

# Delivering Compassionate Customer Service

PATIENTS EXPERIENCING HOMELESSNESS

**Presenter Name**

Presenter title or other info

*Coverage for  
every stage of life™*

*Part 1*

# Building Cultural Sensitivity and Equality for Our Patients/Members Experiencing Homelessness

**DELIVERING COMPASSIONATE CUSTOMER SERVICE**

# Background

-  Provide compassionate care to patients experiencing homelessness.
-  Increase provider awareness of the life circumstances, the clinical and emotional conditions, and the other factors affecting our patients/members who are experiencing homelessness.
-  Assist providers with providing compassionate and respectful care.



# The Components of Customer Service Training

# Three Focus Areas



## Provider – Clinical training

- Challenges/obstacles.
- Patient sensitivity and culture.
- Patient-centered framework and patient engagement.
- Organizational communication and climate. Referral resources and tools.



## Manager – Supervisor training and development

- Providing information, which enables managers and supervisors to provide ongoing training to staff.



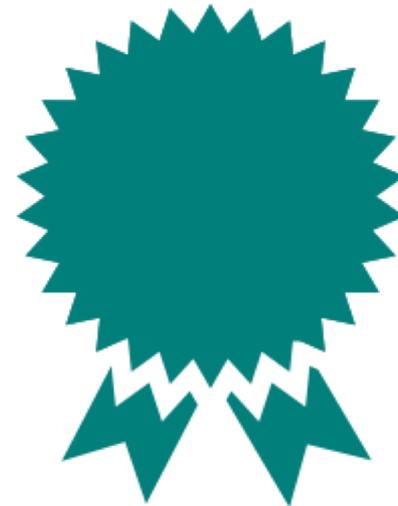
## Staff training and development

- Compassionate customer service training, sensitive to the needs of patients experiencing homelessness.
- Support and resources.

# Crucial Premise to Remember

## Great customer service:

- Should be provided to all patients and is the basic foundation when building a healthy relationship.
- Should not be viewed as going above and beyond the call of duty, but it is your responsibility and crucial to the success of the practice.
- Essential to bridge the gap between what separates your patients from being consistent and compliant with their care.



# Staff Training Session

## Understanding the conditions faced by individuals experiencing homelessness

Individuals who are experiencing homelessness:  
Who are they & how did this happen?



(If video does not load, please click here: <https://www.youtube.com/watch?v=CqwjaExT4wA>)

# Could This Be Me?

## Some important data\*

Four leading causes of homelessness:

Lack of affordable housing

Poverty

Unemployment

Low wages

\*National Law Center On Homelessness and Poverty Report. National Coalition for the Homeless - 2201 P. St. NW, Washington, DC 20037

# Could This Be Me?

## What about us?

- What would happen if you were out of work for 90 days?
  - Experienced a medical emergency that prohibited you from working?
  - Car broke down and you didn't have the money for repairs?
  - Family members could not provide support?
- What would **you** do?
- Where would **you** go?



# Understanding our Personal Biases

**Unconscious bias** – social stereotypes about certain groups of people that individuals form outside their conscious awareness.



- Occurs automatically outside of our control and is triggered by quick judgment.

**Bias** is a tendency to lean in a certain direction, often based on your own personal experiences.

- Detriment of an open mind.
- Believe what they want to believe.
- Refuse to take into consideration the opinions of others.

# Interactive Exercise for Attendees

# Overcoming Personal Biases to Deliver Customer Service

Three steps you can take to overcome your individual bias:

1

Be aware of who you are.

2

Acknowledge that the homeless condition may impact your behavior.

3

Show compassion and empathy.

# Delivering Compassionate Customer service

# Key Objectives



Create a culture that supports and aligns with delivering compassionate customer service.



Dedicate resources and training time consistently to employees to enhance their current knowledge by teaching new information to ensure success.



Build a positive patient experience as they journey through the practice.

# Identify Patients Experiencing Homelessness

**There is no clear-cut way.** Patients may be experiencing different levels of homelessness and still appear very well groomed. But some other signals to observe are:



**Wearing layers of clothing.**



**Unmet medical and dental needs.**



**Poor hygiene.**



**Extreme shyness.**



**Sleeping in public areas.**



**Extreme anger or embarrassment when asked about current address.**



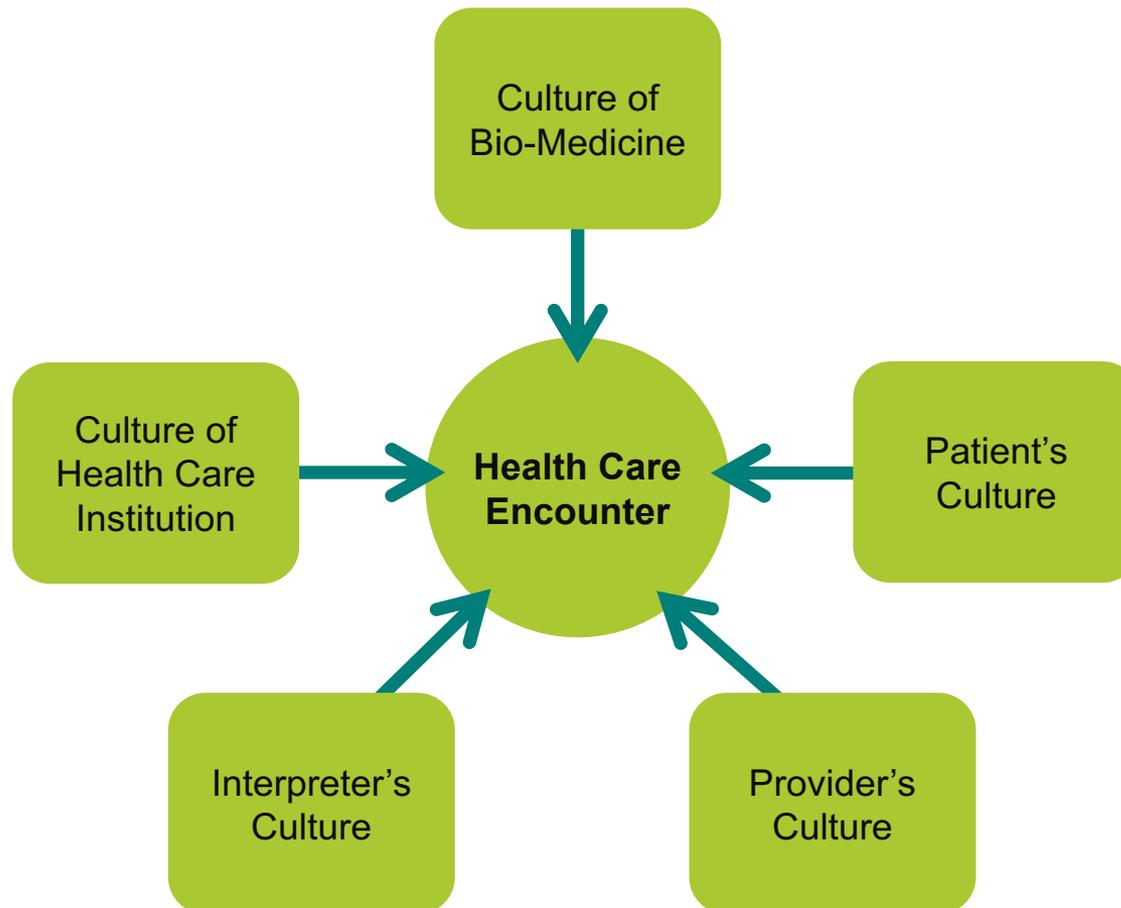
**Worn shoes.**

# Success Factors



# The Health Care Encounter

There are many cultures at work in each health care visit:



# Delivering Exceptional Customer Service



**Develop a renewed sense of empathy to our patients experiencing homelessness.**



**Be sensitive to the special needs of patients experiencing homelessness:**

- Be ready to address multiple health concerns; their health has probably been neglected due to their housing insecurity issues.
- Be aware that housing insecurity can encompass other social determinants of health such as food insecurity; know how to address this.
- Be a resource by being resourceful; leverage your relationships within your medical neighborhood to foster a reputation of efficiency.
- Provide an extra sense of security for the patients and their belongings; this may be everything they own.

# Delivering Exceptional Customer Service (continued)

- Be in control of:**
  - Yourself and your actions (emotions).
  - Patients.
- Enjoy the service that you render to patients.**
- Recognize how important you are to patients.**
- Recognize that every patient represents an opportunity to deliver extraordinary service.**

# Key Office Processes and Office Design

## Providing service to patients experiencing homelessness will likely require process redesign.

Designate a staff member to serve as an ambassador to this population.

This person may:

- Ensure the patient and their belongings, including their pet if applicable, are secure.
- Assist the patient during their entire patient care visit.

Address and provide as many services as possible (medical/dental) on the day of service in the event the member does not return to your facility.

Maybe bring the patient into the exam room early and conduct the patient process in the room rather than at the front desk.

Identify key referral resources to optimize patients' care.

Ensure there is a patient follow-up and compliance method; this means future contact information if possible.

# Compassion

HELPING THE PATIENT “FEEL” YOUR COMPASSION

# How Do You Treat Patients Experiencing Homelessness?

## Compassion and respect core principles



**Greet the patient** with respect and dignity.

**Identify their immediate need(s)** for medical care.



**Identify if this patient has special needs**, namely storage of personal belongings so that they feel secure and can focus on their health care.

# How Do You Treat Patients Experiencing Homelessness?

(continued)

## Compassion and respect core principles



**Quick Response.** Make an effort to immediately call the patient in for triage and services.



**Exam Room Interview.** In the security of the exam room, you should continue to ask the patient routine geo-mapping questions.



**Be Safe.** Due to possible mental health challenges, always use safety precautions. Possibly have two staff members present in the exam room.

## Compassion and respect core principles



Geo-mapping enables the provider office to locate and contact the patient for follow-up care, and to identify any risk associated with the patient's current living conditions.



### Sample questions are:

- What is the best way to contact you?
- What area of the city can we locate you?
- Do you have a relative or friend that we can contact in order to reach you?
- Where do you typically sleep at night?
- Do you have a cell phone?

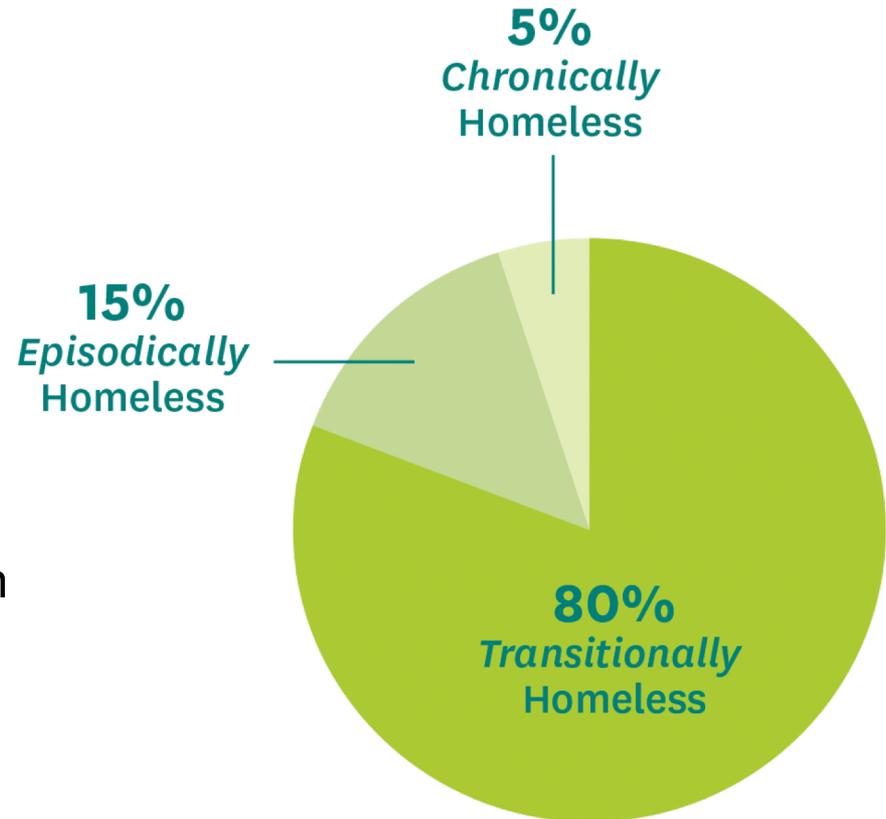
## Compassion and respect core principles

- There are several social determinants that may define a homeless status.
- In 2017, the number of people experiencing homelessness living in vehicles increased 143 percent.



# There are three types of homelessness:

- **The transitionally homeless** make up a staggering 80% of the homeless population.
- People who are **episodically homeless** account for 10–15% of the homeless population.
- We estimate the number of long-term, **chronically homeless people**, who have spent more than a year on the streets, is as little as 5% of the entire homeless population.



# Delivering Exceptional and Compassionate Customer Service

**What attitudes should you exhibit in order to assist in providing good service?**



- Enjoy helping people.
- Handle people well.
- Care for your customers.
- Give fair and equal treatment to all.
- Be understanding of people with special needs.

# Compassionate Customer Service: “*Every Time, Every Patient!*”

- **Compassionate culture and atmosphere** – Consistently show patients you are concerned about their welfare every time.
- **Body language** – Sends a multitude of signals to our patients.
- **Listening skills** – Talk less and listen more.
- **Be unbiased** – Treat everyone with dignity and respect.



# The Front Desk Behavior

**The purpose is to create and maintain a welcoming environment – how can you achieve this?**

- Enjoy helping people.
- Tell them your name.
- Be attentive; acknowledge a person as soon as they appear, even if you're busy.
- Ask how you can help.
- SMILE!
- Give the customer your full attention; avoid other distractions, such as telephone and coworkers.
- Establish and maintain eye contact.
- Always be polite and courteous.

# Perception and Customer Service

Encourage teamwork among all staff.

Poor front office experience = poorly perceived care.



**Opinions** are formed during the first **7–15 seconds** of meeting someone.



**Over 50% percent** of patients judge the doctor's visit based on what happens before they ever see the physician or other caregiver.



A significant component of the **patient satisfaction** survey reflects how well you take care of the patient at the front desk.

# My Top 10

**BASIC RULES TO DELIVERING AMAZING  
CUSTOMER SERVICE**

# Ten Rules: Amazing Customer Service

## ① Commit to quality service:

- Create a positive experience.
- Go above and beyond patient expectations.

## ② Know your business:

- Win the patient's trust and confidence.

## ③ Know your patients:

- Tailor your services to the patient's needs.
- Get to the root of patient dissatisfaction.

## ④ Treat patients with courtesy and respect:

- Every contact leaves an impression.
- Train staff to use phrases like "Sorry to keep you waiting," "You're welcome," and "It's been a pleasure helping you."



# Ten Rules: Amazing Customer Service

- 5** **Never argue with a patient**
- Be solution-focused rather than problem-focused.

- 6** **Don't leave the patient hanging:**
- All communications with the patient should be treated with urgency.
  - 95% of dissatisfied patients give you a second chance if the problem is solved on the spot.

- 7** **Always provide what you promise:**
- Failure to do this is a quick way to lose credibility.
  - If you can't provide what you promised, then offer an alternative.

- 8** **Assume that patients are telling the truth:**
- The majority of patients don't like to complain; in fact they'll go out of their way to avoid it.

# Ten Rules: Amazing Customer Service

## 9 Focus on creating satisfied patients:

- Give attention to the quality of patient interactions, understanding and addressing patient's needs.
- Research shows that it costs 6 times more to attract new patients.

## 10 Make it easy for patients to access and receive services:

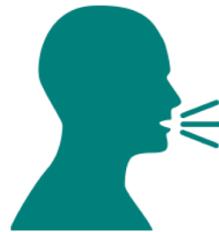
- Make sure your processes are patient/user-friendly.

# Quality Verbal and Non-Verbal Communications

It's not what you say, but rather how you present:



**55%**  
comes from  
**body  
language**



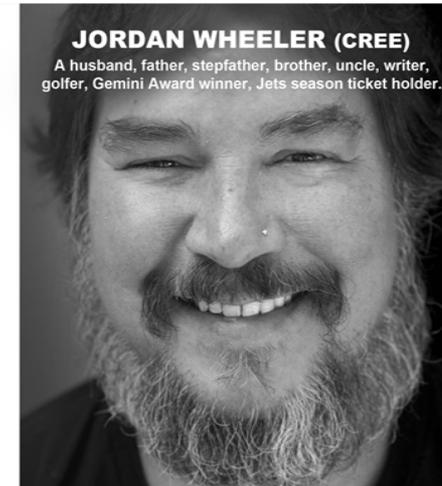
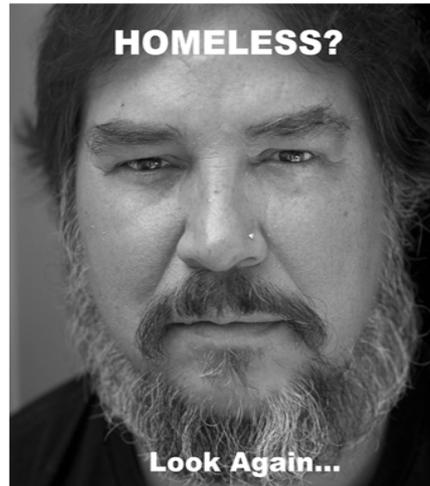
**38%**  
comes from  
**tone of  
voice**



**7%**  
comes from  
**words**

# What Does the Patient Desire?

- Friendliness
- Empathy
- Fairness
- Participation
- Alternatives
- Information



# Taking the H.E.A.T.

DEALING WITH DIFFICULT PATIENTS

# Understanding How Patients Feel

When staff is aware they will be asking patients about their customer service experience, they tend to perform at a higher level.

## Create tools where every staff member routinely asks the patient about their visit:

- *“Did we take care of your needs today?”*
- *“It was great to see you today; did your visit go well?”*
- *“Give me a call regarding your next appt. I will be right here to take care of you.”*
- *“We really enjoy having you as our patient; is there anything else I can do for you?”*



# Taking the Heat

## At the front reception desk, we take a lot of H E A T !

- ➔ Ensure you are equipped to handle every situation that arises.
- ➔ Handle each situation with confidence, empathy and knowledge.
- ➔ Resolve the problem and exceed the patient's expectations.

# Taking the Heat

 ear them out

 mpathize

 pologize

 ake responsibility for action

## Hear what the patient has to say:



Allow the patient to express their concerns. Patients have a story they need to tell.



Let the patient tell you why they are upset.



When appropriate, respond with a solution. “Mr. Johnson, I apologize that you had that experience. I have a solution to your problem. I can have the doctor see you now.”

## mpathize

Let patients know that you understand them and that you desire to help them.

### Examples:



“I understand why you are upset/angry; I am here to help you!  
You have all of my attention.”



“I am going to fix this situation right now. And I will make every  
effort to make sure it does not happen again.”

# An Apology

## apologize

Let patients know you are sincerely sorry that you made a mistake (perceived or real).

### Examples:

“I apologize for the situation.”

“I apologize that we have you scheduled at a different facility. Would it be okay if I have another physician see you today?”

“I apologize for the confusion that you encountered.”

“I am so sorry that we did not meet your expectations; I want to correct that!”

“Please forgive us for this mistake.”



# Take Responsibility

## **Take responsibility for action**

Solve the problem.

### Examples:



“I can take care of this problem right now.”



“I will need to call my office manager, and he/she will solve this challenge right away.”

## Meet or exceed the patient's needs:

- **Clarify** the **need** first, and then take action.
- **Exceed** their **need**.



**Confirm** the patient's satisfaction with your service:

- Ask!



# Test Your Knowledge

# Question 1

A new male patient presents at the front desk asking to see a physician. His appearance is questionable (e.g., layered clothing, somewhat unclean, and unkempt facial hair). It is clear that the patient requires medical attention and needs to see a provider. What should you do?



# Answer

## Select the appropriate answer

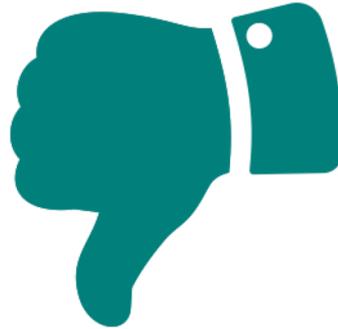
- A** Assume the patient is homeless and use a referral list to send them to another location. Notify the supervisor of your actions.
- B** The patient has no insurance and therefore we will not be able to provide care for him.
- C** Make every effort to accommodate the patient and process him into the system to see a provider. Make special accommodations for his belongings to ensure they are secure.
- D** Immediately refer the patient to the nearest homeless shelter for assistance and health care services. Advise them to go directly to that facility for future care.

# That's right!



Continue →

# Oops, that's wrong...



← Try again

Continue →

## Question 2

A homeless patient arrives with no scheduled appointment and seems to be in need of health care. She does not have the best hygiene and has several bags of clothing. You can clearly see that she is hesitant and/or uncomfortable when signing in, however she is cognitive and is asking to see a provider. How should you handle this situation?



# Answer

## Select the appropriate answer

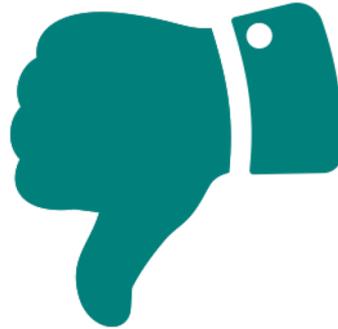
- A** Leave the patient in the waiting room and call on her in the order of her arrival to the reception area and obtain as much information as possible.
- B** Call the local shelter and make arrangements for the patient to receive services. Notify the patient that you have arranged for services at a local shelter and they can wait outside for the shelter representative to arrive.
- C** Contact the ambassador or supervisor. Arrange for the patient to go to a designated patient exam room for services. Notify the provider.
- D** Have the patient sign in and leave their belongings outside to avoid any unwanted odors in the office. Treat them as you would all other patients.

# That's right!



Continue →

# Oops, that's wrong...



← Try again

Continue →

# Question 3

A patient arrives at the medical office presenting with a rash and is coughing. He expresses concern that he may have a communicable disease; he seems to be in pain and wants to see a physician. The patient has no insurance and has not listed a location for his permanent address.



# Answer

## Select the appropriate answer

- A** Refer the patient to the nearby urgent care facility for health care.
- B** Process the patient as you would other patients in the practice.
- C** Let the patient know that he would be better served at the county clinics that can accommodate his needs.
- D** Contact the patient ambassador to process and provide care for the patient.

# That's right!



Continue →

# Oops, that's wrong...



← Try again

Continue →

# Question 4

A patient arrives at the front desk and is screaming at the staff, and while you have managed to calm her down she is still very rude to you and your coworkers.



# Answer:

## Select the appropriate answer

- A** Immediately remind the patient that such behavior will not be tolerated and ask the patient to leave the practice immediately.
- B** Ask the patient to take a seat and contact the supervisor to handle this patient's irate behavior.
- C** Calmly begin to communicate with the patient and determine their concerns. Contact the supervisor to make him/her aware of the situation.
- D** Remind the patient you are there to take care of their needs, but they must improve their behavior before you will provide service.

# That's right!



Continue →

# Oops, that's wrong...



← Try again

Continue →

# Behavior Change: TTD Model of Behavior Change

(Understanding the process of change in patients experiencing homelessness)

**Stage 1:** Pre-contemplation (not ready to change).

**Stage 2:** Contemplation (getting ready).

**Stage 3:** Preparation (ready to change).

**Stage 4:** Action.

**Stage 5:** Maintenance.

# Homeless Referral Resources



To schedule services  
(e.g., housing food and others):

.....  
[www.lahsa.org/portal/apps/  
la-hop/request](http://www.lahsa.org/portal/apps/la-hop/request)

.....  
**Handbook of Referral Services:**  
Attached

.....  
**Mobile Application:**

**Android\***: SCUG – Homeless  
Application;

**Iphone\***: OurCalling - Homeless  
Support

.....  
**Websites:**

- [www.healthnet.com.auntbertha.com](http://www.healthnet.com.auntbertha.com)\*
- [www.LAHSA.org](http://www.LAHSA.org)

\*statewide resources

Online database that registers  
community resource agencies:

.....  
[www.211.org](http://www.211.org)\*

.....  
**Shelters and emergency housing  
listings for the state of California:**

[www.hud.gov/local/ca/homeless/  
shelters.cfm](http://www.hud.gov/local/ca/homeless/shelters.cfm)\*

.....  
**Homeless Health Care  
Los Angeles: Resources and  
Referrals**

- [www.LA-HOP.org](http://www.LA-HOP.org)
- [www.LAHSA.org](http://www.LAHSA.org)



*Part 2*

# “An Integrated Health Care Model for Patients Experiencing Homelessness”

CLINICAL PROVIDER TRAINING COMPONENT

# Learning Objectives



- Understanding the patient care model for populations experiencing homelessness.
- Assessing the challenges of delivering health care to populations experiencing homelessness.
- Providing cultural sensitivity for patients experiencing homelessness.
- Understanding the clinical issues impacting patients experiencing homelessness.
- Understanding how to provide customer service compassionately.
- Identifying current patient resources to assist population needs.

# Focus Areas

- Delivery of patient-centered care to patients experiencing homelessness.
- Define behavioral health.
- Define the common behavioral health conditions among populations experiencing homelessness and offer tips for what you can do to help.
- Define and understand dual diagnosis.
- Take note of cultural factors that can impact our assessment.
- Recommendation for effective patient engagement.



# Homeless: Who Are They and How Did This Happen



(If video does not load, please click here: <https://www.youtube.com/watch?v=CqwjaExT4wA>)

# What Causes People to Experience Homelessness?

**Discuss the training conducted with the staff  
(This could be Me) Some important data\***

Lack of affordable housing.

Poverty.

Unemployment.

Low wages.

\*National Law Center On Homelessness and Poverty Report. National Coalition for the Homeless - 2201 P. St. NW, Washington, DC 20037

# What about Us?

- What would happen if you were out of work for 90 days?
- You experienced a medical emergency that prohibited you from working?
- Your car broke down and you did not have the money for repairs?
- Family members did not or could not provide support?
- What would **You** do?
- Where would **You** go?



# A Clinical Perspective to Treating Patients Experiencing Homelessness

Some lessons learned from a clinician in the community who has spent considerable time caring for patients experiencing homelessness.

## Meet patients where they are



- Patient may not feel comfortable coming to the office.
- Some offices have the resources to go directly to the patient.

## Perceived barriers –



They may see themselves as outsiders and feel as though they are not welcome.

## Real barriers –



Try to make provisions for the following challenges:

- Transportation.
- Personal hygiene (cannot shower prior to visit).
- Cannot bring pets.
- Cannot bring belongings.

# A Clinical Perspective to Treating Patients Experiencing Homelessness (continued)

- Contact Vaccines for Children (VFC) for outreach teams that provide services:
  - Link homeless patient to services.
  - Outreach teams are subsidized by Proposition H funding.
- Street outreach addresses disparities in health care.



- University of Southern California (USC) and VFC are training providers on street medicine. 
- Engaging the population is important; gaining trust can take 1 minute to 16 months, depending on patient.
- Address each condition for the tri-morbid population.
- Medication-assisted therapy (MAT), suboxone-opioid replacement treatment.

# A Clinical Perspective to Treating Patients Experiencing Homelessness (continued)

- Being versed in different types of addictionology, addiction services in addition to good medical care.
- Good intervention leads toward housing. Most of these conditions don't improve until housing is provided.



- High cost of homelessness:  Emergency room, hospital stays, interactions with the police, jail, paramedic/911 calls.
- Contact Homeless Multidisciplinary Street Team (HMST) housing team.
- Average age of death of tri-morbid patients is 48.

# A Clinical Perspective to Treating Patients Experiencing Homelessness (continued)

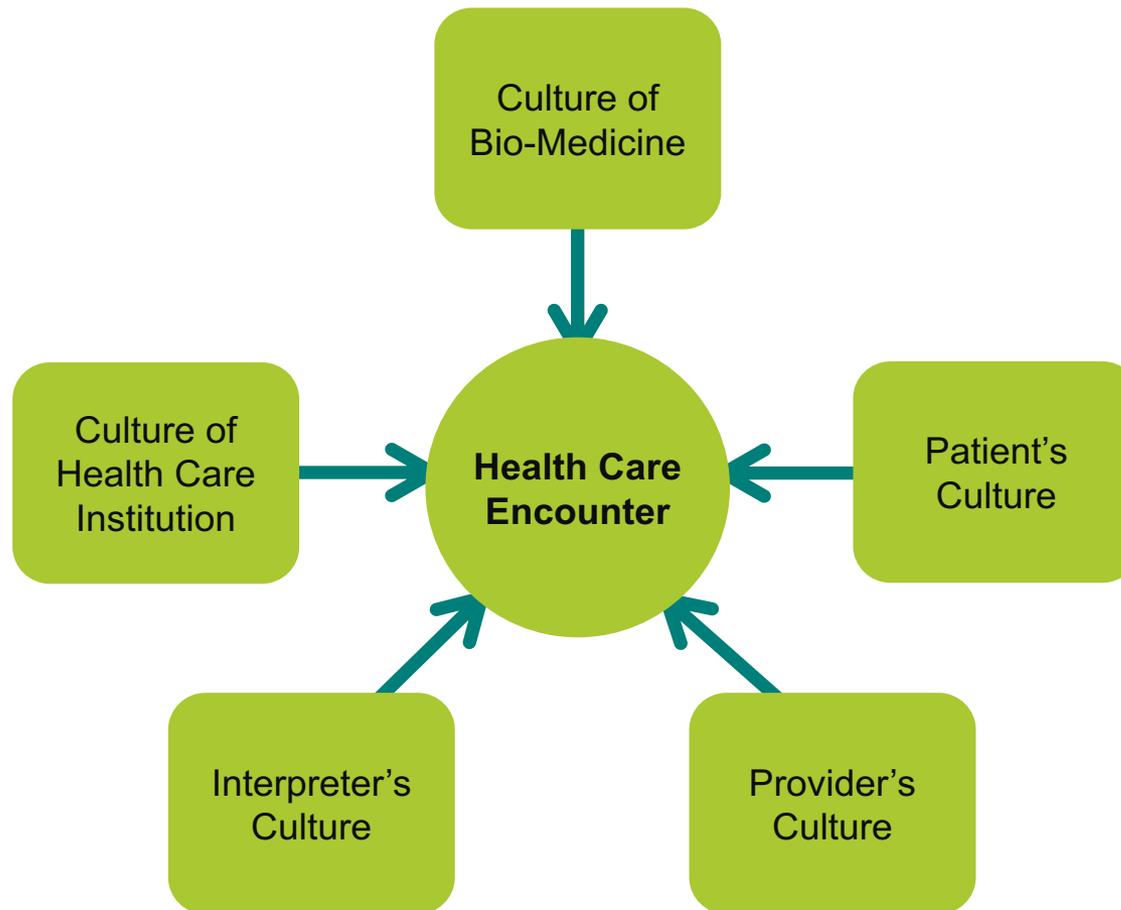


Collaborate with a social service housing team.



Medical providers that are interested in training on “street medicine” may contact Dr. Coley M. King, D.O., [CMKing@mednet.ucla.edu](mailto:CMKing@mednet.ucla.edu).

There are many cultures at work in each health care visit:



It is estimated that 85% of people experiencing homelessness are experiencing at least one chronic illness.

## Who are the patients you are likely to see?

- 30–35% of the homeless patients will suffer from mental illness or substance abuse. Be prepared to refer them to mental health resources.
- Dental problems.
- Skin and foot problems, such as onychomycosis or tinea pedis.
- Musculoskeletal and chronic pain.

- Infectious diseases, such as pneumonia, HIV/AIDS or tuberculosis.
- Sexual and reproductive care (specifically young women).
- Respiratory illnesses.
- Nutrition and hunger.
- Opioid addiction.

\*Maness, David, American Family Physician, 2014, April 15; (8)634-640

# Homelessness:

## Some possible signs to help identify

**There is no clear-cut way.** Patients may be experiencing different levels of homelessness and still appear very well groomed. But some other signals to observe are:



**Wearing layers of clothing.**



**Unmet medical and dental needs.**



**Poor hygiene.**



**Extreme shyness.**



**Sleeping in public areas.**



**Extreme anger or embarrassment when asked about current address.**



**Worn shoes.**

- ① Outreach to people where they are, including the streets, or contact local homeless agency to provide assistance.
- ② General medical assessment and treatment for chronic and acute illnesses.
- ③ Specific screening, treatment and follow-up for health problems such as high blood pressure.
- ④ Pediatric services (including well-baby  clinics, immunizations and screenings for lead poisoning) and diagnostic and psychosocial intervention programs for both preschool and school-age children to address emotional disability and developmental delays.

# Best Clinical Practices

(continued)

- 5 Ancillary services (dentistry, podiatry, , optometry, and specialized diets).
- 6 Access to mental health care and substance abuse services, including access to specialized housing.
- 7 Referral and access to convalescent care, as well as long-term medical and nursing care for catastrophic illness.
- 8 Gynecological services (very important considering the large population of homeless women).
- 9 Prenatal care.
- 10 Educational services, primarily with regard to family planning and the prevention of sexually transmitted diseases (including the free distribution of condoms as part of AIDS education efforts).

# Best Clinical Practices

(continued)

- How others have responded... with success.
- Various agencies have gained clinical experience in providing care for the homeless population.
- Several documents have been provided as a reference to caregivers to use in caring for populations experiencing homelessness.



- **Exhibit A:** Reference Treatment Plans for Patients Experiencing Homelessness
- **Exhibit B:** Reference Chronic Care Model
- **Exhibit C:** HHCLA Referral Resources for Patients Experiencing Homelessness

# Clinical Care for Patients Experiencing Homelessness



## **Patient-centered care:**

- Trust and listening
- The patient's top concern (not yours)



**Acute vs. chronic (unmanaged) vs. chronic (managed) conditions.**



**Collateral history from clinicians and pharmacists.**



**Promote continuity of care.**



**Understand the person's life situation.**

# Motivational Interviewing

Motivational interviewing is an “**empathic, person-centered counseling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change**” (Kraybill and Morrison, 2007).



**Open questions, affirmation, reflective listening, and summary reflections (OARS)** are the basic interaction techniques and skills that are used “early and often” in the motivational interviewing approach.

- **OARS: Open questions invite others to:**
  - Tell their story in their own words without leading them in a specific direction.
  - Should be used often in conversation but not exclusively.
  - When asking open questions, **be willing to listen to the person’s response.**

# Motivational Interviewing: Sample Questions

Closed questions typically elicit a limited response, such as “yes” or “no.” **The following examples contrast open vs. closed questions.**



- How can I help you with \_\_\_\_\_?
- Help me understand \_\_\_\_\_?
- How would you like things to be different?
- What are the good things about \_\_\_\_\_ and what are the not so good things about it?
- When would you be most likely to \_\_\_\_\_?
- What do you think you will lose if you give up \_\_\_\_\_?

# Motivational Interviewing: Sample Questions (continued)

- What have you tried before to make a change?
- What do you want to do next?
- Where do you spend your time?
- Who do you spend your time with?
- What is the best way to contact you?



# How Do You Treat Patients Experiencing Homelessness?

## Compassion and respect core principles



**Quick Response.** Make an effort to immediately call the patient in for triage and services.



**Exam Room Interview.** In the security of the exam room, you should continue to ask the patient routine geo-mapping questions.



**Be Safe.** Due to possible mental health challenges, always use safety precautions. Possibly have two staff members present in the exam room.

## Compassion and respect core principles



Geo-mapping enables the provider office to locate and contact the patient for follow-up care, and to identify any risk associated with the patient's current living conditions.



### Sample questions are:

- What is the best way to contact you?
- What area of the city can we locate you?
- Do you have a relative or friend that we can contact in order to reach you?
- Where do you typically sleep at night?
- Do you have a cell phone?

# Geo-Mapping the Patient

(continued)

## Compassion and respect core principles

Homeless agencies can provide assistance with mapping the patient.

- Map the city's homeless population in an effort to provide assistance and to track movement.
- Identify the location of homeless concentrations, which enable health care providers to reach out and provide care.



# Homeless Patient Care Model (HPCM)

**Designate a physician champion(s) to provide care to your homeless patients.**

- Along with the (non-clinical) ambassador, they will process patients through your health care delivery system.
- They will conduct referral services to the appropriate external organizations.



# Homeless: Clinical Health Care Services

The following range of services could be considered basic primary health care for patients experiencing homelessness.

- 1 Outreach to them where they are, including the streets.
- 2 Provide general medical assessment and treatment for chronic and acute illnesses.
- 3 Provide specific screening, treatment and follow-up for such health problems as high blood pressure.
- 4 Provide pediatric services (including well-baby clinics, immunizations and screening for lead poisoning), and diagnostic and psychosocial intervention programs for both preschool and school-age children to address emotional disability and developmental delays.
- 5 Ancillary services (dentistry, podiatry, optometry, and specialized diets).



# Homeless: Clinical Health Care Services (continued)

The following range of services could be considered basic primary health care for patients experiencing homelessness.

- ⑥ Access to mental health care and substance abuse services, including access to specialized housing.
- ⑦ Referral and access to convalescent care, as well as long-term medical and nursing care for catastrophic illness.
- ⑧ Gynecological services and prenatal care.
- ⑨ Communicable diseases and opioid addiction.
- ⑩ Educational services, primarily with regard to family planning and the prevention of sexually transmitted diseases (including the free distribution of condoms as part of AIDS education efforts).



# Provider Recommendations

- Identify patients who may be homeless or at risk of becoming homeless.
- Provide care without bias, including preventive care, and do not withhold care based on concerns about lack of adherence.
- Be familiar with homeless resources.
- Simplify medical regimens and address barriers, including transportation needs, for follow-up care.



# Homeless Referral Resources



To schedule services  
(e.g., housing food and others):

.....  
[www.lahsa.org/portal/apps/la-hop/request](http://www.lahsa.org/portal/apps/la-hop/request)

.....  
**Handbook of Referral Services:**  
Attached

.....  
**Mobile Application:**

**Android\***: SCUG – Homeless Application;

**Iphone\***: OurCalling - Homeless Support

.....  
**Websites:**

- [www.healthnet.com.auntbertha.com](http://www.healthnet.com.auntbertha.com)\*
- [www.LAHSA.org](http://www.LAHSA.org)

\*statewide resources

Online database that registers  
community resource agencies:

.....  
[www.211.org](http://www.211.org)\*

.....  
**Shelters and emergency housing listings for the state of California:**

[www.hud.gov/local/ca/homeless/shelters.cfm](http://www.hud.gov/local/ca/homeless/shelters.cfm)\*

.....  
**Homeless Health Care  
Los Angeles: Resources and Referrals**

- [www.LA-HOP.org](http://www.LA-HOP.org)
- [www.LAHSA.org](http://www.LAHSA.org)



*Part 3*

# Supervisor Training

TRAIN THE TRAINER

# Supervisor Resources and Training

**The practice supervisor for each facility will have the responsibility of ongoing training of current and new staff members.**

- May be the homeless ambassador, as well as the subject matter expert (SME) regarding available resources.
- Staff and providers may contact this individual for current and available resources and direction.
- The supervisor will use the training materials for staff and providers as the basis for ongoing and regular training.



# Learning Objectives

- ➔ Staff motivation: “Compassion-Respect-Support.”
- ➔ Staff expectations.
- ➔ Reducing customer service fatigue.
- ➔ Cornerstones of providing exceptional customer service.
- ➔ Resources for populations experiencing homelessness.

# Crucial Premise to Remember

**Delivering great customer service – should be a core basic function and automatic in your practice.**

- Should not be viewed as going above and beyond the call of duty, but rather a normal way of doing business.
- Training your team to deliver great customer service is a significant strategic investment.



# Homeless Referral Resources



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Thank you