Integrative Impacts

Multifaceted Approaches to Serving Individuals Experiencing Homelessness

Presented by Kristin Potterbusch, MPH
Program Director, Center for Ryan White
Sustainable Strategies

You know your work

- Focusing on takeaways to empower what you do well and what you would like to improve
- Examples learned from leading work with MAI-COC grantees, Ryan White funded CBO/ASOs, and from conducting HIV testing/counseling.
- Goals:
  - Develop a concrete set of SMART (Specific Measurable Achievable Relevant and Timely) goals to improve organizational linkage and retention practices.
  - Understand the positive impact of integrated care models when effectively utilized by organizations serving individuals experiencing homelessness.
  - Discuss at least 3 best practices and strategies for improving both the comprehensive care experience and engagement of individuals experiencing homelessness.

Three sections

- Section 1: Integrated care 101
  - To build knowledge of opportunities
- Section 2: Ideas about best practices
  - To help get creative ideas flowing
- Section 3: SMART goals and activity sheets
  - To provide tools to support your work and help lift you up as the true experts here

Activity warning 1 SMART Goals

Continuous Quality Improvement Planning Outline
S.M.A.R.T. GOALS

Specific (and strategic): State exactly what you want to accomplish (Who, What, When, Where, Why).
Measurable: How will you demonstrate and evaluate the extent to which the goal has been met?
Attainable: Goals are realistic, reasonable and can be achieved in a specific amount of time.
Relevant (results oriented): How does the goal tie into your key responsibilities and objectives?
Timeframe: Set 1 or more target dates to guide the goal to successful and timely completion (includes deadlines, dates, and frequency).

Domain/Goal based: Retention

Target Population/Program: Individuals experiencing homelessness

Activities	Measurement	Target Date	Responsible Party	Progress/Outcome	Value
Increase ability to conduct direct outreach to clients to increase retention in care over next 6mo by 5% at my organization through providing phones and plans/minute vouchers on third visit post intake.	5%	Jan 1, 2021	Kristin Potterbusch and Kyle Lin	2 clients out of 10 attended third visits after intake and received phone	Increased direct client engagement in billable services (less no call/no shows) Decreased staff time locating clients Increased opportunities to support client health outcomes via increased intervention points of contact

Activity warning 2: Stop, Start Continue

"Stop, Start, continue": for individuals experiencing homelessness

Instructions:

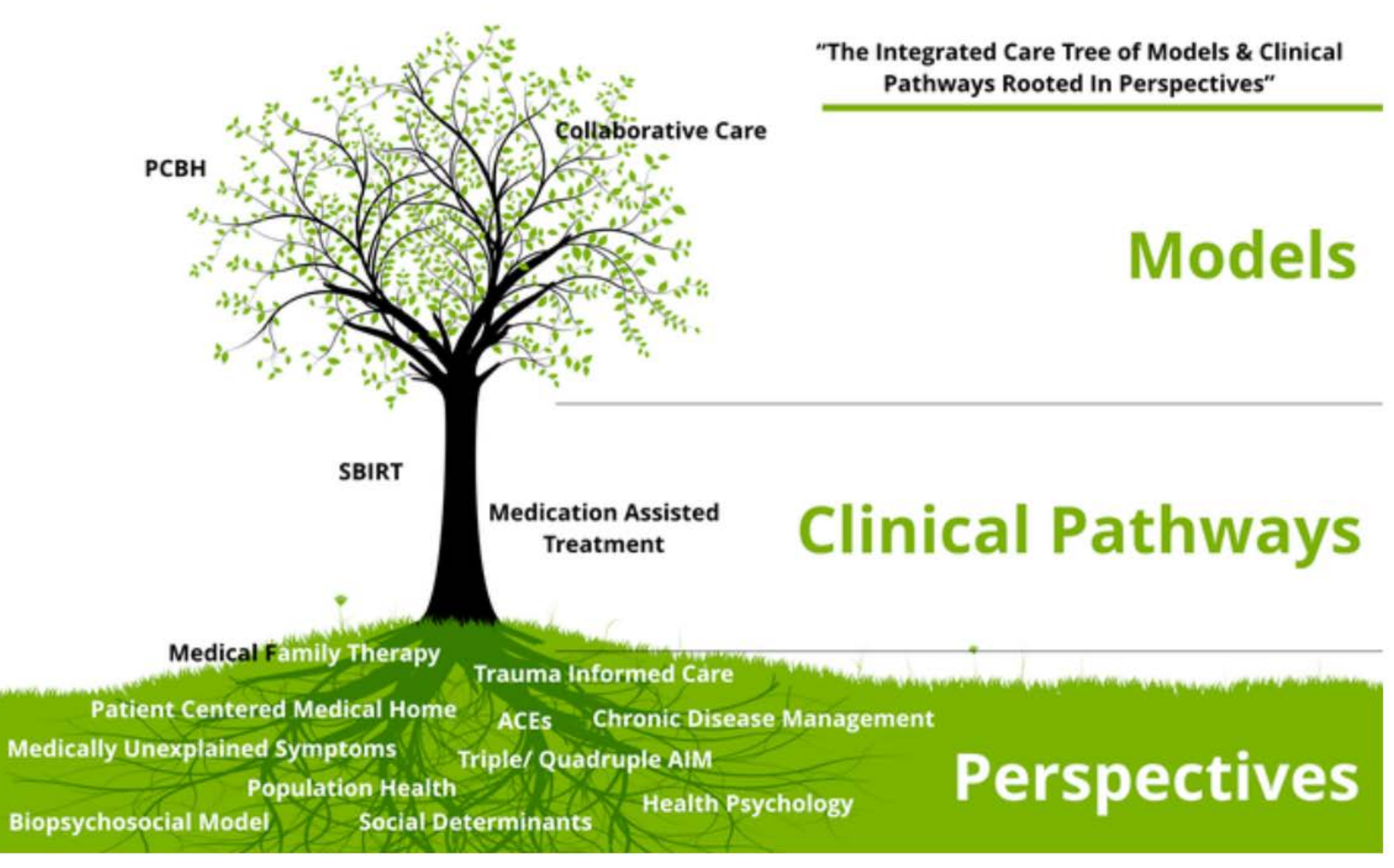
- Fill out actions at your organization to stop, start, and continue around relevant topics

Action	🔴 What do we need to STOP doing?	🟢 What do we need to START doing?	🔵 What do we need to CONTINUE doing?
Increasing Retention	Scheduling groups at 5pm on Tuesdays, clients like to start lining up at Cypress starting at 5:30 for 6pm meal	Increase ability to conduct direct outreach to clients to increase retention in care over next 6mo by 5% at my organization through providing phones and plans/minute vouchers on third visit post intake.	Having Peers in the main room available to speak with clients and support with paperwork, goals, listen, etc..

Integrated Health 101

Efforts to provide healthcare services that bring together all of the components that make humans healthy. Given that the promotion of health involves a variety of factors (psychological, biological, social, communal, economic), integrated care can and should look different based on the setting of the healthcare delivery and the participants.

– Collaborative Family Healthcare Association



Apples and Band-Aids

- Close your eyes and imagine a world where stores only sold one type of item:
- You go to the fruit store for an apple because you are hungry.
  - It is a 90min trip on public transportation, borrowed car, by bike or on foot
- You arrive and need help locating the apples
- At the store you realize you need band aids, why?
  - Are you out, did someone take them, did you cut your finger, did a store employee point out you needed a Band-Aid?
- ow you need to find a way to go the new band aid store across town.
  - Are you tired, do you know where it is, can you communicate with the staff there, is it worth the hassle, can you afford to get both a Band-Aid and an apple?

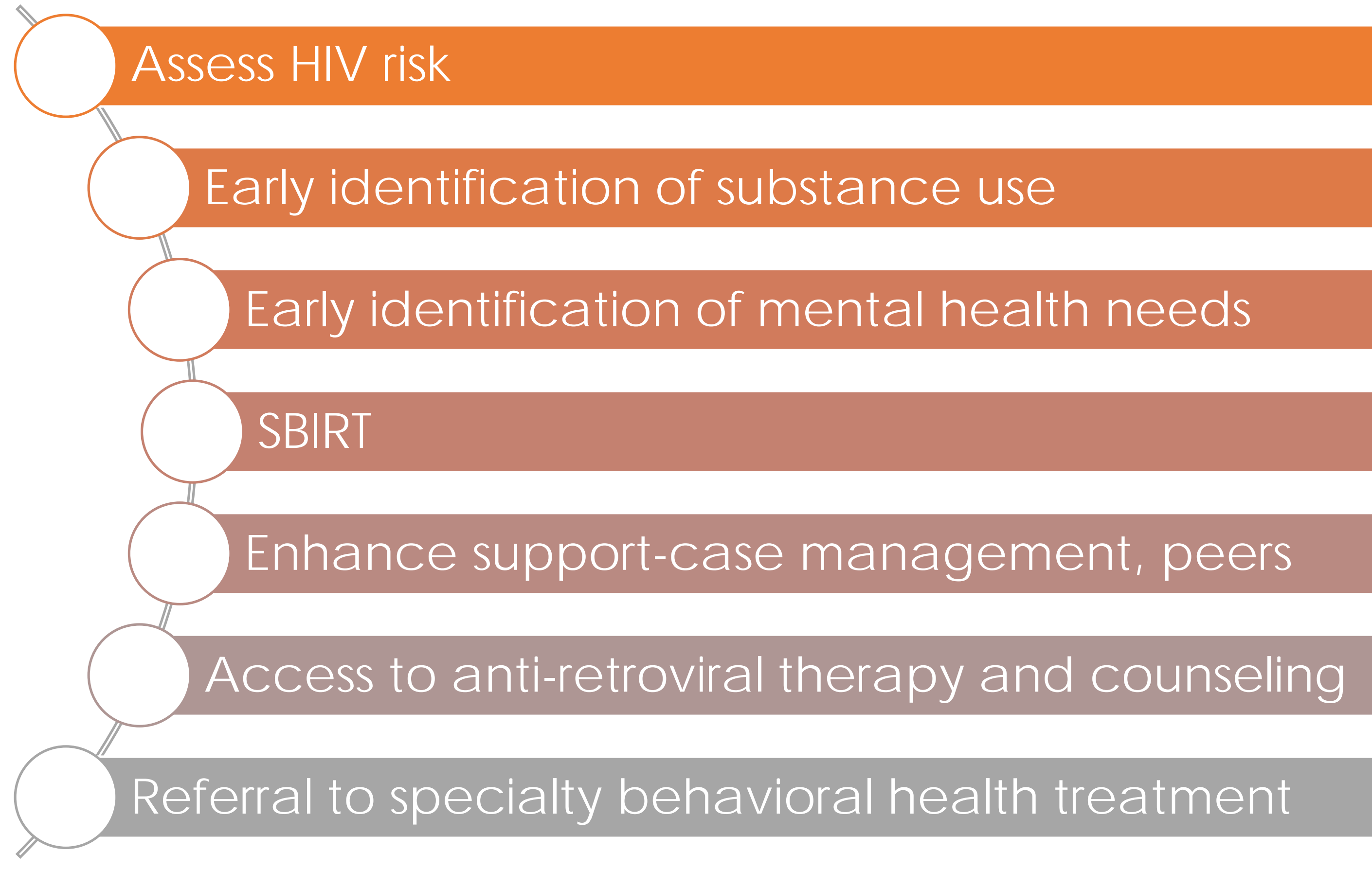
Integration in action

- Integration can offer options and answers that matter for individuals experiencing homelessness or transience
  - Co-located care
    - Band-Aids and apples (maybe even vegetables) sold at the same store
  - Support accessing care
    - free Band-Aids, a ride to the Band-Aids, advocating on a client's behalf to Band-Aid store staff
  - Health screenings
    - Noticing the type of Band-Aid needed, noticing Band-Aids are not what is most needed but gloves to protect hands from future harm
  - Comprehensive services
    - Ensuring a safe place to eat apple and apply Band-Aid, providing a bag to carry apple and Band-Aid

Making it relevant: 2016 COC

%	Continuum Element	Behavioral Health Component/Opportunities
86%	Diagnosed	Opt-out HIV testing at behavioral health facilities, case management at the point of diagnosis, behavioral health counseling for newly diagnosed
64%	Linked to Care	Behavioral health evaluation and referral if needed, case management to confirm linkage
49%	Retained in Care	Care and treatment adherence counseling
53%	Virally Suppressed	Care management to monitor adherence and treatment fatigue counseling

Integration at your organization



Assumptions

Provider concern

- Use of clean needles when injecting substances
- Achieve GED
- Secure housing
- Build healthy community
- Maintain employment
- Increase condom usage
- Respect for self

Some Potential Assumptions

- Future orientation
- Feels “safe” and/or has trust in self or others
- Able to read/write, see well, test well
- Employer is respectful and unbiased
- Housing is available as are furnishings, paying bills can be navigated
- Advocating for condom use is possible
- Accepting support doesn’t feel like failure
- Feels comfortable, not judged and respected at your organization with ALL staff
- No “classic primary care” comorbidities (high blood pressure, chronic pain, allergies, asthma)

Meeting clients where they are: best practices from the field

- Address need for stable phone number
  - Faced with the choice of bills, clients often do not pay phone bill
  - Ask clients how they triage their bill paying
- Incentives can include:
  - Store or restaurant vouchers
  - Tickets to the movies
  - Sanitary kits with shampoo, soap, deodorant, feminine hygiene products
- Keep in touch in between appointments by sending (if possible):
  - Birthday and holiday cards
- Take photographs and set up email accounts for clients to help with follow-up efforts
- To leave HIV medications on site in a locked closet to bring clients in on a daily basis, where they can meet with an adherence nurse and receive beverages and snacks to take along with their medications
- Collaboration with other RWHAPs
  - If client moved to another geographical location, contact other RWHAPs in the area who can confirm if the client is in that area. If needed, the client can access services at that location while they are away.

SMART Goals

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Ideas for utilization

- Have staff collaboratively fill these out in groups
- Have each staff member fill it out
- Consider as part of strategic planning
- Ask clients experiencing homelessness to fill out (stop, start, continue may work best).
- Use as a building block for when you have a strong idea and want to "test" it out

Moving forward

- When you learn something share it with your colleagues in the field
- Continue meeting clients where they are at
- Challenge assumptions and bias
- Consider how your organization can better partner or provide apples, Band-Aids, gloves and more! Or, how your organization can mentor another organization whose clients would benefit from the integrated care approaches you already provide

Thank you

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VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT
30 YEARS
Thank you!