



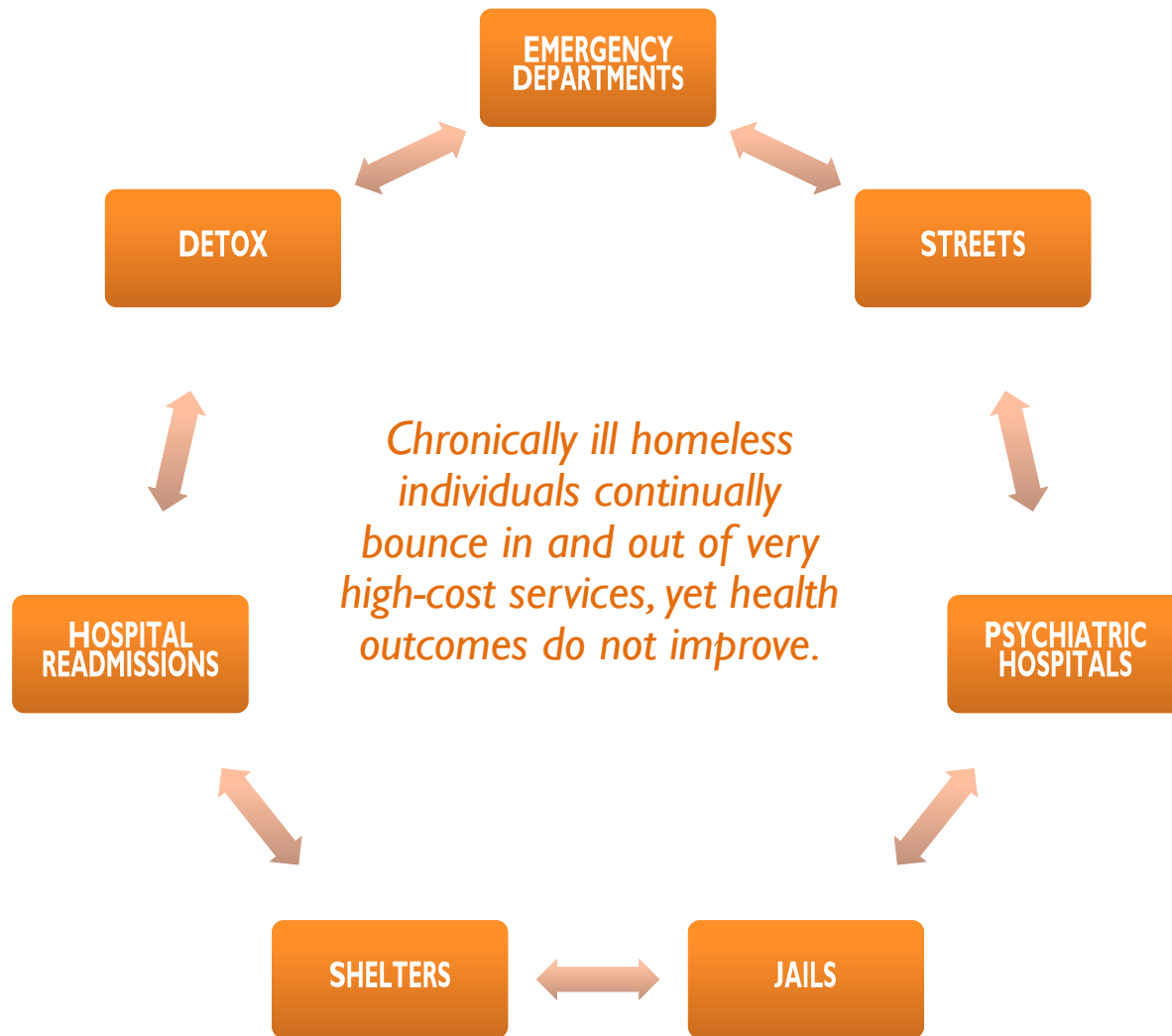
BREAK-OUT A

Promising Service Models That Integrate Health and Housing

- Debby Maddis, Director of Housing & Special Initiatives, OPCC
- Liz Forer, CEO, Venice Family Clinic
- Jenn Ma-Pham, Director of Clinical Services, Downtown Women's Center
- Jill Rotenberg, Program Director, JWCH
- Moderator: Susan Lee, Senior Program Manager, CSH



The cycle of chronic homelessness and crises services



Homeless frequent users of crisis services:

1. Present complex, co-occurring social, health and behavioral health problems
2. Are not adequately served by mainstream systems of care
3. Demand more comprehensive intervention encompassing medical and behavioral healthcare, housing, and intensive case management



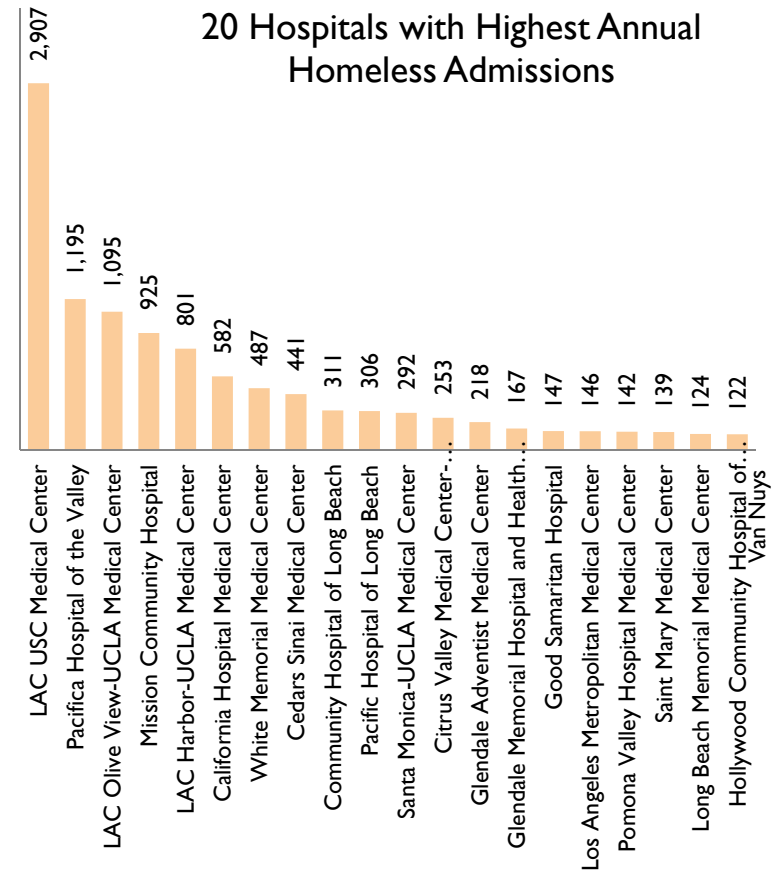
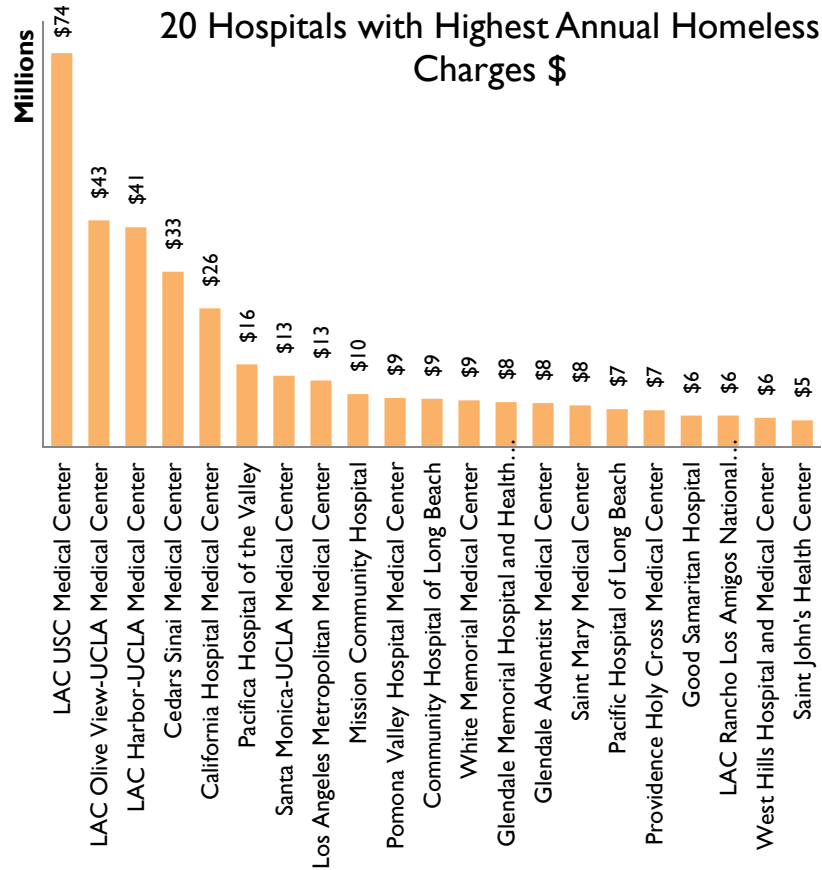
Health and housing model: National evidence

- ✓ **Reduction in emergency room utilization**
24% to 34% fewer visits
(Sadowski et. al., 2009; Perlman and Parvensky, 2006; Linkins et. al., 2008)
- ✓ **Decrease in inpatient admissions and hospital days**
27% to 29% fewer admissions and days
(Sadowski et. al., 2009; Linkins et. al., 2008)
- ✓ **Reductions in detox utilization and psychiatric inpatient admissions**
Decreases up to 87% in use of detox services and decreases in psychiatric admissions (Larimer et. al., 2009; Mondello et. al., 2007)
- ✓ **Reduction in Medicaid costs**
41 to 67% decrease in Medicaid costs
(Massachusetts Housing and Shelter Alliance, 2011; Larimer et. al., 2009)



LA County: High health care costs for a small number of very sick homeless patients

Source: California Office of Statewide Health Planning and Development. 2009 (OSHPD)



LA County's 76 acute care hospitals with emergency departments treated 14,500 inpatients identified as homeless, with costs totaling \$420 million.



The 10th Decile: Los Angeles County



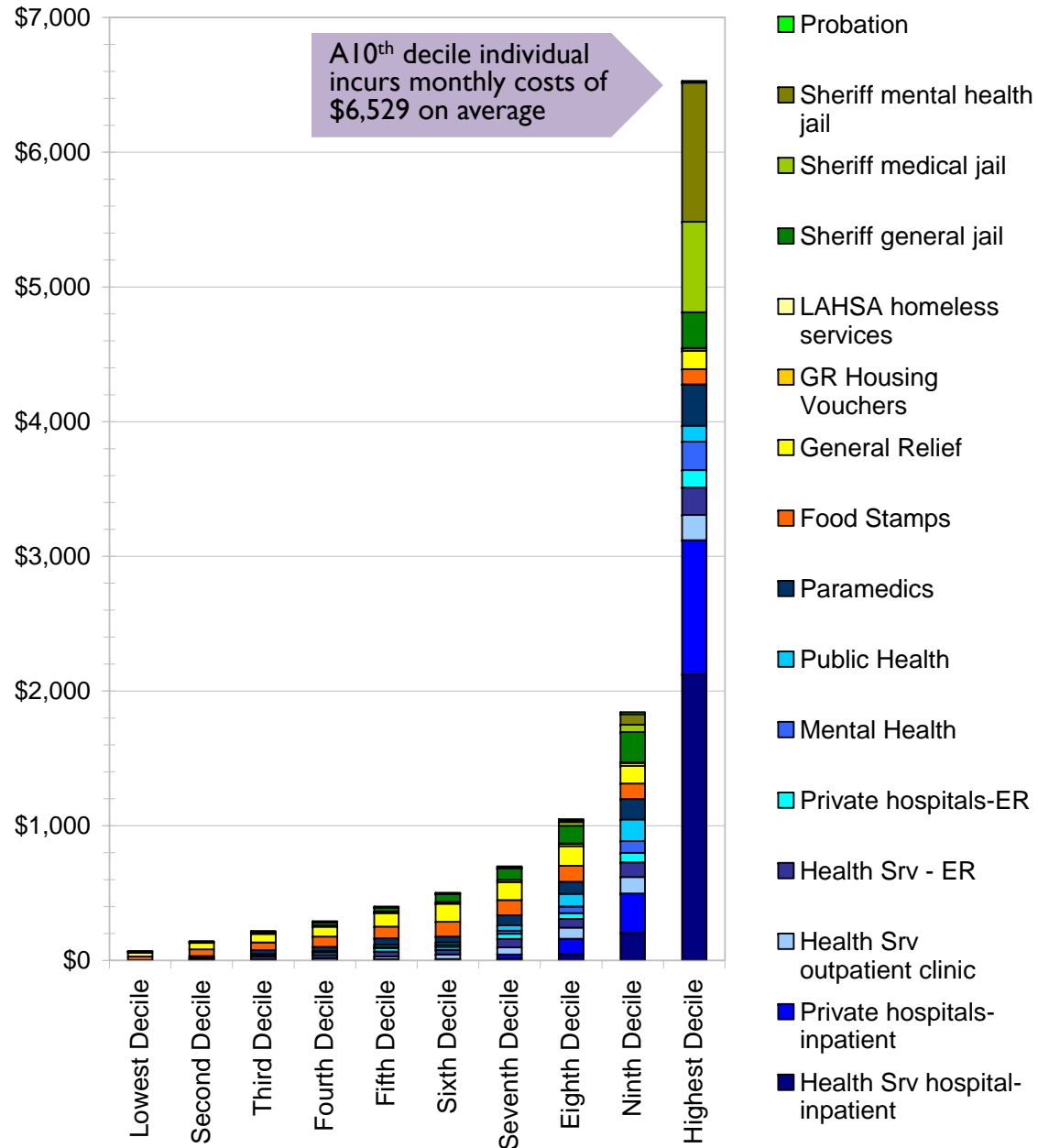
Economic Roundtable

Average Monthly Costs in All Months by Decile for Homeless GR Recipients

Source: 2,907 homeless GR recipients in LA County with DHS ER or inpatient records

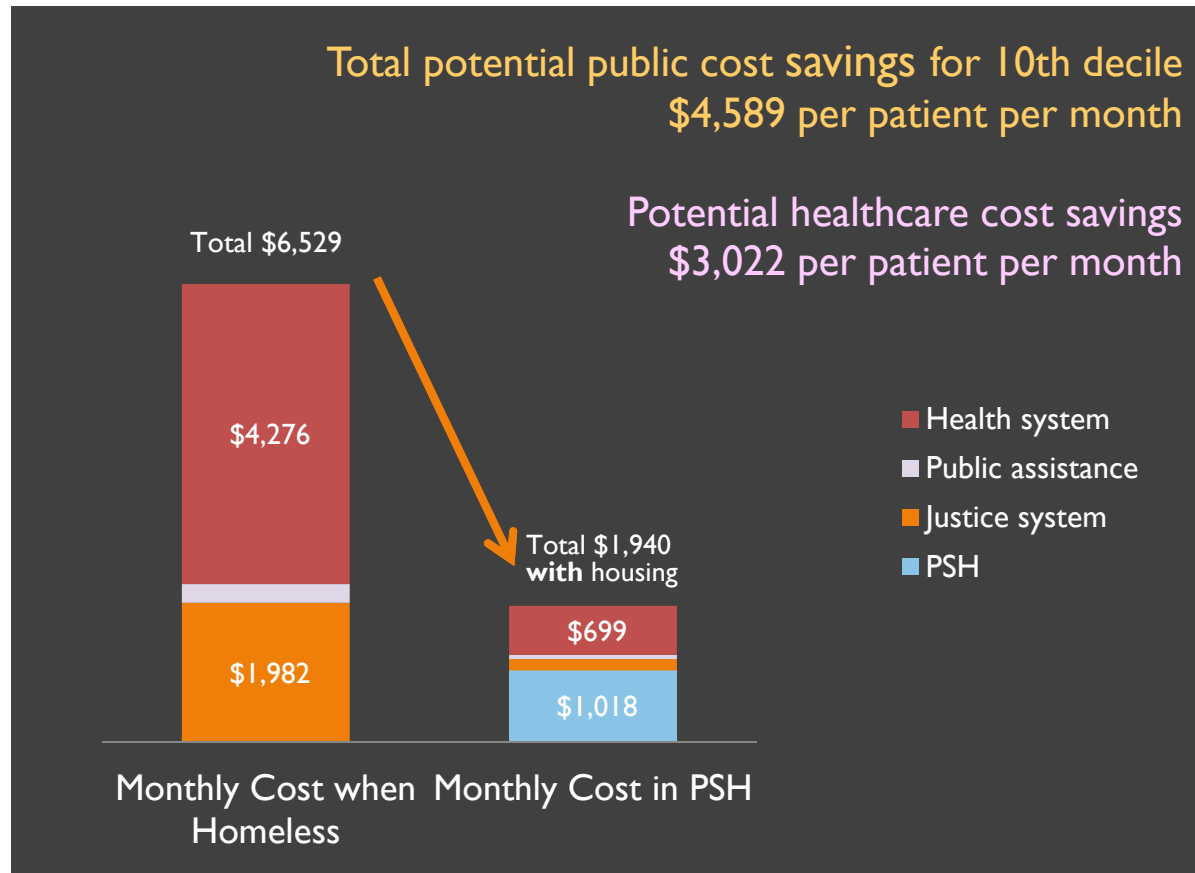
LA County CEO office's Service Integration Branch (SIB) linked service and cost records across county departments for a representative sample of General Relief (GR) recipients to produce this exceptionally valuable data

Where We Sleep: Costs when Homeless and Housed in Los Angeles,
The Economic Roundtable, 2009





The 10th Decile: Potential cost savings/cost reductions



Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis.
Economic Roundtable. August 2011.



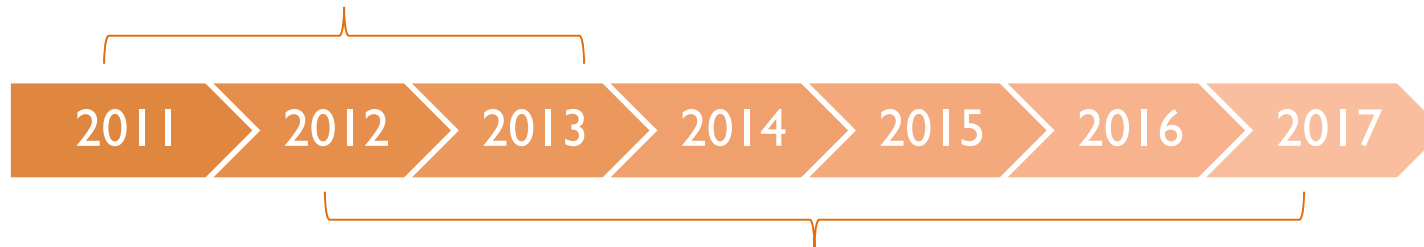
CSH Frequent User Projects in Los Angeles

Frequent Users Systems Engagement (FUUSE)
Los Angeles County
April 2011 - October 2013

Target population: “**10th decile**,” the highest-need, highest-cost homeless persons in Los Angeles County.

These individuals all have some *combination* of:

- chronic illness
- mental illness
- substance abuse
- multiple visits to hospital emergency rooms in the past two years
- inpatient stays in hospitals in the past two years.



10th Decile Project - Social Innovation Fund (SIF)
The Economic Roundtable
Los Angeles County
October 2012 – July 2017

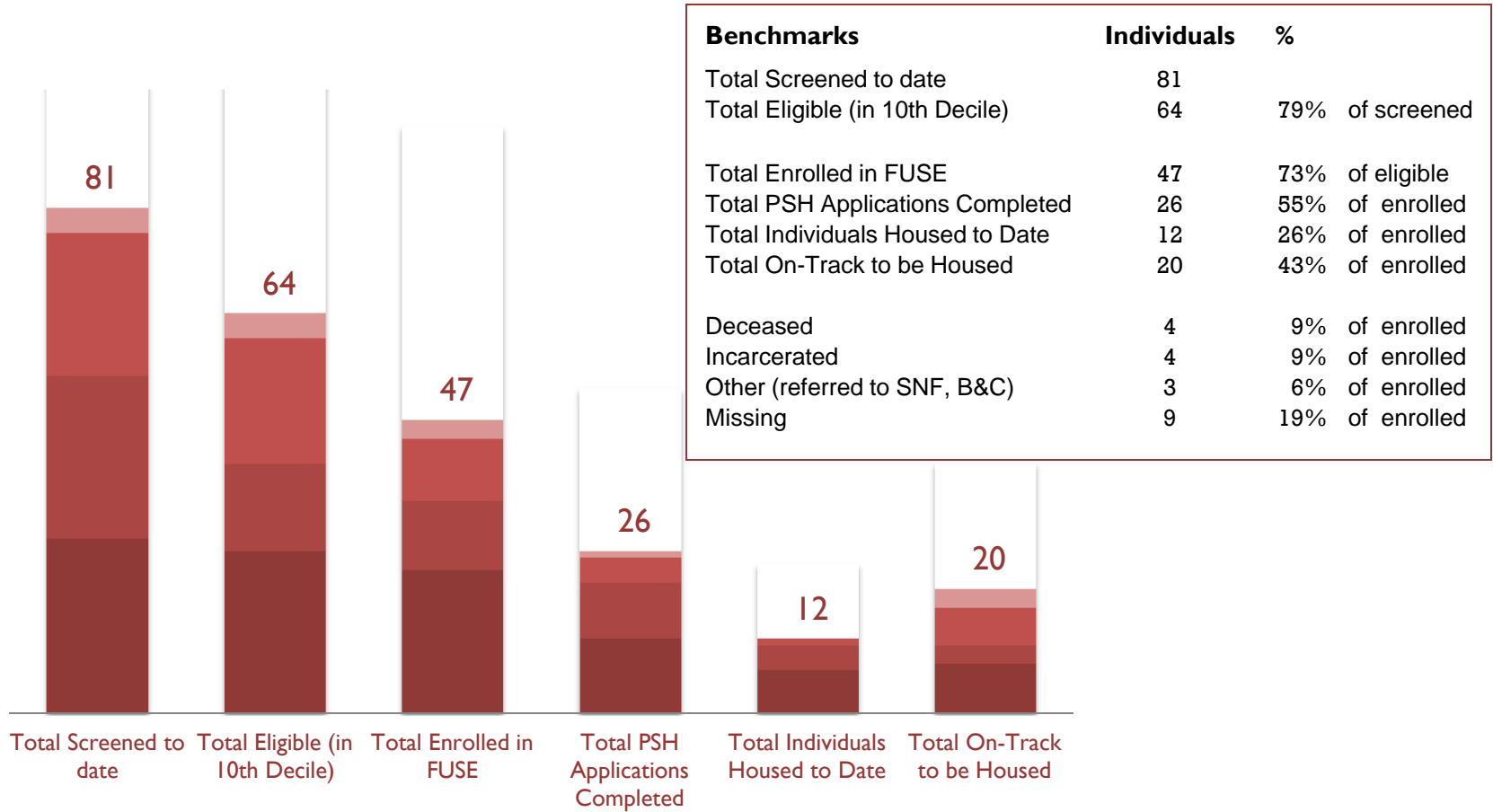


FUSE/SIF Preliminary Data Snapshot

5-Nov-12

May 2011- September 2012

Participant Engagement





FUSE/SIF Preliminary Data Snapshot

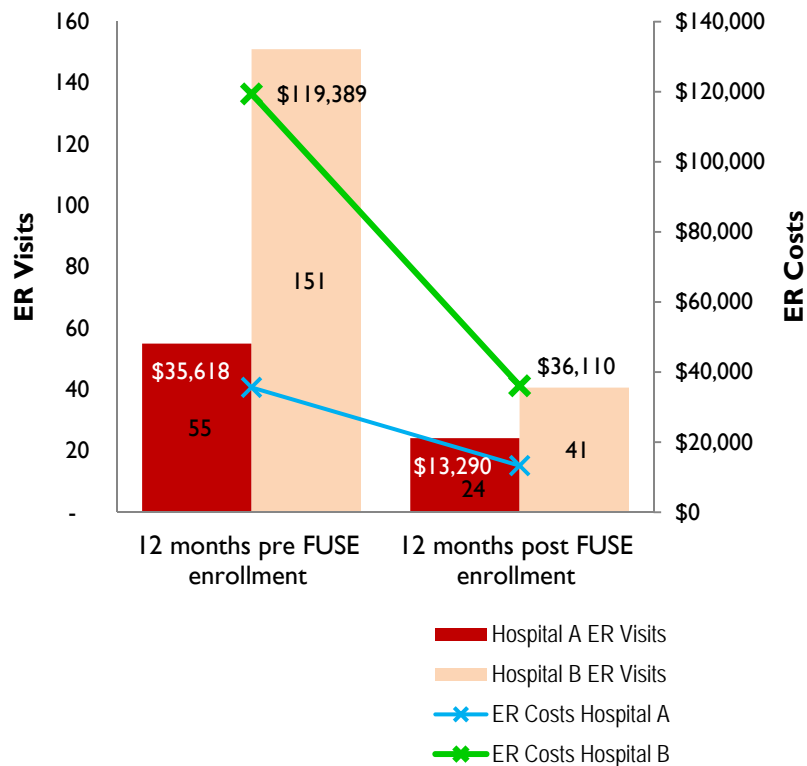
5-Nov-12

May 2011- September 2012

Hospital Utilization and Cost Reductions

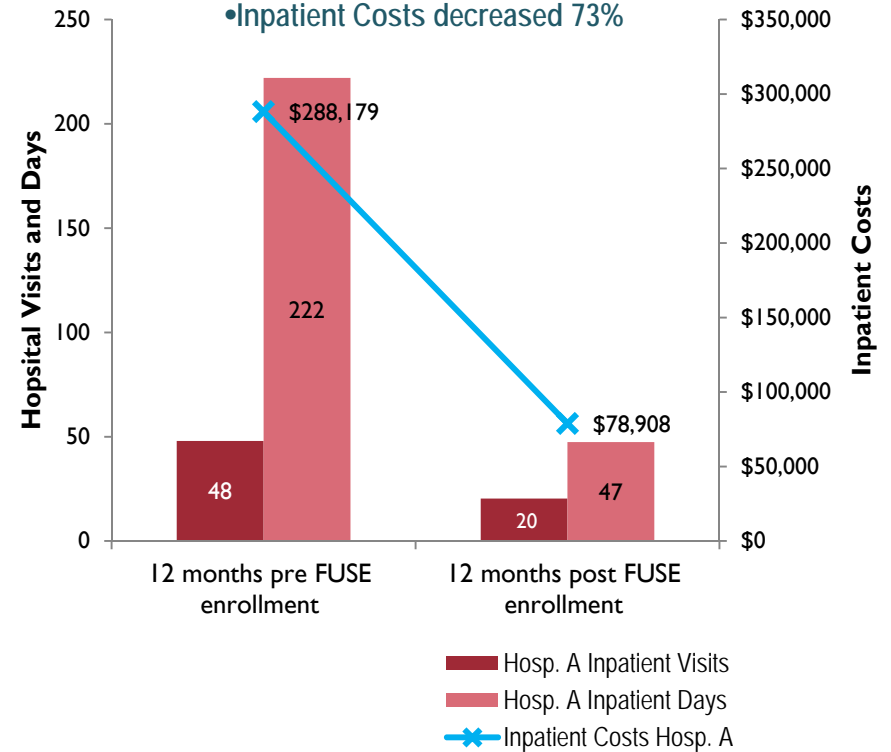
ER Utilization Trends (34 frequent users)

- Total ER Visits decreased 69%
- Total ER Costs decreased 68%



Hospital Readmission Trends (23 frequent users, Hospital A)

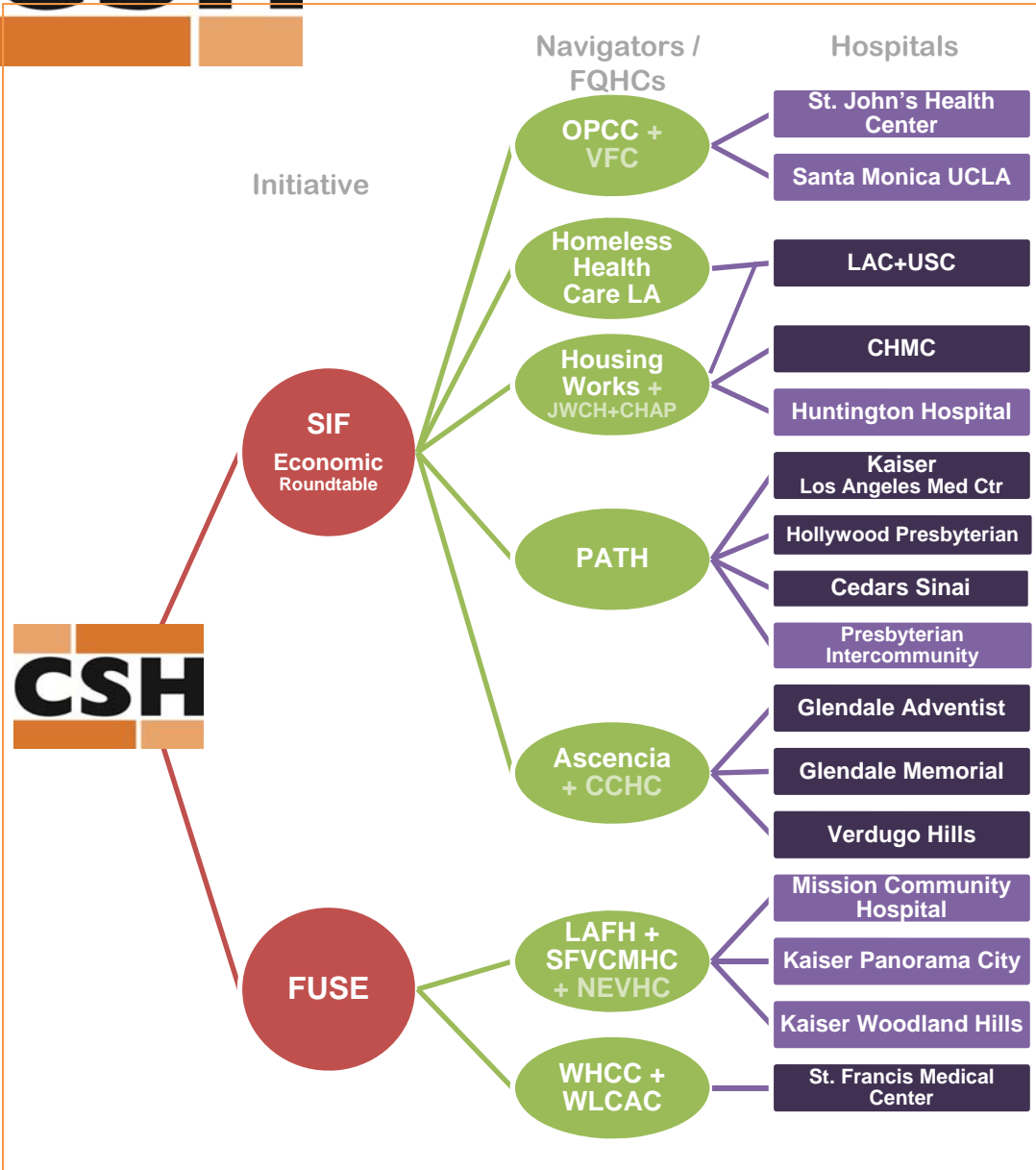
- Inpatient Visits decreased 58%
- Inpatient Days decreased 79%
- Inpatient Costs decreased 73%



FUSE navigation data: September 2012
Hospital utilization data: September 2012



SIF+FUSE Structure



SIF-FUSE Regions

- A Westside
- B Downtown
- C Hollywood
- D Pasadena
- E Whittier
- F Glendale
- G San Fernando Valley
- H South LA



For more information, contact Susan Lee (Susan.Lee@csh.org)



Project FUSE-Westside

A collaboration with OPCC, Venice Family Clinic, Saint John's Health Center, Santa Monica UCLA Medical Center, Economic Roundtable, and Corporation for Supportive Housing

Presented by

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Chief Executive Officer
Venice Family Clinic**

OPCC Overview

- **Established in 1963, largest provider of housing and social services on Westside of Los Angeles County**
- **Provides “wrap around” services to individuals facing multiple obstacles:**
 - Chronic homelessness
 - Mental Illness, addictions, physical health conditions
 - Battered women and their children
 - Veterans

OPCC Overview

■ Core Services:

- Housing (permanent & interim)
- Behavioral healthcare
- Medical care
- Benefits assistance
- Domestic violence services

■ Additional Services:

- Basic living assistance: food, clothing, transportation, hygiene (showers, washers), mail
- Life skills/Wellness
- Community reintegration and peer programs



Venice Family Clinic Overview

Mission:

To provide quality health care to people in need.

Service Overview:

Comprehensive primary health care and supportive services are provided to 24,000 low-income, mostly uninsured and minority community members at seven Clinic sites in 106,000 visits annually.

People Served by Venice Family Clinic

- All of VFC's patients live in low-income households, and 73% live below the Federal Poverty Level.
- 64% of the Clinic's patients are uninsured.
- 77% are minority group members:
 - 61% Latino
 - 11% African-American
 - 3% Asian, 2% Other
- 71% are adults ages 20+.
- 17% are homeless (4,000 people).
- 29% are children.

Approaches

- Meeting clients where they are: *“Whatever it takes!”*
- Interdisciplinary teams at each point in process:
 - Street medicine and outreach, hospital in-reach, RN navigator
 - Onsite team care with co-located clinic and respite care
 - Ongoing support after client is housed by multidisciplinary team members: *“Go the Journey”*

Break down the silos . . .



with an integrated consortium model.

Integration of Health & Housing



- ✓ Develop trust between social service providers, FQHC, and hospitals
- ✓ Business Associates Agreement to coordinate service delivery
- ✓ “Warm Handoff” to transfer the trust from hospital to provider

Obstacles/Challenges

- Long wait for housing (voucher issuance)
- Need for more accessible buildings
- Challenging to engage population
 - Clients disappear and “slip through our fingers”
- Mental health conditions, e.g. paranoia, can create barriers to gathering required documents for housing applications

Lessons Learned

- Hospitals and health systems unable to care for patients with:
 - Severe untreated mental illness
 - Chronic alcoholism, other drug addictions
 - Physical health conditions and pain medication overuse
- Advocate for reasonable accommodations (at DMV, SSA office)
- Motel vouchers offer incentive to participate
- Team needs to be mobile; transporting clients is necessary
- Intensive work requires low staff/client ratio



Downtown Women's Center and
JWCH Institute, Inc.

Women's Health Center





DOWNTOWN
WOMEN'S
CENTER

Founded in 1978, DWC is the only resource in Los Angeles that is exclusively dedicated to serving the unique needs of homeless and very low-income women in downtown Los Angeles' Skid Row community.

Services

- 71 Permanent Supportive Housing units
- Day Center Services
 - *3 meals a day, showers, day beds, mail, laundry*
- Clinical Health Services
 - *Case Management, medical, and mental health*
- Enrichment Activities
- Vocation, Education, and Social Enterprise
 - *Education and on the job training through MADE by DWC*



JWCH Institute, Inc.

A FQHC perspective

JWCH Institute's mission is to improve the health status of underserved segments of the population of Los Angeles County through the direct provision or coordination of health care, health education services, and research.

History of JWCH

- A non-profit health care organization providing quality health care services since 1960.
- We provide health care services across all lifecycles to underserved communities in LA County.
- Received FQHC status in 2006 with a satellite site, Center for Community Health in the heart of Skid Row

Women's Health Center

History of Health Services:

1989: JWCH opened the Safe Harbor Women's Clinic at a Salvation Army building on 5th and Stanford.

2005: As a satellite of Safe Harbor, JWCH began providing women's health services and primary care at DWC on Los Angeles Street.

2006: The Salvation Army building on 5th was condemned and JWCH moved its services to DWC two times a week. This was in response to the need of women's health services on site at the only women specific organization in Skid Row.



Women's Health Center

History of Health Services (cont.):

2010: DWC opened its new location with 71 units of Permanent Supportive Housing and expanded all services provided.

2011: DWC in cooperation with JWCH as the medical provider, opened its state-of-the-art medical clinic with 4 exam rooms, a counseling room, lab, dispensary and mammogram screening room.



Services Provided by Women's Health Center

The clinic is fully staffed two days a week by JWCH and DWC.

- JWCH: An MD or mid-level provider, Medical Assistant and Clerk.
- DWC: Licensed Vocational Nurse, Medical Social Worker, Benefits Specialist, Breast Health Program Manager, Psychiatrist and Licensed Clinical Social Workers to support the clinic.
- Oversight by DWC Director of Clinical Health Services and JWCH Clinic Director.

Services Include:

- Primary care
- Family planning
- Laboratory services
- Dispensary
- Specialty referrals
- On-site mammogram screenings
- Health education
- Case management
- Benefits enrollment

New Additions to Health Services



Number of women served through Health and Wellness Activities tripled since expansion (physical education, nutrition counseling, health management workshops)



On the Move: A Skid Row Health and Housing Collaborative created to link clients to medical homes, benefits, and health and wellness activities

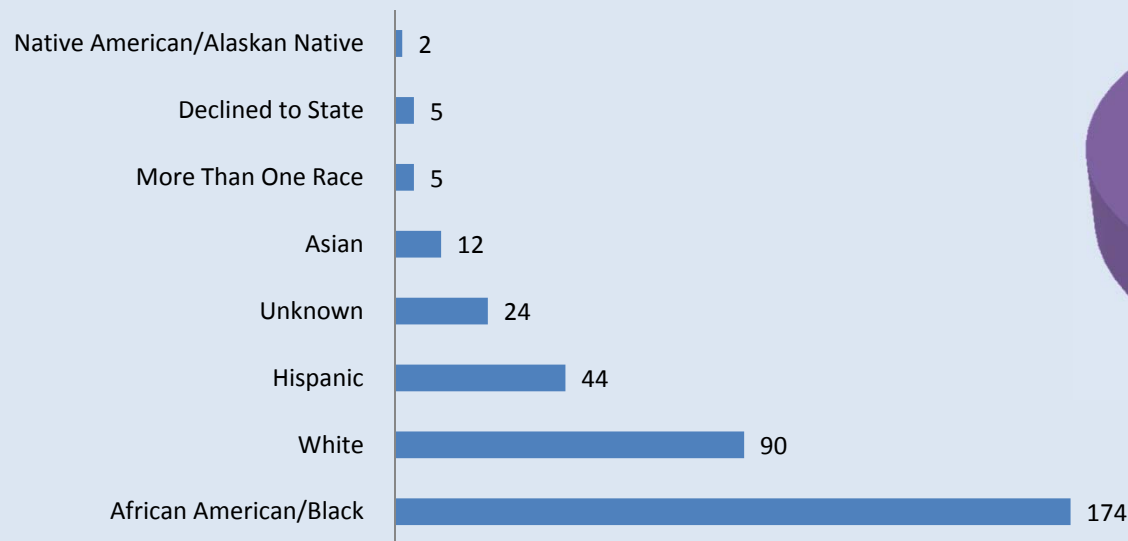


Breast Health Program:
DWC and JWCH launched the Breast Health Program in 2012

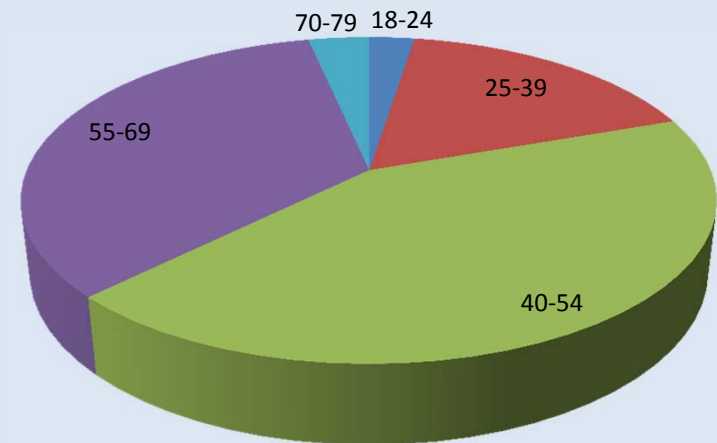
Women Served by Women's Health Center

- Since January 2011, we have served 356 women.
- Majority of women served were between the ages 40-69.
- Nearly 50% of women served were African American/Black

Women Served by Race and Ethnicity

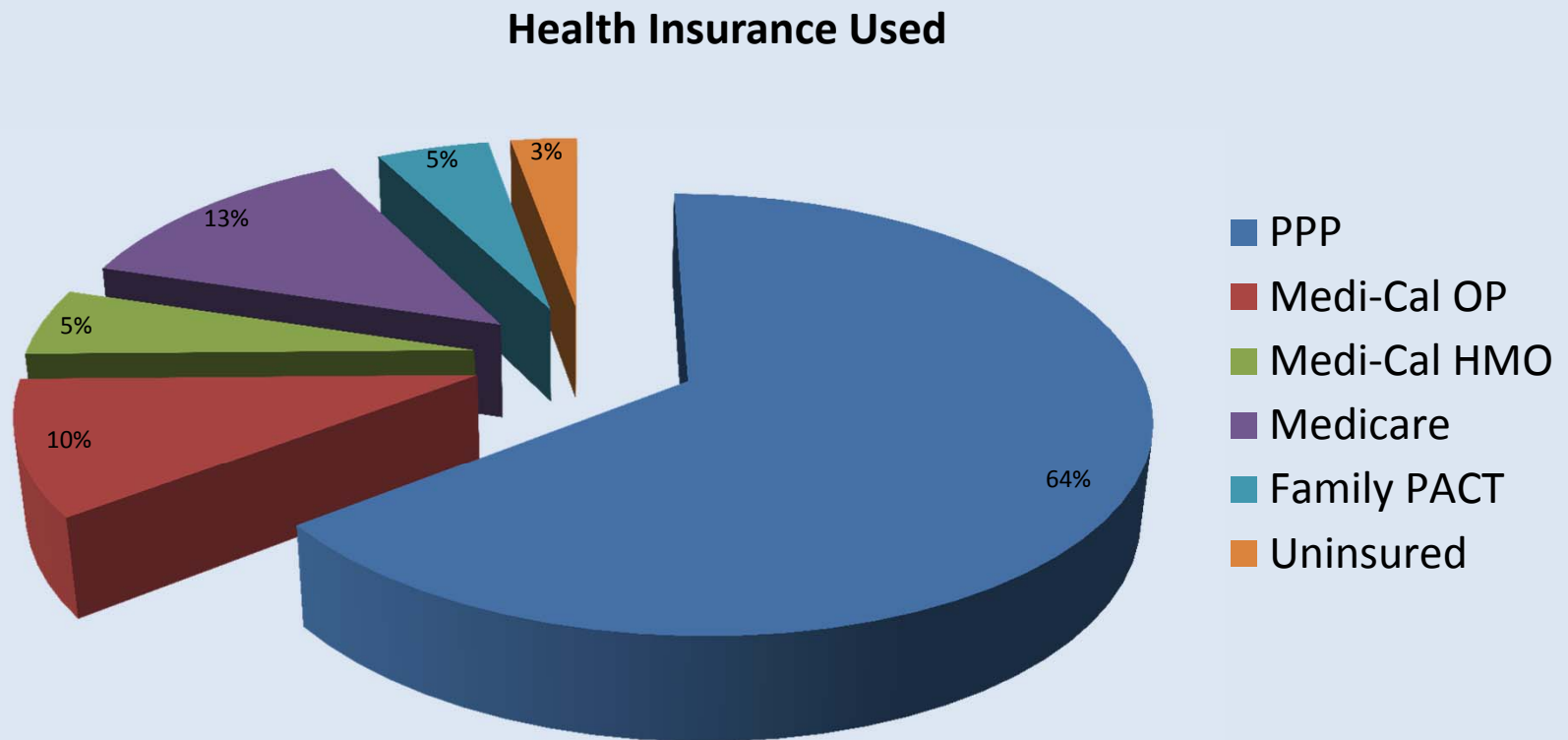


Age of Women Served



Women Served by Women's Health Center

- Over 64% of women were covered by PPP (HealthyWayLA)
- Majority of women need assistance with understanding their health benefits and the healthcare system



Obstacles and Outcomes

Obstacles

- Pts relapse
- Pts noncompliant
- Turnover of medical staff
- Medical provider schedule
- No show for appointments
- Limited medication
- Client ability to navigate the healthcare system

Outcomes

- Team meetings
- Regular MH providers on board
- Scheduling changes
- Increasing show rate for scheduled appointments, increasing number of patients seen
- Collaboration and coordination of care with DWC staff to address obstacles



Success Story

- DWC resident since March 2011
- Woman in mid-50s with history of diabetes in family, highest HbA1c of any patient seen in clinic
- Severe and persistent mental health issues
- At-risk of evictions due to hoarding
- Through case management with Medical Social Worker and Case Manager, resident was linked to JWCH-CCH to receive intensive treatment through Diabetes Management Program
- Currently receiving intensive individual counseling with DWC therapist and providing