ENHANCING ACCESSTO HEALTH CARE FOR SHELTER RESIDENTS AND CLENTS:

Virginia's Project Connect
Pilot Shelter sites

Criteria for Selection of Sites

- Survey of Certified Programs
  - Need
  - Capacity
  - Interest
- Experienced Staff/Long-standing Programs
- Ability to Implement Quickly
- Diversity (Geographic, Client Demographics, Level of Community Resources, etc.)
- 3 Sites:
  - Alexandria Domestic Violence Program (Year 2 only, concluded)
  - Shelter for Help in Emergency (Year 3)
  - The Haven (Years 2 and 3)

Alexandria Domestic Violence Program

- Plethora of community resources—primary need to identify/articulate
- Convened Alexandria Health Access Team (HAAT)
- Local "certified" trainers, two large community-wide Connect trainings held, training ongoing
- Extensive and well researched health resource directory
- Adult and Child Screening Forms
- No screenings or health services in shelter
  - **Agreement with Neighborhood Health Services to provide health care and mental health services**
- Unintended Outcome: Nutrition Education in shelter
  - Partnership with Cooperative Extension Program

Shelter for Help in Emergency

- Large Medical and Nursing School—many health and community resources
- Agreement with University of Virginia School of Nursing to have Healthcare Clinic at Shelter
- Forms/Tools Developed
  - Clinic Guidelines with Q&A for staff, clients/residents
  - Adult and Child Intake Forms
  - Daily Patient Sheet
  - Progress Notes
  - Health Goals/Priorities while in shelter
  - Follow Up Needed Sheet
- MOAs with local programs/clinics
- Year 2 solely planning, moving into implementation for Year 3 (April-May 2012)

The Haven

- Very rural and geographically large region
- Access to and availability of health services very limited
- Forms/Tools Developed
  - Health screening and referral forms (for clients who meet with a nurse)
  - Revised intake forms and procedures to assess for need for Emergency Contraception
- MOAs with local programs/clinics
- Health advisory team
- Volunteer nurses through Medical Reserve Corp
- Unintended Outcome: Concept of "culture of wellness"

Common Themes

- Minimal funding—used to supplement salary of staff or pay an hourly contractor to coordinate
- Agreement that funding used to pay nurses hourly to do screenings in shelter is costly and unsustainable
- New Screening/Intake Forms to Assess Health needs:
  - Pregnancy
  - Reproductive Coercion
  - Substance Abuse and Mental Health

  **At first glance, forms vary widely but, upon closer examination, generally assess for the same issues/conditions
- Formation of Multi-disciplinary groups of Health and Advocacy Professionals
- Training

Ongoing Challenges for Sites

- Confidentiality and consent issues regarding minors
  - Ability to access and utilize shelter services
  - Cases that "fall between the cracks" (sex and/oir inappropriate sexual conduct with a minor and a "non-caretaker"). Whether to report? To whom to report? Notification of parents/caretakers?
- Documentation and Record Keeping
  - Who keeps client health records when volunteers are used?
  - Do residents keep and/or take referral forms with them?
  - How detailed should health and/or intake forms be? Include questions on STI's, substance use, mental health, etc.?
- Balancing the need for substance abuse/mental health treatment with crisis intervention, risk assessment and safety planning
- How to sustain a shelter-based clinic program when residents are infrequently and/or inconsistently seeking a visit with a nurse
- Preparing staff and programs. Increased referrals=increased need for staff and services

What's in Store this Year..?
…PILOT **COMMUNITIES**

- To expand ideas and work in shelter pilots to the community level
  - 2 clinic/program partners and the domestic violence program in each site to receive training, implement intervention and collect data
  - Formalized MOA's between dv/sv programs and clinics/programs regarding policies, procedures, referral processes and evaluation
  - Include reproductive health/family planning and home visiting programs but ALSO other providers and agencies (DSS, CSB's, free clinics, community health centers, etc.)
- To develop and disseminate comprehensive models for enhancing access to health care for DV/SV victims that can be applied to a diverse range of communities
- Look for new opportunities to build on culture of wellness (education/promotion of wellness, nutrition, smoking cessation, etc)

Questions?

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