

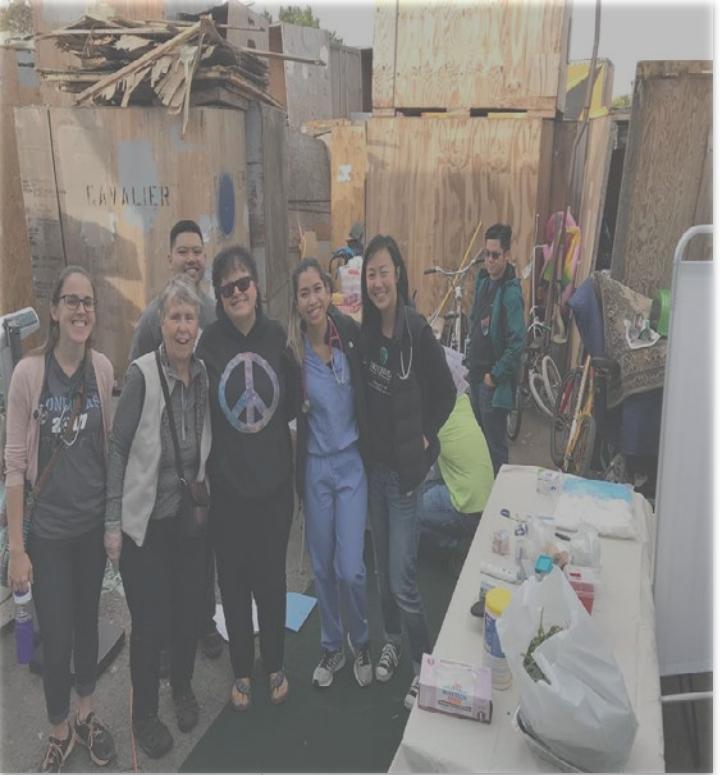


NI VII Meeting Four – Capstone Presentation
Cohort Three: Clinical/Quality Outcomes

Vallejo Mobile Health: Teaming For an End to Homelessness

Emily Fisher, MD; Ted O'Connell, MD; Kat Dang, MS, MAS; Siddharth Selvakumar;
Jung Kim, PhD, MPH; Joelle Lee, MPH; Vanessa Franco, MD;
Theresa Azevedo-Rousso, DIO; Angela Jenkins; Michelle Loaiza





What did you hope to accomplish?

- **Vallejo Mobile Health**(VMH) is a street outreach team seeking to reduce the burden of disease and improve wellness of Vallejo's people without homes through a multi-disciplinary, community-based approach
- ***Mission:*** We strive for wellness and the long term goal of facilitating housing stability for people without homes through the culturally-informed provision of supportive services including, but not restricted to, medical care, mental health, housing assistance, and case management.

Pre COVID-19 Plan:

- Integrate medical care with mobile outreach and improve referral workflow process
- Track a) patient utilization with referrals,
b)ED and primary care visit
c) the patient experience.

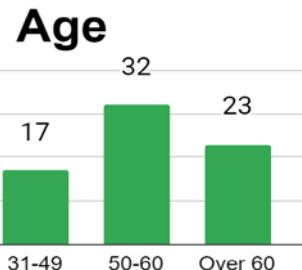
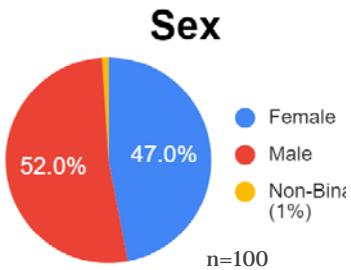
Post COVID-19 Plan:

- Integrate medical care with Project RoomKey, formalize partnerships, integrate social services, expand to additional transitional housing sites
- Track a)patient utilization and referrals
b)ED and primary care visits
c)the patient experience.

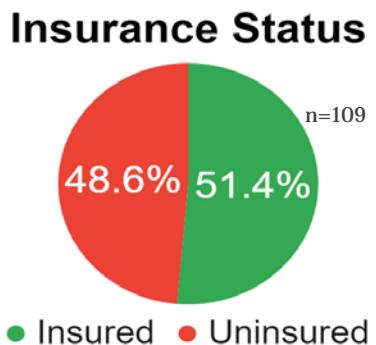
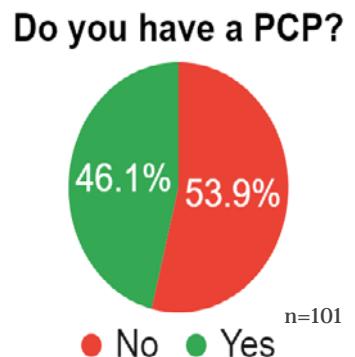


What were you able to accomplish?

- Completed asset mapping of Vallejo to create an easy-to-use referral guide for people without homes
- Created a new referral workflow to use resource guide for outreach events at Curbside Communities
- Successfully integrated with groups across sectors and disciplines at Project Room Key to provide coordinated medical care, mental health, and case management

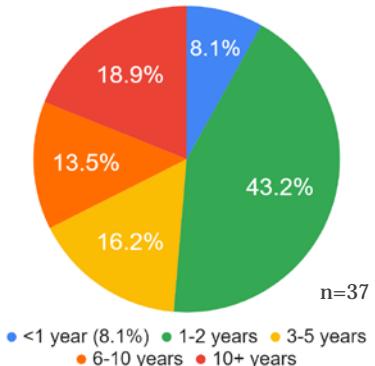


- Established long-term partnerships that will enable Vallejo Mobile Health to provide holistic and multi-faceted care to our patients even after Project Room Key's conclusion
- Began care at other alternative housing sites with these partners

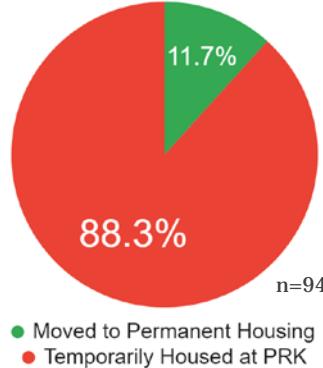


What were you able to accomplish?

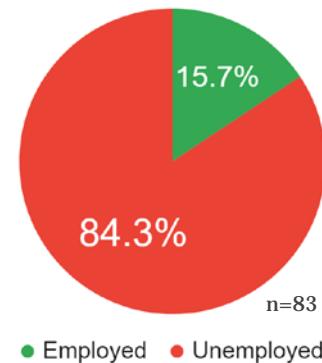
Time without Stable Housing



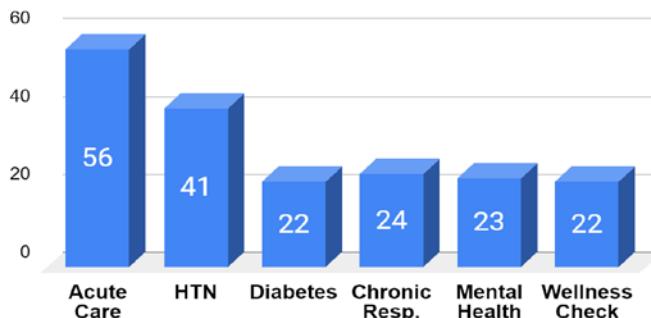
Housing



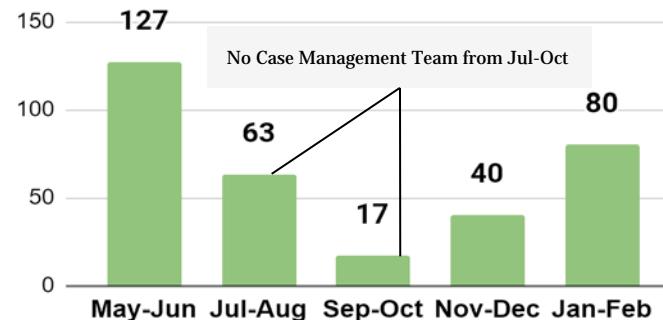
Employment



Chief Complaints



Visits Over Time



Knowing what you know now, what might you do differently?



- Establish data plans across the service providers from the very beginning,
- Make data collection as easy as possible so that it actually gets done.
- Create accountability and consistency in the volunteer base as soon as possible. We eventually found this in creating a Nurse Practitioner student rotation.
- Develop easy lines of communication between the outreach team and providers at each major medical home

What surprised you and why?

- Gathering data in an organized fashion across multiple service providers was surprisingly difficult. Data was:
 - Organized differently
 - Collected in unusable ways.
 - Or was not collected as expected
- A roof does not always equal better health. Especially when the hotel has poor conditions
- It was inspiring to incorporate Nurse Practitioner students who were always eager to take action and step in when needed.



Cohort Three – Lessons Learned

What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?

Our keys to success:

- Clearly defined team lead who has passion and bandwidth for the project
- Clearly defined roles within the team to allow for successful delegation
- Clear communication despite being in separate spaces
- Collaborative teaming across service providers

