Social Medicine Consultation:

Using the Health Care for the Homeless Model to Create Holistic Care Across Systems.

National Health Care for the Homeless 2019

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Agenda- SLIDE to be taken out

- Intro and Overview
- Consumer Stories
- ED-Hospital
- Community
- Law enforcement
- Discussion
GOALS

1. Review the aspects of the HCH model used in social medicine consultation: one stop consumer centered care, treatment modalities (trauma informed care, harm reduction and MI), and integrated team care.

2. Understand how social determinants of health affect consumer health and how to coach providers to incorporate them into a treatment plan.

3. Understand how provider values, paternalism and stigma compound the challenges of caring for people experiencing homelessness.

4. Learn how to set up social medicine consultation in the community, hospitals and with Law Enforcement.
We can’t have safe little bubbles of HCH care with an antagonistic medical or social service world- we need to change the systems that our consumers are using.
Why should we consult and share our HCH model?

- System of care
  - Polices Consumers
  - Stigma
  - Paternalistic-not based on consumer’s values
  - “Cure-based”- not decrease suffering
- Our Colleagues don’t know about or how to use resources
- Lack of understanding of social determinants of health and how they fit into treatment plan
SYETEM ITSELF IS TRAUMATIZED AND THEY ARE TAKING IT OUT ON OUR PATIENTS.....

• Stigmatizing terms:
  • NON Adherent
  • Treatment Resistant

• People are objectified with historical data: 54 year old man with schizophrenia and poly-substance use, history of being violent with staff ..... 

• People are being “conserved” if they are living a lifestyle providers feel uncomfortable with.

• Medical System and Law enforcement are caring for the social determinants of health and don’t have tools or skills
What are the HCH skills that we can use for consultation

- Designing low barrier care and open access
- One stop treatment models (combining mental health, medical, addiction and palliative care)
- **Treatment modalities**
  - trauma informed care
  - harm reduction
  - Motivational Interviewing
  - Patient centered Interview
- **Complex care management**
  - use of collateral and social supports
  - creative medicine adherence planning
- **Assessments:**
  - Ace Score
  - MH and addiction in medical world
Medical Provider minimal qualifications for Social Medicine Consultation:

1. Medical care high risk complex patient care
2. Mental health care - assessment, start med and monitor medicine
3. Addiction Medicine
4. Palliative Care and Spiritual Health
5. Complex care management:
6. Understand social determinants of health: assessment, resources and incorporate into medical tx plan.
7. Team based care and interdisciplinary intervention
8. System navigation with consumer - provider is navigator
9. Education - cross training and team support around medical, SU, MH, palliative care issues
Consumer Stories- Daniel & Mark

• What was it like to go to the doctor or the hospital before working with your HCH team?
  • Daniel: How was Mark bringing you into program different then outreach workers?
  • How did you take the leap of faith with your HCH team?

• How did your HCH team work with the doctors and staff in the hospital?
  • Mark-How did this make a difference when you were in the hospital/ICU?
  • Daniel -how did this make a difference for you to get your surgery?

• Recommendations?
Social Medicine Consultation Service

Consultation in the Emergency Room, Hospital, Labor and Delivery, and Skilled Nursing Facility
Transitions

UM-SocMD

Social Work-Medical Team

Social Medicine

High Social Complexity

Patient Navigator: ED, Inpatient Med, Addiction Med

Low Social Complexity

Social Medicine MD- Soc-MD

Alternatives to admission

Safer-Discharge

High Utilizer Patients

Lower Level of Care.
Social Medicine Workflow for Patients in ZSFG Emergency Department

Patients with complex social needs and low medical acuity who need social/community based resources to avoid admission

ED Provider to discuss with ED SW/UM at earliest interval

Patients who need medical plan + basic social service referrals* (level 1)

ED team: SW-Point Person (MD/NP,RN, Pharmacist) to manage HELP BY Navigator

Patients needing consultation to make a plan (level 2):
Social Medicine MD consultant AND Navigator (Social med POINT PERSON) helps coordinate ED multidisciplinary team

Complex social/medical needs ** requiring expert consultation

ED SW,UM or Navigator requests Social Medicine consult

Social Medicine MD Consultant discusses with SW/UM, navigator and ED provider

Patients needing placement + complex social/medical needs (level 3):
Social Medicine Consultant (POINT PERSON) recruits Transitions Team

Alternatives to admission

* = basic social services examples: transportation resources (taxi, ambulance, etc.); mobility aids (wheelchair, cane, etc.); information for shelter, Treatment Access Program

** = complex needs examples: admissions for grave disability or failure to thrive, substance use with need for medication assisted treatment eg. methadone, mental health/dual diagnosis treatment, discharge contingent on placement
Social Medicine Consultation Basics

• Patient Values and Goals
• Collateral and social support, where and how to locate or contact, what they are called in the community
• Concrete data: ID, insurance, food and hygiene access, where store medicine
• Assessment- include acuity and stage of change
  • Trauma from system or other
  • Mental health
  • Impact of addiction
  • Health literacy and cognition
• Recommendations
  • Placement
  • How to communicate with person
  • Medicine in hand and mediset
  • Where and how to follow up
Data helps make a case for the impact of your work and getting funding.
Street Medicine and Shelter Health

Community Consultation
Target Population

- People Experiencing Homelessness
- High Risk / Most Vulnerable
- Unable To Get What They Need Somewhere Else In Healthcare System
  - System of Care excels in care for 90% of “public health” patients
  - For the other 10% There may be a lot of “wrong doors”
LBMAT & Others

Community Concerns

HUMS

High risk
Homeless
Not getting needed services
Mission

Street Medicine and Shelter Health works collaboratively with other programs to improve the health of people experiencing homelessness. The team works to engage and stabilize the most vulnerable and at risk homeless individuals. We work collaboratively with other community resources to help prevent harmful effects of homelessness, establish care for chronic conditions, and transition patients to continuing health care when they are stable. The Street Medicine and Shelter Health Team uses a model of Whole Person Care that is comprehensive in approach and problems addressed.
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The Model: Ingredients for Success

Access, Special Sauce, Excellence
Access

• Meet people where they’re at
• Helping people feel included
• Discover and get rid of barriers
  • Lack of insurance
  • Shame
  • Inability to get to appointments
• Expert and helpful consultation
  • Medical on Duty number – 12 hours per day
  • Medical Director number – usually always on!
    • Hardly ever abused
Excellence

- State of the art care despite setting
- Innovation
- Do what works
- QI
- Balance clinical and advocacy
  - Clinical guides needed systems change
- Staff self care
Excellence

- Multidisciplinary
- Wholistic
  - Always includes attention to
    - Mental health
    - Substance use
    - Medical conditions
    - Cognitive impairment
    - Community support
    - Patient goals and needs
    - Barriers and gaps
      - Why is this patient requiring care of consultation with Street Medicine and Shelter Health?
Special Sauce!?

- Care that makes you feel cared for
- Care based on human relationship
- Stickiness
- Trauma informed
- Collaborative
- Care coordination
- Continuity
- Individualized
- Supports resilience
- Meaningful waiting
Special Sauce!?

- Useful Consultation
  - Practical
    - Aims to be immediately helpful
  - Knowledgeable
    - Must know what our team can offer at any given time
    - Must know resources in the rest of the system of care

- Transparent
  - Authenticity when nothing is available to help
  - Identify goals and barriers
    - Patient point of view
    - Community point of view
    - Street medicine point of view
Special Sauce!?

- Care Coordination
  - Continuity
    - Often can’t offer much on 1st hearing about a patient
    - Knowledge grows over time hearing from various concerned sources
    - Knowing what has not worked in the past often more important than planning what will work in the future
  - Case review
    - Careful review of patient history takes 2-3 hours (sometimes more)
      - Wholistic (MH, SUD, Medical, Cognitive, Etc.)
    - We are supported in this activity by our funders
    - Actual case conference very helpful but only tip of the iceberg
Whole Person Care

• 3 year project funded by state of California
• Target population for SF – Homeless
• Goal – Long-Term systems change
  • Improve quality
  • Decrease cost
Whole Person Care

• Challenges
  • ~15,000 people experiencing homelessness in SF
    • Minimal hope of housing
  • Ethical challenges
    • Information sharing and privacy
  • Who to use our limited resources on
    • Highest users of emergency and acute services
    • People brought to attention due to community concerns
    • High Risk / Most Vulnerable
      • High risk of dying
      • Most risk of quality years of life lost
      • Costing system most
    • Sickest
Encampment Resolution Team and The Homeless Outreach Team
And PERT

Consultation with Law Enforcement
Starting Principles- Outreach

• No Law Enforcement presence on outreach unless emergency response

• Ask Law Enforcement to not tell people:
  • Go to ‘Encampment X” for help –
    • Contact the team with information about the person they want placed
  • If you don’t accept services or talk to the outreach team we will have to move to an enforcement action
  • You folks are going to have to move now that outreach has found you

• Request Information from law enforcement:
  • Let us know if there has been any violent behavior in the camp, help us stay safe
  • Who do you know who needs help
  • Any Families with Children
Why Law Enforcement Asks for Consult

• Recognize that just moving people around is not a solution
• Contact with outreach professionals and behavioral health providers represents an opportunity to get people into care that they know have illness, vulnerability, and injury
• De-escalation with therapeutic outcome
• A community can not police its way out of a social problem
PERT

- Dual response/Cop clinician partnership in San Mateo County.
- Developed in response to community outcry over a police shooting
- Responds to psychiatric crisis, hostage negotiation events, suicides in progress.
- Focus is on case management, investigation, and resolution of circumstances of individuals who are experiencing homelessness and living in the public eye.
- Consult resource for 24 separate law enforcement jurisdictions in San Mateo County
PERT

• Provides care to homeless people disengaged from services.
• Includes:
  • a) Referral, brokerage, and transportation to stabilizing resources.
  • b) Assessment for service’s needs.
  • c) Coordination of forensic care for criminally involved individuals.
  • d) Resolution to hospice for critically ill individuals.
Tips and Tricks for working with Law Enforcement

• Do not discuss police involved shootings or use of force incidents
• Acknowledge rank: Name rank when speaking especially to lower ranking officers.
• If an officer seeks you out to trouble shoot their tough cases deserve your support. They are going beyond their mandate
• If the officer has known the person for a while ask for a warm hand-off
• Ensure that law enforcement understand your agencies ‘hierarchy’
• Law officers like RN staff have shifts and sign out. They will assume your team does too.
Confidentiality Cases: Yes or No

- Assistance of Outreach for a ‘Walk-off’ from Board and CQO personal
- Local
- Some
- Hospital

Have internal discussion about privacy and confidentiality prior to receiving these requests

- Bacteremia - critical illness to patient
- Contagious disease.
Discussion

• Where are you consulting currently?
• Are there places where consultation is needed in your community?
• How can we make social medicine and HCH consultation part of our HCH work?
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