Better Health for All

SANTA CLARA VALLEY MEDICAL CENTER
Hospital & Clinics

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December 4, 2018

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Rene G. Santiago, Deputy County Executive/Director, SCVHHS
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SUBJECT: Board Referral from June 19, 2018 Board of Supervisors meeting regarding Permanent Supportive Housing patients

Under advisement from the Board of Supervisors (Board) meeting of June 19, 2018, (per agenda item no. 66), the Board requested that Administration provide an off-agenda report on how the Valley Homeless Healthcare Program (VHHP)-Permanent Supportive Housing (PSH) team assists clients that are already in existing treatment teams managed by community-based organizations or behavioral health services department. Below please find detailed information regarding the process.

Currently, about 1,100 clients are enrolled in the Permanent Supportive Housing (PSH) program through the Care Coordination Project (CCP). Approximately 81% of these clients report being connected to a Primary Care Physician (PCP). However, analysis of medical home utilization revealed that 50% of enrolled clients are actively engaged or connected to a PCP, while the remainder have been out of care care for at least one year or more.

In the last few months, VHHP-PSH has focused its work on the following:

1. **Second Street Studios**- Second Street Studios is the first 100% permanent supportive housing project in Santa Clara County, and is set to open in December 2018. VHHP-PSH is working to ensure that all 134 clients who will move into the Second Street Studios are connected to VHHP-PSH or another PCP. At this time, 85% of the clients have been connected to care. One full time Public Health Nurse will be on site at the Second Street Studios to provide care coordination, medication management and serve as a clinical resource for clients and staff. The VHHP-PSH team is also collaborating closely with Abode Services, a behavioral health services provider for residents at the Second Street Studios, to ensure coordination of services. The teams have been training together, planning for daily huddles and other modes of communication, and coordinating

on individual clients so health issues are addressed before move-in. VHHP, Abode Services and Behavioral Health Services Department (BHSD) staff have been in bi-weekly discussions and have developed strategies to connect all PSH clients with the VHHP-PSH team.

2. **Care Coordination Project** - The goal of this project is to connect all clients enrolled in CCP to primary care services. Through data analysis, VHHP-PSH team have identified clients who are not connected to primary care and have been working closely with the Office of Supportive Housing and BHSD to bring those individuals in for medical assessment. The VHHP-PSH team have been coordinating with the clients' supportive housing case managers to achieve this goal. From July to October 2018, 822 medical visits were performed on CCP patients, and 421 visits were completed by other staff in the care team such as nurses, pharmacist and social workers.

For those who are out of care, VHHP-PSH will provide medical care, psychiatric treatment, social work services and other supportive services, as needed. For those that are already in care, VHHP will fill in gaps of care where needed. For those established with Behavioral Health services only, VHHP will provide the medical services and coordinate care with Behavioral Health for psychiatric treatment. VHHP also provides one-time consult visit to clients who need medical documentation required to move forward with their housing application. For clients receiving a variety of support services such as probation/parole, addiction treatment, employment services, case management, etc., Medical Social Workers will communicate and coordinate with all the service providers to minimize duplication of services and maximize system efficiency and coordination of essential information.

At this time, VHHP and OSH are working in close partnership to create and strengthen the process for how clients come to receive care under VHHP. VHHP has analyzed utilization data on all existing CCP clients (housed or searching for housing). VHHP has generated lists of the clients out of care for one year or more and are prioritized for assessment in clinic. VHHP and OSH Outreach Team have worked together for several months to bring in these targeted clients to establish care and do the necessary paperwork for housing. As clinic capacity increases, VHHP continues building relationships with all supportive housing community based organizations to streamline processes and increase efficiency. The goal is to connect all clients entering permanent supportive housing programs with primary care services so that they can receive the care they need.