Trinity Health Healthcare for the Homeless Services Scorecard

People experiencing homelessness have high burdens of illness and injury and can be expensive frequent users of hospital resources. Trinity Health seeks to understand and encourage RHMs’ involvement with this population, particularly in light of the Church’s preferential option for the poor.

This scorecard allows RHMs to assess their current commitment to this population, and to identify areas where RHMs’ activities can be improved.

Eight measures are distributed among the three domains of Trinity’s People-Centered Health System: Episodic Health Care Management for Individuals; Population Health Management; and Community Health and Well-being.

The **Trinity Health Homeless Services Scorecard** will be scored in the following manner:

- Excellent = 3pts.
- Proficient = 2pts.
- Developing = 1pt.
- The total score will add all of the 8 items together and divide by 24 for a percentage.

The **Community Health and Well-Being GPA** will utilize 3 documents including the process of completing the Homeless Services Scorecard. GPA points will be awarded for completing each of these milestones:

- Answering the Basic Assessment – 2 pts.
- Completing the Scorecard – 2 pts.
- Exceptional Credit – document work meeting one or more of the following foundational pieces to inform the RHM’s future strategies – 1 pt.
  - Develop a method and associated training for staff to capture housing status in the electronic medical record at every point of care.
  - Develop a comprehensive inventory of local services for individuals experiencing housing instability.
  - Establish a multi-disciplinary workgroup with internal and external stakeholders to create a charter for the scope of future work to address healthcare services for individuals experiencing unstable housing.

Submissions can be sent to Carrie Harnish at carrie.harnish@trinity-health.org when ready, with a due date of June 1, 2017.
Episodic Health Care Management for Individuals:

Please assess your RHM’s current activities in “Episodic Health Care Management” for people experiencing homelessness by checking Excellent, Proficient, or Developing and providing a narrative status report for each item below. For each measure, a list of possible activities is provided below. Note that this list is not prescriptive or exhaustive, and that RHM creativity and initiative in these eight areas is encouraged.

<table>
<thead>
<tr>
<th>1. RHM screens all patients for housing instability and records status in EHRs</th>
<th>Excellent</th>
<th>Proficient</th>
<th>Developing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing status of every patient is documented for 90% of the ED and admitted encounters</td>
<td>Housing status of every patient is documented for 50% of the ED and admitted encounters</td>
<td>Housing status is not regularly documented.</td>
<td></td>
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</tbody>
</table>

**RHM Report:**

**SCORE**

Possible Activities:
- Asks and codes housing status according to established policies & procedures
- Trains relevant staff on how to inquire about housing status
### 2. RHM provides or supports outpatient services that are accessible to persons without homes, considering location, hours and costs

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Proficient</th>
<th>Developing</th>
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<tbody>
<tr>
<td>RHM provides 4-6 or more of the activities listed below or similar</td>
<td>RHM provides 2-4 of the activities listed below or similar</td>
<td>RHM provides less than 2 of the activities listed below or similar</td>
</tr>
</tbody>
</table>

**RHM Report:**

**SCORE**

Possible Activities:
- Operates clinics in accessible community locations
- Provides street outreach or services in mobile vans to engage and treat persons without homes
- Provides in-kind goods or services to community-based homeless clinics or service agencies
- Provides financial support to community-based homeless clinics or service agencies
- Deploys staff to community-based homeless clinics or service agencies
- Accepts referrals for inpatient or specialty care from community-based homeless clinics according to a written agreement
3. RHM collaborates with internal and external parties to coordinate care for persons without homes

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**RHM Report:**

Possible Activities:

- Addresses housing arrangements in every discharge plan
- Assigns navigator, care coordinator, social worker, community health worker or similar staff member to each homeless inpatient or emergency department admission
- Assembles internal teams to plan care of complex cases, integrating medical, behavioral and social care
- Trains teams and individual staff members in trauma-informed care
- Assigns a staff liaison to community-based providers of homeless health care
- Engages in interagency case conferencing with community partners
- Addresses housing arrangements in every patient’s discharge plan
- Ensures affordability and accessibility of post-acute care of persons without homes
- Has access to Medical Respite Care beds or equivalent safe discharge location as discharge option for appropriate patients
4. RHM develops, shares and analyzes data on population health with providers such as community health centers, HCH programs, other safety net providers

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<tr>
<td>RHM meets the 3 data activities</td>
<td>RHM is developing capacity within the 3 activities or able to do at least 1</td>
<td>RHM is unable to perform any of the 3 activities</td>
</tr>
</tbody>
</table>

**RHM Report:**

**SCORE**

Possible Activities:
- Can accurately describe the demographics, health issues and utilization patterns of its homeless patient population
- Shares electronic health records with other health care providers serving the homeless population
- Participates in or utilizes the local Homeless Management Information System (HMIS)
- Assesses and records a broad range of social determinants of health
## Population Health Management

### 5. RHM identifies and addresses insufficiencies and gaps in care for persons without homes

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**RHM Report:**

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**Possible Activities:**

- Explicitly includes homeless or unstably housed population in Community Health Needs Assessments
- Analyzes costs and benefits of investing in non-traditional care arrangements such as Medical Respite Care, substance abuse treatment, transitional housing, or street medicine
- Directs Community Benefit spending to organizations filling gaps in care for persons without homes
### 6. RHM participates in provider networks that serve the homeless population

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**RHM Report:**

**SCORE**

Possible Activities:
- Belongs to Health Management Organizations or Accountable Care Organizations that include safety net providers
- Develops formal referral arrangements with providers of care that target persons without homes; RHMs whose service areas include Federally Qualified Health Centers with Health Care for the Homeless [Public Health Service Act Section 330(h)] funding must demonstrate contractual arrangements providing for bi-directional referrals
- Utilizes Community Health Workers to assist patients with navigating support systems and to assist the RHM in understanding the available supports
## Community Health and Well-Being

### 7. RHM works to remedy adverse social determinants of health

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<td>RHM is developing capacity within the 5 activities or able to do at least 2</td>
<td>RHM is unable to perform any of the 5 activities</td>
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**RHM Report:**

**SCORE**

Possible Activities:

- Participates in local HUD Continuum of Care planning process, homeless coalition, and/or homeless commission
- Participates in consciousness-raising activities such as Homeless Persons’ Memorial Day
- Participates in other relevant issue-focused advocacy groups and activities
- Pays all its employees a living wage (livingwage.mit.edu)
- Ensures that its patients’ medical bills do not result in personal bankruptcy, including by actions of collection agencies and credit bureaus
8. RHM directs Community Benefit Funds to benefit those without homes or at risk of homelessness

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RHM Report:

SCORE

Possible Activities:
- Low income housing
- Medical Respite Care
- Primary care safety net infrastructure

TOTAL SCORE

Completed By: ____________________________

Signature: ____________________________ Date: ____________