

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

HOSPITAL COMMUNITY BENEFIT FUNDING:

Potential Resources to Meet the Needs of
Homeless Populations

July 12, 2016

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WHY THIS ISSUE?

- Hospitals and homeless health care providers are natural partners & both serve vulnerable population
- Hospitals are under increasing pressure to reduce emergency room and hospital utilization & costs
- Communities need to maximize limited resources to address social determinants of health & service gaps



SPEAKERS TODAY

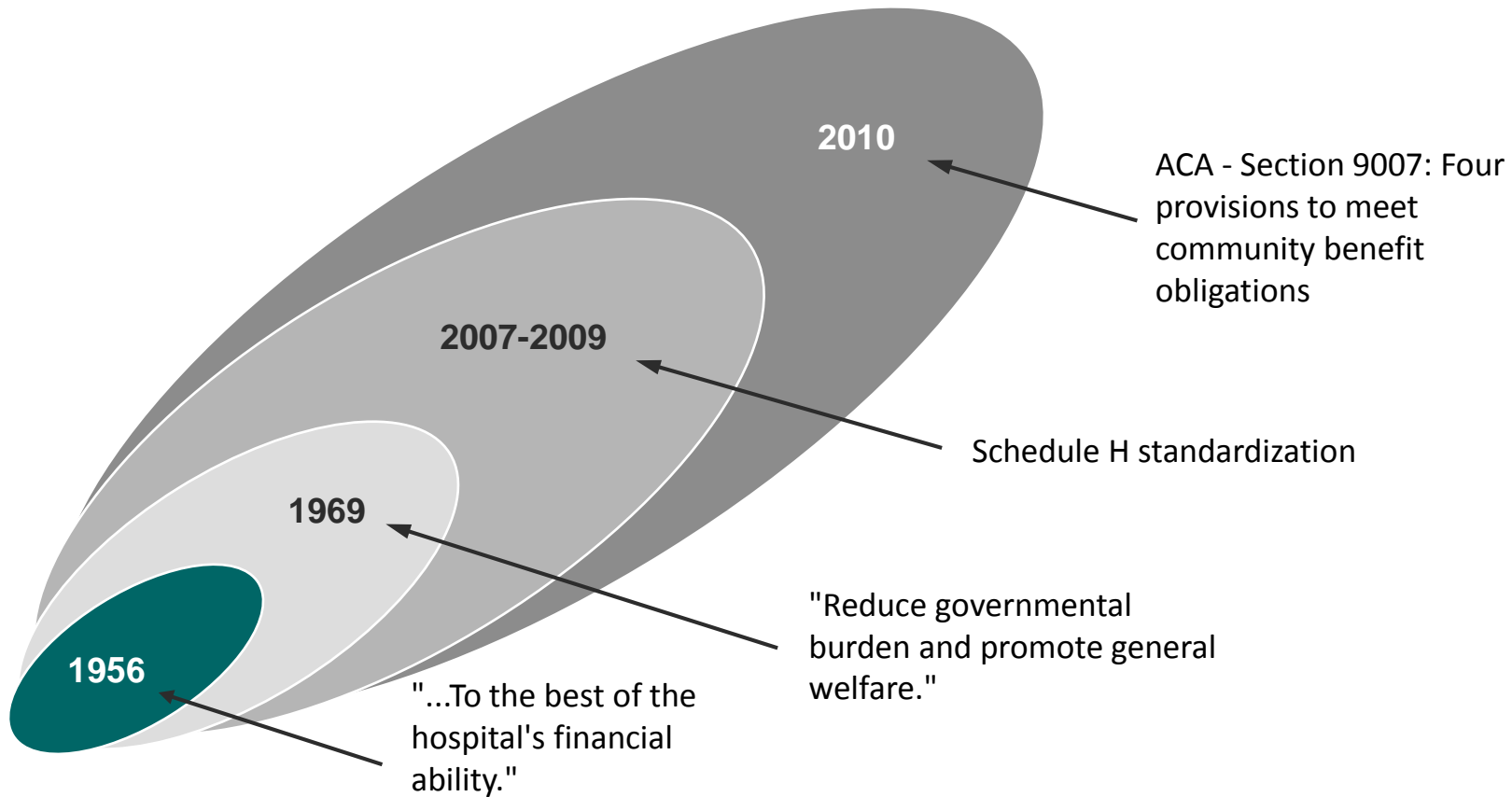
- **Eli Simons**, Former Intern/Vanderbilt University, National HCH Council Board of Directors (Nashville, TN)
- **Carrie Harnish**, Clinical Director Community Benefit, Trinity Health (Livonia, MI)
- **Brooks Ann McKinney**, Director of Vulnerable Populations, Mission Health System (Asheville, NC)
- **Doreen Fadus**, Executive Director, Community Benefit & Health, Mercy Medical Center (Springfield, MA)



HCB REQUIREMENTS

- Community benefit is driven by Internal Revenue Service (IRS) through the tax code; justifies non-profit status
- Periodic changes in requirements since 1950s
- Hospitals report HCB activities on their tax submissions (“Schedule H”)
- Largest changes came with the ACA:
 - Community health needs assessment
 - Financial assistance policy
 - Limit hospital charges
 - Extraordinary collection actions

EXPANDING THE HCB DEFINITION



TWO TYPES OF BENEFITS

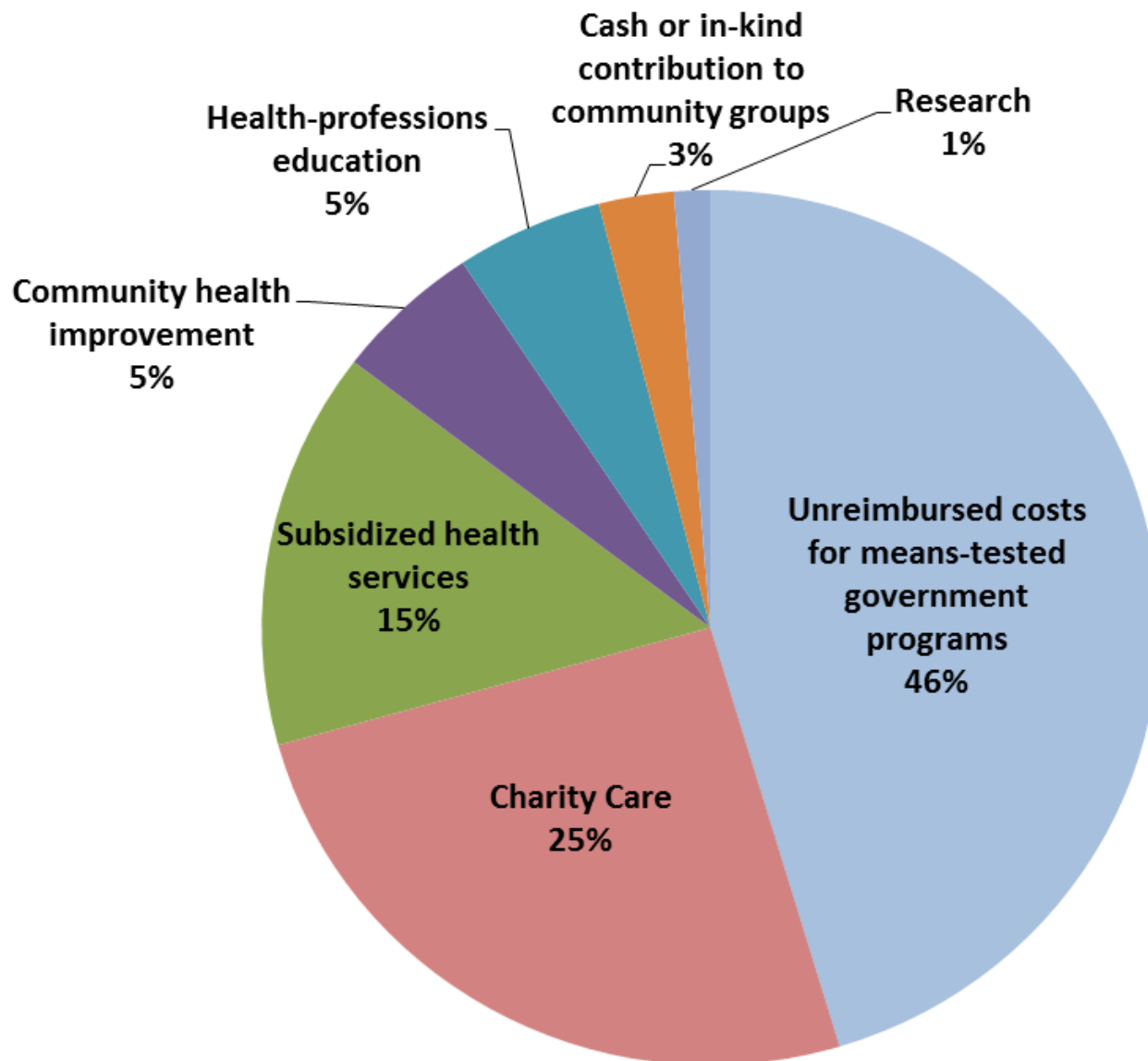
COMMUNITY BENEFIT PART 1: REQUIRED

- Financial assistance
- Hospital participation in Medicaid
- Community health improvement
→ (can now include **housing***)
- Health professions education
- Subsidized health services
- Research
- Cash/in-kind contributions

COMMUNITY BUILDING PART 2: OPTIONAL

- Physical improvements/**housing***
- Economic development
- Community support
- Environmental improvements
- Leadership development/training
- Coalition building
- Community health/advocacy
- Workforce development

DISTRIBUTION OF SPENDING



THE FUTURE OF HCB SPENDING: ACA OUTCOMES

MEDICAID EXPANSION

- Increases costs to cover Medicaid shortfalls
- Reduces charity care expenditures
- Creates investment opportunities in other CB categories (e.g., CHI)

VALUE-BASED CARE

- Incentives to reduce LOS and readmissions bolster focus on social determinants of health that cause poor health and hospital utilization

A Hospital System's Perspective

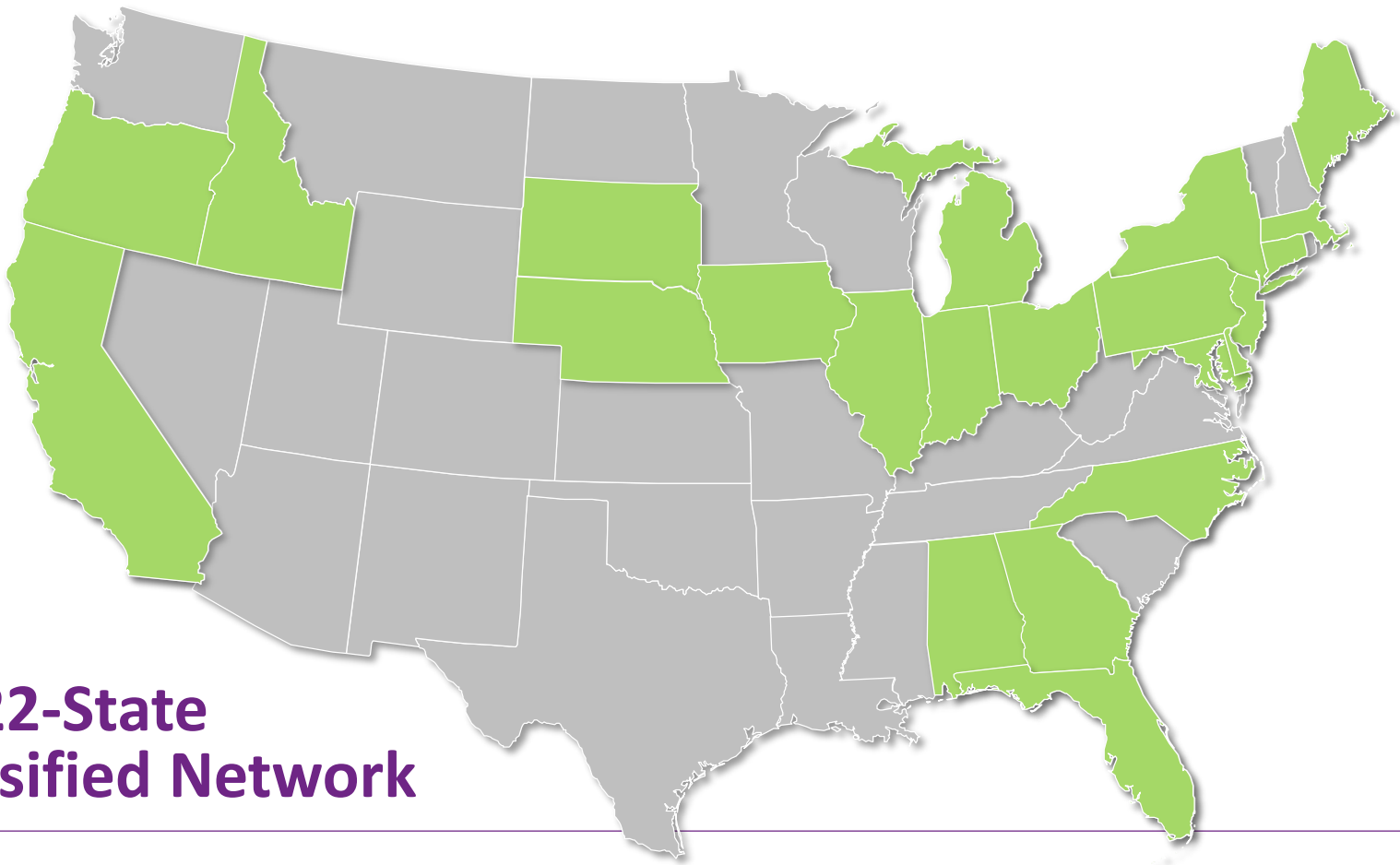
Community Benefit for Those Without Homes or At Risk of Homelessness

Carrie Harnish, LMSW
Clinical Director Community Benefit
July 12, 2016



Trinity Health
Livonia, MI





Our 22-State Diversified Network

92 Hospitals* in 20 Regional Health Ministries**

59 Continuing Care Facilities

23.9K Affiliated Physicians

47 Home Care & Hospice Locations Serving 116 Counties

14 PACE Center Locations

3.9K Employed Physicians

The Marketplace Demands Fundamental Change in How We Operate and What We Produce

Today: Producer-Centered



Service Volume

DRIVERS

- Retail Health Market
- Value Networks
- Transparency
- Financial Incentives
- Private Exchanges
- Tiered Networks
- HHS Secretary's Goals

Tomorrow: People-Centered



Population Value

Building a “People-Centered Health System” together



Trinity Health Community Benefit Examples

- 330h FQHCs – owned and partnerships
- Street Medicine Teams and Mobile Units
- Financial Support of Medical Respite programs
- Healthcare for the Homeless Services Scorecard



Founded by The Sisters of Mercy



Advice for the HCH Community

- Understand the process
- Know hospitals' current priorities
- Participate in the needs assessment process
- Involve consumers in assessing needs
- Establish community-wide support
- Invest in relationships and speak the language
- Conduct community research



Partnership Opportunities

- Make the Case
- Have a Clear Ask
- Be Patient & Persistent
- Be Willing to Work Through the Issues



Brooks Ann McKinney, MSW
Director of Vulnerable Populations

Mission Health System Asheville, NC

examples of how hospital
systems can work with
communities to tackle
homelessness and poverty

North Carolina is a non expansion state, with the western region having a poverty rate that has been higher than the state and national levels for over 10 years...and its only getting worse. - carolinapublicpress.org/19178

Community Investment: formerly known as Community Benefit

Based off the Community Health Needs Assessment(CHNA) in the western region of North Carolina serving 22 counties.

Historically, CI was a competitive annual grant program with funding given to projects that focused on the needs of the region.



Community Investment for 2017

- ❖ Based on the most recent priorities chosen around the region, Community Investment grant funding for fiscal year 2017 will support work in three focus areas:
 - ❖ Healthy Living and Food Security
 - ❖ Behavioral Health and Substance Abuse
 - ❖ Interpersonal Violence and Adverse Childhood Experiences

Collaborative Work

- ❖ As Mission Health has grown from a local hospital to a regional health system, Community Investment is shifting to focus on work that has the broadest impact with the greatest potential to address health priorities and reduce disparities.
- ❖ Funding preference will be given to initiatives, rather than individual programs, and measurable work achieved through purposeful collaboration.

Critical Access to Vulnerable Populations

- ❖ Mission Health will continue to support the work of organizations and agencies in western North Carolina improving access, eliminating disparities and providing services to vulnerable members of the community. This critical work improves prevention, reduces hospital stays and respects the dignity of residents who need the most support.
- ❖ This is where programs that serve the homeless population, which meet the CHNA priorities and prove the Return on Investment (ROI) will be taken into consideration for funding.

Connection to Homelessness

- ❖ Due to the disparities that the homeless population face, many of the CHNA priorities are parallel to these disparities.
- ❖ Gathering data and cost with the highest utilizers that are homeless can lead to advocacy for HCH or other programs to be funded.

Examples of CI funding since 2012

- ❖ Homeless Outreach Team: clinical team that focused on outreach to the highest utilizers from the Emergency Room....eventually was sustained in New Access Point (NAP) FQHC. Funding supported 2 FTEs and development.
- ❖ Homeward Bound of WNC (past and presently funding): largest non-profit that receives COC funding to manage all housing vouchers and case management for Permanent Supportive Housing (PSH) scattered site projects. Funding supported 2 case manager positions.

Other Examples

- ❖ Funding for new medical respite program with 8 beds for homeless discharged from inpatient beds. Funding for operational support.
- ❖ Support for one time renovation of building for HCH-FQHC that is a hub in downtown Asheville, and outreach sites in local emergency shelter and supportive housing sites (in collaboration with HUD and COC).
- ❖ See all initiatives at missionhealth.org/communityinvestment/php

Suggestions for Building Relationship with Hospitals

- ❖ Find a champion in the hospital that can help with ways to analyze patient visits pre- and post-intervention
- ❖ Start a FUSE (Frequent User System Engagement) group in the community with the jail or attend an existing high utilization group.
- ❖ Start collecting data with the patients that you serve whom are high utilizers, and find ways to show how your program reduces readmissions or cost the system

Ways for Hospitals to Collaborate and Advocate Internally

- ❖ At triage when entering Emergency Department, work with IT to create a High Utilization flag.
- ❖ Work with case management and IT to develop a homeless indicator that can be sent to tally numbers, need of services, etc.
- ❖ Get physicians and clinicians trained to use ICD-10 code for homelessness.
- ❖ Have a community liaison that attends COC, HUD, County, FQHC/HCH meetings to build relationships and bring organizations into the hospital to serve patients before discharge (examples: SOAR workers, VI-SPADT certified staff from COC organization, PATH teams, etc...)



Trinity Health

Livonia, MI

**Mercy Medical Center
Transforming Communities Initiatives**

**Doreen Fadus, VP
Mission and Community Health
Sisters of Providence Health System**

ACA is driving enormous, lasting changes in Health Care—including in Community Health and Well-being

Community Health and Well-being

A key strategy in Building a "People-Centered Health System"

Community Health and Well-being is one of 3 key strategies for Trinity Health

PEOPLE-CENTERED HEALTH SYSTEM

Episodic Health Care Management for Individuals

Population Health Management

Community Health & Well-being

INSPIRED BY TRINITY'S MISSION WE WANT TO BE A:
Transforming, Healing Presence in the Communities We Serve

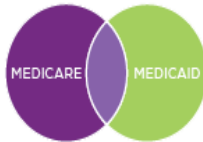
WE HAVE THREE AREAS OF FOCUS:



Clinical Services

Efficient & Effective Care Delivery through Trinity's Safety Net System

Transform Safety Net Care—with focus on the Duals



Over 10.7 million of the poorest and sickest, high racial disparities, Healthcare spending nearly 2% of GDP

CHWB PLAN:

- Duals Tiger team
 - Define strategy to become provider of choice
 - Develop 2-3 initiatives—leveraging Community benefit services—to more effectively manage this population
 - Pilot in 2-3 sites
- Safety Net Care—focused efforts in Boise, Muskegon, and Camden/Philly
- Leverage data analytics



Community Engagement

Efficient & Effective Wrap Around Services Focusing on the Vulnerable & the Poor

Proactively address community and patient risk factors and needs



Deploy 50 Community Health Workers Valued at \$2.7M per year

CHWB PLAN:

- Up to 10 CHWs deployed in each targeted MSSP and BPCI program
- Advanced analytics to identify highest-risk patients
- Focus on the Duals
- Deploy CHWs & HUB / Pathways Model to address social needs
- Partner with Community benefits to focus and leverage programs
- Evaluate and measure impact



Community Transformation

Community Building Focusing on Built-Environment, Economic Revitalization, Housing, & other Social Determinants of Health

Advocate for policy and system changes to address the social determinants of health



Tobacco-Free Living



Physical Activity



Healthy Eating and Obesity

CHWB PLAN:

- Clear policy priorities, i.e., Tobacco 21
- Provide Advocacy Toolbox, Training, Model Policies, Factsheets, and Technical Assistance
- DREAMers student loans—internal pipeline for bilingual/bicultural, US-trained physicalians
- Health Equity roadmap—from awareness to action

TRANSFORMING COMMUNITIES PROGRAM

- Special funding opportunity—launch in November 2015.
- Anticipated investment of \$80 million over 5 years in community health interventions
- Funding local partners / RHMS
- Financial and Human Resources through 2020, including Community Health Workers, grants and loans for community investing
- Comprehensive technical assistance

Inspired by Our Core Values

- Commitment to those who are poor
- Reverence
- Integrity
- Stewardship
- Justice



Our goals are shared across Trinity Health

- Better health
- Better care
- Lower costs

DELIVERING INNOVATION IN:

Care Delivery

Technology

Financing

VIETNAMESE HEALTH PROJECT



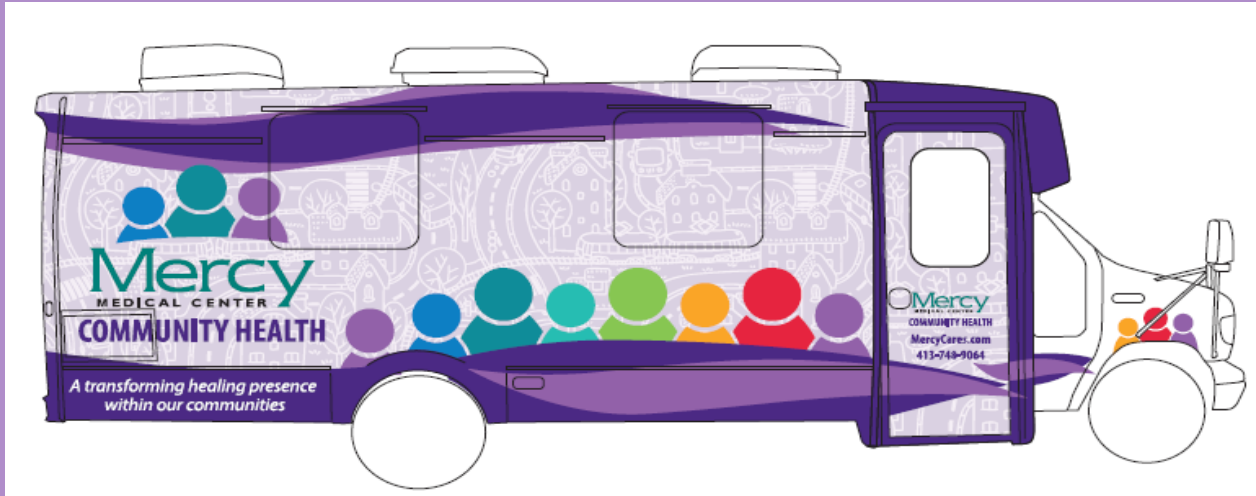
HIGH END UTILIZER PROGRAM



Faith Community Nursing



VAN MINISTRY



Van Ministry

Activities

- Springfield Jazz & Roots Festival
- Forest Park Farmer's Market
- Amherst Survival Center
- Orchard Valley at Wilbraham Senior Living Center
- Western Mass Veterans Expo
- Stroke Awareness 5K
- Cathedral High School
- Mason Square Senior Center
- Green 'N Fit Block Rebuild
- Agawam Health Fair
- Zanetti Montessori Magnet School Field Day
- Foster Memorial Church Health Fair
- Spirit of Springfield - World's Largest Pancake Breakfast

Partners

- American Lung Association
- Mercy Stroke Center
- Faith Community Nursing
- Caring Health Center
- Health Care for the Homeless
- Mercy Emergency Department
- UMASS College of Nursing
- Mercy Outpatient Dietitian Services
- University of New England College of Osteopathic Medicine
- Mercy Rehabilitation

HEALTH CARE FOR THE HOMELESS



BOARDS/COMMITTEES

- Western Mass Network to End Homelessness
- Catholic Charities Foundation Grant Committee
- Catholic Annual Appeal
- Catholic Charities Diocesan Board
- Diocesan External Strategic Planning
- Hampden County Continuum of Care Board
- Western Mass Task Force on Homelessness
- Mayor's Homeless Implementation Committee
- Catholic Health East Homeless Affinity Group
- National Health Care for the Homeless Council
- Friends of the Homeless
- Regional Employment Board
- Dress for Success Western Massachusetts
- Pioneer Valley Transit Authority
- Massachusetts Career Development Institute
- Community Benefit Work Group
- Coalition of Western MA Hospitals
- Mental Health First Aid Work Group
- Tobacco Free Massachusetts Coalition
- Community Outreach Workers Network & Training Coalition
- Community Benefit Inventory for Social Accountability (CBISA) Users Group
- Alzheimer's Association Diversity Council
- Springfield Health Services for the Homeless QA/QI
- McKinney Vento
- High End Utilizer @ Baystate Med. Ctr.
- AISS Re-Entry
- Behavioral Health Integration
- Homeless Providers/Police

TRANSFORMING COMMUNITIES INITIATIVE GRANT



Grant will aid new community health project at Mercy Medical Center

Trinity Health Awards Grant for Mercy Community Health Project

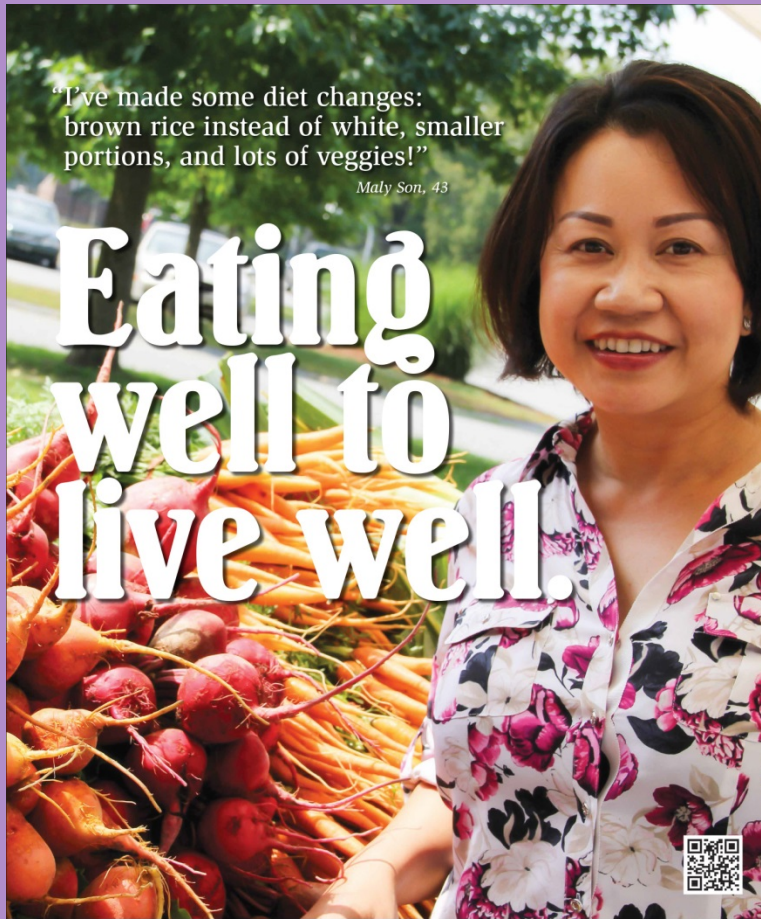


TCI PARTNERS

- Partners for a Healthier Community
- HAP Housing
- Martin Luther King, Jr. Family Services
- Pioneer Valley Planning Commission
- Square One
- Springfield Food Policy Council

GOAL: Address social determinants that lead to health disparities, particularly childhood obesity & smoking related disease, through: a safer built environment, nutrition & exercise programs, tobacco policy changes and cessation support services.

LIVE WELL SPRINGFIELD



"I've made some diet changes:
brown rice instead of white, smaller
portions, and lots of veggies!"

Maly Son, 43

Eating well to live well.



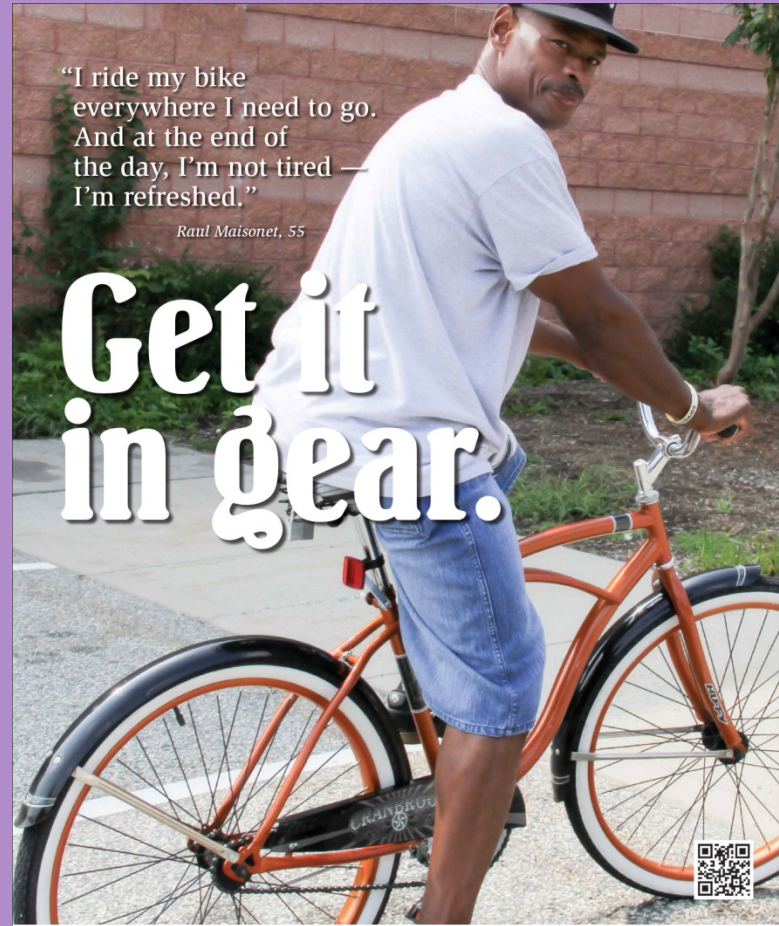
Keep your fridge stocked with healthy eating options from one of the many community gardens throughout Springfield. Find information about community gardens and farmer's markets near you at livewellspringfield.org



For Each Other, Together



Made possible with funding from the Centers for Disease Control and Prevention



"I ride my bike
everywhere I need to go.
And at the end of
the day, I'm not tired —
I'm refreshed."

Raul Maisonet, 55

Get it in gear.



Enjoy scenic views close to home on the **Connecticut Riverwalk and Bikeway**. Learn about bike rentals and more at livewellspringfield.org



For Each Other, Together



Made possible with funding from the Centers for Disease Control and Prevention

Flexible Capital Loan Proposals

- Wellspring- urban greenhouse worker cooperative will create 9-12 new jobs for low-income residents, supply year round mobile markets around the city.
- New North Community Center – a community-based, minority controlled and operated, and only multi-service non-profit agency located in the low-income North End, specializing in children & youth programs & substance abuse recovery
- Consolidated Food Pantry – MLK, an independent non-profit will improve the efficiency of emergency food distribution, to increase Afterschool & Night Spot programs with 40% more redistributed Community Center space.
- Rolling Greenhouse – retrofitted small van as a mobile garden, solarized for year-round use, to serve as a physical science curriculum tool for schools without garden space.
- Public School Prep Kitchen – Physical improvements to a vacant warehouse purchased by the school system to be renovated as a prep kitchen so food can be processed locally, increasing capacity for fresh fruits and vegetables. This will create 40 full-time jobs.

SUPERMARKET PROJECT



- Mercy is collaborating with Mason Square Health Task Force and DevelopSpringfield to bring a 40,000-45,000 square foot full-line grocery store to Mason Square.
- This will reduce health inequities as the neighborhood is identified by the FDA as a food desert.
- The supermarket will create jobs, offer affordable and culturally appropriate food including fresh fruits and vegetables.
- Residents actively support the initiative: 1,600+ surveyed and 800+ interviewed about barriers to nutrition in this area.

THINKING OUTSIDE OF ACUTE CARE WALLS

- **DSTI Projects**
- **Build Health Grant**
- **CMS Grant**
- **AmeriCorps Trinity Grant**
- **Volunteering in Community**

Doreen Fadus, VP

Mission and Community Health

Sisters of Providence Health System

271 Carew Street, Springfield, MA 01104

(413) 748-9062

Doreen.fadus@sphs.com

QUESTIONS?

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