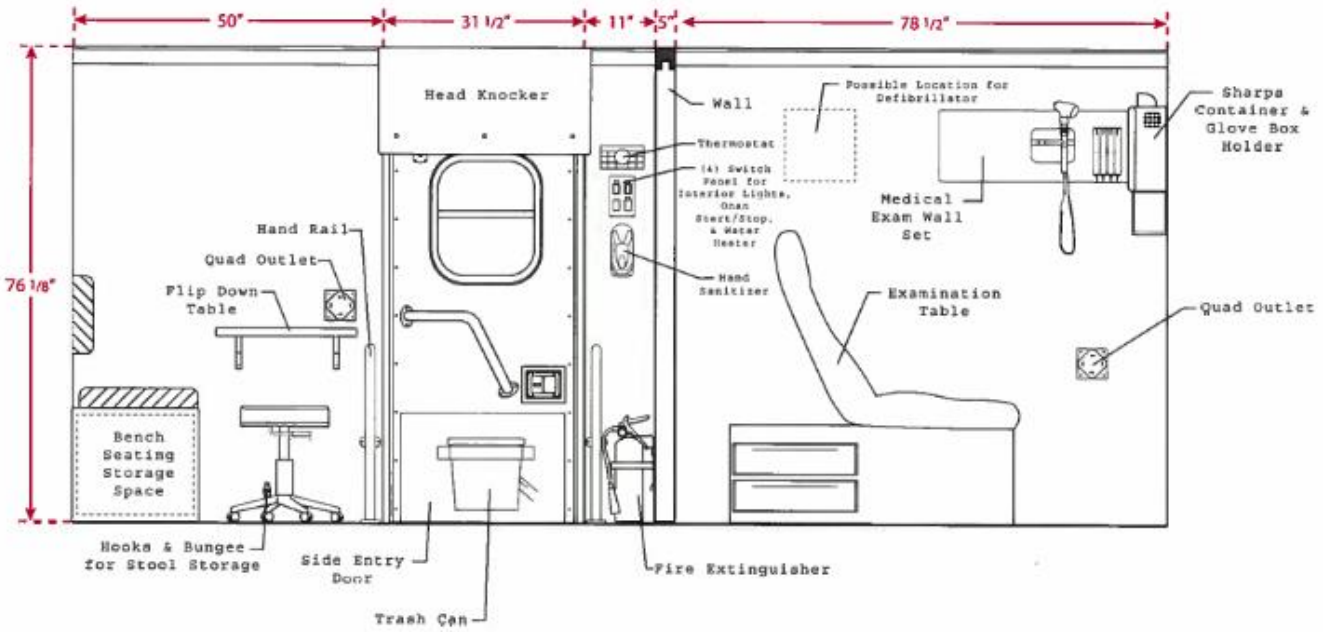
- Severe & Persistent Mental Illness- 78%
- Severe Alcohol or other Drug Dependency – 85%
- Chronic Physical Health Issues – 50%
- Past Criminal Justice Involvement – 70%
- Avg. Days Homeless Prior to Moving in – 700 days
- Employment Rate at Entrance - <1%
- Male – 68%, African-American – 70%
- Veterans – 20%
- Average Age – 51 years old

South Pointe Commons

FRAZER

Care Alliance Mobile Clinic - 15' 101" Tall Module

Interior Passenger's Side Wall



Note: Dimensions are Approximate

December 11, 2014

Lessons Learned

- "Think outside the mobile clinic" – mission-critical maintenance & operational considerations
  - Parking
  - Power (electricity)
  - Water and waste
  - Hours of operation
  - Compliance (permits)
  - Climate
- Calculate **before** deciding to go mobile
- Funding ramifications (Goal: financial sustainability)

Lessons Learned

- Develop a model
  - Do NOT build the plane while flying it
- Write it down!
- Technology: Electronic Medical Records/Sharing of information
- Pilot or start small

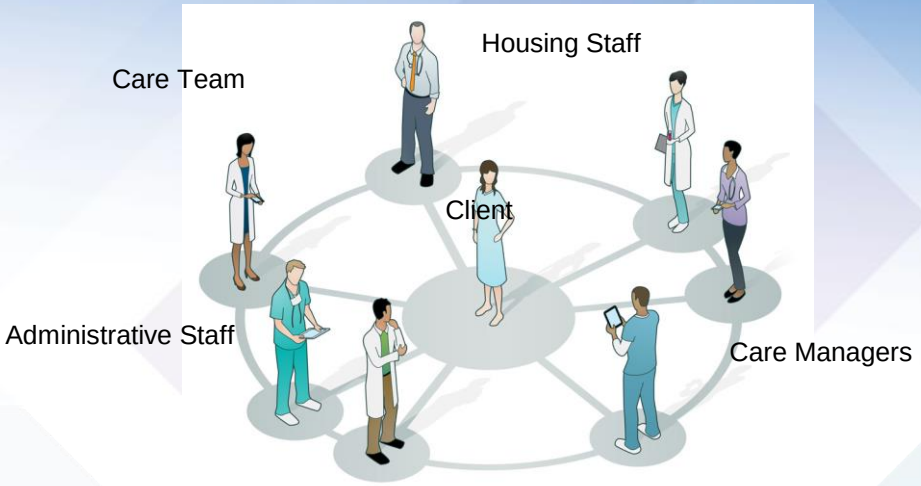
Progress in 2015: A Look at the Data

- 330 unique patients; 1,125 total encounters
- 34 referrals to dental care
- **~50%** of patients see both NP & Psych NP in same day
- Emergency Room visits begin to **drop**
  - For those who still remain from the originally-identified 20 highest ER utilizers, **ER visits dropped from the baseline of 33 visits to 7.**
  - 7 of 20 highest utilizers are no longer residing in Housing First, and of the remaining 13, 9 have continued to be engaged with the integrated care team.

Objective 3: Client Engagement

Engagement Model

- Engagement = **ongoing partnership** between each client, care team, housing staff, and case management
- Engagement **begins before program implementation** and it **continues** as a function of health education and treatment
- **Engagement** adapts to the client's needs and wants; every location is different



Real-Time Information Sharing via EMR

Supported by grassroots marketing

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Street & Shelter Team

- Trust
- Team structure and workflow
- Adaptability
  - Flexible, adaptable staff
  - Variable spaces
  - Constant evaluation of service sites
- Challenges
- Successes

Discussion / Q&A

Contact Information

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