Integrating Cross-Sectoral Health & Social Services for the Homeless

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-In-Progress Webinar
April 29, 2020
12- 1pm ET

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colorado school of public health

Agenda

Welcome: **Chris Lyttle, JD**
Deputy Director for Systems for Action

Presenters:

Jesús N. Valero, PhD
Dept of Political Science
University of Utah

Hee Soun Jang, PhD
Dept of Public Administration
University of North Texas

Q&A: Moderated by Chris Lyttle, JD

Presenter

Jesús N. Valero, PhD is an Assistant Professor in the Department of Political Science at the University of Utah. Jesús teaches courses on nonprofit organizations and NGOs and public administration seminars. He earned his PhD in public administration with a specialization in nonprofit management from the University of North Texas; Master of Public Administration from the University of Texas-Pan American; and BA from the University of Texas-San Antonio.

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Presenter

Hee Soun Jang, PhD is an associate professor and the graduate coordinator for the Department of Public Administration at the University of North Texas. She also coordinates the Master of Public Administration degree and the PhD in Public Administration and Management.

The High Demand of a Coordinated Medical Care System

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- Individuals experiencing homelessness are at high risk of preventable diseases but they are less likely to access health care system

- HUD has predominantly focused attention to housing related services—leaving other major health and human services to be addressed by local governments and nonprofit organizations

- As a leading homeless serving entity, CoCs (Continuum of Care networks) aim to create comprehensive medical care system

Research Interests & Motivation

- Examining ***collaborative governance*** in complex policy issues (Ansell and Gash, 2007; Emerson et.al. 2011; Purdy, 2012)

- Understanding the ***role & contributions of the nonprofit sector*** to collaborative arrangements (Salamon, 1987; Valero and Jang 2016)

- Assessing the impact of ***management & leadership processes*** on collaborative outputs and outcomes (McGuire and Silvia 2014; Jang, Valero and Jung 2016)

Research Questions

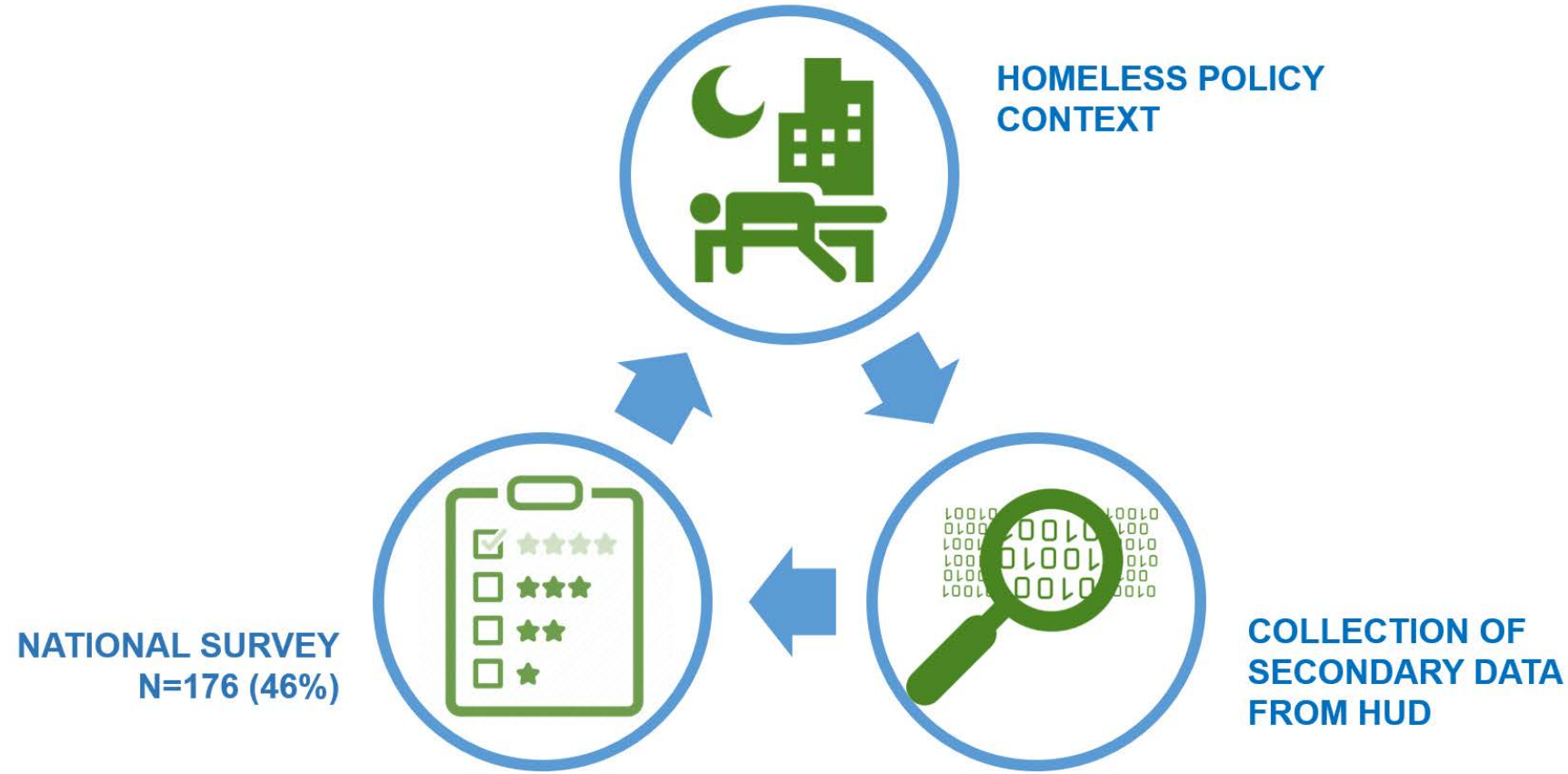
- How well is the CoC approach to community collaboration addressing the broad health needs and well-being of the homeless in communities across the U.S.?

- What factors are associated with the extent to which healthcare is integrated into the work of CoC networks?

Our Focus Today

- Discuss findings from two studies that seek to answer research questions of interest
- Discussion of our findings and directions for future research
- Highlight some of the current research and community efforts of our research team
- Open up opportunity for Q&A at the end of our session

Mixed Method Approach



Study 1

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CoCs and their integration of healthcare into network collaboration

Healthcare Needs of Homeless

	Severely Mentally Ill	Chronic Substance Abuse	HIV/AIDS	Victims of Domestic Violence
National Average	**20%**	**16%**	**1.86%**	**16%**
Dallas	17%	10%	0.9%	11%
Fort Worth	14%	8%	1%	13%
Houston	26%	32%	2%	16%
Salt Lake	33%	25%	1.4%	21%

Source: HUD, 2017 Point-In-Time Count

Collaborative Governance in Action

	NATIONAL PERSPECTIVE
GOVERNANCE MODEL	Shared-Governance (36%)
MULTIPLE COORDINATING BODIES	No (72%)
NUMBER OF MEMBERS	38
NUMBER OF NEW MEMBERS	4
AVERAGE HUD FUNDING	$5,083,110
MULTIPLE FUNDING SOURCES	Yes (63%)

CoCs' Healthcare Services

On average, CoCs provide 9 different healthcare services.

	NONPROFIT-LED	NATIONAL
ALCOHOL/SUBSTANCE USE COUNSELING	**94%**	81%
ASSISTED LIVING	19%	20%
CLINIC IN SHELTER	41%	42%
HOSPICE CARE	16%	17%
MENTAL HEALTHCARE	**96%**	84%
MOBILE CLINIC	**47%**	42%
METHADONE CLINICS	30%	30%
NURSING BEDS IN SHELTER	**14%**	19%
SUBOXONE CLINICS	23%	24%
SYRINGE EXCHANGE	22%	24%

Frequency Distribution of Medical Service Provision by CoCs

Number Healthcare Services Provided	Number of CoCs
19-15 services	22 (13%)
14-10 services	78 (46%)
9-6 services	51 (30%)
5 and less services	19 (11%)

Impact of Medical Care Collaboration

	NONPROFIT LED	NATIONAL
Increased involvement of healthcare providers	**17%**	21%
Increased CoC member commitment to addressing healthcare needs	**14%**	17%
Increased range of healthcare services	**9%**	14%
Reduced the duplication of healthcare services	**3%**	5%

Challenges in CoC Collaboration

	NONPROFIT LED	NATIONAL
Insufficient Resources	92%	92%
Unfunded policy mandates	82%	82%
Lack of network sustainability	**59%**	82%
Lack of support from local elected officials	**67%**	79%
Power imbalance among members	72%	72%
Lack of accountability	72%	69%
Lack of engagement of key stakeholders	70%	69%

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Factors associated with integration of healthcare into network collaboration

Explaining Healthcare Integration

We test theory of demand and supply of public goods (Buchanan, 1968):

SERVICE RESOURCE	• **HUD Funding Award Amount** • **Total Shelter Beds Available**
SERVICE DEMAND	• **Total Homeless Population** • **Mentally Ill Homeless** • **Homeless with Substance Abuse**
SERVICE NETWORK CAPACITY	• **Years of CoC in Community** • **Number of Member Organizations**

Analytical Results

		r	Sig.
Homeless Service Resource	HUD Funding Award Amount	.338**	.00
	Total Beds	.308**	.00
Homeless Service Demand	Total Homeless Population (Log)	.343**	.00
	Mentally Ill Homeless (Percent)	.250**	.00
	Homeless with Substance Abuse (Percent)	.334**	.00
	Total Population (Log)	.176*	.02
Network Capacity	Years of CoC in Community	.087	.26
	Number of Member Organizations of CoC	-.063	.41

Findings

- Federal policy demands locally developed service networks (CoCs) and CoCs are responsible of coordinating diverse service needs of the homelessness
- Nonprofit-led collaborations are disproportionately addressing medical service issues facing homeless population
- CoCs tend to address a variety of healthcare services, less of intensive medical needs
- Both resources and demand matter in explaining variation in healthcare services

Our Recent/Current Efforts

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- A book contract made with Palgrave with title of “Public-Nonprofit Collaboration and Policy in Homeless Services: Management, Measurement, and Impact”
- A technical report about Texas homelessness was submitted to Healthy Community Collaboratives (State Dept of Health and Human Services)
- A training webinar developed for rural community homeless service providers
- Research prepared in understanding of homeless serving nonprofits in response to COVID-19 pandemic
- Led research and drafting of the State of Utah Strategic Plan on Homelessness

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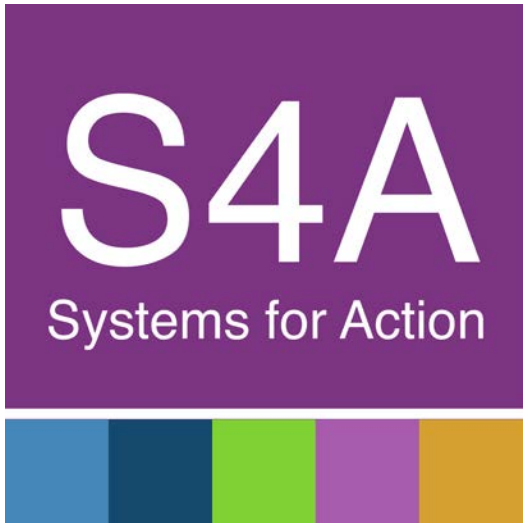
Thank you!

Questions?



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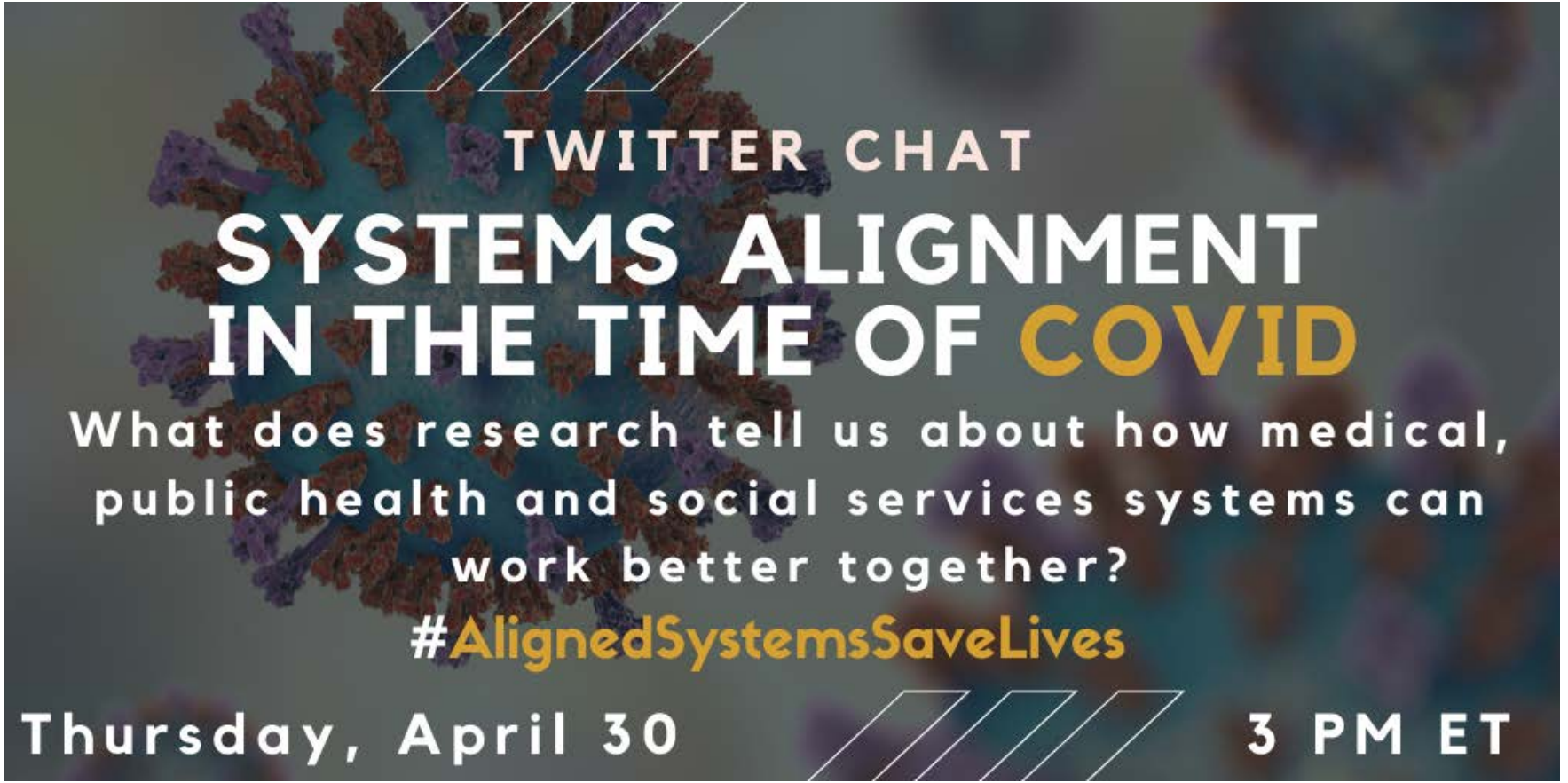
Twitter Chat



Upcoming Webinars

May 13 | 12 pm ET

Testing an Integrated Delivery and Financing System for Older Adults with Health and Social Needs

José Pagán, PhD, New York University

Elisa Fisher, MPH, MSW, New York Academy of Medicine

May 27 | 12 pm ET

The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations

Mariana Chilton, PhD, MPH, Drexel University

Acknowledgements

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