How to Complete Your Count of Public Housing Residents for the 2015 UDS Report

COMMUNITY HEALTH PARTNERS FOR SUSTAINABILITY

STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING

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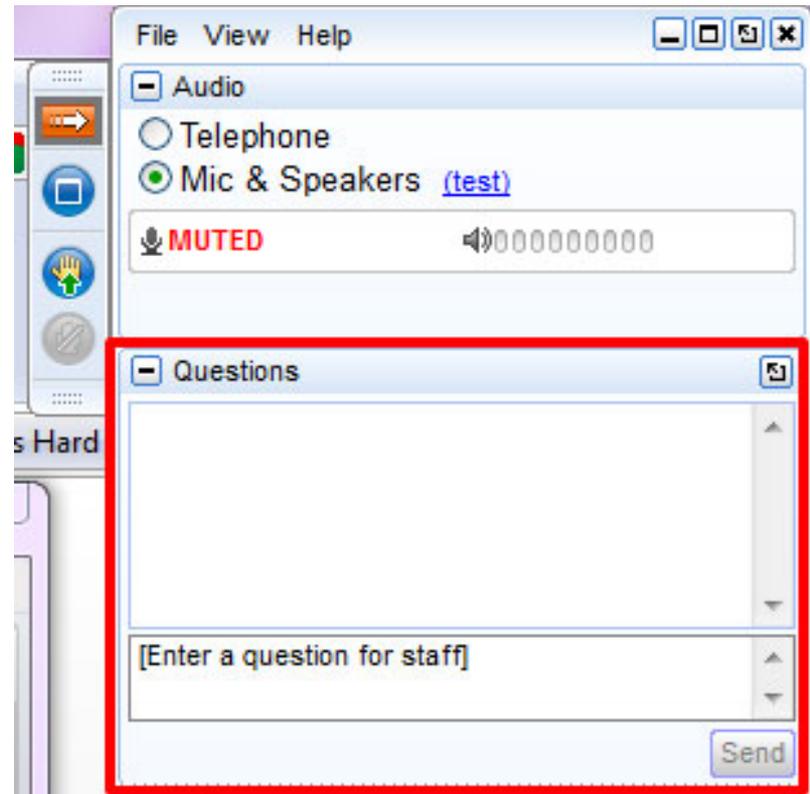
Today's Presenter

Alex Lehr O'Connell
Director
Community Health Partners for Sustainability

Objectives for Today

1. Identify effective, efficient ways to meet the UDS requirement of counting public housing residents

2. Understand lessons learned through the Public Housing Primary Care program (Section 330(i))

3. Understand how to access ongoing free resources through Community Health Partners for Sustainability

Counting Public Housing Residents

The old methods used by Public Housing Primary Care (PHPC) grantees:

1. Site-based determination (based on where they receive care, not where they live)

2. Patient self-report at intake

3. Cross reference patient addresses with data from housing authority

Survey of PHPC Grantees

Methods used prior to 2014 UDS report to count public housing residents served:

Response	%
Status was determined based on location where they receive care, not patient address	31%
Status was captured via patient intake form question(s)	74%
Status is captured by cross referencing patient addresses with public housing addresses provided by local public housing authority	54%
We do not capture the public housing status of patients.	3%
Other method(s)	3%

Old Method: Patient Self Report

Advantages:

Allows individual health centers flexibility in how they collect information

Challenges:

Low degree of accuracy is likely (do patients actually know their status?)

Adds additional burden to intake process

Can make intake staff and patients uncomfortable

Old Method: Address Cross Check

Advantages:

Avoids adding to intake workflow

Encourages partnership between housing and health care entities

High degree of accuracy is possible

Challenges:

Data may not be available

Data may not be consistent

The 2014 Experience - Preparation

Confusion was common

Concern for accuracy of information

Unsure of purpose for collecting this information

Unsure of the definition of public housing

> Unsure whether changes in the profile of public housing are reflected in the way HRSA defines public housing

Inconsistent training provided to/accessed by FQHCs

Inconsistent methodology used by FQHCs

The 2014 Experience - Results

75% of reporting grantees simply put 0

Many grantees reported serving large numbers of PH residents

  429,000 PH residents served by all FQHCs

  Over 200,000 PH residents served by PHPCs

Concerns:

1. Inconsistent comments made by reviewers ("adjacent" vs. "immediately accessible")

2. Methodology may over-represent actual # of residents served, concealing unmet need

Survey of PHPC Grantees

Method used for 2014 UDS report:

Response	%
Status was determined based on location where they receive care, not patient address (per UDS manual)	31%
Status was captured via patient intake form question(s)	72%
Status is captured by cross referencing patient addresses with public housing addresses provided by local public housing authority	49%
We do not capture the public housing status of patients.	0%
Other method(s)	8%

Survey of PHPC Grantees

Confidence in accuracy of 2014 report:

Response	%
Very confident	23%
Confident	44%
Somewhat confident	26%
Not at all confident	8%

Note: Most respondents reported confidence, **yet only 31% used correct/required methodology**

Survey of PHPC Grantees

Qualitative data – common themes:

1. Some patients do not want to disclose public housing status

2. Difficulty collecting accurate data (e.g., patient-reported housing status conflicts with housing authority addresses)

3. Discrepancies between internal data collected on patient public housing status and data reported in the UDS Report (based on HRSA guidance)

4. Variation in terminology defining Public Housing Primary Care ("immediately accessible to" versus "adjacent to")

New UDS Report Requirements

UDS reports due Feb 2016

Starting last year and continuing this year, **all** FQHCs (not just PHPCs) must report # public housing residents served (Table 4, Line 26)

Strict, site-based methodology mandated

New UDS Report – Draft Manual

HRSA Bureau of Primary Health Care (BPHC) 2015 UDS Reporting Instructions Manual (2015 UDS Manual, page 49):
http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf

Public Housing, Line 26: All health centers should report on public housing patients, consistent with the reporting practice for other statutorily required special populations. Patients should be counted as residents of public housing if they are served at health center sites that meet the statutory Public Housing Primary Care (PHPC) definition (located in or immediately accessible to public housing) regardless of whether the health center site receives PHPC funding. Public housing means agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than section 8 housing vouchers.

For information on public housing, please see the HUD Website at
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph.

What Counts as Public Housing?

Meet HRSA's definition	Do not meet HRSA's definition	May or may not meet HRSA's definition
Housing Authority owned buildings (traditional public housing: high and low rises)	Housing Choice Voucher (Section 8) units that are not project-based	Hope 6 / Choice Neighborhoods
Housing Authority owned scattered sites		Supportive housing (e.g. Housing First)
Project Based Voucher units		

Determining Site Status

1. Plot health center site addresses

2. Identify public housing site addresses

   Option 1: visit the HUD website listed in the UDS manual

   Option 2: Download data from the National Housing Preservation Database

   For either option, cross reference with housing authority website and/or Google search, and contact Community Health Partners for Sustainability for free assistance if needed.

3. Determine accessibility of health center sites to identified public housing sites.

   Note: accessibility will vary based on local factors (distance, transport, cultural/physical barriers)

4. Note rationale for determination in UDS report notes

Running Your Count

1. For any site determined to be located within or immediately accessible to public housing: Report **all** patients as public housing

2. For any site determined to be **not** located within or immediately accessible to public housing: Report **no** patients as public housing

3. Total the # of patients served by all sites determined to be located within or immediately accessible to public housing; enter this # on public housing line (line 26 of Table 4)

4. Remember to note rationale (how you made your determination for each site) in UDS report notes

Communicate Carefully

When reporting to Board or other community stakeholders…

Do NOT say:

"We served 10,500 public housing residents in 2015"

Instead, say:

"In 2015, we served 10,500 individuals in sites located within or immediately accessible to public housing"

FAQs/Recap

1. Should I really count every patient in a site as public housing, regardless of where they actually live?

YES – status as public housing is determined by the site a person receives care.

FAQs/Recap

2. What if my center already counts public housing residents in another way?

While that is useful for partnership building and assessing whether you are reaching a particular community, **you must still use site-based methodology for UDS report.**

FAQs/Recap

3. What types of housing count as public housing?

UDS Manual: "Public housing means agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than section 8 housing vouchers."

Put simply: If a housing authority owns and/or puts non-section 8 funding into a property, it likely counts as public housing. A unit receiving section 8 funding isn't automatically excluded, if it receives other, "project-based" voucher funding in addition to section 8.

FAQs/Recap

4. Why is the count done this way?

Simplicity - streamlines workflow, lessens reporting burden

Maximizes patient care / minimizes intake processing

Takes surrounding area of health center into account

Embraces patients who formerly lived in public housing and who continue to use the health center site for services
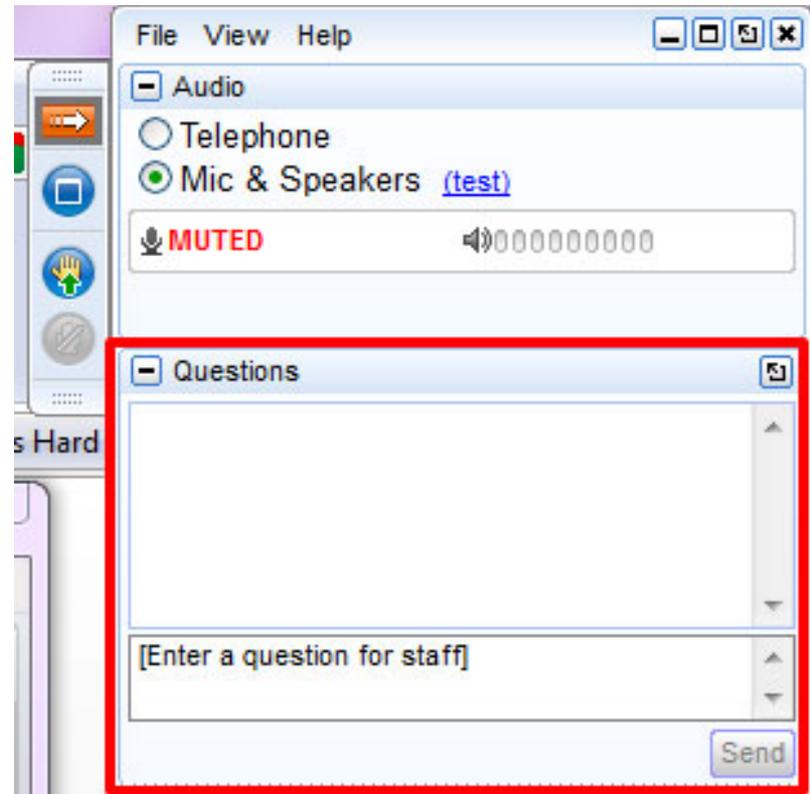
FAQs/Recap

4. Is there help available for us in determining if a site qualifies?

Absolutely! Contact Community Health Partners for Sustainability for free help!

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Thank you for joining us today!