



*Strategies to Achieve Alignment, Collaboration, and Synergy
Across Delivery and Financing Systems*

**Integrating Cross-Sectoral Health and Social
Systems for the Homeless**

*Research In Progress Webinar
Wednesday, June 12, 2019
12:00-1:00 pm ET/9:00-10:00am PT*

Agenda

Welcome:

Anna Hoover, PhD
Systems for Action
College of Public Health University of Kentucky

Presenter:

Hee Soun Jang, PhD
Associate Professor
University of North Texas

Commentary:

Jose Pagan, PhD
Professor and Chair
Department of Public Health Policy and Management
College of Public Health
New York University

Q&A:

Moderated by Dr. Anna Hoover





Hee Soun Jang, PhD

Associate Professor

University of North Texas

College of Health and Public Service



José Pagán, PhD

Professor and Chair

Department of Public Health Policy and Management

College of Global Public Health

New York University

Integrating Cross-Sectoral Health and Social Systems for the Homeless -Research-in-Progress Webinar

Jesus N. Valero, PhD., University of Utah

Hee Soun Jang, PhD., University of North Texas

Project Dates: November 2017 to October 2018

RWJF Grant Id: 74948 (Exploratory/Developmental-Category one)

Presenter

- Hee Soun Jang, PhD.
- Associate professor
- Department of Public Administration
- University of North Texas

Research Team

- **University of Utah**

- Dr. Jesus Valero (PI)
- Dr. Gundlapalli Adi (Senior Investigator)
- Janell Fluckiger (RA)



- **University of North Texas**

- Dr. Hee Soun Jang (co PI)
- Dr. John Kim (Post doc research associate)
- Federickia Washington (RA)
- Jihoon Jeong (RA)



Participating Agencies

Continuum of Care (CoCs)	<ul style="list-style-type: none">• Metropolitan Dallas Homeless Alliance• Salt Lake County• Tarrant County Homeless Coalition• Houston Coalition for the Homeless
Hospitals	<ul style="list-style-type: none">• Parkland hospital• Baylor hospital• John Peter Smith hospital• VA Salt Lake City Health Care
Shelters	<ul style="list-style-type: none">• The bridge• Harmony house,• True Worth• Shelter the Homeless Inc.
Other medical service providers	<ul style="list-style-type: none">• Metro Care,• Prism Health• Healthcare for the Homeless

A Novel System Mechanism : HEARTH Act and Continuum of Care (CoC)

- **HEARTH Act of 2009** revised the roles and responsibilities of **Continuum of Care** program
 - Rewards local communities that achieve better outcomes for homeless services
 - Sets expectation of cross-sector collaboration, with nonprofits a key actor
 - Outlines responsibilities of those charged with leading network
 - Establishes flexibility on the structure and focuses on network as a serve unit
 - Highlights competitions as a funding basis

High Demand of a Coordinated Medical Care System

- Individuals experiencing homelessness are at high risk of preventable diseases but they are less likely to access to health care system
- HUD has been focused on housing related services—leaving other major health and human services to be addressed by local governments and nonprofit organizations
- As a leading homeless serving entity, CoCs (Continuum of Care) aim to create comprehensive medical care system
- HUD issued Discharge Coordination Policy (42 USC Sec. 11362)

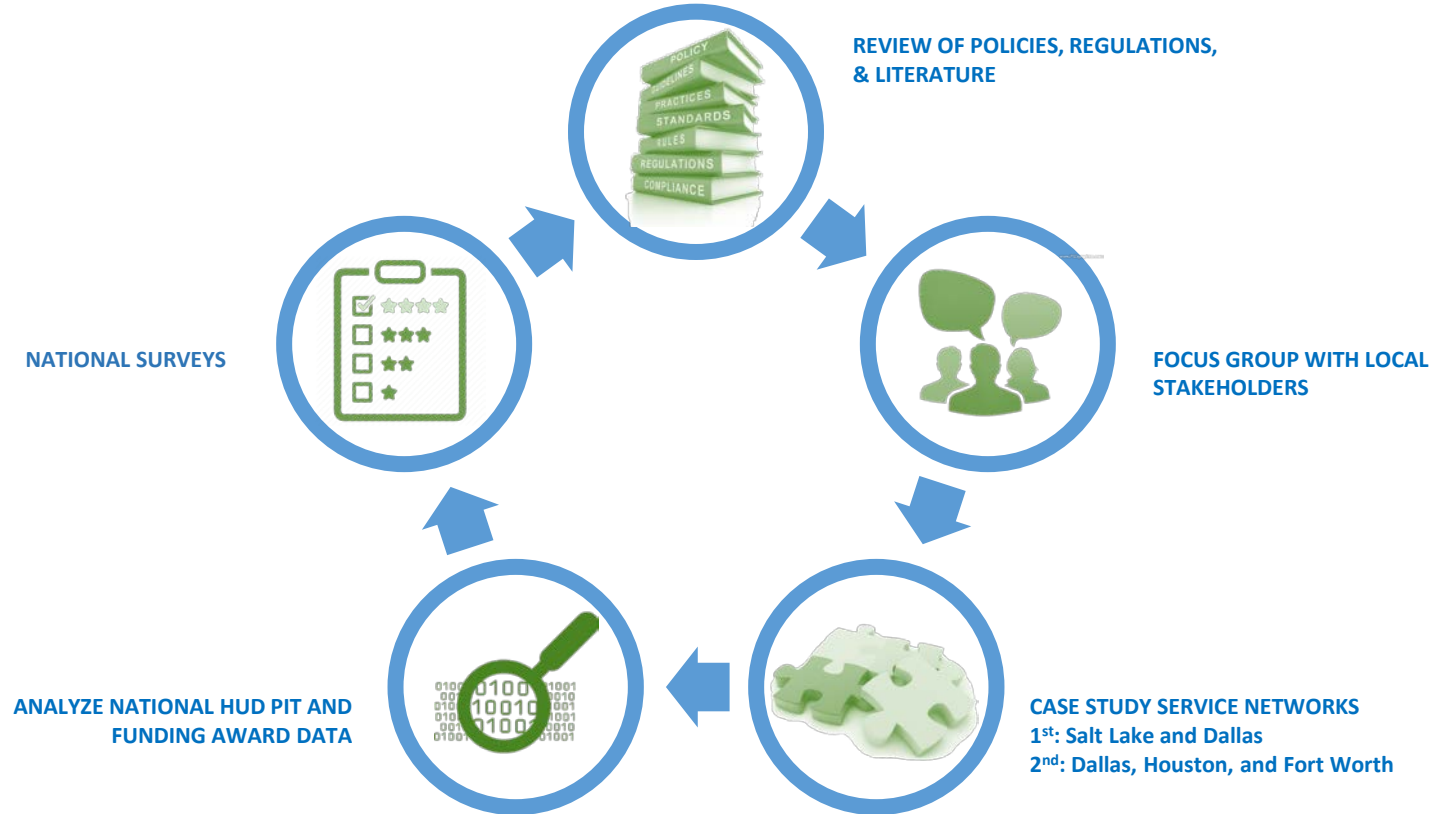
Research Aims

- Assess *the homeless service mechanism of CoC* in improving health and equity among the homeless
- Examine *collaborative governance* in complex policy issues (Ansell and Gash, 2007; Emerson et.al. 2011; Purdy, 2012)
- Understand the *role & contributions of the nonprofit sector* to collaborative arrangements (Salamon, 1987; Valero and Jang 2016)
- Assess the impact of *management & leadership processes* on collaborative outputs and outcomes (McGuire and Silvia 2014; Jang, Valero and Jung 2016)
- Understand stakeholder dynamics in *Emergency Discharge Coordination* process

Mixed Method Approach

- Context: Homeless services under HEARTH Act of 2009
- Data sources
 - HUD PIT and funding award data
 - National survey of CoC homeless service networks (N=176, response rate 46%)
 - Case studies
 - In-depth analysis of CoC management: Salt Lake and Dallas
 - Study of Emergency Discharge Coordination: Houston, Dallas and Fort Worth

How We Conducted Research



Timeline of Research Activities

10.17	<ul style="list-style-type: none"> Collect secondary data from HUD; U.S. Census; CoC Homeless Networks within one U.S. region 	Completed
1-3. 18	<ul style="list-style-type: none"> Conduct Semi-Structured Interviews (1st case study: Salt Lake and Dallas) Analyze Qualitative Data 	Completed In progress
4-6	<ul style="list-style-type: none"> Develop Survey Instrument Conduct Pilot of Web-based Survey 	Completed
7-9	<ul style="list-style-type: none"> Complete Web-based Survey Develop Comprehensive Data by Merging Survey with other data sources 	Completed
6-10	<ul style="list-style-type: none"> Conduct Semi-Structured Interviews (1st case study: Dallas, Fort Worth, Houston) Analyze Qualitative Data 	Completed In progress
10	<ul style="list-style-type: none"> Analyze Survey Data Disseminate Findings Conducted a Community Forum / Research Forum 	Completed
4.19	<ul style="list-style-type: none"> Research grants applied (RWJF, IBM) 	Declined/ Under review
6-8. 19	<ul style="list-style-type: none"> Participating state funded homeless service projects (UT and TX) 	In progress

Part 1:

Understanding Continuum of Care,
a Homeless Service Mechanism

Findings from National Survey

Collaborative Governance in Action :

Findings from National Survey

	NATIONAL PERSPECTIVE	SALT LAKE (UT)	DALLAS (TX)
GOVERNANCE MODEL	Shared-Governance (36%)	Shared governance	Network Administrative Office
MULTIPLE COORDINATING BODIES	No (72%)	Yes	No
NUMBER OF MEMBER AGENCIES	39	26	100+
MULTIPLE FUNDING SOURCES	Yes (63%)	No	Yes

Homelessness of Communities

	Salt Lake	Dallas	Fort Worth	Houston
Homeless Population	2,463	3,447	1,941	3,605
Per capita Homeless	2.29	1.12	1.07	.80
HUD Funding	\$5,678,852	\$15,663,757	\$12,259,386	\$33,425,255
HUD Funding per homeless	\$2,305	\$4,544	\$6,310	\$9,271
Homeownership Rate	68%	58%	65%	60%
Poverty Rate	10.89%	15%	13%	16%

Source: U.S. Census Bureau, U.S. Department of Housing & Urban Development

Medical Service Needs of the Homeless

	Severely Mentally Ill	Chronic Substance Abuse	HIV/AIDS	Victims of Domestic Violence
National Average	20%	16%	1.86%	16%
Dallas	17%	10%	0.9%	11%
Fort Worth	14%	8%	1%	13%
Houston	26%	32%	2%	16%
Salt Lake	33%	25%	1.4%	21%

Source: HUD, 2017 Point-In-Time Count

CoCs' Healthcare Services

Findings from National Survey

Medical Services for the Homeless	
MENTAL HEALTHCARE	84%
ALCOHOL/SUBSTANCE USE COUNSELING	81%
CLINIC IN SHELTER	42%
MOBILE CLINIC	42%
METHADONE CLINICS	30%
SYRINGE EXCHANGE	24%
SUBOXONE CLINICS	24%
ASSISTED LIVING	20%
NURSING BEDS IN SHELTER	19%
HOSPICE CARE	17%

CoC's Contribution in Medical Care System Coordination

- Increased involvement of healthcare providers (44%)
- Increased CoC member commitment to addressing healthcare needs (42%)
- Increased range of healthcare services (34%)
- Reduced the duplication of healthcare services (14%)

Major Challenges in CoC Collaboration

- **Insufficient resources (92%)**
- **Unfunded federal policy mandates (82%)**
- **Lack of network sustainability (82%)**
- Lack of support from local elected officials (79%)
- Power imbalance among members (72%)
- Lack of accountability (69%)
- Lack of engagement of key stakeholders (69%)

Part 2:

Fostering Effective Cross-Sector Collaboration

Findings from 1st Case Study and National Data
Analysis

Developing Collaborative Governance

	Salt Lake CoC	Dallas CoC
<i>Organic, emergent leadership matters</i>	"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. "
<i>Political champions of the cause help steer collaborations</i>	"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."
<i>Variety in representation is key</i>	"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.. "

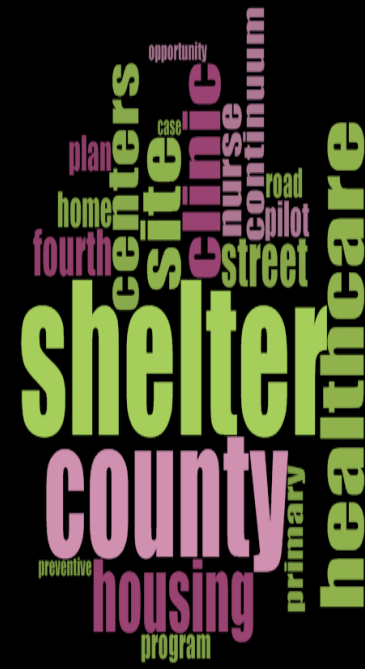
Medical Services for Homeless

	Salt Lake CoC	Dallas CoC
<i>Information sharing poses coordination challenges</i>	"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.."
<i>Limited capacity to be an effective collaborative partner</i>	"...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..."

Medical Services for Homeless



Dallas



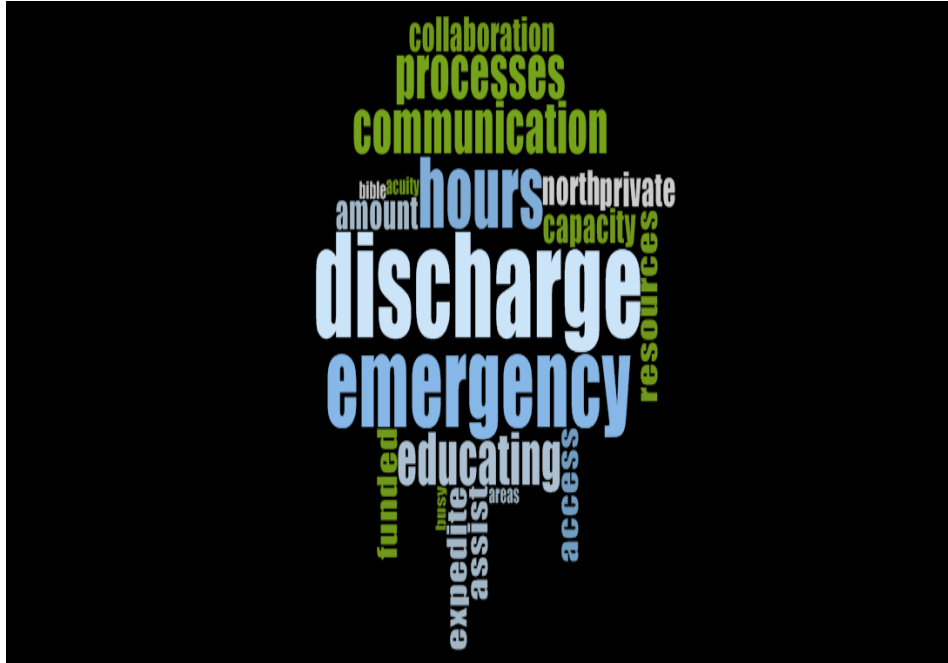
Salt Lake

Draft: Word Frequency Query Data visualization –Nvivo 12

Challenges in Medical Service Collaboration

	Salt Lake CoC	Dallas CoC
<i>Discharge process is an informal arrangement</i>	“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. “
<i>Efforts to address healthcare services are being made</i>	“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.”

Challenges in Medical Service Collaboration



Dallas



Salt Lake

Explaining Effective CoC Collaboration

HUD FUNDING SUCCESS

✓(-)

Nonprofit-Led

✗

Leading Experience

✗

Meeting Frequency

✓

Participation Rate

✓

Network Age

HUD FUNDED PROJECTS

✓(-)

Nonprofit-Led

✗

Leading Experience

✗

Meeting Frequency

✓

Participation Rate

✗

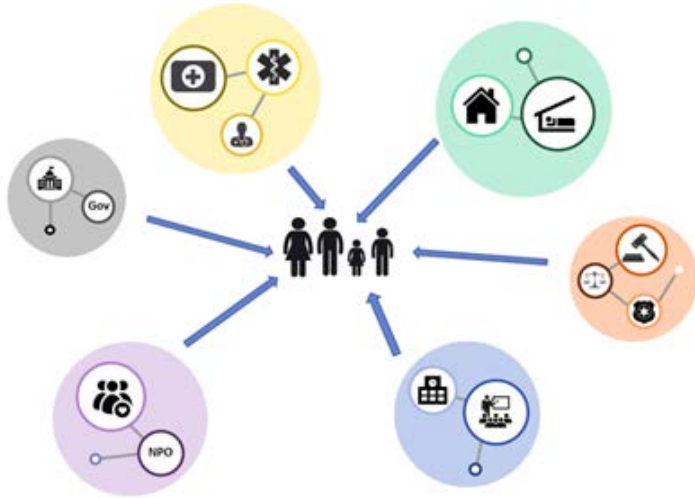
Network Age

Source: A research in R&R process

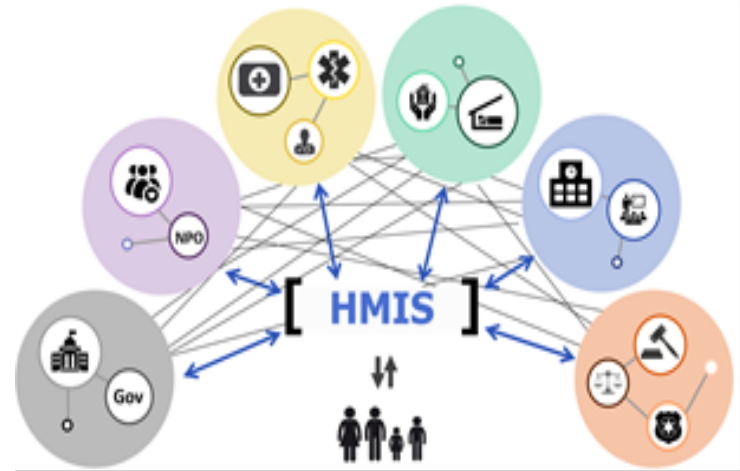
Reflections

- Federal policy demands locally developed service networks (CoCs) and CoCs are responsible of coordinating diverse service needs of the homelessness
- Communities across the U.S. are doing much to address the medical service needs of those who experience homelessness
- Community collaboration is being challenged by institutional barriers: unfunded federal mandates, lack of resources and community support, and overall network capacity
- Data-sharing among the medical care, public health, and social service sectors is crucial for homeless service system alignment

Next step: Study on Impact of Data System in Homeless Service Collaboration



Fragmented system



Homeless Management Information System

Impact of Research

- Community forums
- 3 Dissertations
- Research presentations
- Graduate student training
- Journal publications
- Government funded projects:
 - State of Utah Strategic Plan to Minimize Homelessness,
 - State of Texas, Empowering Rural Community Human Services
- Grant applied: RWJF (declined), IBM (under review)

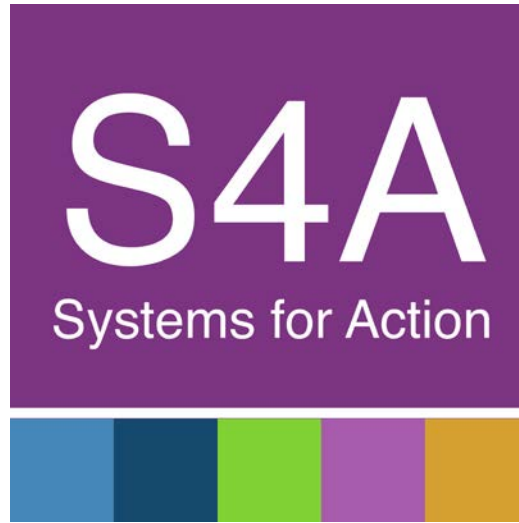
Community forum
at Salt Lake city
Oct. 2017



Research forum and PhD student seminar Oct. 2017



Questions?



www.systemsforaction.org

- **June 26, 2019, 12 p.m., ET**
Systems for Action Individual Research Project
[Testing a Shared Decision-Making Model for Health and Social Service Delivery in East Harlem](#)
Carl Letamendi, PhD, MBA, and Rachel Dannefer, MPH, MIA, New York City Department of Health and Mental Hygiene
- **July 17, 2019, 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

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Center for Public Health Systems and Services Research in the College of Public Health, and the Center for Poverty Research in the Gatton College of Business and Economics, administered by the University of Kentucky, Lexington, Ky.



*Center for Public Health Systems
and Services Research*

and

