2016 Innovation Awardees

Telehealth Services Within Permanent Supportive Housing

Principal Investigator:
Benjamin Henwood, PhD, MSW
Assistant Professor
University of Southern California School of Social Work

Co-investigator:
Nadia Islam, PhD, MSW
Clinical Director, USC Telehealth

As a way to address a growing homeless crisis, Los Angeles County (LAC) Department of Health Services (DHS) is investing heavily in new permanent supportive housing (PSH) through their “Housing for Health” program. PSH is an evidence-based intervention that ends chronic homelessness by providing residence and support services. Identified by the U.S. federal government as the “clear solution” to chronic homelessness, PSH has been rapidly implemented and expanded nationwide. The goal of this project is to evaluate a pilot health care delivery quality improvement project in which USC Telehealth (USCTH) will implement evidence-based psychosocial interventions to tenants living in PSH. Although all tenants are provided assistance in accessing traditional mental healthcare services, many high-need tenants often encounter barriers that lead to underutilization. USCTH—which delivers care through online video technologies—offers a potential solution to overcome many of these barriers and improve the delivery of care by allowing tenants to access virtual and evidence-based counseling in the comfort and safety of their own home. Through the support of the Gehr Family Center for Implementation Science, Professors Benjamin Henwood and Nadia Islam at USC SSW will be conducting a feasibility study to evaluate this pilot. With collaboration between public and private funders, a community-based non-profit, and university clinicians and researchers, this project embodies the synergy required to advance innovative solutions to seemingly intractable problems such as homelessness.
A Sustainable System for the Healthcare Enrollment of Uninsured Patients at LAC+USC Medical Center

Principal Investigator:
Janina Lord Morrison, MD, MPH
Medical Director
The Wellness Center at the Historic General Hospital

In the post-Affordable-Care-Act era in Los Angeles County, there still remain gaps in the coverage needed to insure quality medical care for all residents. The My Health LA (MHLA) program provides access to low-income undocumented individuals. Unfortunately, the MHLA program is limited by the fact that individuals can only enroll onsite at community clinics. At LAC+USC Medical Center, this translated into a high volume of uninsured individuals using the Emergency Department and its affiliated clinics for primary care. Since January 2016, The Wellness Center (TWC) at the Historic General Hospital has undertaken a pilot project to offer onsite MHLA enrollment on the campus of LAC+USC. We propose to evaluate the outcomes of this enrollment program. At TWC, we have an integrated database to analyze demographic and service utilization data on the individuals we serve. Through our partnership with LA County, we also have access to MHLA utilization data at the community clinics for individuals who are enrolled at TWC. To date, we are tracking 537 individuals enrolled in MHLA to see whether they present at their chosen community clinic to establish care. We aim to demonstrate that we can effectively enroll Emergency Department patients in primary care and reduce high cost inappropriate healthcare utilization.

Addition of Clinical Care Coordinator to Improve Evaluation Services for Children with Autism Spectrum Disorders

Principal Investigator:
Erica Shoemaker, MD, MPH
Director of Clinical Services in Child and Adolescent Psychiatry
LAC+USC Medical Center

Co-investigator:
The Centers for Disease Control estimates that the current prevalence of Autism Spectrum Disorder (ASD) is 1 in 68 children. While ASD can often be diagnosed as early as 2 years old, fewer than half of American children with identified developmental problems in their medical chart or school record receive an appropriate and comprehensive evaluation by the age of 3 years old. The delay in timely evaluation is even greater among African American and Latino children. The window of time in which evidence-based behavioral and other therapies have been shown to be most effective in changing the course of ASD is between 2 and 3 years old. This means that this gap from detection of behavioral problems to expert evaluation and treatment deprives children of the right treatment at the right time.

The Department of Pediatrics and the Division of Child and Adolescent Psychiatry at LAC + USC piloted an Early Childhood Clinic (ECC) starting in July of 2015. The mandate of this clinic is to provide access to quality clinical evaluation services for autism spectrum disorder for children 18months – 6 years old. The clinic is held in the Pediatrics primary care clinic space in LAC + USC Medical Center. From our clinic, children who receive a clinical diagnosis of ASD or developmental delay are referred to Regional Center for a structured assessment (psychology, speech, and occupational therapy testing). If Regional Center deems that the clinical evaluation and structured assessment show that treatment is indicated, they will work with the insurance company for patients to obtain therapeutic services.

As currently structured, the Early Childhood Clinic is staffed with several attending physicians, residents, and a clinic nurse. Our care coordination activities are limited to giving out the addresses and phone numbers of agencies we would like families to call (i.e. Regional Center). The absence of the care coordination function has led to delays in scheduling initial appointments in the ECC and significant numbers of patients who don’t successfully make the jump from the ECC to the Regional Center systems. Our goal is to demonstrate that use of a clinical care coordinator will improve volume of children evaluated in the clinic and increase the numbers of children who successfully make the jump to specialized evaluation.