Permanent Supportive Housing

Health Care Collaborative

September 2024

Presentation to ECHO Leadership Council

The Project Aim

Vision

Everyone in an Austin PSH is offered the opportunity to receive highly coordinated and integrated medical, behavioral, and social care from a patient-centered, integrated care team that meets them where they are.

Goal

Convene stakeholder experts in medical, behavioral, social care and housing services to develop an integrated care model for implementation.

Mission

Provide care for our chronically homeless neighbors with an integrated care model for Austin's Permanent Supportive Housing units.

Planning Project Team

Tim Mercer, MD, MPH

Ashley Trust, MD

Laurie Young, MA

Sydney S. Harris, MHA

Nitakuwa Barrett, MSN, RN

Cory Morris, MSW

Justin Benzer, PhD

Jonathan Artz, MD

Beth Felker, MA

Steering Committee Members and Affiliations	
Marlene Buchanan	Director of Systems of Care, Integral Care
Monica Crowley	Chief Strategy Officer and Lead Counsel, Central Health
Mark Escott	Chief Medical Officer, City of Austin and Austin Travis County EMS
Jaeson Fournier	Chief Executive Officer, CommUnityCare
David Gray	Homeless Strategy Officer, City of Austin
Laura Griebel	Director of Neighbor Partnerships, Mobile Loaves and Fishes
Dawn Handley	Chief Operating Officer, Integral Care
Ann Howard	County Commissioner, Travis County
Richard Johnson	Community Health Worker, Dell Medical School, Lived Experience
Ann Kitchen	Board Member, Central Health; Board Member, Integral Care
Willie Lopez	Vice President, Health Alliances, Ascension Seton
Maggie Luna	Executive Director, Texas Harm Reduction Alliance; Lived Experience
Rutanya Pearson-Mitchner	Executive Director, Truth-be-told; Lived Experience
Matt Mollica	Executive Director, ECHO
Walter Moreau	Executive Director, Foundations Communities
Jo Kathryn Quinn	President and CEO, Caritas of Austin
Pilar Sanchez	County Executive for Health and Human Service, Travis County
Alan Schalscha	Chief Medical Officer, Central Health
Beth Schulwolf	Chief Medical Officer, Ascension Seton
Nirav Shah	Travis County Commissioners Court
Adrienne Sturrup	Director, Austin Public Health
Alex White	Director of Services, Texas Harm Reduction Alliance
Nick Yagoda	Chief Medical Officer, CommUnityCare

Steering Committee & Working Groups

Collaboration

- Service Delivery
- Data Integration
- Program Evaluation
- Financial
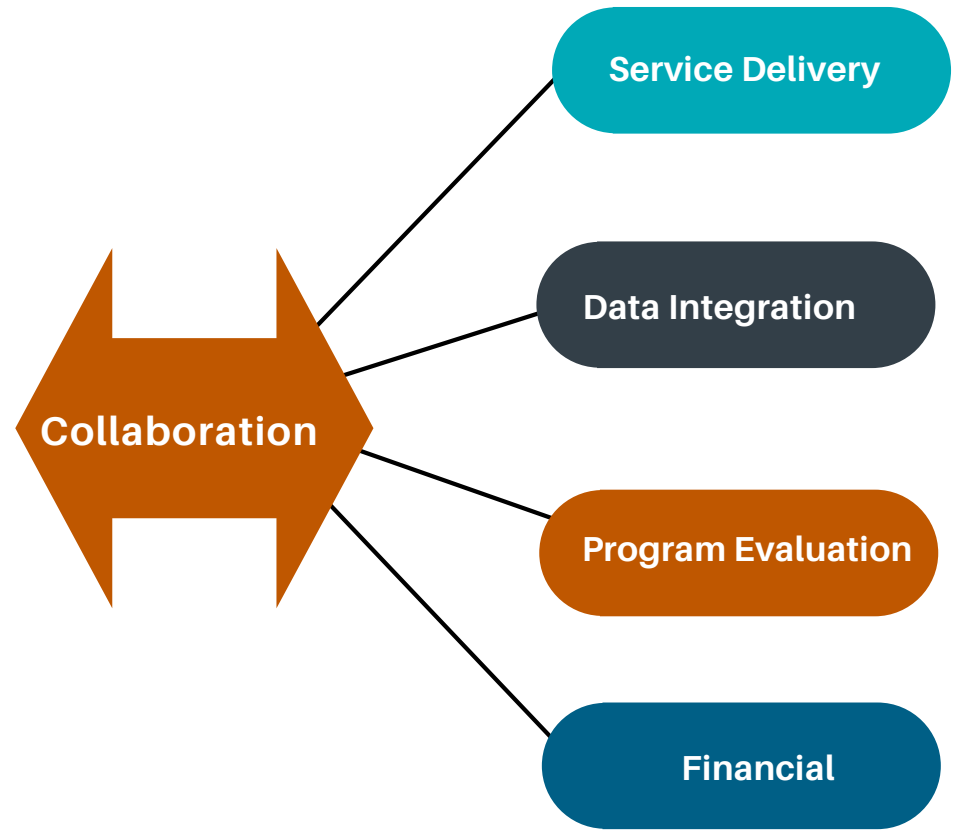
PHASE 1

6-9 months to develop

Build Model

PHASE 2

Implement HCC for opening PSHs in 2024 - 2025

PHASE 3

Evaluate and Expand

• Newly opened PSHs
• Non PSH

PHASE 4

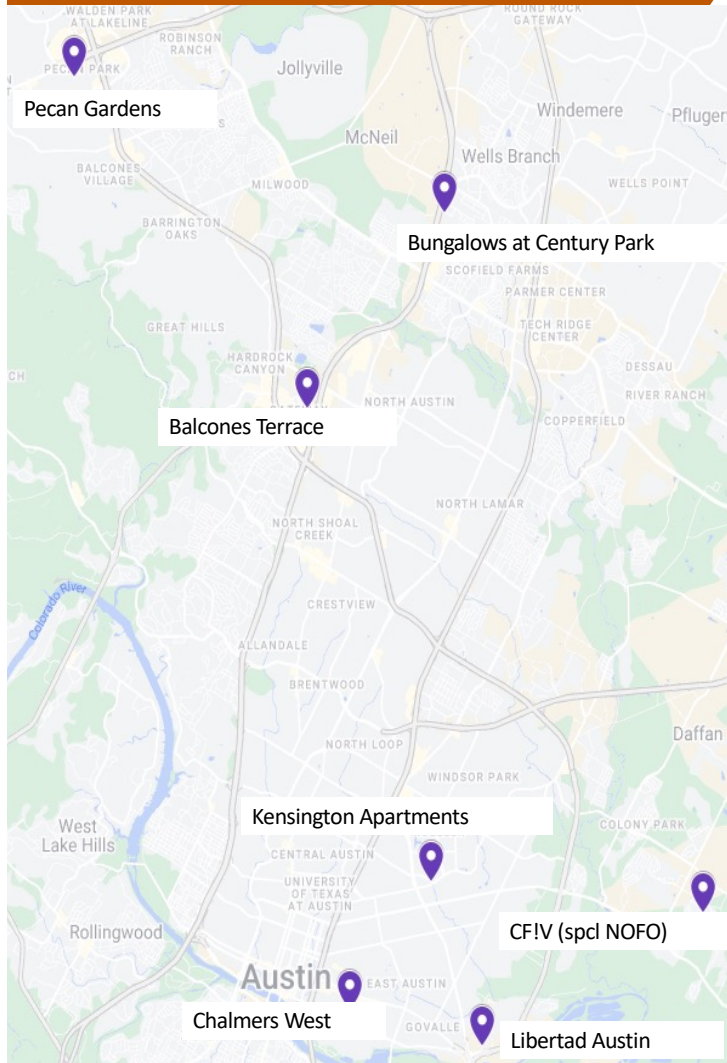Continue to Evaluate and Expand from phase 3

PHASE 5

Monitor and improve as needed for the City/County's population growth

GROWTH OF PSH - HCC

Phased approach

2024 PSH Opening

	Est. Opening	PSH Units	Target Population
Pecan Gardens Family Elderly Care	Fall 2024	78	Chronic 55+
Bungalows at Century Park Integral Care	Summer 2024	50	Chronic
Balcones Terrace Foundation Communities	Leasing June 2024	60	Chronic & Veterans (25)
Kensington Apartments Integral Care	Fall 2024	55	TBD & Veterans (25)
Libertad Austin Central Tx VA and Caritas	2024	50	TBD & Veterans (25)
Chalmers West Central Tx VA	April 2024	8	Chronic Veterans (8)

2024 – 2025 PSH roll-out
- **Phase 1-2**

301 people total
- 83 veterans (~80% eligible for VA medical services)
- ~220 eligible for PSH HCC
- We will learn, iterate, adapt, improve, and scale for future PSH projects

$2.5 Million initial investment from ECHO

Phased Implementation Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ Create cadence of warm-hand off meetings between Dell Med, ECHO, Central Health, CommUnityCare, Integral Care to transition from planning to implementation

(insert date) _____

☐ Connect ECHO and Central Health to transition from planning to implementation and develop contract to flow seed funding by (insert date)_____

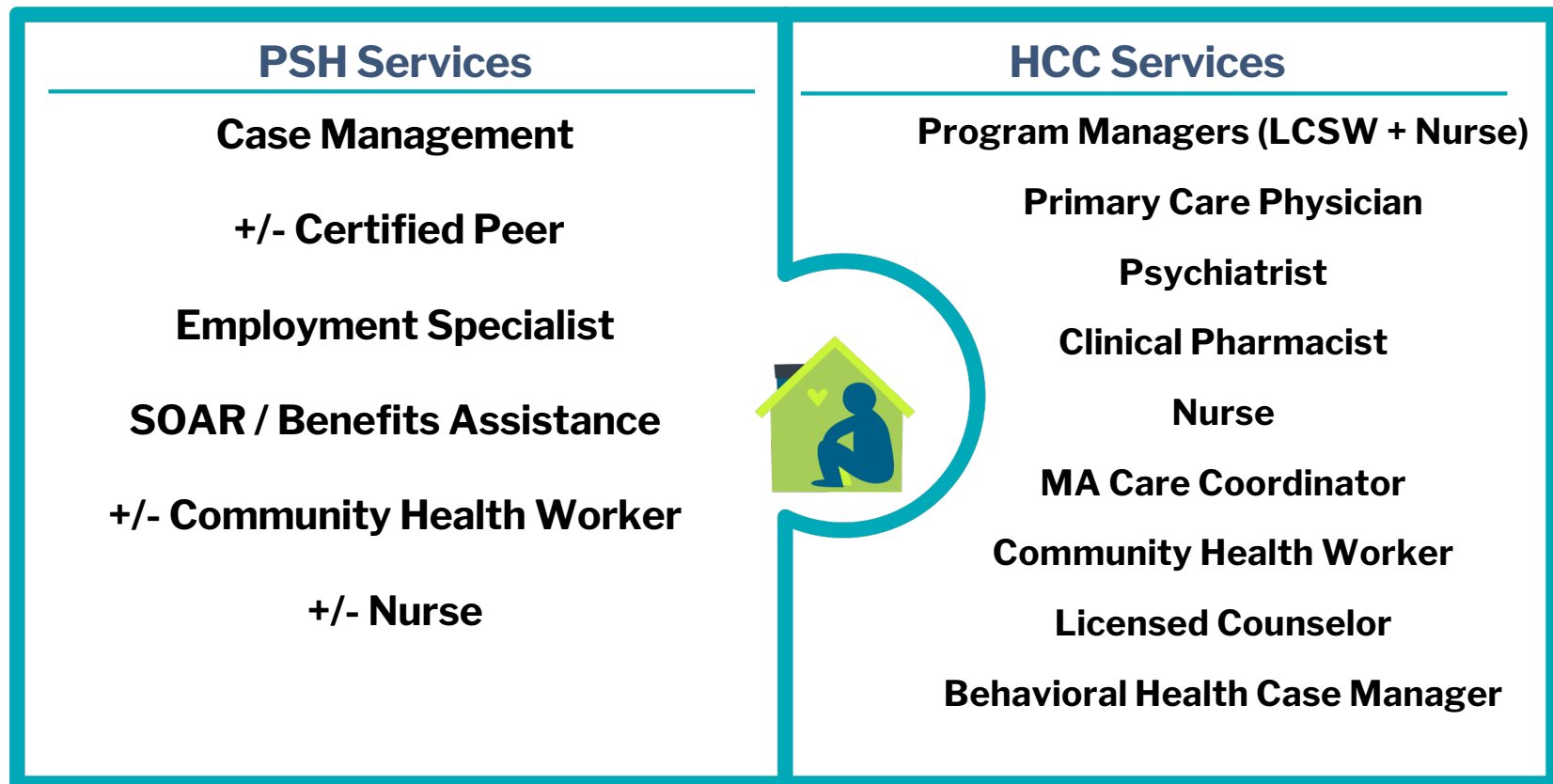☐ Identify Housing Point of Contacts at each PSH location by (insert date)_____

☐ Continually update the PSH site openings on a monthly basis

☐ Establish Phase 3 timelines based on estimated open dates of PSH sites by

(insert date) _____

PERMANENT SUPPORTIVE HOUSING
&
HEALTH CARE COLLABORATIVE

Complementing services as needed

PSH Services	HCC Services
Case Management	Program Managers (LCSW + Nurse)
+/- Certified Peer	Primary Care Physician
Employment Specialist	Psychiatrist
SOAR / Benefits Assistance	Clinical Pharmacist
+/- Community Health Worker	Nurse
+/- Nurse	MA Care Coordinator
	Community Health Worker
	Licensed Counselor
	Behavioral Health Case Manager

HYBRID PSH - HCC CORE TEAM

Complements the Services provided at the PSH
to meet the person where they are

PSH Services | HCC Services

I. Licensed Counselors
- Connects as needed for SUD, mental health, and stress
- Hybrid - community, clinic, virtual, PSH

H. Community Health Workers
- First point of contact
- On site at PSH: daily rounds
- Accompaniment as needed
- Meet w/ resident weekly or as needed

G. Behavioral Health Case Manager
- Hybrid
- Mental health case management
- De-escalation; Crisis mgmt

F. MA Care Coordinator
- Supports RNs and MDs
- Hybrid, phone

E. Nurse
- At PSH / in community
- Hybrid, phone, clinic, in person

A. HCC Program Managers
- Administrative and operational leadership
- Clinical oversight and supervision
- Leads the team, main point of contact for administrative needs.

B. Primary Care Physician
- Internal Medicine / Family Medicine
- Provides hybrid care – PSH, clinic, or virtual

C. Psychiatrist MD
- Mental Health medical provider
- Provides hybrid care – PSH, clinic, or virtual

D. Clinical Pharmacist
- Supports MDs and RNs in medication needs
- Hybrid

Commitments of Health Care Partners

- Central Health
  - Administrative and Operational Coordination
  - Contract and Fiscal Management

- CommUnityCare
  - Medical Service Delivery

- Integral Care
  - Behavioral Health Service Delivery

- Dell Medical School
  - Planning
  - Evaluation

Healthcare Collaborative Core Team Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ Develop referral pathways and enrollment procedures for PSH residents into the PSH HCC by (insert date)_____

☐ Identify and/or hire Program Managers by (insert date)_____
    ☐ Integral Care:_____
    ☐ CommUnityCare:_____

☐ Identify and/or hire HCC core team members (see figure 2) (insert date)
    ☐ Integral Care:_____
    ☐ Central Health:_____
    ☐ CommUnityCare:_____

☐ Kick off meeting with each housing partner (insert date)_____
    ☐Bungalows: _____
        ☐Kensington: _____
        ☐ Balcones Terrace:_____
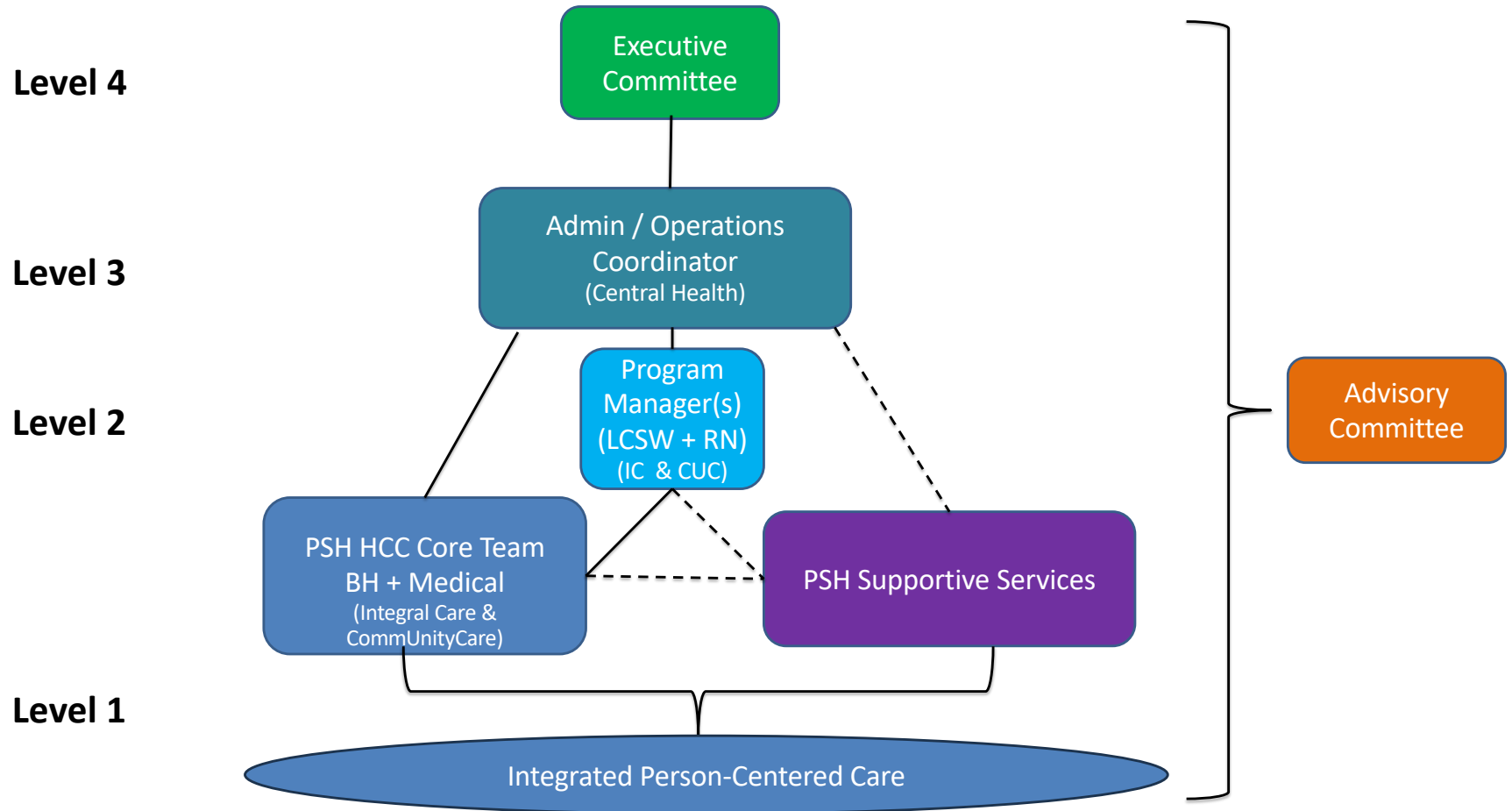   ☐ Libertad:_____
    ☐Chalmers West:_____

☐ Develop communication channels and establish cadence of meetings
(insert date)_____

Levels of Leadership and Coordination

Level 4

Executive Committee

Level 3

Admin / Operations Coordinator (Central Health)

Level 2

Program Manager(s) (LCSW + RN) (IC & CUC)

Level 1

PSH HCC Core Team BH + Medical (Integral Care & CommUnityCare)

PSH Supportive Services

Integrated Person-Centered Care

Advisory Committee

Leadership Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ Identify Executive Committee members by (insert date)_____

       ☐ Integral Care: _____

       ☐ Central Health: _____

    ☐ CommUnityCare:_____

       ☐ ECHO: _____

       ☐ Dell Medical School:_____

☐ Establish Executive Committee charter by (insert date)_____

☐ Establish monthly Executive Committee meetings by (insert date)_____

☐ Identify and/or hire Central Health Administrative/Operations point of contact

(insert date)_____

(person)_____

☐ Identify and/or hire Mid-level organizational leads to operationalize HCC,

(insert date)_____

       ☐ Integral Care: _____

       ☐ Central Health: _____

       ☐ CommUnityCare:_____

☐ Determine recommended list of Advisory Committee Members, (insert date)_____

☐ Establish Advisory Committee charter by (insert date)_____

Contractual Coordination Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ ECHO and Central Health develop contractual obligations for flowing seed funding by

(insert date) _____

☐ Central Health determine what contractual relationship and documentation is required for partnership of care and payment for staff and care with Integral Care and CommUnityCare. If contracts are already established, determine if amendment is appropriate by

(insert date) _____

☐ Establish or update existing Business Associate Agreements (BAAs) and/or Data Use Agreements (DUAs) between Central Health, Integral Care, CommUnityCare for the inclusion of PSH HCC services, by (insert date) _____

☐ Develop budget and contract with Dell Medical School to manage and provide program evaluation.

☐ Establish or update existing Business Associate Agreements (BAAs) and/or Data Use Agreements (DUAs) with Dell Medical School and relevant partners (e.g., CommUnityCare, Integral Care, Central Health, ECHO (HMIS), and possibly housing partners) to be able to access and manage data for purposes of both day-to-day PSH HCC service delivery, and the evaluation.

☐ All needed contractual items must be completed by operations of the PSH HCC by October 1, 2024.

PSH HCC Staffing Models
2024 Opening Sites

Integral Care PSH Sites:		Bungalows (60) Summer 2024 & Kensington (55) Fall 2024	
Behavioral Health Team 1		**Medical Team**	
Role	**Funder**	**Role**	**Funder**
Psychiatrist	IC	Primary Care NP	CUC
Behavioral Health Case Manager(s)	IC	Nurse	CUC
Peer(s)	IC	MA Care Coordinator (2)	CUC
Licensed Counselor	IC	CHW	CUC
BH Nurse	IC	Nurse Manager	ECHO
Program Manager	IC		

Remaining 2024-2025 PSH Sites		Balcones (60) Summer 2024, Libertad (50) 2024 & Chalmers (8) Spring 2024	
Behavioral Health Team 2		**Medical Team**	
Role	**Funder**	**Role**	**Funder**
Psychiatrist	ECHO	Primary Care NP	CUC
Behavioral Health Case Manager (2)	ECHO	Nurse	CUC
Licensed Counselor	ECHO	MA Care Coordinator (2)	CUC
Program Manager	ECHO	CHW	CUC
		Nurse Manager	ECHO

Note: Pecan Gardens (78) Summer 2024
Coordination and discussions on-going with county line understanding

Teams will be integrated and cut across PSH sites
Care will be patient-centered and hybrid (in-home, on-site, in-clinic, telehealth)

Framework for Integration

COORDINATION

We discuss patients, exchange information if needed

Collaboration from a distance

CO-LOCATION

We are in the same facility, may share some functions/staffing, discuss patients

INTEGRATION

System–wide transformation, merged practice, frequent communication as a team
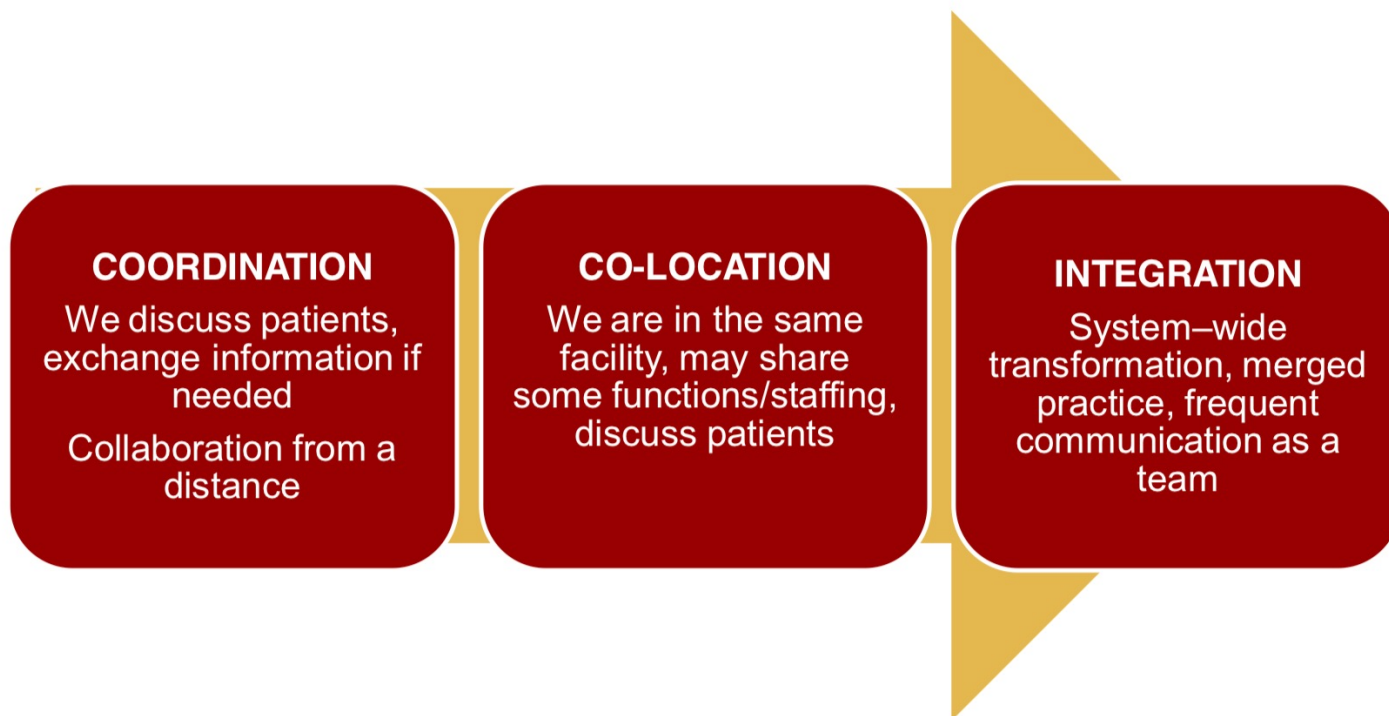
Doherty et al, 2013

6 Levels of Collaboration/Integration

- **Coordinated Care - Key Element is Communication**
  - Level I - Minimal collaboration
  - Level II – Basic collaboration at a distance

- **Co-Located Care - Key Element is Physical Proximity**
  - Level III - Basic collaboration on site
  - Level IV - Close collaboration on site with some system integration

- **Integrated Care - Key Element is Practice Change**
  - Level V - Close collaboration approaching an integrated practice
  - Level VI - Full collaboration in a transformed merged integrated practice

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

Integrated Care

- Data Sharing Agreements (DUAs) / BAAs / ROIs
- Shared Read-Only EHR Access
- Integrated data software / HIE
- Dual staff credentialing / Shared staff management and oversight
- Shared Team Calendaring / Patient Scheduling
- Patient-Centered, Facility and Site Agnostic Care
- Shared and Flexible Space with Physical and Virtual Co-Location
- Weekly whole team roll call / rounds
- Case conferencing
- Shared, integrated treatment planning
- Shared Rosters, Forms, Tools
- Real-Time Comms

Service Delivery and Systems Integration Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ Identified health care partner to establish HIPAA-compliant cloud space or drive that files can be shared with Core Team and have operational by October 1, 2024

☐ Each entity provides read-only EHR access to PSH HCC Core Team staff by

(insert date)_____

      ☐ Integral Care_____

      ☐ Central Health_____

      ☐ CommUnityCare_____

☐ Real-time, HIPAA compliant communication tool is decided upon (e.g., Microsoft Teams) and each entity provides access for real time communication, by (insert date)

_____

      ☐ Integral Care_____

      ☐ Central Health_____

      ☐ CommUnityCare_____

☐ Shared physical co-located space is secured for the PSH HCC staff to work from by

(insert date)_____

☐ Develop and agree upon Shared patient rosters, forms, cadence of roll calls and case conferencing, and other tools to integrate care and treatment planning across all staff on the PSH HCC

☐ Develop thoughtful integration of PSH supportive services teams (housing teams) into the work of the PSH HCC, including, but not limited to inclusion in PSH HCC meetings / roll calls / case conferences, shared real-time communications tools, and shared access to HMIS

PSH - HCC Evaluation

Project Goals

- **Housing**: Maintain housing stability
- **Service Use**: Increase access to and engagement in medical and behavioral health care; Reduce unnecessary emergency department visits
- **Health**: Improve individual and population-level chronic disease screening, detection, and control
- **Mental Health**: Improve mental health symptoms and functioning
- **Substance Use**: Reduce substance use and harms from substance use
- **Quality of Life**: Improve overall patient-reported quality of life
- **Health Equity**: Narrow health disparities to promote health equity
- **Integration**: Increase the level of integrated care across systems
- **Staff:** Reduce turnover and promote satisfaction and wellness

Program Evaluation Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ Executive Committee to determine how the Program Evaluation will be funded, and who will be party to the contractual relationship with Dell Med to lead the evaluation, (insert date)_____

☐ Establish needed DUAs and contractual agreements with entities to share data for evaluation

       ☐ Integral Care_____

       ☐ Central Health_____

       ☐ CommUnityCare_____

       ☐ ECHO_____

       ☐ PSH Housing Partners_____

☐Engage evaluation team to refine and further specify evaluation metrics, methodology, and outcomes.

Funding

- Seed funding raised by ECHO.

- Integral Care, CommUnityCare established teams are being deployed to support HCC.

- Central Health, Travis County, City of Austin, and other partners to develop sustainable funding model.

- Ongoing funding needs to prioritize integrated, team-based care, that complements supportive services.

Budget Next Steps:

The space below is interactive, organizations can use this space to identify dates and names to complete the implementation checklist.

☐ ECHO and Central Health develop contractual obligations for receiving seed funding by
(insert date) _____

☐ Central Health accounting develop needed architecture in systems to track and distribute seed funding, by (insert date)_____

☐ Executive Committee develop plan to establish sustainability of program through global payment model.

☐ Review list of grants **Appendix 2**, determine which are appropriate for application and apply by deadline.

Implementation Project Team

Ashley Trust, MD
Central Health

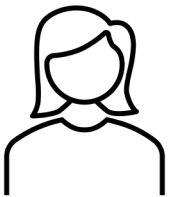Audrey Kuang, MD
Central Health

Bryce Kyburz
Central Health

Danica Fraher,
LMSW, MPH
ECHO

Kristi Kaiser,
LPC, LCDC
Integral Care

Megan Clark
Central Health

Megan Jansen
CommUnity Care

Mike Stefanowicz,
DO, AAHIVS
CommUnity Care

Sunshine Price, RN,
CommUnity Care

Sydney S. Harris, MHA
Dell Medical School

Tim Mercer, MD, MPH
Dell Medical School
CommUnity Care

Vaughn Hancock, LPCS
Integral Care

Thank you!

Tim Mercer, MD, MPH, FACP

Ashley Trust, MD

Sydney Harris, MHA