

**Norfolk Homeless Consortium**  
**Committee: Healthcare**  
**Date: October 12, 2007**

**Attendees:**

Sharon Laisure, City Manager's Office  
Sue Baynes, Portsmouth CHC  
Linda Williams, Park Place Medical Center  
Dr. Larry Ryan, Salvation Army  
Alicia Matthews, St. Columba  
Alisa Berry, Office to End Homelessness  
Marge House, For Kids  
Stacie Walls-Beegle, ACCESS  
Julie Dixon, The Planning Council

Haisezetter Hines, Park Place Med Ctr  
Barbara Willis, Park Place Med Ctr  
Dr. Subir Vij, Park Place Med Ctr  
Charles Winslow, Urban League  
Crystal Copeland, Urban League  
Claudia Gooch, The Planning Council  
Jay Clarke, Gosnold Apartments  
Sari Friedman-Rosner, DHS – HART

**I. Agenda Items**

- Report back from PPMC on utilization data / scheduling options
- Impact of DePaul downsizing and PACT care on PPMC
- Transportation Update
- Medication Assistance Update
- Other business

**II. Key Decisions/Action Items**

- Dr. Vij (Medical Director at PPMC) shared data graphs with the group and explained the targets met so far in the HCH grant. There have been 339 encounters with patients out of 583 scheduled (new and established).
- Clinic hours have recently been extended until 8 pm. Additionally, the 1<sup>st</sup> and 3<sup>rd</sup> Saturdays of each month now have hours 8:30 am – 12:30 pm.
- Dr. Vij described the staffing at PPMC for the grant and stressed that Community Health Centers are very good at handling primary care for chronic disease management (diabetes, asthma, high blood pressure and cholesterol, etc.) but is not the place to go for acute care. Unfortunately, hospital ERs remain the only / best option for homeless clients who need urgent care.
- New patients need agency referrals but once an established patient they can be seen as a 'walk-in'. New patients are seen on Wednesdays and Thursdays and take more time to go through medical history, first screening, etc. Established patient visits are much quicker. Medical providers each have 2 slots in the AM and PM to see patients.

- Transportation has improved the No-Show rate even if the past week resulted in 2/3 clients missing the van. Communication between the case manager putting clients into the van and the ACCESS driver needs to take place so no one is missed if standing in the incorrect place.
- MAP: In September: 35 referrals; 30 picked up. 69 prescriptions filled.

### III. Additional business

- Photo IDs – it was stated that they are needed for all patients seen at CHC.
- A discussion took place around the idea of assigning days to an agency so that they can ensure their clients are seen within one month for regular care. Larger agencies with more client need may get 2 days assigned (such as UM and St CEM, Salvation Army.) A draft chart was developed which will be shared by email with the group so everyone can comment and think if this will be an improvement to their current system. **See below**

### IV. Upcoming Meetings

- **November 8 – 10:00, Gosnold Apartments**

## Park Place Medical Center Health Care for the Homeless

### Monthly Scheduling Blocks **(DRAFT)** (each block has 3 appointment slots)

	1 <sup>st</sup> Week	2 <sup>nd</sup> Week	3 <sup>rd</sup> Week	4 <sup>th</sup> Week	5 <sup>th</sup> Week
Wed. am	ForKids	Dwelling Place	YWCA	Small providers	Families
Thurs. am	Salvation Army	Norf. CSB	Salvation Army	ACCESS	Single adults
Thurs. pm	Union Mission	St. Columba	Union Mission	St. Columba	Single Adults