

Integrated Care for Homeless People

MSHDA Homeless Summit
October 28, 2015



Today's Presenters

Patrick Patterson – Executive Vice President, Volunteers of America

James Butler III – MSHDA, Director, Urban Revitalization and Sparrow Board Member

Joe Ruth - Executive Vice President/Chief Operating Officer, Sparrow Health System

Julie Shaltry – Senior Manager of Community Services, Volunteers of America

A Brief History

- Origin of the idea
 - Hard times at VOA back in 2005
 - Donated autos plummeted
 - Scheduled closing of New Hope Day Center – homeless day center, largest homeless service program in town
- Phil Mangano, Sam Tsemberis, recent pioneers
- Doing nothing accomplishes nothing
 - Diagnose the mentally ill > disability > pay the rent > recovery happens, people flourish

A Brief History

- Nothing new here, several generations of uninsured have passed with no expectation of health
 - American assumptions
 - People should earn their health
 - People also earn their misery

A Brief History

VOA Homeless population showed bad concentration of difficult problems

Problem	General Population	VOA Homeless	Concentration Factor
College Degree	24.6%	5.4 %	- 4.1 times
Domestic Violence	10 %	75 %	13 times
Military Veteran	8 %	15 %	1.8 times
Substance Abuse	9 %	50 %	5.5 times
Criminal Conviction	2 %	11 %	5.5 times
Physical Disability	7 %	40 %	5.7 times
Mental Illness	6 %	40 %	6.6 times

A Brief History

- Need grows, New Facility Task Force formed
- Bus trip to South Bend with community leaders
- Task Force brought the project to “shovel ready”
 - \$389,000 earmark from the Recovery Act
 - Bam! It was possible



Success!

- Thanks to Sparrow for stepping up.
Big Amen!
- Much of the nonsense has stopped
 - Pain and suffering
 - Medical home
 - Best practice interdisciplinary care

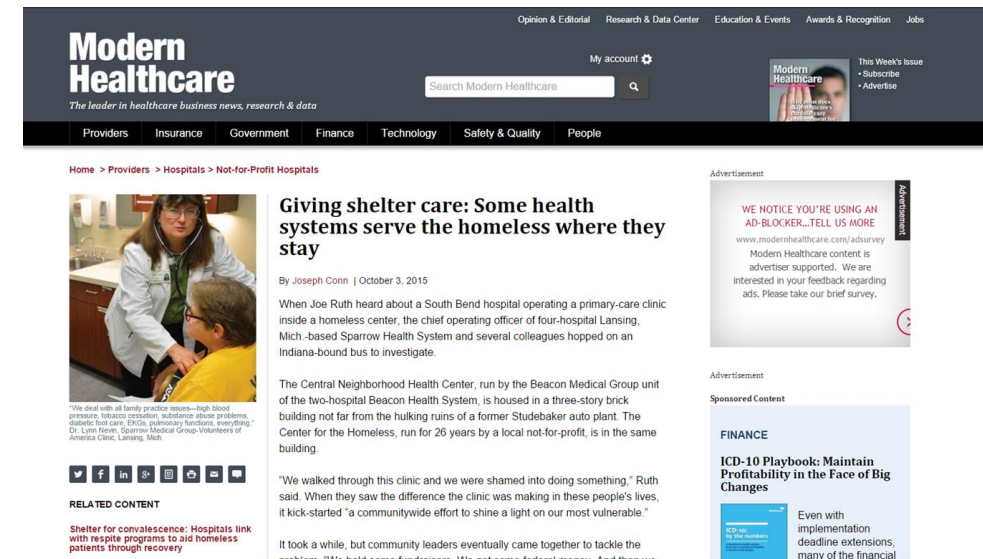


Key Accomplishments

- Projections for Calendar Year 2015
 - Over 1,500 unique patients
 - 4,724 visits
- Ambulance runs remain constant despite a 40% increase in VOA unique clients served, from 3,804 to 5,329, from fiscal year 2013 to 2015
- The Clinic catalyzes more innovation
 - Ability Law, November 14
 - Dental clinic, May 2015
 - Community Mental Health participation

Since Then. . .

- Courageous leadership always changes the world
 - Delta Dental funds dental clinic
 - Added Ability Law Clinic
 - All within interdisciplinary practice model
 - A nationally recognized, best-practice model




- See more at (www.modernhealthcare.com), October 3, 2015 edition


The Year Ahead

- Growing patient volumes important for financial sustainability
 - Transition from no-care to medical home slow
 - Longer first-patient time
 - Longer for concentration of behavioral health issues
 - Anticipate longer lag
 - Move towards an expectation of health
 - Improve ER intercepts
 - Explore other changes to improve sustainability

Interdisciplinary Team (IDT)

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- IDT takes the highest utilizers, and coordinates all care
 - Our 13 homeless service programs
 - 3 Steady partner agencies
 - Community Mental Health
 - National, Council on Alcoholism
 - Advent House Ministries
 - Begins with Service Priority Assessment Tool (SPDAT)
 - SPDAT score determines priority
 - Arrives at same person by head or by heart
 - Starts with a care plan
 - Immediate, shared collaboration
 - Multiple\disciplines\VOA programs\Agencies
 - Follow-through to 4 goals (next page)

Interdisciplinary Team (IDT)

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- Begins with the end in mind
 - 4 Goals for every case
 - Mental health stability
 - Physical health stability
 - Source of income
 - Housing

 - Demographics\descriptors
 - Source of income for IDT almost always disability
 - IDT focus almost always chronic homeless
 - Housing, usually difficult
 - Lack of identification
 - Eviction history
 - Criminal history



Making IDT Work

■ Strong Leadership

- Strong organizational and leadership commitment crucial
- Not as simple as adding a care manager and psychiatric consultant
- The team needs support.

■ Identifying a leader who can facilitate crucial

■ Shared Vision

Teams without clear direction often experience increased conflict

- Creating a vision builds shared understanding
- Common purpose
- Common goals



Making IDT Work

- Clear Roles
 - Success requires members
 - Understand their role
 - Believing he/she has the knowledge and skills necessary
 - Focus on functions of team members as opposed to professional titles and roles
 - Single treatment plan provides a clear focus and shared goal
- Continual nurturing of your team essential
- Changing expectations and goals and personnel turnover requires constant evaluation of:
 - Operations
 - Process,
 - Interpersonal



IDT Case Study

Holly is a 52 year old female. She reports she has two grown children, but they do not speak to her due to her “alcohol problem.” For the past eighteen months, Holly says she’s been living “here and there.” Prior to living in shelters and on the street, Holly stayed with her daughter who eventually asked her to leave. Holly earns a majority of her income from panhandling activities, although she admits shoplifting from time to time to get by. She hasn’t held a job in a decade.

Holly has been offered Section 8 housing, but says she is afraid to live in the neighborhoods where vouchers are accepted. She was diagnosed with PTSD during a psychological examination many years ago. Holly says her PTSD is from being sexually assaulted. She also says she experiences depression, but hasn’t been to see a doctor in over three years.

What can IDT do for Holly????

Ability Law Clinic



- Disabilities, a common obstacle to recovery among the homeless
 - Almost always reason for chronic homelessness
 - Lansing homeless service center consistently show
 - 40 physical disability
 - 40 percent mental disability
- Disabilities prevent employment, income and housing
- Established November 2014, Ability Law Clinic
 - Determines eligibility
 - Prepare claims
 - files appeals
 - Lawyer in court
- 356 initial claims filed since inception, November 2014

Dental

- “Health above the neck” one of leading reasons for ER visits
 - ER, like medical care, not the place for long-term health
 - \$54 million problem in Michigan – Anderson Economic Group
- Average homeless person
 - No care in 9 years
 - 3-3-side fillings
 - 2 extractions
- Ours opening in May
- Included in interdisciplinary care model

Questions\Comments

- Thanks for your interest
- Thanks for your service
- Questions
- Comments