Meeting the Health and Social Service Needs of High-Risk LGBTQ Youth in Detroit: The Ruth Ellis Health & Wellness Center

In Detroit, Michigan, a unique partnership between the Ruth Ellis Center (REC), a youth social services agency, and the Henry Ford Health System (HFHS), a non-profit, integrated health care organization, is seeking to meet the health and social service needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth experiencing systemic barriers to housing, health, and wellness. *The Ruth Ellis Health & Wellness Center* was established in 2016 to provide a range of physical health, behavioral health, and social services tailored to the diverse needs of this population in a safe, convenient environment. Initially operating in a mobile clinic, the program moved into a newly constructed health and wellness center (the "Center") at the REC in February 2017.

Program At-A-Glance

Partners: Henry Ford Health System and Ruth Ellis Center.

Goals: Improve the long-term health outcomes of LGBTQ youth.

Partnership Model: A collaborative model with shared staff and space, multi-source funding, and collaborative planning, implementation, and evaluation.

Scope of Services: Provide primary care, behavioral health, and social services for LGBTQ youth in a safe, convenient environment.

Funding: Braided funding from the project partners, foundations, private donors, and Medicaid.

Impact: Evaluation is in its early stages.

Partnership Overview

As a Medicaid-contracted mental health and social services provider,[1] REC was serving approximately 900 LGBTQ youth annually with services aimed at reducing barriers to self-sufficiency, including: (1) short- and long-term residential housing; (2) a drop-in center offering food, clothing, showers, laundry, and case management; (3) outpatient mental health and substance use disorder services; and (4) state-licensed foster

Bridging Community-Based Human Services and Health Care Case Studies

Health care and community-based organizations (CBOs) across the country are increasingly working together to address social needs that may be contributing to poor health outcomes. These cross-sector relationships are occurring under a variety of models, yet little is known regarding the strategic, cultural, operational, and financial considerations that factor in their success. With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes* brought together Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities to capture and share insights for partnerships between health care organizations and CBOs, particularly those that serve low-income and/or vulnerable populations. This case study series highlights four partnerships illustrating diverse models between CBOs and health care organizations.

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care residential services. REC's drop-in center, however, afforded no privacy to address the population's elevated risks for issues such as depression and anxiety; violence from family and society; suicide; poverty; unemployment; homelessness; and diagnoses of HIV or AIDS.[2] Further, youth served by REC were frustrated by their struggles in accessing health care — they had trouble obtaining prescriptions for gender-transitioning medication, faced discrimination or denial of services from providers, and often had to go to emergency departments as a last resort for care.

With 5,000 square feet of space available for renovation, REC approached HFHS to explore a partnership to integrate primary and behavioral health care in a community setting and meet both the health *and* social service needs of the LGBTQ youth population. HFHS had the primary care model and clinical expertise to serve LGBTQ youth, but lacked a channel and the cultural competency to reach this population. It knew that the youth did not trust the medical system enough to come to its site. Together, the organizations determined that a fully integrated, community-based setting would be the best option for safely delivering the full range of health and social services needed by the population.

Service Delivery Model

Once the partnership was established, HFHS assumed a key role in providing in-kind guidance to REC on renovating the care facility, which was once a vaudeville theater. Directors of HFHS' facility development department and its community-based health program met with REC regularly to provide guidance on the renovation. HFHS also agreed to set up and maintain the electronic medical record (EMR) system at no cost.

REC, in turn, ensured that the new space was designed to meet the needs of LGBTQ youth and raised the capital for construction. During construction, HFHS brought its mobile clinic, at its own expense, to REC and began to see patients.

The partnership's integrated model of care delivers medical, behavioral health, and social services all in the newly built Center. HFHS provides general primary care and services targeted to the population's health needs and risks. These include prevention of HIV/AIDS for those at high risk, sexual health services, and transition medications and hormone therapy for transgender individuals. Clinical care is provided by HFHS physician Maureen Connolly, MD, who works at the Center two days a week and worked extensively with LGBTQ youth during her residency.

> *"No one knows what you're coming in for — a cold, a weight check, counseling, HIV treatment, or gender-transitioning care. We wanted the same welcoming, confidential experience that we all want when we ourselves go for health care."*
>
> *– Ruth Ellis Center*

The REC team complements physical health services with behavioral health and social services. These include, for example, counseling for depression, post-traumatic stress disorder, or substance use disorders, as well as social service needs related to housing stability, intimate partner violence, food security, and vocational training and employment. REC employs a front-desk receptionist and a customer service representative, who schedule

appointments, manage insurance eligibility, and provide linkages to primary health, behavioral health, and social services within the Center. The program's care model is bi-directional, with primary care providers identifying behavioral health and social service needs in patients, and behavioral health providers making referrals to primary care and social services.

Information Sharing and Reporting

Early, ongoing, and outcomes-focused communication among the partners has contributed to initial program successes. The partnership uses a case conferencing model that involves weekly team meetings to discuss patient health and social service needs, supplemented by calls and e-mails to address time-sensitive concerns. The team also relies on EMRs, accessed through six computer workstations that REC purchased, to share patient notes and facilitate billing. REC staff underwent Community Connect HIPAA Compliance and Protected Health Information Training, and leadership signed a memorandum of understanding (MOU) to align with HIPAA requirements.

Shared Governance

The partnership is governed jointly by REC and HFHS. The partners developed a four-page MOU that describes the responsibilities and expectations of each organization, including: proposed services; compliance with guidelines (e.g., current standards of practice for care, HIPAA compliance); clinical staffing; space and equipment; billing and fee collection; and training.

Representatives meet quarterly to discuss policies, procedures, and how the partnership is working. These representatives review demographic data of the served population, as well as targeted outcomes, including number of unduplicated users, number of visits, and visit types. This shared approach to governance ensures that each partner's needs are reflected in the program, and that input and buy-in are maintained.

Funding Model

The partnership's braided funding model includes resources from: the partners, the Michigan Health Endowment Fund, The Jewish Fund, Community Foundation of Southeast Michigan, DMC Foundation, Carls Foundation, private donors, and Medicaid reimbursement. The majority (60 percent) of expenses are supported by foundation funds.

REC is solely responsible for maintaining the Center space, with costs covered by a combination of foundation funds and unrestricted operating income from a capital campaign. Costs for equipment and supplies are shared depending on funds available and which organization has ready access to in-kind contributions.

"We would have expected this to be a lot more difficult, especially as a very small nonprofit partnering with a very large health system. But because we have structured the partnership for each of us to bring our respective strengths, there have been no big issues to resolve."

– Ruth Ellis Center

HFHS pays for costs related to EMR access, as well as the salaries of the physician, nurse practitioner, and medical assistant, and their malpractice insurance. The Michigan Health Endowment Fund supports the salary of the Center's front-desk staff. Medicaid, through contracted managed care organizations, reimburses health care services provided by HFHS and behavioral health services provided by REC.

Patient and Community Engagement

The patient community played a key role in identifying unmet needs that the Center now addresses, including suggestions for design of the new Center. For example, REC youth identified the need for a shower in an on-site restroom, noting that some individuals would not go to the doctor because they had not been able to shower.

Program leaders recognized from the start that typical outreach campaigns (e.g., television spots, flyers) would not be effective, given the marginalization of the target population. Instead, the co-location of the facility with REC's drop-in center, a convenient setting for youth in the area, facilitates outreach. Word of mouth, social media, and peer outreach staff helps to build awareness for the Center's services. Dr. Connolly also regularly speaks with other community providers to encourage referrals.

Evaluation and Outcomes

Program evaluation is still in its early phases. Shared process metrics tracked to-date include the number of patients served, number of visits completed, and the types of services delivered. Following each patient visit, staff administer a three-question survey to secure feedback about the appointment process and provider relationship. Initial results have been very positive, as further evidenced by the rate of patient return visits. In addition, REC is assessing the effectiveness of the behavioral health and social services provided at the Center.

> *"Staff members at REC are experts in the needs of LGBTQ youth and have strong relationships with those in our community. We have the clinical and logistical care expertise, but need to rely on REC for their population knowledge and outreach channels."*
>
> *– Henry Ford Health System*

The partnership is beginning to produce cost savings and operational efficiencies for the partners, though at this early stage, these outcomes are not yet quantified. REC, for example, has leveraged HFHS' purchasing power to secure needed equipment for the Center, and has not had to devote resources to hiring, credentialing, and purchasing malpractice insurance for clinical staff. HFHS, in turn, uses the REC facility to serve patients without having to pay for rent or utilities. The project team ultimately plans to measure the program's return-on-investment.

Success Factors

The staff at REC and HFHS attribute a number of factors to the collaboration's success, including:

- **Well-matched values and goals**. Both organizations are committed to serving young people, improving people's lives through health and wellness, and addressing social determinants of health.
- **A thoughtful and measured ramp-up period.** The organizations spent two years building the partnership model before providing services together. The investment in ensuring mutual understanding around core values helped prevent unproductive turf issues.
- **Relevant experience and complementary expertise.** REC leadership and staff offered robust experience developing community collaboratives, as well as expertise in the needs of LGBTQ youth, strong relationships with those in the community, and effective outreach channels. This was complemented by HFHS' clinical and logistical care expertise.
- **Balanced collaboration.** Across the planning and implementation of the program, balanced collaboration — through financing, contributed expertise, donated in-kind services, care delivery, and structured, ongoing communication — has created a model of care delivery that best meets the unique needs of this vulnerable population. The open relationship also creates a level of trust that makes the partnership sustainable.

Success Story

A 21-year-old transgender woman whose primary source of income is sex work, recently visited the Center for gender-affirming hormones. Previously, the patient had been taking hormones she obtained from friends or purchased online, and she was so relieved to have access to appropriate medical care. She had been worried that the medications she was taking might have harmed her body, but she had no other way to access care and was desperate to affirm her identity as a woman.

After the visit, she teared up and hugged Dr. Connolly as she explained, "Nobody ever does stuff like this for us. Nobody ever comes out here; nobody is interested in taking care of us."

"For me," said Dr. Connolly, "the most important aspect of that visit was not the medication or medical care, but that this person received the message that her health is valuable, that she is valuable. Even the most marginalized among us deserves quality care, and caring for them makes our entire community healthier."

The Center's case manager helped the patient find stable housing and fill out an application for a name change and gender-marker change. Plus, she is expected to start therapy with the Center's behavioral health team. The full team discusses her case weekly to make sure she continues to receive necessary medical, behavioral, and social supports.

Challenges

While the partnership has been successful in its early stages, project staff identified a few programmatic challenges, including:

- **Having adequate capacity** to meet the very high demand for primary care services in particular, since Dr. Connolly is only on-site two days a week.

- **Developing a peer navigator model**, given issues of confidentiality that may arise if peers have access to patient health information and use it inappropriately. This concern has prevented the program from engaging peers in coordinating care linkages.
- **Complying with the time-consuming data entry requirements** of the program's many grant funders.

Looking Ahead

A primary goal of the program's future expansion is the creation of a full-time, fully integrated LGBTQ health and social services center. The Center would address a full range of health and social service issues faced by LGBTQ youth, in partnership with transgender-sensitive medical specialists (e.g., endocrinologists, cardiologists, dermatologists) who are already providing care to this population. REC has received some private-foundation funding, and is seeking additional funding, to add nurse practitioners and registered nurses to the clinical team. The goal is to expand the team and make the effort largely self-sustainable within three years. Program leaders believe that more consistent contracts with the Michigan Department of Health and Human Services and public health entities will be important for the program's sustainability.

Partnership for Healthy Outcomes: Bridging Community-Based Human Services and Health Care

This case study is based on the *Partnership for Healthy Outcomes*, a year-long project of Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities with generous support from the Robert Wood Johnson Foundation, which captured and shared insights for partnerships between health care and community-based organizations, particularly those that serve low-income and/or vulnerable populations.

Author: Stacey Chazin, MPH, CHES, Center for Health Care Strategies

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Endnotes

[1] REC is a Medicaid mental health provider working in partnership with a community mental health system in Detroit, under the Children's Mental Health Initiative (CMHI) of the Substance Abuse and Mental Health Services Administration (SAMHSA). For more information, see: https://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf.

[2] J.M. Grant, L.A. Mottet, and J. Tanis, et al. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, Executive Summary. National Center for Transgender Equality and National Gay and Lesbian Task Force, Washington, DC. Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_summary.pdf.