Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Integrating Cross-Sectoral Health and Social Services for the Homeless

Research In Progress Webinar
Wednesday, May 23, 2018
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

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Agenda

Welcome: **Anna G. Hoover, PhD**
Co-Director, RWJF Systems for Action National Coordinating Center
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Presenters: **Jesùs Valero, PhD**
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Q & A: Moderated by Dr. Anna G. Hoover

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Integrating Cross-Sector Health and Social Services for the Homeless

Jesus Valero, University of Utah
Hee Soun Jang, University of North Texas

Project Dates: November 2017 to October 2018

Our Team & Partners

University of Utah

- Jesus N. Valero

- Adi Gundlapalli

Salt Lake County

- Shaleane Gee

- Janell Fluckiger

Parkland County Hospital

- Sheryl Abraham

University of North Texas

- Hee Soun Jang

- Kyungwoo Kim

- Federickia Washington

- Jihoon Jeong

Metro Dallas Homeless Alliance

- Rebecca Co

The Bridge

- Dr. David Woody

Policy Context

Health condition has been noted as one of the primary causes of homelessness

Individuals experiencing homelessness are at high risker of preventable diseases. But they are less likely to access to health care systems than most others

Federal policy requires communities to address these & other issues through community-centered, cross-sectoral collaboration (42 US Sec. 11362)

(Baggett et. al. 2011; Kertesz et. al. 2009; Surber et. al. 1988; Weitzman et. al. 1996;)

Research Purposes

To study collaboration among actors who may not share a common interest and/or have competing interests

To understand reality of policy initiatives implemented at the local level

To provide evidence of what works and what doesn't, to create CoC models for improved medical service delivery for individuals experiencing homelessness

Research Questions

How well is the CoC approach to community collaboration addressing the broad health needs of individuals and families experiencing homelessness?

What are the factors influencing successful interorganizational collaboration for delivery of medical services of homeless population?

Timeline

Period	Task
November 2017 – January 2018	**Conduct semi-structured interviews & analyze qualitative data**
February – April 2018	**Develop survey instrument, begin survey process**
May 2018 – July 2018	Complete survey, clean survey data, collect secondary data sources from HUD
August – October 2018	Analyze survey data, disseminate findings

Research Design

Context: Continuum of Care (CoC) homeless networks under HEARTH Act of 2009

Sample: Case study of 2 CoC networks in Utah & Texas

Data: Interviews with organizations CoC leaders and medical service providers

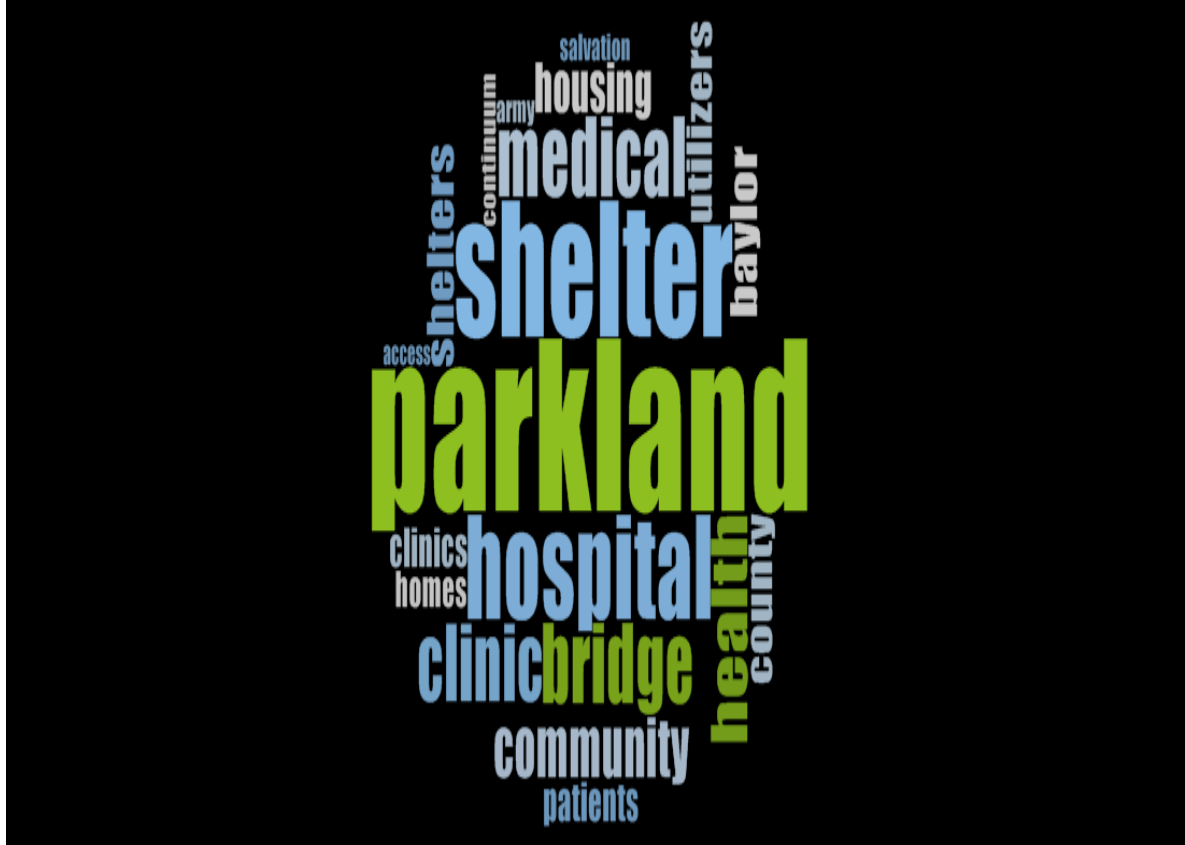Analysis: Key themes identified by using Nvivo

Demographics of Cases

	Salt Lake County (Utah)	Dallas County (Texas)
Homeless Population	2,463	3,447
Total Population	1,073,412	3,079,964
Homeownership Rate	68%	58%
Poverty Rate	10.89%	14.94%
Unemployment Rate	6.65%	7.15%
HUD Funding	$5,678,852	$15,663,757
Number of Network Members	26	100+

Theme 1: Collaborative Governance

	Salt Lake CoC	Dallas CoC
Organic, emergent leadership matters	"The county caught wind of **what was going on sort of organically** and said, Hey, Alan, will you be on the Collective Impact Committee and will you lead this subgroup?"	"So, **I'm very big on collaboration** just as a social worker and so this whole continuum of care thing is a big deal for me. "
Political champions of the cause help steer collaborations	"So collective impact really, **mayor McAdams was able to put a lot of his political capital** behind that group and bring, really engage these stakeholders."	"…ten years ago the City of Dallas, the current **mayor, Mike Rawlings, he was known as the homeless Zorro.** He was for whatever reason had a personal commitment to trying to impact the issue of homelessness in Dallas."
Variety in representation is key	"I really do believe that the only way you get a legitimate kind of group like this is if you are thinking this **way - where you are trying to get polar opposites represented in a myriad of ways.**"	"…continuum of care assembly, which is a group meeting monthly of all of the members of the continuum of care. And that's **probably some 50, 60 agencies that come together just to talk about structuring an approach..**"

Medical Service Collaborative Governance

Dallas

Salt Lake

Theme 2: Medical Service Activity

	Salt Lake CoC	Dallas CoC
Discharge process is an informal arrangement	"So yes it was very vague and basically I'm just checking the box. I didn't feel bad about checking the box because we had all that in place like umm almost like a hand shake type deal.."	"You can pick up the phone and call someone. That's more or less an informal communication back. I don't have written agreements on this. "
Efforts to address healthcare services are being made	"You've got The U and Intermountain. They don't talk. As a non-profit I've got someone from The U and from Intermountain on my board. And everybody wants to really help but the systems don't speak."	"So we have this disjointed system for our folks that are in encampments and in our shelters that are downtown where the bulk of the people reside that are homeless. But they have an emergency like heart attack or they think they're having a heart attack, the closest hospital is Baylor so that's where they're taken."

Theme 3: Challenges in Collaboration

	Salt Lake CoC	Dallas CoC
Information sharing poses coordination challenges	"But has it been so long since they've taken care of themselves that it's a natural-- you don't know a lot of-- is it something that could've been prevented? I don't know. There's no data and people don't want to share data. So I don't know any of that."	"Yeah the major challenge right now at this very moment is one the communication and collaboration between umm everyone that touches these patients, like there just needs to be more transparency and more information provision.."
Limited capacity to be an effective collaborative partner	"…homeless service provider survey…100% of responses wanted on-site primary care…. We'd been down that road, it doesn't work….. you just don't have the economies of scale in some of these locations"	"A good example is that shelters are hesitant to take anyone that has like an oxygen tank because it's extremely flammable…they can't use it at the shelter because it's unsafe for the rest of the residents because it might explode…"

What we Know

- Cases are at different stages of development, with Utah case in early stage of working to better align systems for improved healthcare delivery

- Mature collaboration and public service capacity help Dallas to be in more advanced stage of medical services for the homeless: Agencies are connected and managing cases holistically to address multi-dimensions of challenges of homeless individuals

- Key actors are aware of benefits of collaboration but the initial investment in service infrastructure is hard to be made

- Service specialty barriers between health care providers and shelters, are observed as a key obstacle in building common goals to achieve.

Next Steps

Complete our survey data collection

Develop deeper and national understanding of the factors influencing success of medical service collaboration

Merge survey data with existing secondary data sources to compliment and enrich our understanding by mixing subjective and more objective measurements

Disseminate findings via conference attendance and manuscripts for publication

Thank You!

Questions?
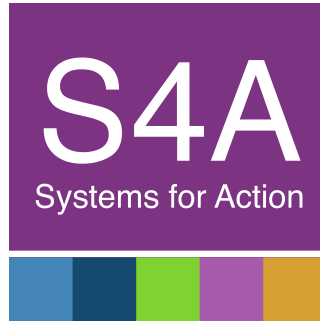
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Upcoming Webinars

Archives

http://systemsforaction.org/research-progress-webinars

Upcoming

Wednesday, June 6, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Linking Education and Health Data to Improve Adolescent Health in Los Angeles
Sheryl Kataoka, MD, MS, and Rebecca Dudovitz, MD, MS, University of California, Los Angeles

Wednesday, June 20, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Financing Integrated Health and Social Services for Populations with Mental Illness
Yuhua Bao, PhD, Weill Cornell Graduate School of Medical Sciences, and Lisa Dixon, MD, MPH, NY State Psychiatric Institute/Columbia University Medical Center

Wednesday, July 11, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Redesigning Health and Social Systems for the Cheyenne River Sioux Tribe Using Community-Engaged Decision-Making
Barabara J. Quiram, PhD, and David Washburn, ScD, SM, Texas A&M University

Acknowledgements

College of Public Health
Center for Public Health Systems and Services Research

and

Gatton College of Business and Economics