

# Homecoming Services Program

## Summary of Strategic Development 2005-6

*Submitted by Lenore Goldman, Goldman Associates – April 28, 2006*

### 1. Background

In 1998, the San Francisco Senior Centers began responding to requests for assistance from hospitalized seniors who lacked other sources of help. By 2002, the Homecoming Services Program was formally established to respond to the growing demand for hospital-to-home transition support for isolated seniors. St. Francis Memorial Hospital recognized that addressing this need required grounding in the community outside the hospital. Placing a skilled, community-based case manager from Homecoming in communication with the hospital - who could also work effectively with discharge planners – clinched the complex, comprehensive, and immediate community-based services needed for isolated seniors to return home safely and expeditiously in the first critical 30 days. In late 2004, St. Mary's Medical Center, too, began using Homecoming services.

With support from the St. Francis Memorial Hospital Foundation and Abby Yant, St. Francis's Director of Mission, Advocacy, and Community Health Programs, the Homecoming Services Program began developing a strategy to expand their pioneering work. Homecoming hired Lenore Goldman of Goldman Associates in early 2005 to facilitate their strategic development.

By early 2006, the Homecoming Services Program had served 317 clients and confirmed the viability of their approach. The value of Homecoming's comprehensive community/hospital coordination in serving isolated seniors was verified. Multiple benefits to a hospital's efficiency and effectiveness were tangible.

Clarifying the uniqueness and success of Homecoming Services Program in serving San Francisco's underserved and under-served, high need population of isolated seniors built momentum for moving forward. Furthermore, identifying and starting to clear obstacles to building its capacity has enabled Homecoming to more fully embrace and exercise its leadership to:

- Expand citywide;
- Solve a specific and growing public health challenge in San Francisco;
- Serve as a model to other communities.

### 2. Vision and Mission

Reviewing the available research and analyzing on its own work since 1998 enabled Homecoming to sharpen its mission: *to serve San Francisco's isolated seniors 60 and older making the transition from hospital to home*. Homecoming has played a unique leadership role and brings a unique capacity to serving isolated seniors in the hospital-to-home transition. It now subscribes to a ***vision of a San Francisco in which isolated seniors are fully supported to healthily return home and remain home whenever possible after a hospital stay***. Homecoming is building its capacity to achieve that vision.

### 3. Market Research and Analysis

Homecoming's conducted its first analysis of existing data, designed its own study to start filling gaps in existing research, and determined the financial impact of their work

#### A. Target Population

Based on census information and several research studies, Homecoming Services Program estimated that between 7,000 and 10,000 isolated seniors are discharged from San Francisco hospitals each year. With the city's senior population expected to continue rising, this number is expected to grow in the years ahead.

## **B. 2006 Hospital Discharge Planners Study**

In late 2005-early 2006, Homecoming Services Program designed, conducted, and analyzed a Hospital Discharge Planners Study of San Francisco's seven major hospitals and Laguna Honda long-term care facility. According to data compiled from each facility's lead discharge planner's estimates:

- Seniors face a high rate of unmet needs.
- An average of 40% of seniors discharged from key San Francisco hospitals and Laguna Honda are isolated.
- Nearly half (46%) of these patients could benefit from Homecoming Services.
- High patient recidivism would be preventable with appropriate community intervention.
- The time lag in the provision of in-home services for discharged seniors is a serious problem.
- Overwhelming obstacles preclude hospital case managers from intervening effectively:
  - Lack of community resources
  - Limited links to community services
  - Complexity and time-consuming nature of accessing those services for clients
  - Lack of easy/timely provision of community-based services.

## **C. St. Francis Memorial Hospital Financial Impact Analysis**

Years of patient records and financial data were analyzed and rough estimates of significant benefits to the hospital from using Homecoming Services were discovered:

- Hospital stay reductions averaged 1-2 days per patient.
- An average cost of \$2000 per day was saved.
- Readmissions for the same condition were reduced by 50% – at even greater savings.
- Total hospital savings from Homecoming's work with approximately 350 patients was estimated, at minimum, to be over \$2 million.

## **4. Partnerships (Competitive/Collaborative Analysis)**

Partnership is central to the work of the Homecoming Services Program. Multiple agencies are needed to serve the immediate, short-term needs of isolated seniors returning home from the hospital. Homecoming works with numerous organizations to serve the needs of its clients and is currently the only group in San Francisco addressing the entire range of services on the immediate basis needed. During this period:

### **A. The Homecoming Public/Private Partnership was established.**

Homecoming began efforts to broaden the visibility, credibility, and partnerships needed to expand its capacity to reach the target population. Homecoming prepared presentations about the serious nature of this growing unmet need for San Francisco Mayor Gavin Newsom. Mayor Newsom endorsed their efforts in late 2005 by establishing the Homecoming Public/Private Partnership, which specifically encouraged multiple entities to unite to address this public health need under Homecoming's leadership.

### **B. Hospital partnerships were targeted for expansion.**

Hospitals are the first point of intervention in supporting isolated seniors' transition from hospital to home. Homecoming decided to approach San Francisco's Hospital Council as a whole, to both draw attention to the need and identify those most eager to start using Homecoming's services.

Homecoming prepared presentations targeted to the hospitals. Mayor Newsom wrote a letter to the Hospital Council (comprised of the CEOs of San Francisco's major hospitals and long-term care facility) encouraging them to join the Homecoming Public/Private Partnership. Study and research data was presented to San Francisco's Hospital Council Case Managers' meeting and a broader presentation was made to the Hospital Council itself, with Cheryl Fama, St. Francis Memorial Hospital's CEO, taking the lead. As a result, in addition to sustaining its work at St. Francis, Homecoming is:

- Expanding its work at St. Mary's Medical Center and hired a social worker to handle the cases;
- Negotiating an agreement to pilot services at California Pacific Medical Center;
- Responding to inquiries by the V.A. Hospital and Kaiser Permanente;
- In discussion with other hospitals that expressed interest.

**C. Homecoming has been identified as a model program.**

Homecoming Services Program drew interest from research institutions, funders, and professional associations that have requested involvement from the Program. It has been described as a model by the UC Berkeley Center for Community Wellness report "*From Hospital to Home: A Strategic Assessment of Eldercare in the Bay Area.*" San Francisco's Department of Aging and Adults Services selected the Homecoming Services Program to be their model community partner for the Robert Wood Johnson Foundation Partnership Project for Community-Based Care and Support. The details and obligations of the partnership are currently under discussion. Homecoming has been asked to present locally and nationally about its approach.

**D. Pre-existing partnerships were reinforced with community-based organizations.**

Cooperative agreements were reconfirmed with several groups that provide timely services to Homecoming clients, including:

- Meals on Wheels (meals)
- Little Brothers (medical escorts)
- Project Open Hand (groceries)
- Self-Help for the Elderly (housecleaning)
- IHSS Consortium and Public Authority (homecare aids)

Increasing financial challenges for community-based organizations are propelling several to consider offering services that are 1) potentially reimbursable and 2) that can be quantified by number of clients served in order to facilitate fundraising. Some groups providing selected services to isolated seniors see interest mounting about Homecoming and seek to represent themselves as also serving the full range of client needs. Currently, only Homecoming is actually doing so. Homecoming's response to this more competitive climate has been to:

- move consistently forward as the city's leader in supported discharge for isolated seniors;
- provide a real-life model and vision to comprehensively address this key health need;
- continue deepening and broadening programmatic and financial partnerships to fulfill the vision.

Homecoming intends to retain its established and well-earned leadership role to maintain the vision, direction, quality service standards, partnerships, and responsibilities as a model program. It is also prepared to cooperate with other groups sharing leadership roles when it best serves client needs. Examples may include requirements for broader funding or to address niche services by culture or geography.

**E. Partnerships with government agencies were strengthened.**

Existing service agreements with city agencies, such as IHHS Consortium and Public Authority and the Department of Aging and Adult Services were reconfirmed. Discussions underway with some preliminary progress in:

- Getting the city to front the costs for some services – rather than Homecoming - until client eligibility is approved;
- Fast-tracking approval of eligibility for services for Homecoming clients.

Most significantly, Homecoming was included in the City and County of San Francisco's Medicaid Waiver and Target Case Management Proposal. If successful, this would enable eligible Homecoming clients to be directly covered for services.

## 5. Financing

After addressing the first challenge of estimating cost savings to hospitals from using Homecoming Services Program, Homecoming then calculated the cost of services per client at approximately \$1800. This information now makes it possible for Homecoming to negotiate fee-for-service contracts as well as to make clearer budget estimates for total program costs.

A broad, multi-year financing strategy overview was developed to support citywide program expansion. The strategy is hoped to help increase and diversify funding as well as to augment existing support from current funding sources. The financing plan features three-sector involvement:

### A. Private sector

#### ▪ *Hospitals*

As a result of the presentations to the Hospital Council (which included Homecoming's Hospital Discharge Planners Study results, St. Francis Memorial Hospital's Homecoming cost savings analysis, and Mayor Newsom's request for hospitals' financial participation in the Homecoming Public/Private Partnership):

- St. Mary's Medical Center expanded their involvement.
- Negotiations are currently underway with California Pacific Medical Center, with a fee-based client services contract a prime consideration.
- Kaiser-Permanente and the VA Hospital have been contacted to follow up on interest they expressed.
- Legal contracts are being refined to address hospital needs in entering client service-based fee agreements.

#### ▪ *Fees for Services*

A mechanism to facilitate collecting fees from clients able to afford services is being explored. A sliding fee scale addresses only some client concerns. It needs to be developed and presented in a way that neither decreases use of needed services - is responsive to client resistance – while getting appropriate compensation from clients who have the capacity to pay.

#### ▪ *Insurance Companies*

Once Medicare and Medicaid reimbursement are established, Blue Cross and other major carriers will be approached to cover Homecoming services. Research studies are consistently confirming the fiscal sense of reducing rising re-hospitalization costs by supporting such services. Preliminary dialogue can begin before public reimbursement is acquired.

### B. Government

#### • *Department of Aging and Adult Services, City and County of San Francisco*

In addition to reimbursement through various programs, Homecoming is one of several community-based agencies who could garner a grant if DAAS's Community Trust proposal succeeds.

#### • *Medicaid and Medicare Waiver*

Homecoming has been participating with the group addressing the Medicaid waiver process currently being negotiated by the City. It is anticipated that Homecoming's services will be included in the range of services covered by the city in the future through Medicaid. The same process is expected to occur for Medicare, with Homecoming anticipating inclusion as well.

## **C. Nonprofit**

### **• San Francisco Senior Centers**

The SFSC Board of Directors bolstered its years of infrastructure support by approving greater budget allocations for Homecoming development and executive hires.

### **• Foundations**

In addition to approaching past and current funders, Homecoming is seeking to garner significant, multi-year support from one or more major foundation. Priority areas for which foundation support is being sought include:

- Grants for transition planning, staffing, evaluation design, and other capacity-building;
- Major, multi-year funding to take the pilot program citywide;
- Continued program support from past funders (San Francisco Community Foundation, Wells Fargo Bank) and new ones.
- Hospital community benefits foundation pools to aid operations and program expansion.

The Robert Wood Johnson Foundation expressed interest in a proposal, which is currently being explored. The Moore Foundation declined Homecoming's request for funds due to changed funding priorities. Homecoming's new development hire is expected to cast a wider net and generate interest and funding from a broader range of foundations.

Catholic Hospitals West and St. Frances Memorial Hospital Foundation have supported Homecoming, the latter also for strategic development and early strategy implementation. Hospitals can address their need to provide mandated community benefits through supporting Homecoming and are welcomed to do so. However, Homecoming is placing a priority on exploring ways to finance its services through contractual agreements with hospitals (described above), reaching more patients in need and generating a greater return for hospital investment.

## **D. In-Kind Services (All Sectors)**

St. Frances Memorial Hospital's department of Mission, Advocacy, and Community Health supported Homecoming's strategy development and its early implementation. Several service partners – both through community-based organizations and the city - have provided crucial services until client eligibility is confirmed. The San Francisco Senior Centers have put significant internal resources into Homecoming's expansion.

## **6. Infrastructure**

### **A. Structure**

Homecoming is restructuring to enhance its capacity to serve San Francisco citizens needing its services. Homecoming staff expansion was approved by the San Francisco Senior Centers Board of Directors, representing a major commitment to program expansion. The search for two positions began in March, with hires anticipated in summer 2006 for:

- Development assistance, particularly with foundations
- Program Director

### **• Systems**

As Homecoming is increasing its scope of activity, it has recognized the need to:

- Codify its processes and prepare a procedures manual to streamline service delivery expansion.
- Prepare training modules and manuals directed to:
  - Hospital case managers/discharge planners.
  - New Homecoming staff
  - Possibly project partners.

- Formalize and expand Homecoming Public/Private Partnership agreements with community-based, government, and hospital partners.
- Track results by designing data collection and evaluation processes that are easy for Homecoming staff, institutional case managers, and service delivery partners to maintain. Some university researchers expressed interest in evaluation design. Ways to fund such an endeavor have begun to be discussed.

- **Serving as a Model**

In addition to providing core services to ease the hospital-to-home transition for isolated seniors, Homecoming Services Program is being increasingly called upon to present at professional conferences, serve on policy boards, and participate in research initiatives. While it may become necessary to set criteria to prioritize those involvements, at present they seem to be increasing community and national awareness of a growing population in need and the value of Homecoming's approach to addressing it.

## **7. Appendix**

- Restoring Health from Trauma: The Homecoming Services Program and the Hospital-to-Home Transition for Isolated Seniors
- Letter from Mayor Gavin Newsom on the Homecoming Public/Private Partnership
- Memo from St. Francis Memorial Hospital CEO & President, Cheryl Fama, to the Hospital Council