

Public Entity Health Care for the Homeless Health Centers

**The Best (and Worst) of Both Worlds -- Public Entity HCH
Programs NHCHC 2018**

Thursday, May 17, 2018: 8:30 AM-10:00 AM

- ▶ Intro **David Modersbach**, Alameda County HCH Program
- ▶ Public Health Nursing-Focused HCH – **Stephanie Abel RN**, Hennepin County
- ▶ Hospital System-Based HCH - **Susan Spalding MD**, Dallas Hospital District
- ▶ Large Public Health Department HCH – **John Gilvar**, King County HCH
- ▶ Discussion

Publically Governed Homeless Health Centers

- ▶ Roots of Health Center Movement 1965-1975
- ▶ 1978 Expansion to include Public Entities 5% total Health Center appropriations to public centers.
- ▶ Health Care for the Homeless Health Center Expansion 1988
- ▶ 2014 HRSA Governance PIN

HCH Health Centers

99 health centers out of 1,400 total health centers are Public Entities.

Some 5% of federal health center funding is earmarked towards public entity health centers.

37 out of 99 public entity health centers are HCH's (38%), this compares to only 20% of the 1,400 health centers are HCH's.

Of the 27 Public Entity HCH programs, 26 are County, 6 are Municipal **Health Departments**, 4 are **Hospital District** and 1 **University**.

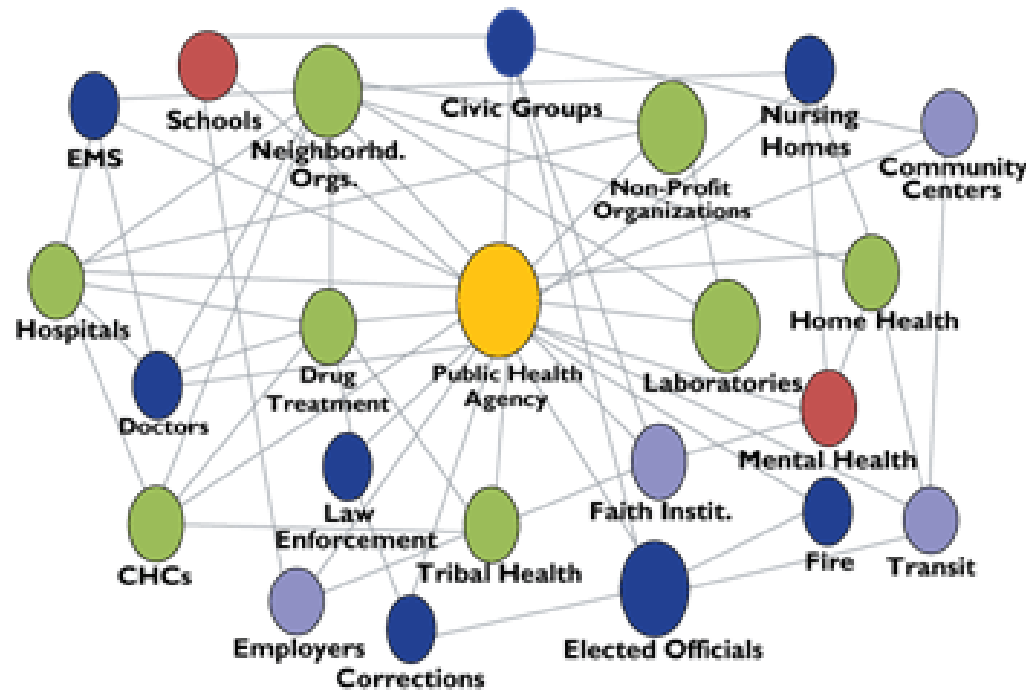
HCHs and Health Centers

- 295 HCH Grantees/Projects
 - 13% (37) are Public Entities
 - 19% standalone HCH's
- 886,576 homeless patients treated by HCH's 2016
- 5,062,277 clinical and enabling visits

Public Health Department HCH Health Centers

Key Public Health Roles

- ▶ Outreach (King County)
- ▶ Surveillance (King/Hennepin)
- ▶ Nursing (Hennepin County)
- ▶ Community Health (ACHCH)



Health Care Provider

- ▶ Who is Best Situated/Equipped to Provide Direct Health Care Services to People Experiencing Homelessness?
 - ▶ Mental Health
 - ▶ Mobile Health
 - ▶ Dental Care
 - ▶ Substance Use MAT
 - ▶ Shelter Health

Directly-Provided Care

Vs.

Contractor/Coordinator Role

Linking to safety net health care/Primary Care system

Health Care System

- ▶ A public entity HCH can directly provide entire range of health care services from outreach, mobile/portable, to primary care and specialty care
- ▶ **Dallas Hospital District** – not Public Health Department but Hospital District based out of Parkland Hospital
 - ▶ Critically important safety net provider in non-Medicaid State



Emergency Responder

- ▶ Public entity HCHs can be directly linked to PH surveillance, epi and emergency/disaster response systems:
 - ▶ **Hennepin:** Public Health Nursing and TB, measles response
 - ▶ **King County:** Homeless Mortality/Death Count, Encampment Health response
 - ▶ **Dallas Hospital District HCH:** coordination with CDC TB, flu surge, hurricane shelter health

Minnesota measles outbreak rises to 41 cases

Quarantine is considered as infection control in Hennepin County area, with first case

King County homeless deaths on the rise | Public Health - Seattle & King County

Medical Examiner's Office reports 169 deaths last year, up 32 from 2016

Tuesday, March 6, 2018 1:05pm | NEWS



If we're ever asked to consider that we might die someday, most of us probably hope it's at home or doing something we love.

For people experiencing homelessness in King County, 72 percent die in unfortunate public places, ranging from crawl spaces under buildings, to parked cars, to public parks, according to a Public Health Insider website post Monday by Keith Seinfeld, a

Record Number Of Flu Patients Visit Parkland

January 10, 2018 at 6:54 pm Filed Under: Flu, flu cases, flu clinics, flu outbreak, flu patients, Flu Season, Local TV, Parkland Hospital



Housing

System

Coordinator/ Provider

▶ Housing As Health

- ▶ King County & Hennepin County -- links to Continuum of Care and supportive housing
- ▶ Alameda County -- Home Stretch / Coordinated Entry

- ▶ Increasing Housing production and funding from local, public initiatives

Consumer- Informed

- ▶ ACHCH Consumer/Community Advisory Board CCAB
 - ▶ Street Medicine + Street Psychiatry = Street Health
 - ▶ Aging Homeless Services
 - ▶ Patient Experience
 - ▶ Health Literacy “HCH CCAB Stamp of Approval”



Community Governed

Directly Governed

VS.

Co-Applicant Board

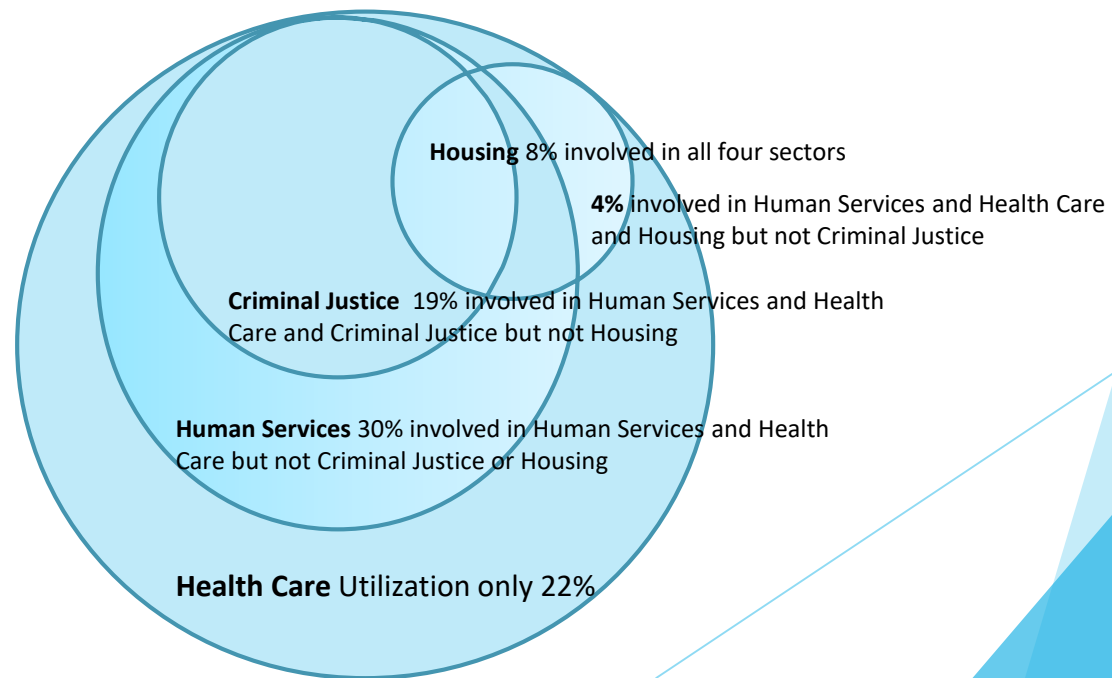
- ▶ Hennepin County Co-Applicant Board

Homeless Health Center

- ▶ Leveraging:
 - ▶ FQHC revenue
 - ▶ Maximize HRSA funding
 - ▶ City / County / State Funding

Creating a comprehensive system of care for homeless residents

From street health to primary care, specialty care and housing



**Cross-System Utilization
Analysis:**
Hennepin County example

National Health Care for the Homeless Council

- ▶ Public Entity HCHs are major players in national coordination, best practices, etc.
- ▶ How can we coordinate as Public Entities?
- ▶ How can non-public entity HCHs coordinate with Local Health Departments?
- ▶ Can we expand more Public Entity HCHs?
- ▶ Threats and Challenges around HRSA Health Center compliance, OSV, Project Officials, CMS, etc.

Resources:

- ▶ National Health Care for the Homeless Council
- ▶ National Association of County and City Health Officials (NACCHO)
- ▶ Each Other!

David Modersbach

Grants & Special Projects

Alameda County Health Care for the Homeless

County of Alameda Health Care Services Agency

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HENNEPIN COUNTY
MINNESOTA

Health Care for the Homeless

Hennepin County Health Care for the Homeless Hennepin County Public Health Department

40 Employees, Hennepin County Public Health employees

- ▶ *Primarily nursing run*
 - ▶ Nurse practitioners have independent practice in MN
 - ▶ RNs run operations at each location
 - ▶ Licensed practical nurse and medical assistants in charge of clinic flow

4,000 – 4,500 patients annually,

10,000 – 12,000 visits



9 Sites- Located in Community Based Agencies

- 1 family shelter
- 4 adult shelters
- 2 drop-in centers:
1 adult and 1 youth
- 1 domestic violence shelter

Public Health Clinic



Full Primary & Mental Health Services

- Primary Care
- Mental Health
- Preventive Health Screenings
- Well Child Care
- Family Planning

- Lab
- Radiology
- Pharmacy
- Substance Abuse Services
- Case Management
Care Coordination

- Benefits Eligibility
- Health Education
- Transportation
- Interpretation
- Access to Specialty Care

Hennepin HCH Pillars of Strengths

COMMUNITY

- No charge for space in return for services to facility clients
- Partner to locate patients for follow up & referrals to HCH
- Remarkable insight and experience - shelter staff live with HCH patients

HENNEPIN PUBLIC HEALTH DEPARTMENT

- Infectious Dx / Epi (from measles to TB and HepA, to noro)
- Emergency Response (Super Bowl)
- Administrative support (grant writing, facilitation & planning support)
- Community Based Mental Health Center
- Housing Stability (CoC, housing dev, legislative advocacy)

HENNEPIN HEALTHCARE

- County hospital and clinic network
- Provide services not able to be provided in shelter setting (in scope e.g. OB)
- Own the EHR system and share it
- Medical direction, physician & residency program

STAFF

- Just awesome!
- Remarkable relationship developers
- They balance collaboration on patient care while protecting private health data

History: From Outreach to Shared Governance

- ▶ Founded as an outreach program
- ▶ Always been located in community non-profits, close connections to community partners
- ▶ But previously, no community voice into governance



Governance Structure Timeline

- ▶ Since 1988....HCH was governed solely by the elected Hennepin County Board of Commissioners. The County Board empowered the management of Public Health and HCH to run the program within the broad context of Hennepin County government structure and oversight.
- ▶ January 2014- HRSA released policy clarification requiring any public entity receiving HRSA funds to have a community “co-applicant” board, with the public agency and community board working in complementary roles to govern the HRSA funded program.
- ▶ September 2014- HCH first OSV found HCH “must immediately organize, develop, and implement a plan to establish a Co-Applicant Agreement with a majority consumer board that either or homeless, former homeless, or individuals/ agencies that advocate for the homeless population”.
- ▶ November 2015- Hennepin County Board of Commissioners passed a resolution that delegated authority to county staff to work with community members to draft formation documents and by laws for a HCH co-applicant board.
- ▶ April 2016- Hennepin County Board of Commissioners approved the formation document, by laws and initial slate of 12 members for the HCH Community Board
- ▶ May 2016- HCH Community Board holds its first meeting.

Internal County Work

Developing Shared Governance

Defining shared power and responsibility

- ▶ **Legal agreements**
 - ▶ MOU & Bylaws between community board and county board
 - ▶ Study HRSA reqs pertaining to board
 - ▶ “Thread the needle” – HRSA reqs and county & community appetite for shared power
 - ▶ Importance of initial membership approval

External County Work
Developing Board Membership
Importance of Board Recruitment

- ▶ Recruitment Strategy – Balance
 - ▶ Community Partners-Sites (9)
 - ▶ County Partners-Services (5)
 - ▶ Patients- no CAB to work from
 - ▶ Upfront understanding of roles and responsibilities; power and limitations
 - ▶ Orientation to “HRSA speak”

Strengths of Co-Applicant Board

PE Co-applicant board is NOT a non-profit board

- ▶ Do not need expertise in financial, legal, etc.
- ▶ In PE financial and legal, covered by the PE

Benefit to Community: Frees co-applicant board to focus on meeting community need

- ▶ More powerful patient perspective
- ▶ Closer alignment of sites and services to community changes
- ▶ Emphasize housing as health care- recognition of social determinant of health

Benefit to County: Transparency / Improved view of county

- ▶ Clear understanding of use of funds
- ▶ Showed power of shared responsibility & trust in shared decision making

Potential Regulatory Challenges (OSV)

Because only 7% of all HRSA grantees are non-profits, OSV reviewers review PEs through a non-profit lens

- Maybe looking for your finance committee, your personal committee, etc. - not there, maybe not needed due to PE function
- ▶ May question relevance of board discussions (TB outbreak, coordinated entry, changes to shelter system)

Educate reviewers

- Ask PO for reviewers with PE experience
- Study Compliance Manual
 - Board composition- “Non-patient members must be....selected for expertise in relevant subject areas such as community affairs, local government, finance and banking, legal affairs, trade union..or social services agencies within the community.”
 - Board Authority- ”...health centers have discretion...whether to establish committees..”

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Parkland

25 Years of Serving Dallas's Homeless Population

Susan Heinlen Spalding MD, Medical Director, Homeless Outreach Medical Services (HOMES)





Parkland

Fixed Site Clinics

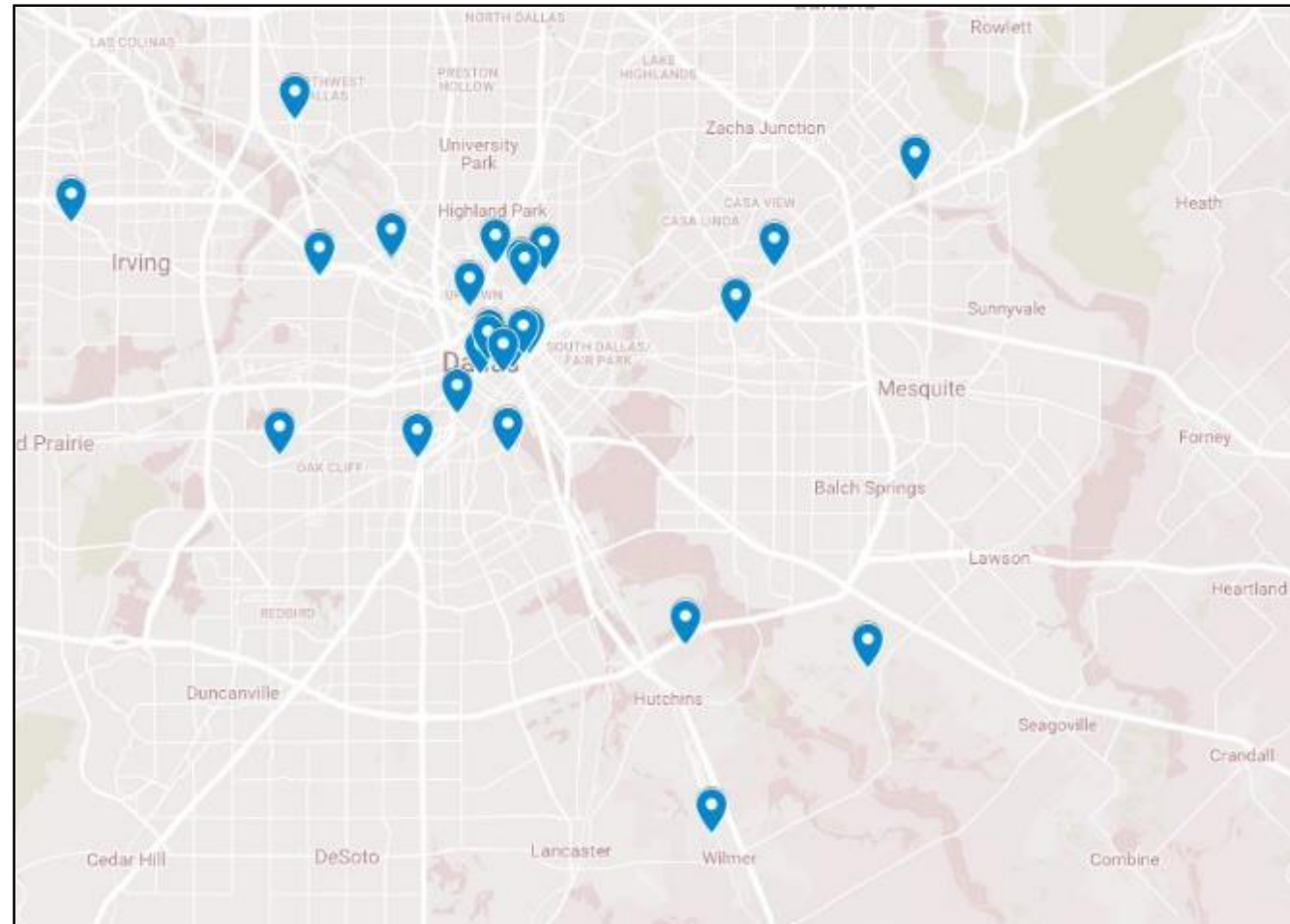


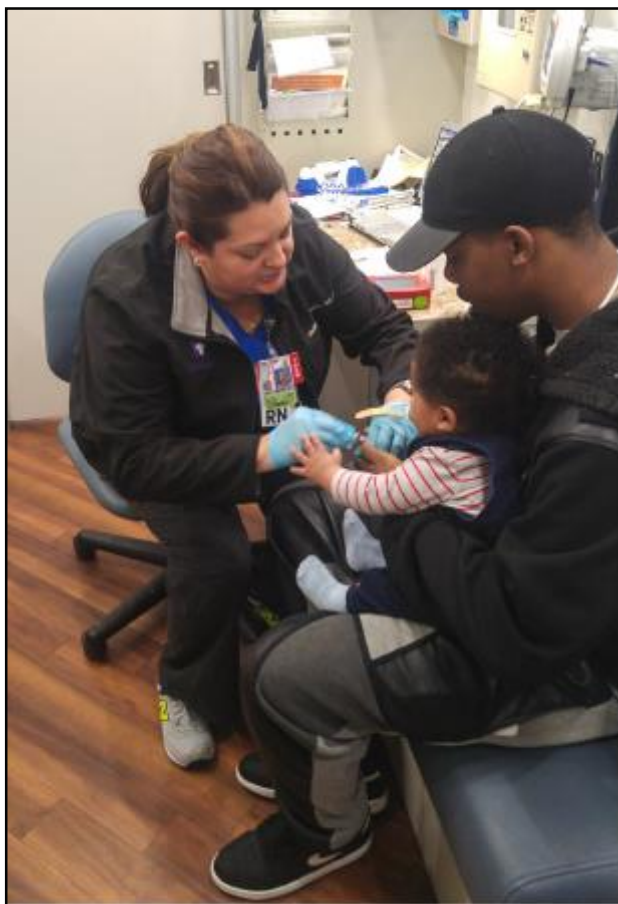


Parkland

Then and Now













**Hospital Encounter for Shoulder Pain**

5/3/2018

[Encounter Summary](#)**Diagnosis** ⤴

Displaced Fracture Of Lateral End Of Left Clavicle, Initial Encounter For Closed Fracture (Primary)

Message

Received: 6 days ago

Arias, Robert Ranet, MD → Spalding, Susan Heinlen, MD

Attached Notes**Discharge Summaries by Gautney, Joshua Thomas, MD at 4/26/2018 6:39 AM**Author: Gautney, Joshua Thomas,
MD

Service: Medicine

Author Type: PGY 2

Filed: 4/26/2018 12:51 PM

Date of Service: 4/26/2018 6:39 AM

Creation Time: 4/26/2018 6:39 AM

Note Type: Discharge Summaries

Status: Attested

Editor: Gautney, Joshua Thomas, MD (PGY 2)

Cosigner: Arias, Robert Ranet, MD at
5/4/2018 2:28 PM













Parkland



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<https://www.parklandhospital.com/phhs/homeless-outreach.aspx>

HCHN:
Integrated Care Teams
Representing **10 Partner Agencies**
Reaching **20,000 Homeless Individuals** at
200 service sites throughout Seattle & King County



John Gilvar, Health Care for the Homeless Network Administrator

Public Health – Seattle and King County

April 2018

Network Capacity

- 20,707 unduplicated patients/clients served in 2017
 - Over 14,600 of these patients were Medicaid enrollees
- 113,878 visits

Over 450 clinical full-time and part-time providers employed by Public Health Dept and HCHN Contracted partners:








- Physicians
- Nurse Practitioners and Physician Assistants
- Nurses
- Dentists
- Social Workers and Mental Health Clinicians
- Chemical Dependency Professionals
- Case Managers and Outreach/Community Health Workers

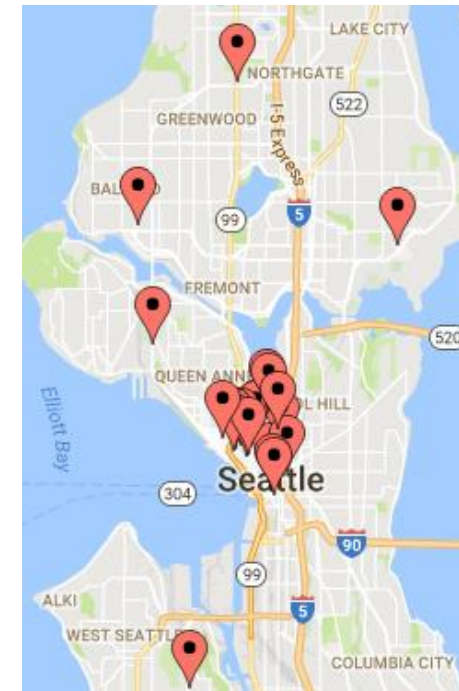
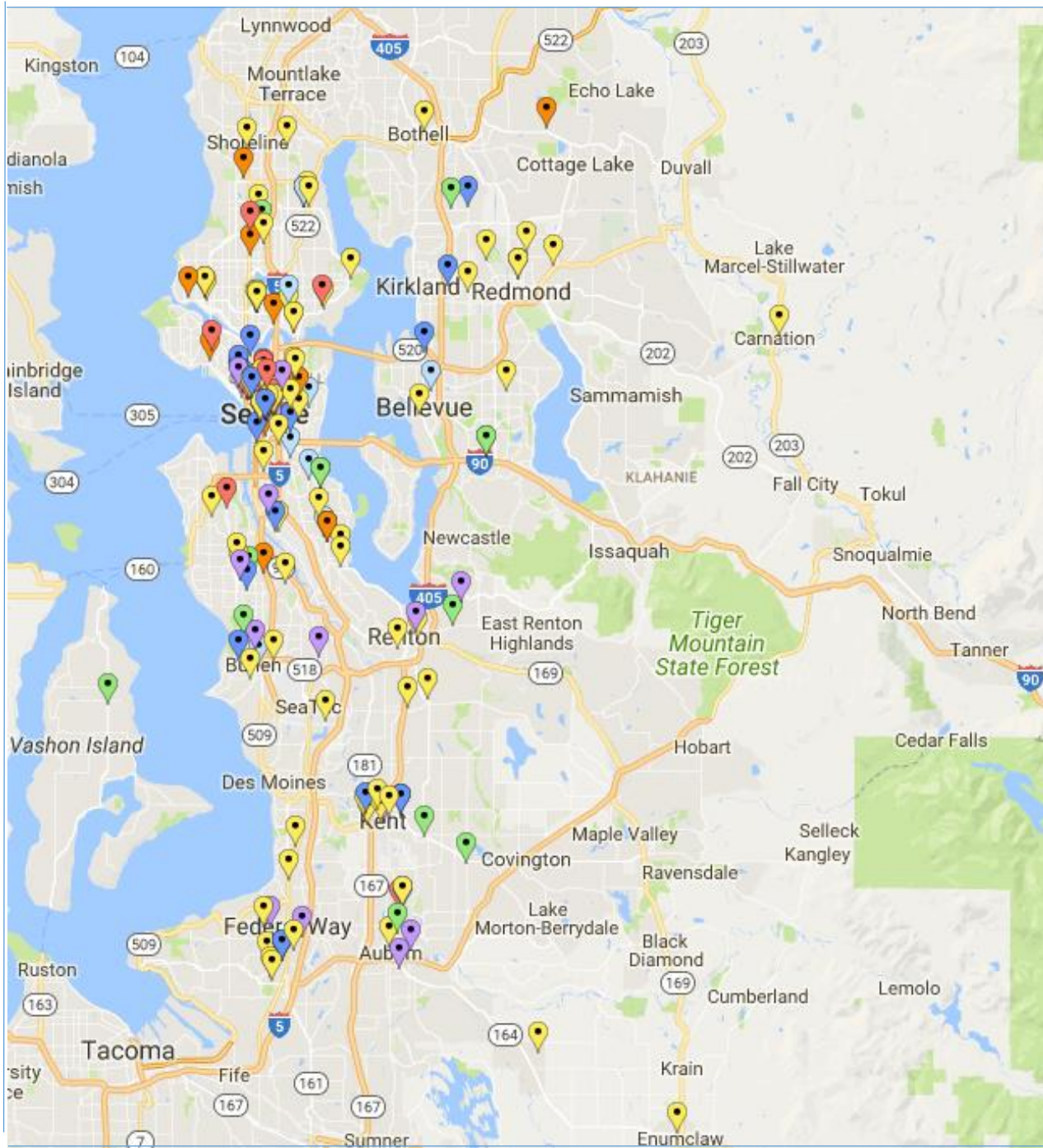


Network Administration

- Network (HCHN) managed by Public Health – Seattle and King County, Community Health Services (CHS) Division
 - Develop, sustain, and improve care teams utilizing the HCHN model
 - Providing care directly with CHS-employed clinicians
 - Contracting for care that leverages partner investments
 - Fostering interagency collaboration and service integration
 - Providing robust training and QI support
 - Maintain database to document the needs of and services provided to a significant segment of the local homeless population
 - Leverage community investments and expertise

HCHN Service Delivery Sites

- KC Public Health Centers 
- Encampments 
- Faith Based Orgs and Mobile Medical Program Sites 
- Human Service Agencies 
- Other sites 
- Shelters, Motels, and Day Centers 
- Supportive Housing Programs 



HCHN Service Site Detail

Health Care for the Homeless Service Sites	#
KC Public Health Centers	12
STD Clinic	1
Tuberculosis (TB) Control, Office & Field-based	1
Parent and Child Health/WIC programs & Satellites offices	13
KC Dental Clinics - Office & Mobile Van	5
Needle Exchange programs	2
Encampments, Street Outreach, & Tiny House Villages	18
Faith-based organizations & Mobile Medical program sites	14
Safer Parking programs	4
Shelters, Motels, and Day Centers	29
Transitional Housing programs	8
Supportive Housing & Low-income housing sites	27
Behavioral Health/Chemical Dependency Treatment	15
Dept. of Social & Health Services, Community Services Offices	8
Hospitals	10
Medical Respite	1
Other Community Health Centers	7
Clinics for homeless youth & young adults	2
Clinics for homeless adults	3
Courts and Criminal Justice facilities	5
Domestic Violence organizations	3
Human service agencies	15
TOTAL # of SITES	203

HCHN Partnerships Overview

2018 CONTRACTED PROVIDER PARTNERS

Catholic Community Services
Country Doctor Community Health Centers
Evergreen Treatment Services
Friends of Youth
Harborview Medical Center
HealthPoint Community Health Centers
Neighborcare Health Community Health Centers
University of Washington Adolescent Medicine
YWCA – Seattle/King/Snohomish

PUBLIC HEALTH HOMELESS SERVICE STRATEGIES

Mobile Medical Program
Kids Plus – Families with Special Health Needs
Benefits Outreach and Enrollment
Public Health Centers

- Primary Medical Care
- Mental Health Care
- Dental and Oral Health Care
- Medication Assisted Treatment
- Family Planning and Reproductive Health
- Parent and Child Health Support Services
- HIV, STD, and TB Clinics
- Needle Exchange

HOUSING, SHELTER, AND HOMELESS SERVICES AGENCY PARTNERS:

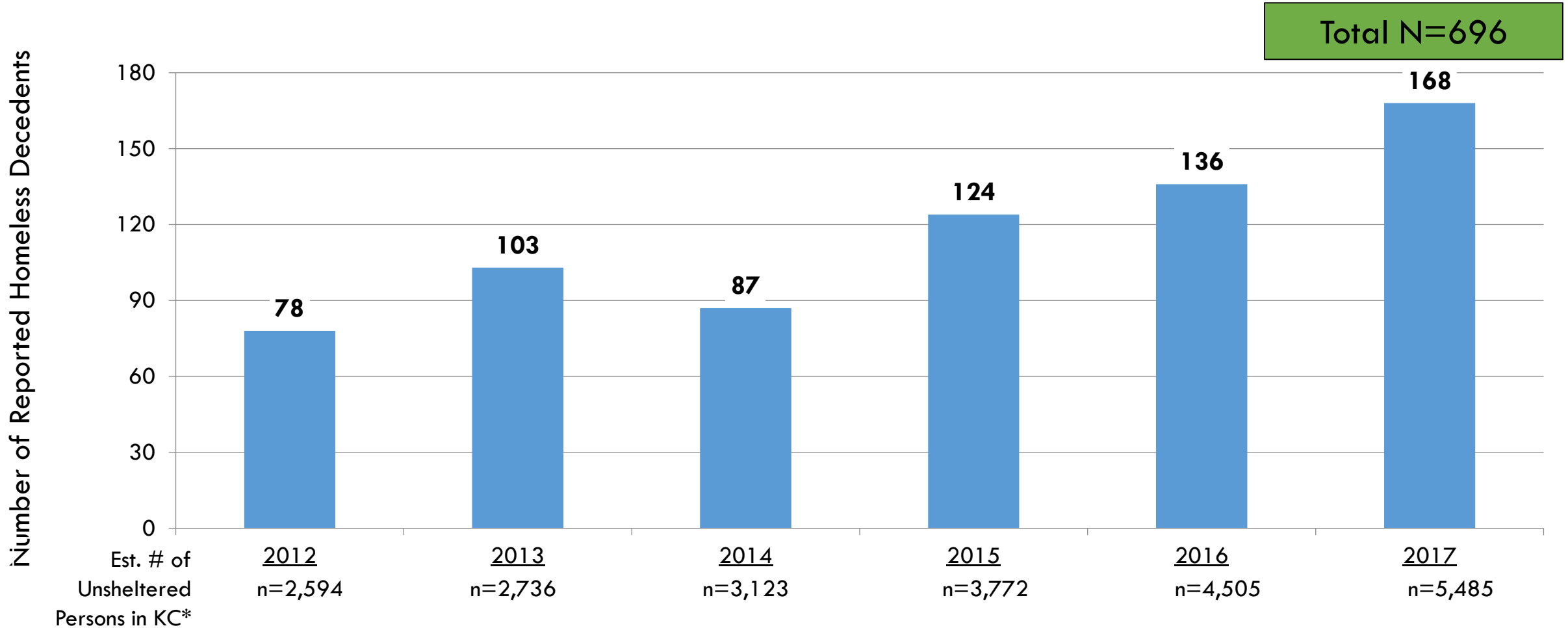
Catholic Housing Services, Compass Housing Alliance, Downtown Emergency Services Center, Friends of Youth, Hopelink, Hospitality House, Jubilee House, Low Income Housing Institute, Mary's Place, Navos, New Horizons Youth Ministries, Pioneer Human Services, Plymouth Housing Group, Sofia Way, Solid Ground, Valley Cities, Union Gospel Mission, YWCA

Homelessness in King County: The Broader Context

- In King County, nearly 2/3 of individuals experiencing homelessness are people of color
 - African Americans are 5 times more likely to experience homelessness than their white counterparts
 - Native American and Alaska Native individuals are 7 times more likely to experience homelessness
- Nearly 30,000 people experienced homelessness in King County in 2016
 - Trails only NYC and LA metro areas
- Over 20,000 people *exited* homelessness in 2016, yet total homelessness is *increasing*
 - 2017 Point-in-Time Count showed a 9% increase in total homeless vs. 2016
 - The count also showed a 21% increase in the unsheltered population, up to almost 6,000



Number of Presumed Homeless Deaths Investigated by KC- MEO between 2012 -2017



SUMMARY: The absolute number of homeless decedents investigated by KC-MEO has increased from 2014-2017, in parallel with an increase in the estimated number of unsheltered persons in KC*.

* <http://allhomekc.org/king-county-point-in-time-pit-count/#reports>; <http://www.homelessinfo.org/>

Note: Methods for One Night Count change each year.

What makes the HCHN model of networked teams special?

- Tailoring Services to serve those most at-risk
 - Cross-agency and cross-disciplinary teams
 - Care management success not dependent on office-based appointment attendance
- Meeting clients where they are
 - Location, Location, Location!
 - Relationship, Relationship, Relationship!
 - Start with client priorities
 - Use tools like Motivational Interviewing
 - Avoid one-size-fits-all strategies
- Robust training and support for direct service providers



Flexible and Integrated Services



Bring team-based care to homeless services sites such as shelters, encampments, meal programs, supportive housing buildings:

Direct services

- Medical
- Dental
- Mental Health
- Substance Use
- Navigation assistance
- Harm reduction-oriented case management

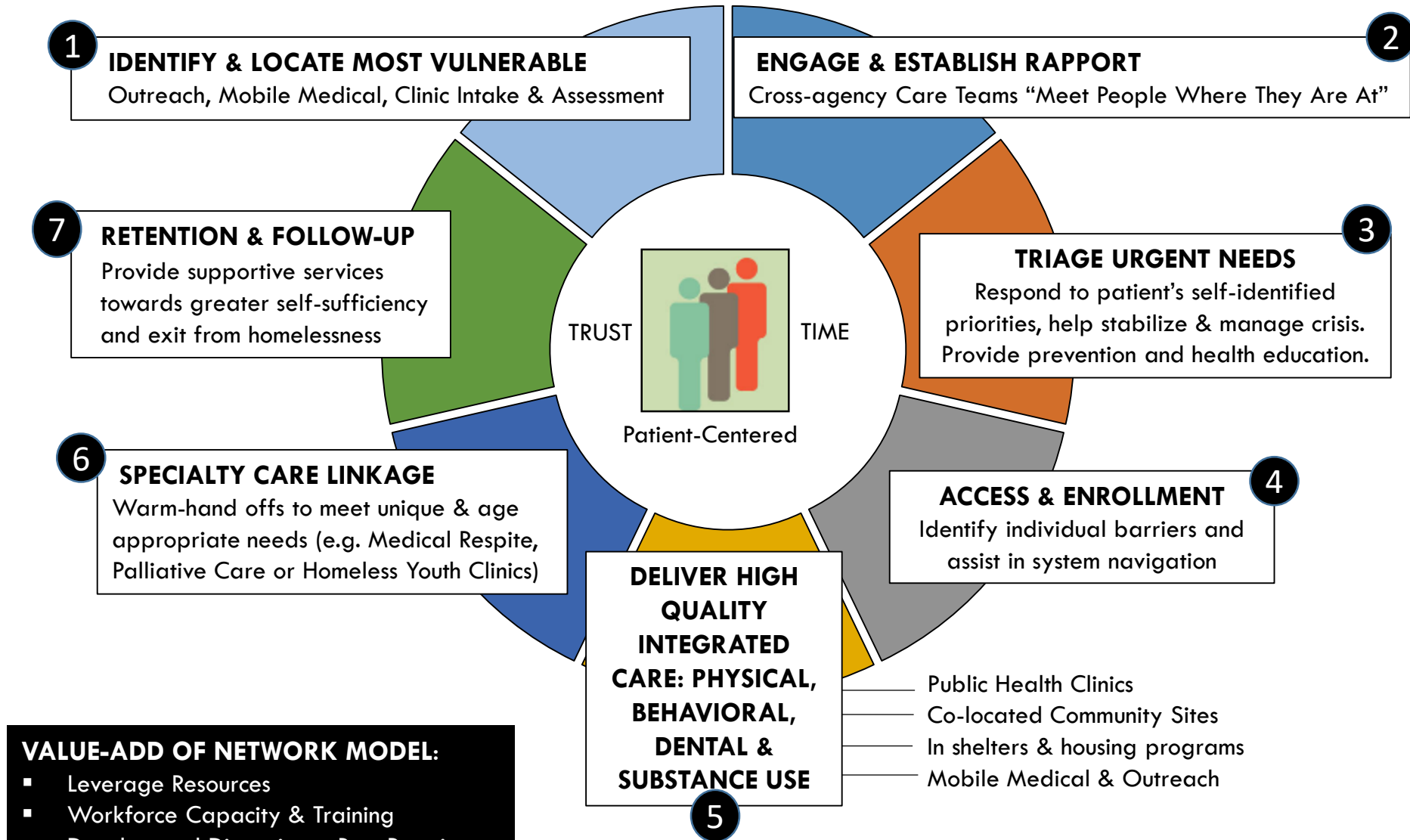
Integrate medical, dental, behavioral health, and *housing* services to meet complex constellations of health and social needs

Cross-disciplinary care teams

- Allow close coordination and client warm hand offs
 - Across disciplines
 - Across agencies
- Address the needs of the whole person
 - Housing/shelter needs and health
 - Team-based case management
- Help with continuity
 - When clients move locations or when linkages to specialty care are challenging
 - Walk with the client patiently from Step A to Step B
 - Address issues such as lack of identity documentation, etc.



HCHN Service Delivery Model



- VALUE-ADD OF NETWORK MODEL:**
- Leverage Resources
 - Workforce Capacity & Training
 - Develop and Disseminate Best Practices
 - Community Convener & Builder
 - Bring Innovations to Scale

Innovative Engagement and Service Delivery Examples

- Edward Thomas House Medical Respite Program
- Evergreen Treatment Services' REACH (Outreach) Team
- Housing Health Outreach Teams
 - 17 Permanent Supportive Housing Sites
- Mobile Medical Program
 - Outreach-based medical, dental, behavioral health care
- Mobile Palliative Care Team
- Shelter-based nursing and mental health care
- VIP Program at Downtown Dental Clinic



VIP Program @ Downtown Public Health Center Dental Clinic

- Public Health's Dental Program partners with 8 agencies serving the homeless population to eliminate barriers to access
- Dental staff coordinates closely with agencies' case managers
- 8,000+ Annual Visits
- 1,800+ Annual Unique Clients/Patients



Client Stories...Networked Services in Action

Ballard Clinic

Transportation

Medical Respite - Methadone

NeighborCare nurse Jeff visits Aaron at his tent

REACH Case Mgmt - Housing

Ongoing Connection + Support

Advantages of a Network Structure

- No Wrong Door for Clients Across the Entire Network
 - Entry to initial care and linkage to integrated team-based care and case management through shelters, meal programs, day centers, clinics, encampments, etc.
- Ready-made structure for cross-agency collaboration/care coordination
- Data on needs and treatment for over 20,000+ homeless patients served/year
- Workforce Development, Training, and Technical Assistance Economies of Scale
- Policy, Planning, and Funding Leverage
 - Bring together the major hospitals, FQHCs, community mental health and substance use treatment agencies, housing and shelter providers, Continuum of Care planners, funders, and government leaders
 - Continuous community needs assessment and partnership development
 - Focus on integrated care needs from a population health perspective
 - Braid funding streams to support development and scaling of innovative practices
 - Align with population health initiatives, e.g., Medicaid Transformation Waiver

Facilitating innovation, navigating complexity – Part 1

A rich array of partnerships within and outside of County government creates opportunities for innovative collaboration...

- HCH integral to
 - Hep A outbreak prevention work
 - Cross-sector planning around improved community responses for high-utilizers of first-responder services and ER, frequent jail stayers, etc.
 - Integrating clinical services @ the Sobering Center, Needle Exchange, and other non-traditional sites

Facilitating innovation, navigating complexity – Part 2

...yet taking an entrepreneurial approach within a large bureaucratic organization entails working with substantial administrative complexity

- Multiple direct service strategies within a single network
 - Managing relationships with contractor providers vs. managing operations of internal HCH programs vs. collaborating with managers of other Public Health-operated programs serving the homeless population
- Constant politics, at multiple levels
- Working with the constraints of strict county procurement, contracting, and personnel policies and procedures
- Extra layers of approval often needed, complicating strategic planning collaboration

Thank you!

Questions?

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www.kingcounty.gov/hch

www.kingcounty.gov/mobilemed