

# Mercy Care 2015 Needs Assessment

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*Report of Findings*



October 2015

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## EXECUTIVE SUMMARY

Mercy Care is focused on providing compassionate, high-quality, comprehensive primary care and health services to the poor. For these patients, the cost of traditional medical care is overwhelming and exclusionary. Mercy Care embraces the patients often deemed “undesirable” by society. Of the 12,000 patients who received care from Mercy Care in 2014, 66% were homeless and 93% were uninsured. Mercy Care is one of the largest federally qualified health centers in Atlanta and is the only health center in the city designated by the U.S. Department of Health and Human Services as a Health Care for the Homeless provider. Mercy Care seeks to understand the needs of the clients served, and has undertaken an assessment process to accurately understand and better serve the needs identified. After reviewing feedback from Mercy Care’s clients, staff, and community partners, it is apparent that Mercy Care helps fill a great need for persons experiencing homelessness in Atlanta. Clients expressed gratitude for the services provided and many clients encouraged Mercy Care to continue providing excellent, compassionate care. However, there is room for improvement.

Over half of Mercy Care’s clients rate cleanliness/hygiene challenges, inconsistent meals, poor sleep/fatigue, and fear/safety concerns as major concerns facing individuals in Atlanta who lack stable housing. Clients, staff, and partners weighed in on what unmet health needs exist in this population. All three groups agreed that mental health was important to address. Other unmet health needs include dental care, access to primary care, chronic condition treatment, and specialty care.

Clients were asked to describe barriers that prevent them from accessing care and how Mercy Care can help overcome these barriers. Clients explained that having convenient appointment times helped to negate some of the barriers they face when trying to access care. The three most common barriers (according to clients, staff and partners alike) were lack of income, lack of insurance, and transportation limitations. Health literacy and knowing where and when to access proper care was also cited as a barrier to accessing health services. Since Mercy Care provides care for all, regardless of a client’s ability to pay, lack of income and lack of insurance were not rated as highly in terms of barriers to accessing Mercy Care services. However, transportation and wait times remain barriers for patients to receiving Mercy Care’s services.

Outside of accessing healthcare services, there are many obstacles facing clients when trying to maintain health or manage chronic conditions. Clients ranked inconsistent access to food, inability to plan meals, and lack of privacy as the three biggest obstacles. This was slightly different than staff’s and community partners’ responses. Notably, staff and partners rated drug and alcohol addiction as a much larger obstacle to managing care, and underestimated the impact that the lack of privacy has on clients’ health maintenance.

To ensure clients receive coordinated care and have the power and knowledge to manage their own health, Mercy Care delivers health services in the Patient Centered Medical Home model (PCMH). Mercy Care staff believe that this is a beneficial practice and perceive their own strengths to be in delivering evidence-based healthcare services, supporting patients to deliver self-care, and using a team-based approach in the clinic.

Clients, staff, and partners agree that Mercy Care is known for consistently delivering high-quality health care, distinguished by reverence and empathy for patients. Clients responded that Mercy Care’s strengths lie in its compassion and customer service. Clients also recognize that the services they receive are high-quality, and they appreciate the professionalism of staff. Staff members perceive Mercy Care’s main strengths to be primary medical care, dental care, and case management or support services. Mercy Care’s community partners agreed that Mercy Care delivers excellent medical care, and also appreciated outreach services and the overall quality of staff and care provided.

Clients, staff, and partners had suggestions to help Mercy Care improve in the coming years, which include exploring potential new partnerships and strengthening existing relationships with partners.

## INTRODUCTION

Mercy Care has received funding from the federal Health Resources and Services Administration through the Health Center Program since the late 1980's. As a Health Center grantee, Mercy Care must adhere to 19 program requirements that guide agency operations, governance, and financial management. Program Requirement #1 states: *Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.* (Section 330(k)(2) and (k)(3)(J) of the PHS Act). The intent of this Needs Assessment is to inform decision-making and drive strategic planning. This report is the most comprehensive needs assessment conducted since 2010. The 2010 Needs Assessment revealed that mental health treatment and dental care were the greatest needs of the client population. Barriers to healthcare access included lack of insurance, difficulties navigating the healthcare system, and transportation limitations. This 2015 report draws from a much larger and more representative sample than the 2010 iteration and has been expanded to cover a wider range of topics and include staff feedback.

## METHODOLOGY

In July 2015, Mercy Care began a process to collect feedback from clients, staff, and community partners to understand and assess the needs of homeless and low-income or uninsured populations in Atlanta. This was accomplished by the creation of 3 survey tools: one for clients, one for staff, and a third for community partners. The survey tools were developed, finalized, and distributed in July and responses were collected through mid-August. A total of 387 clients, 124 Mercy Care staff members, and 26 community partners responded<sup>1</sup>. Data collection was completed by August 17<sup>th</sup> and analysis was performed during the following week. This report includes a summary of findings from these survey tools. Survey tools can be found in Appendices A, B, and C.

## CLIENT SURVEY

The client survey was distributed both electronically and by paper. Additional feedback was collected through two focus groups. The survey was targeted towards clients who were experiencing homelessness or had formerly experienced homelessness, although the survey was open to all clients. Clients were requested to take the survey no more than once. The survey was translated into Spanish and a paper version was made available in the clinics.

Clients experiencing homelessness with known email addresses documented were sent a link to the online survey, hosted by Survey Monkey. There were 502 email invitations sent out on July 22<sup>nd</sup> with an introduction and link to the survey. A reminder email was sent on August 8<sup>th</sup>. Of these 502 invitations, 45 (9%) were undeliverable, 398 (79.3%) did not respond, and 57 (11.4%) people clicked through to take the survey electronically. Excluding the emails that bounced back as undeliverable, this is a 12.5% online response rate.

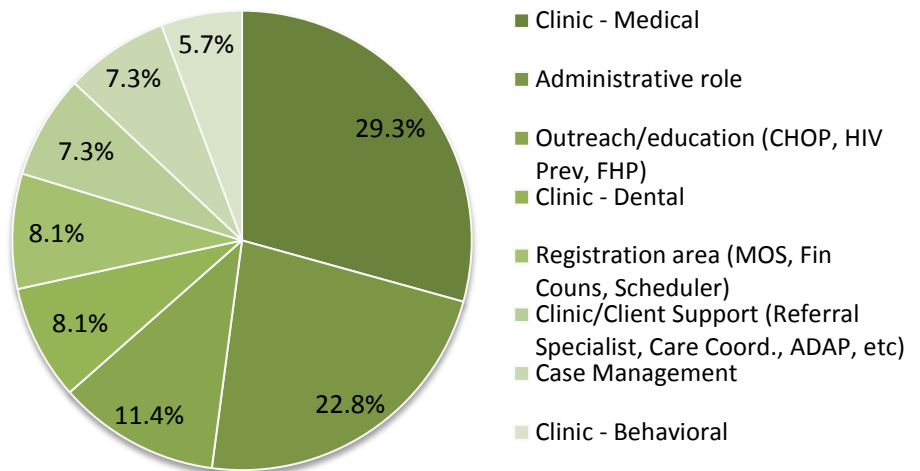
The paper version of the survey was available to clients during their visit to one of Mercy Care's clinics at Gateway Center, Decatur Street, City of Refuge, and mobile clinics between July 10<sup>th</sup> and August 14<sup>th</sup>. These clinics serve the greatest proportion of clients who are experiencing homelessness. Two hundred fifty five clients completed the survey in the clinics. The paper surveys were also available at a health fair on Friday, August 14<sup>th</sup> at Mercy Care Decatur Street. At the health fair, 75 clients completed the survey. Five \$1 "Atlanta Shares" vouchers were given at survey completion as incentives. In order to prevent duplicate surveys, the incentive was also given if clients voiced already completing the survey electronically or on paper. If needed, volunteers were available to help. The two focus groups conducted to collect deeper qualitative data were at City of Refuge on August 12<sup>th</sup> and during the Client Advisory Committee at Decatur Street on August 13<sup>th</sup>.

<sup>1</sup> Mercy Care saw 11,965 patients in 2014. Based on this number, a sample size of 373 respondents was required for results to be statistically representative of the client population. With 387 total client respondents, Mercy Care is 95% confident that answers represent the views of the population +/- 5% (assuming a normal distribution). At least 121 staff respondents were needed to be statistically valid; this was achieved with a total of 124 staff respondents. Statistical confidence was not reached with partner respondents; a minimum of 35 responses was not obtained.

## STAFF SURVEY

The link to the online survey was sent on July 17<sup>th</sup> to 176 employees at Mercy Care, including staff at Mercy Care and the Mercy Care Foundation. Staff were requested to complete the survey no more than once. Reminder emails were sent on July 31<sup>st</sup> and August 7<sup>th</sup>. A total of 124 staff responded to the survey via Survey Monkey, which was open for one month between July 17 and August 17, 2015. This represents a 70% response rate. Out of the employees that responded, 29% identified themselves as working in the medical clinic, with an additional 8% in the dental clinic, and 6% in the clinic specializing in behavioral health. Approximately 23% of respondents perform an administrative role within Mercy Care.

### Staff Respondents



## PARTNER SURVEY

A list of community partners with a shared interest in assisting low-income and homeless individuals was compiled in July 2015. The partners represent housing providers, recovery centers, and other medical and social service providers. The partner survey was sent to 38 community partners on this list via email on July 29<sup>th</sup>. A follow-up email was sent on August 7<sup>th</sup> as a reminder to complete the survey. The community partner survey was also available at a press event that was concurrent to the health fair on August 14<sup>th</sup>. A total of 26 community partners completed the survey, which is equivalent to a 68% response rate.

## FINDINGS AND ANALYSIS OF RESULTS

### GENERAL NEEDS OF THE HOMELESS IN ATLANTA

The client survey began by asking about the primary concerns facing persons in Atlanta who lack stable housing. Over half of all client respondents cited cleanliness/hygiene challenges, inconsistent meals, poor sleep/fatigue, and fear/safety concerns as major challenges facing people without stable housing. Other concerns written in by clients were transportation, employment, housing, basic necessities, societal challenges, and loss of human dignity or confidence. Clients mentioned that transportation was a limiting factor in getting to health appointments and holding down a job. They also expressed that finding employment was a challenge made even more difficult when lacking proper identification or having a previous conviction. Clients expressed need for job training and placement. Clients also articulated the lack of affordable

#### What are the primary concerns facing persons in Atlanta who lack stable housing?

Cleanliness/hygiene challenges	59.1%
Inconsistent meals	56.9%
Poor sleep/fatigue	54.5%
Fear/safety concerns	52.6%
Limited support structure/feeling isolated	46.3%
Communication barriers: phone, address, computer/email access	43.1%
Finding a safe place to use restroom	42.8%
Severe weather conditions	41.2%
Inconsistent access to drinking water	40.1%

and available housing for low-income individuals and families. A lack of basic necessities such as clothing, shoes, and personal hygiene items is another prominent theme. On a deeper level, respondents are frustrated by the perceived absence of support from those in power and an apathetic view of the public toward the plight of the homeless. In reference to this, clients voiced issues of “hopelessness”, “dependency”, feelings of disconnectedness from the rest of society, loss of dignity, and depression.

According to focus group discussions, fear/safety concerns play a big role in everyday life. In homeless shelters, people are living in close quarters with strangers who they do not know and cannot trust. On the streets, clients fear harassment and do not feel supported by the police or political leaders. Focus group participants believe that there are some individuals who are not well-suited for placement in permanent housing, either because they do not want it or do not yet possess the skills and tools to live independently. The group agreed that finding a job and being placed in housing is not always viable and will not be permanent if mental health issues are not addressed.

**TOP UNMET HEALTH NEEDS OF THE HOMELESS IN ATLANTA  
(GAPS IN SERVICE)**

Clients, staff, and partners were asked what they perceive to be the top unmet health needs among persons experiencing homelessness in Atlanta.

<b>Top 3 Unmet Needs of Atlanta’s Homeless Population</b>			
Rank	Clients	Staff	Partners
<b>1</b>	Primary Care	Mental Health Treatment	Mental Health Treatment
<b>2</b>	Dental Care	Dental Care	Substance Abuse Treatment
<b>3</b>	Mental Health Treatment	Chronic Condition Care	Access to Medications

Interestingly, there are some differences in the rankings between clients, staff, and community partners. Clients rated the top three unmet health needs as primary care, dental care, and mental health treatment. Staff ranked mental health, dental care, and chronic condition care as the top unmet needs, and partners prioritized mental health, substance abuse, and access to medications. The #1 need as perceived by clients (primary care) did not fall in staff’s or partners’ top 3 unmet needs. Further investigation is needed to understand why this discrepancy exists. Based on anecdotal evidence, it is plausible that many homeless individuals in Atlanta are unaware of the primary care services available to them (to be discussed in a later section). This may explain why primary care is ranked as the highest unmet need.

Clients also perceive dental care to be a major need, a belief that is felt less strongly by staff and partners (51.6% of clients compared to 48.2% of staff and 34.6% of partners). In focus group discussions, clients described how dental issues affect many aspects of daily life, including interviewing for a job, maintaining dignity in the eyes of passers-by, and having control over what foods are eaten. There are only a few providers of free or low-cost dental care, and these providers have long waiting lines. Clients mentioned dissatisfaction with dental services received in the past and explained that many homeless individuals are reluctant to go to the dentist because of this. Concerns were voiced that there are dental providers, such as Mercy Care, that will pull teeth when necessary, but opportunities for dentures and other forms of restoration are extremely limited. Focus group participants also mentioned frustration with dental appointments being scheduled far in advance, only to be canceled with short notice.

Client surveys had a space for respondents to write-in any unmet needs that were not listed as an option. Some of these replies highlighted the need for obstetrical and gynecological care, oncology care, podiatry, emergency health services, colon cancer screenings, education, and support groups.

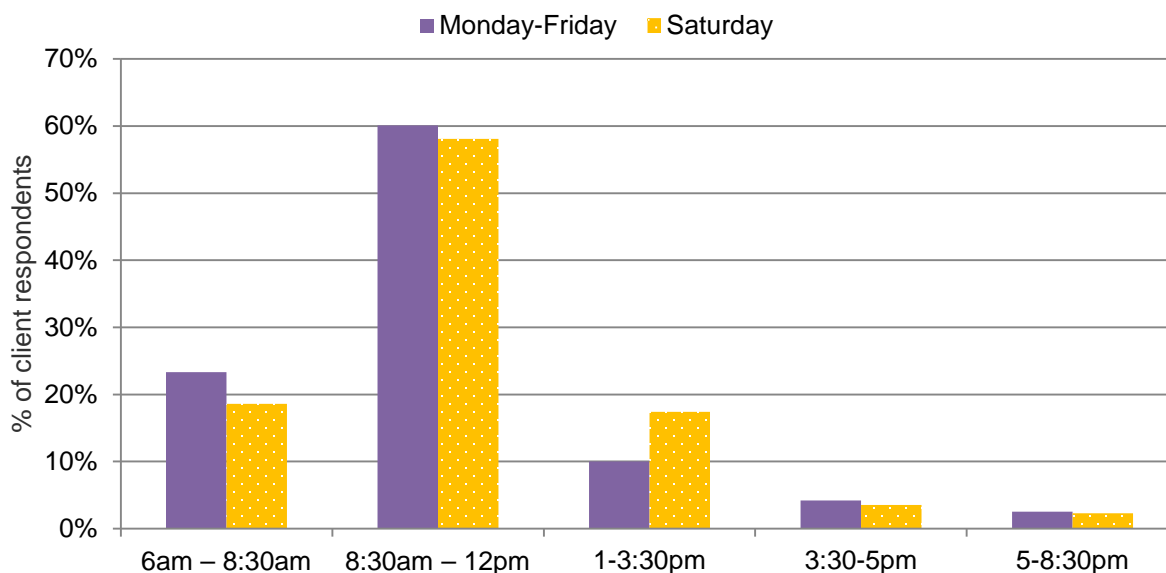
Mental health was in the top three for all groups. Staff and partners rated mental health treatment, access to medications, and substance abuse treatment as more crucial needs than clients did. Over 30% of Mercy Care staff feels that specialty care is a critical unmet need, as compared to 24% of

partners and only 11.5% of clients. Other unmet needs mentioned across the three respondent groups included items related to housing, transportation, access to medications, and costs of care (especially limiting for specialty care and dental services). Clients, staff, and partners all recognize that basic necessities such as housing, clothing, and food have a great impact on overall health.

## PREFERRED APPOINTMENT TIMES

In order to meet clients' healthcare needs, Mercy Care seeks to provide services that are consistent and convenient. To establish the best way to serve clients, the survey tool included an item regarding the preferred times for healthcare appointments during the week and an item for preferred time on a Saturday. Overall, clients prefer appointments earlier in the day, with the majority selecting 8:30am-noon as their preferred time for appointments. The next most desirable slot is early morning (6am-8:30am), followed by early afternoon (1pm-3:30pm). Very few patients want appointments after 3:30pm. These preferences hold true for Saturday appointment times as well, although clients want slightly later times on Saturday (fewer selected early morning appointments, and more selected early afternoon times as compared to weekday schedules).

### Preferred Time for Health Appointments



#### Total Responses (number of clients):

	6-8:30am	8:30am-noon	1-3:30pm	3:30-5pm	5-8:30pm
Monday-Friday	84	217	36	15	9
Saturday	64	200	60	12	8

A staff member described a plausible reason why early morning appointments are so desirable:

*"If they are staying in a shelter and leave their doctor visit late they are not allotted enough time to walk back to the shelter to meet the shelter's times of intake. They lose their spot and have to find a safe place on the streets to sleep for the night. Some want care but fear missing meals and an opportunity to sleep inside for the night. Food and shelter becomes the deciding factor of whether a homeless person seeks medical care many times."*

Clients confirmed that at least one shelter in the area requests clients to be in shortly after lunch time, leaving only the morning to accomplish personal tasks. If a client is not sure where to go (or when to arrive) and is dependent on public transportation, this may severely limit how many tasks

can be completed in a day. Some clients described waiting for several hours, only to be told to come back the following day to be seen, which places an undue burden on clients' time and resources.

### BARRIERS TO ACCESSING CARE

Appointment time preferability is a manifestation of several barriers to accessing healthcare services. Clients seek appointment times when barriers are lowest, such as ease of transportation and shorter wait times. However, there are some barriers that are more difficult for clients to navigate around.

Clients, staff, and partners were asked "What are the most common barriers that persons who are uninsured and/or experiencing homelessness encounter when trying to access medical/health services?" Staff and partners were asked to rank in order of importance, while clients were asked to select all that apply. The table below shows all items ranked, from the most significant barrier as perceived by each group, to the least considerable barrier.

What are the most common barriers that persons who are uninsured and/or experiencing homelessness encounter when trying to access medical/health services?		
Clients	Staff	Partners
Lack of income	Lack of income	Lack of income
Lack of insurance	Lack of insurance	Lack of insurance
Transportation	Transportation	Transportation
Lack of information about where to access services	Lack of information about where to access services	Limited coordination among care providers
Wait times	Limited coordination among care providers	Lack of information about where to access services
Limited coordination among care providers	Wait times	Wait times

Clients, staff, and partners all agree that lack of income, lack of insurance, and transportation are the three major barriers to accessing medical/health services (in that order). As one staff member summarized, *"lack of income and lack of insurance are inextricably linked"*. Clients in a focus group agreed *"lack of income and lack of insurance is a given; everyone knows"* that these are the restricting barriers for almost all homeless and low-income individuals. With no insurance, clients are excluded from most traditional healthcare services; the cost of necessary services is often prohibitive. Lamentably, the individuals who most desperately need healthcare are often those with the biggest barriers to overcome. Mercy Care strives to bridge this gap, but lack of income and lack of insurance remain enormous hurdles for clients. Lack of insurance includes not only health care, but vision and dental care as well. Clients also spoke of trouble accessing specialty care and acute care services, a task that is made much more difficult without health insurance.

In reference to transportation, clients explained how individuals experiencing homelessness that are in need of service will walk from the shelter or wherever they have spent the night to get to Mercy Care's doors hours before opening. It is not uncommon for a long line of people to be waiting for healthcare prior to 7am. However, clients expressed that many eligible individuals do not know about Mercy Care or do not find out about the available services until after they are sick (ranked item #4 by clients: lack of information about where to access services). Focus group participants agree that there is a misunderstanding about where to access services, and also *when* to access services, with some individuals misusing 9-1-1 or the emergency department. This was a topic mentioned by staff and partners as well.



Interestingly, despite having limited health care providers available to them, clients exhibit freedom of choice—that is, some choose to forego a needed health service instead of subject themselves to a provider they do not like or trust. Clients spoke of avoiding emergency departments because they refused to wait for poor quality services or eschewing dental services due to dissatisfaction with prior treatment. This indicates that merely having access to health services is not sufficient. Clients are discerning and demand high-quality services.

Clients ranked limited coordination among providers as the least prominent barrier to accessing care (6<sup>th</sup> out of 6 options), while staff and partners ranked this item higher (5<sup>th</sup> for staff and 4<sup>th</sup> for partners). Coordination among providers may not be as visible to clients, but it is noticeable to staff and partners. The ranking of this item may mean that although clients do not see this as an issue, community partners feel disconnected. As Mercy Care seeks to continuously improve our processes, this may be an area to further investigate and refine.

The fourth most common barrier, as rated by clients, was a “lack of information about where to access services” (phrased as “do not know where to get help” on paper surveys). Staff and partners both noted that health literacy plays a prominent role in accessing healthcare, a fact that was not as strongly emphasized by clients. Staff and partners recognize that clients often are not aware of available services and are not empowered with the skills necessary to comply with their health plan or navigate what can be a complicated healthcare network.

Clients, staff, and community partners also had the opportunity to write in a barrier if it was not listed. Clients identified: availability of certain services (including, but not limited to dental care, affordable dentures, vision care, and specialty care), accessibility of services (wait time, limited appointment availability, transportation, unavailability of necessary documentation), communication challenges (including an overloaded phone system), restrictions arising out of shelter intake hours, and barriers born from a weak support system.

Clients also mentioned anxiety and the absence of compassion or understanding from others as barriers to accessing medical services. This stigma of experiencing homelessness was a barrier that staff and partners picked up on as well. One partner said that this stigma “*may generate shame, embarrassment, and a fear of an awkward social interaction to such an extent that they don't come forward*” to receive necessary care. Staff mentioned the mistrust that many clients feel toward providers, which may preclude them from receiving excellent care. This mistrust can have a deleterious effect on the health of the client. A staff member clarified that “*mistrust [can be on the part of] the client, the “system”, or those treating the homeless [which] often prevents them from getting excellent care.*” Mercy Care seeks to treat each person with dignity and respect and without prejudice. Barriers to accessing healthcare services in general can be compared to barriers to accessing Mercy Care’s services, presented below.

## BARRIERS TO ACCESSING MERCY CARE

Mercy Care staff members were asked to provide insight into what they believe to be the barriers that commonly thwart persons experiencing homelessness from accessing Mercy Care’s services. The barriers were ranked in order of importance as follows (greatest barrier is first):

1. Transportation
2. Wait times
3. Lack of income
4. Lack of information about where to access services
5. Lack of insurance
6. Limited coordination between Mercy Care and other service providers

Notably, the two biggest barriers identified by staff when trying to access Mercy Care services are transportation and wait times. These two items were rated 3<sup>rd</sup> and 6<sup>th</sup> out of 6, respectively, when staff were asked about the biggest barriers to accessing care in general, not just at Mercy Care (refer to previous section). Lack of income remains in the top three and lack of insurance is 5<sup>th</sup>

(these were the top 2 barriers identified to accessing care in general). Lack of insurance and lack of information about where to access services were rated as equal in importance.

Staff were also given the opportunity to write in additional barriers they perceive to be facing homeless persons when seeking health services at Mercy Care. Staff identified the following barriers: appointment availability, wait times, walk-in troubles, specialty care shortages, and medication challenges. Availability of appointments included staff’s perception of the need for more providers or longer hours. *“Client/patients are turned around because there are only a limited amount of slots available for a certain day. And sometimes a staff worker (medical/dental) calls in sick, etc. and that also puts a challenge to the homeless person because that person has to come again the next day hoping to be seen.”* However, based on clients’ preferred time for appointments, longer hours may not be the best solution. Staff were also concerned about long wait times and clients’ confusion as to why they must wait so long to be seen. This may be related to Mercy Care’s walk-in/open access scheduling model, which continues to be honed. One staff member stated that *“clients have to walk in so early to be seen. We lose people who cannot or will not do this.”* The need for expanded services was cited as a barrier to receiving health services at Mercy Care, since existing health conditions may prevent a person from receiving care in the first place. For example: *“If they have an addiction, it is hard to get them back in for follow up appointments if their addiction has not [been] treated.”* Staff also listed several common barriers preventing clients from accessing Mercy Care’s services, such as transportation, housing, lack of proper identification, and trouble filling out paperwork.

### OVERCOMING BARRIERS TO ACCESSING MERCY CARE’S SERVICES

After being asked to rank and identify barriers to health care access specific to Mercy Care, staff members were given the opportunity to provide suggestions for how to overcome the barriers described above. Staff provided many ideas for how to improve accessibility and availability of services. Some of the major themes include: increasing availability of appointments, improving staff sensitivity and compassion through training, improving clinic efficiency, assisting with transportation and housing, and increasing outreach opportunities and community partnerships. Staff proposed expanding clinic hours, increasing walk-in availability, refining scheduling practices, improving medication dispensing, and hiring more staff (including primary care providers, specialty care providers, case managers, and staff in general) in order to be able to increase patient volume. To improve clinic operations, staff recommended encouraging employees to be problem-solvers, improving communication, building relationships with clients, considering more non-traditional types of appointments, and cross training staff to provide more informed care.

### OBSTACLES FACED IN MANAGING HEALTH

The ability to access and receive health services is one of many factors that contribute to the management of health and chronic conditions. When asked “What are the biggest obstacles that homeless persons face when trying to manage their health/chronic conditions?”, clients rated inconsistent access to food, inability to plan meals, and

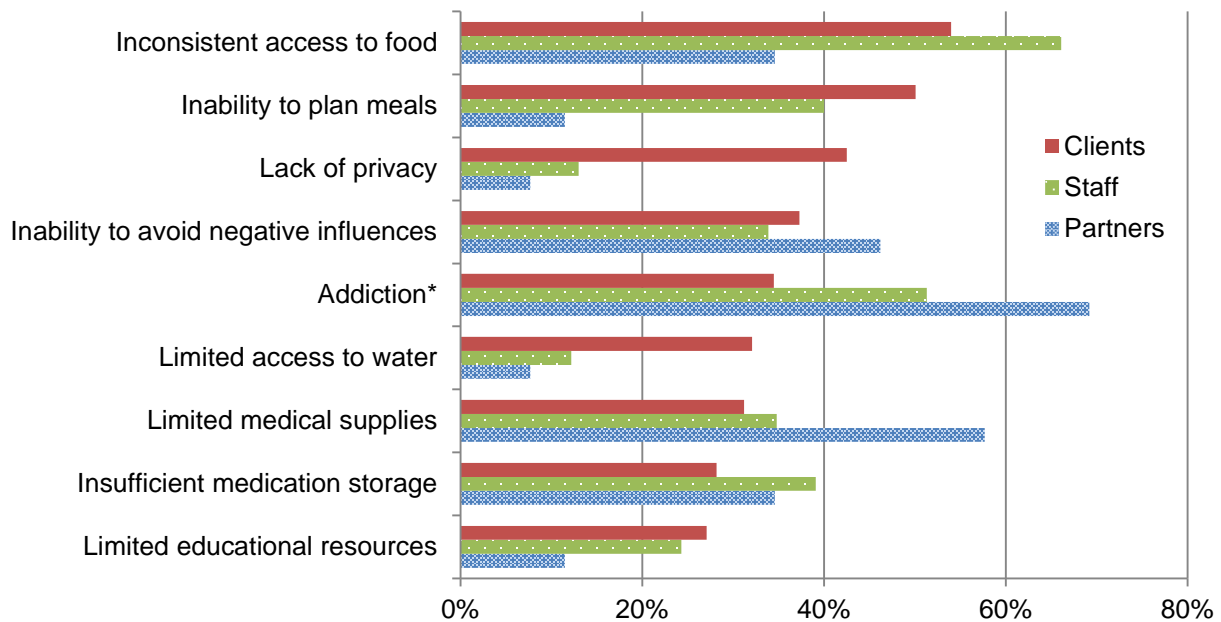
Obstacle to Managing Health	Client Rank	Staff Rank	Partner Rank
Inconsistent access to food	1	1	4
Inability to plan meals	2	3	6
Lack of privacy	3	8	9
Inability to avoid negative influences	4	6	3
Addiction	5	2	1
Limited access to water	6	9	8
Limited medical supplies	7	5	2
Insufficient medication storage	8	4	5
Limited educational resources	9	7	7

lack of privacy as the three biggest obstacles. Staff and partners also recognize that inconsistent access to food is a challenge, ranking it first and fourth, respectively. Clients’ second biggest

obstacle, inability to plan meals, was rated third by staff and 6<sup>th</sup> by partners. Lack of privacy, which clients said was the third biggest obstacle, was underestimated by staff and partners, falling near the bottom of the list (out of 9 choices, it was 8<sup>th</sup> for staff and 9<sup>th</sup> for partners).

Clients were less likely than staff or partners to rate addiction, limited medical supplies, and medication storage issues as major obstacles to managing health. This may imply that clients underestimate the impact of addiction on their health. This may also correlate to clients' opinion that there is less of a need for substance abuse treatment than Mercy Care staff and community partners (see previous section). Another explanation may be that the lack of basic necessities leads to a feeling of helplessness or lack of control, and, as one respondent said, "*addiction [helps to] cope with life failure*". As such, substance abuse may be regarded as a part of life, and not a medical condition that requires treatment to overcome.

### What are the biggest obstacles that homeless persons face when trying to manage their health and chronic conditions?

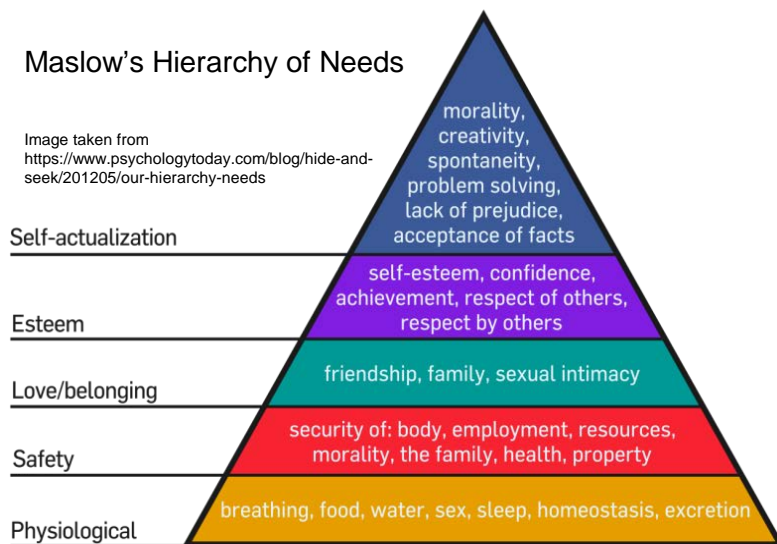


\*Addiction was unintentionally left off of some paper surveys as an option. All electronic surveys included "addiction" as a choice for this item, but only 1/3 of paper surveys went out listed addiction. In order to account for this error, the percentage listed above uses only the surveys that included "addiction" as the denominator. In essence, this question was only asked to 43% of respondents. Of those respondents, 34.5% selected "addiction" as a major barrier to managing health.

These nine options could be grouped into items that relate to basic needs (inconsistent access to food, inability to plan meals, lack of privacy, limited access to water) and items that relate to medical interventions (such as limited medical supplies, insufficient medication storage, and limited educational resources). From the rankings above, clients perceive that basic human needs not under their control are greater obstacles to health than the absence of medical interventions. This may indicate that clients perceive that healthcare interventions are easier to access and control than basic human needs. It is clear that clients, staff, and partners alike recognize that there are many factors that influence an individual's health, including transportation and shelter.

## Maslow's Hierarchy of Needs

Image taken from  
<https://www.psychologytoday.com/blog/hidden-and-peek/201205/our-hierarchy-needs>



Using Maslow's Hierarchy of Needs as a framework, clients tend to emphasize their lack of basic necessities, which are found in the lowest level of physiological needs. It is clear that clients must first overcome these basic deficiencies (lack of food, shelter, water, etc.) before pursuing higher levels of needs. Staff and partners, however, are perhaps more sheltered from the profoundly negative effect of the absence of these basic needs. Staff and partners tend to emphasize the need for medical care, medical supplies, and other interventions, which fall at a

higher level than the items mentioned by clients. While these things are necessary for good health and well-being, staff and partners should seek to understand clients' most basic needs and identify the root causes of commonly-seen problems in the clinic.

Qualitative data from clients reference the fact that clients have a lack of self-confidence, and are unable to control their own health or make healthy decisions due to their circumstances. Inconsistent access to food was cited as a common obstacle, as clients have little control over what and when they eat. Fresh fruits and vegetables can be hard to obtain in food pantries or shelters. Junk foods are cheap and typically more easily accessible. One of the focus group participants expressed, *"I try to be healthy and follow my doctor's plan but I don't have the control necessary to do so"*, in reference to accessibility of healthy foods and medication compliance. However, clients mentioned that some shelters have menus for diabetics or people with special dietary needs.

From focus group discussions, clients clarified that issues with medication storage may refer to more than proper temperature for storage of medication (as medical providers may understand it), but rather a safe place to store medications in the shelter so that they will not be stolen. They stated that theft of medications in shelters is a common occurrence (this is a known risk to Mercy Care and is one of the reasons Mercy Care does not dispense over 30-45 days' worth of medications).

Clients also shared that there is uncertainty regarding how to properly use the health care system, including when to take time off work to visit the doctor and when it is appropriate to go to the emergency room or call an ambulance. One participant mentioned that the way she interacts with the healthcare system now is heavily influenced by her upbringing. Her parents could never afford to take a day off work to visit the doctor, so they would wait until they were sick enough to warrant an emergency room visit. This client expressed that she knew this was far from the healthiest option, but found herself practicing the same pattern. She was also reluctant to visit a doctor because she was afraid that the diagnosis would be bad or costly.

## PATIENT CENTERED MEDICAL HOME ASSESSMENT

Mercy Care seeks to provide services that are accessible to clients, to include clients as members of the care team, and to empower clients to take be active participants in the management of their health. To this end, each of the five full-time Mercy Care clinics is recognized as a Patient Centered Medical Home (PCMH). The PCMH standards of the National Committee for Quality Assurance (NCQA) emphasize the use of systematic, patient-centered, coordinated care that supports access, communication, and patient involvement. Mercy Care began its pursuit of PCMH recognition from

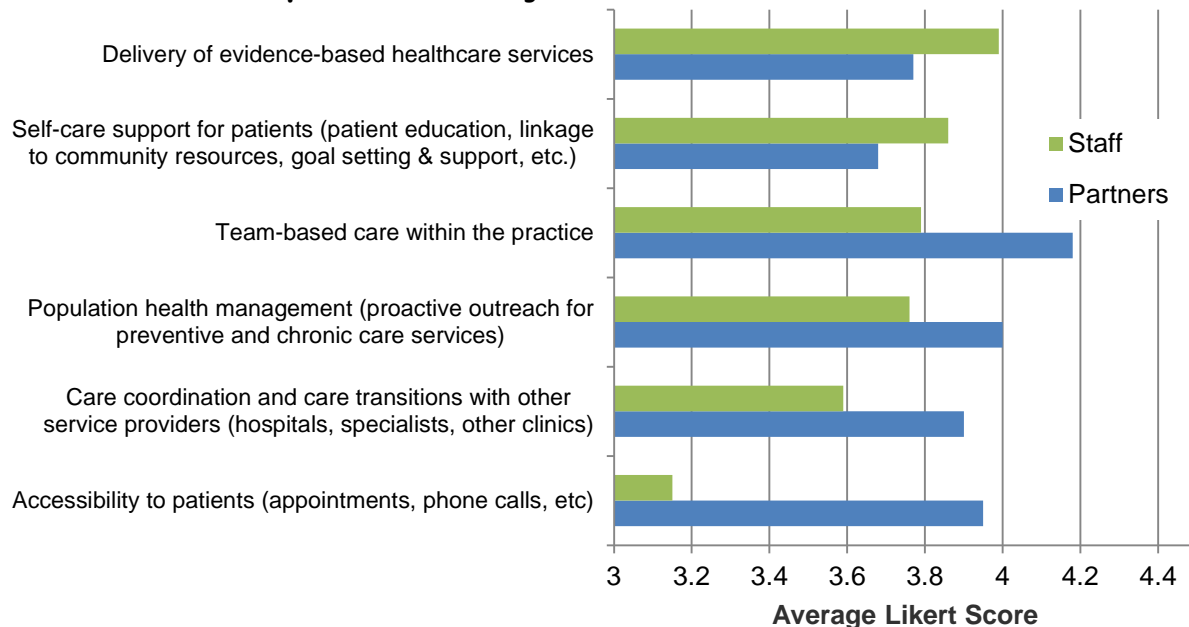
NCQA in March 2013. By fall 2014, all five of Mercy Care's fixed clinic sites (Decatur Street, North, City of Refuge, Gateway, and St. Luke's) were PCMH-recognized at the highest level available. According to Dr. Mae Morgan, Mercy Care's Medical Director and lead in the PCMH program initiative:

*“Receiving PCMH recognition illustrates Mercy Care’s ongoing commitment to provide primary care which is team-based and promotes client involvement in health care decisions. This is a vital shift from the traditional paradigm to one that empowers the patient to take on this more active role, resulting in improvement of treatment outcomes. Many of our clients have a history of episodic care due to little or no access. With Mercy Care as their medical home, they can better receive the benefits of an integrated and coordinated approach to medical care.”*

Mercy Care is dedicated to working within this care model, and to continually refining the creative ways in which the agency provides integrated, coordinated, evidence-based, patient-centered care to the homeless and underserved in metro Atlanta.

Staff and partners were asked to score Mercy Care's current performance in the six main areas of the Patient Centered Medical Home (PCMH) model. Staff believe themselves to be very strong in delivering evidence-based services and supporting clients' self-care. Partners perceived that Mercy Care provides strong team-based care and population health management. Partners believe that Mercy Care's strengths lie in the provision of well-coordinated care and easy access for patients.

### Perception of Mercy Care's PCMH Performance



(Scoring was on a scale from 1-5, with 5= very strong, 4= strong, 3= neutral, 2= room for improvement, and 1= significant room for improvement.)

### STRENGTHS OF MERCY CARE

Clients, staff, and partners agree that Mercy Care provides consistently high-quality service, marked by compassion and respect for the individual. Comments from all three groups confirm that Mercy Care's services are needed and well-respected in the community. This item on the survey tool used a free-text response, allowing respondents to express themselves freely. Clients were asked to describe what Mercy Care did well on previous visits, while staff and partners were asked to list three strengths of Mercy Care. Many comments could be grouped into similar themes, which are quantified in the following tables.

## CLIENT RESPONSES

Clients who have used Mercy Care's services prior to taking the survey were asked "What did Mercy Care do well?" Gratifyingly, clients were more likely to mention the compassion and customer service they received from staff over the actual medical care (20% of responses vs. 18%). An additional 18% of clients regarded the professionalism of staff and quality of services to be the strongest aspect of Mercy Care. Clients' perception of Mercy Care is a manifestation of Mercy Care's core values of commitment to those who are poor, reverence, integrity, compassion, and excellence. It is obvious that Mercy Care's core values are accurately demonstrated to the clients served. Clients noted how important it is to them that Mercy Care staff *"treats us like we are humans"*, by getting to know and care for clients. One client mentioned that his provider picks up on when he is sad or distressed and takes the time to talk about what is wrong. This compassion and concern speaks louder than words and was echoed by many clients.

Client Responses	% of responses
Compassion/customer service	20.2%
Primary care	18.5%
Quality service/professionalism	17.6%
Medication	11.8%
Chronic condition treatment	7.1%
Support services/referrals	6.7%
Dental	6.3%
Vision	6.3%
Mental health	2.9%
Labs	1.7%
HIV	0.8%

## STAFF RESPONSES

When staff were asked about Mercy Care's strengths, they rated medical care, dental care, and case management/referrals as the top three things Mercy Care does well. The fourth item was the quality of services provided, which was the most important thing to clients when asked the same question. Staff may not separate providing care from providing *quality* care, but it is clear that Mercy Care's clients recognize and appreciate the excellence of the care they receive from compassionate and respectful staff. Staff rated dental as second strongest attribute, which ranked 7<sup>th</sup> for clients and 6<sup>th</sup> for community partners.

Staff Responses	% of responses
Medical	31.3%
Dental	20.7%
Case Management/referrals for support services	15.2%
Quality of services/staff	10.6%
Vision	6.6%
Outreach team, Mobile coaches	6.6%
Free care and medication	6.6%
HIV testing and care	2.5%

## COMMUNITY PARTNER RESPONSES

Partners believe that Mercy Care's distinguishing strengths are providing necessary medical care, community outreach, and high-quality services delivered by dedicated and caring staff. Partners were impressed with Mercy Care's patient-centered care delivered by engaging and empathetic staff. One partner mentioned that Mercy Care has an *"inviting attitude with thoughtful approach to making outreach programs fun by adding music, raffles and food to encourage families to participate"*. Partners appreciate Mercy Care's devotion to high-quality care, delivered in sites that are easily accessible to clients.

Partner Responses	% of responses
Medical	31.3%
Outreach	14.1%
Quality of services and staff	12.5%
Case management/referrals	10.9%
Free care and medication	9.4%
Dental	7.8%
Education	4.7%
Mental health	3.1%
HIV testing and care	3.1%
Pediatrics	1.6%
Vision	1.6%

## IDEAS FOR IMPROVEMENT

Each of the three respondent groups was given the opportunity to provide feedback regarding areas for improvement and ideas for accomplishing improvement.

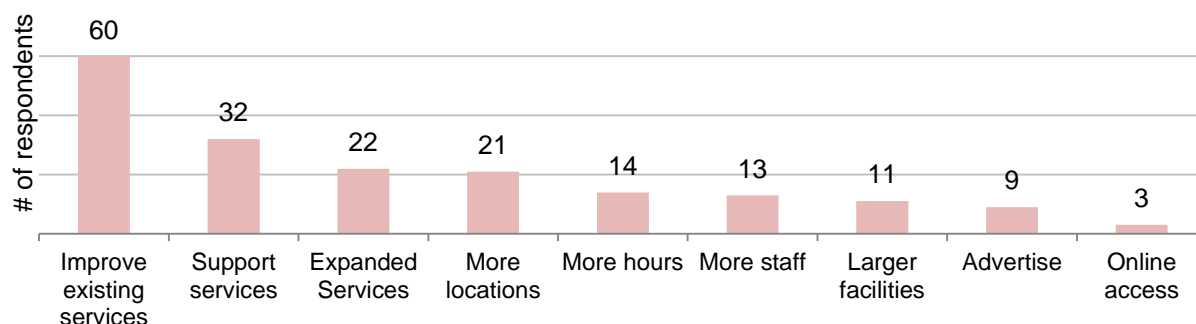
### CLIENT RESPONSES

The client survey questions for improvement and expansions differed from the staff and partner survey questions. Clients who had been to Mercy Care in the past were asked what Mercy Care could have done better during their previous visit. Additionally, they were asked how Mercy Care can expand or improve its services in the coming years.

Out of the 154 clients who provided an answer to the open-ended question “What could Mercy Care have done better [during your previous visits]?”, 44% said everything was perfect and had no recommendations for improvement. Of the remaining 86 responses, 24% dealt with reducing the wait time in the clinic. Around 22% of respondents requested expanded access (more hours, more appointment availability—both scheduled and walk-in, staffing that accommodates clients despite call-outs, access to dentures) and 20% mentioned the need for improved communication (return phone calls, shorter response time for lab results (than 2 weeks), coordination and communication among care team). An equal amount of respondents (10.5% each) answered that Mercy Care could improve care coordination/case management, support services, and medication dispensing (decrease dispensing time, dispense greater quantity, expand medications offered). Clients asked that Mercy Care provide assistance with transportation or MARTA cards, food and drink in the clinic waiting room, and aid to find housing (or on-site housing). Two people out of all clients surveyed were displeased with Mercy Care’s customer service, citing specific examples.

When clients expressed their recommendations for improving or expanding services in the coming years, the majority said that Mercy Care should maintain the quality and consistency of services that it is providing. Of those that recommended a specific improvement or expansion, 60 (32.4%) recommended improving existing services. These responses primarily involved increasing accessibility to maximize the number of clients seen, decreasing wait times, improving the phone system, improving medication dispensing, and enhancing customer service. Desires for the expansion of case management and social services (linkage to housing, transportation, food) were shared by 32 clients (17.3%). The health services that were specifically mentioned for expansion were dental care, mental health treatment, and vision services. This was a 2 of 3 match to the responses for “top unmet health needs among persons experiencing homelessness in Atlanta”, discussed earlier. The need for root canals was an area within dentistry that was specifically mentioned. Clients emphasized the desire for expanding clinic capacity, either through building more or bigger facilities, increasing mobile clinics, hiring more staff, and expanding clinic hours. Clients also requested that Mercy Care focus on advertising its services to the homeless population, which reflects data presented above relating to a lack of knowledge about what services are available to persons experiencing homelessness in Atlanta.

### How Can Mercy Care Improve or Expand?



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## STAFF AND PARTNER RESPONSES

Mercy Care staff and community partners were each asked to list 3 services that they wished Mercy Care had the capacity to provide or improve for homeless clients and were also asked to leave any additional comments, if applicable, regarding what Mercy Care could benefit from improving.

Common themes that emerged from staff and partners alike were a desire for Mercy Care to provide expanded dental services (increased access as well as expanding options for restoration after extractions), expanded mental health services (including: expansion in general, additional psychiatrist, mental health education classes, treatment of severe mental illness, and mental health emergency/crisis treatment), more robust substance abuse services, expanded vision services, transportation assistance, and increased access to housing. Desires for enhanced access to specialty care, urgent care, prenatal care, nutrition, and client education were expressed by both groups. Additionally, there was a mutual desire to maximize the number of clients receiving services, through expanded hours, additional sites (including "outside of the general Atlanta area" and "further into the community"), expanded outreach and greater advertising.

Staff provided ideas for improvement related to care coordination, patient-provider communication, clinic operation, internal communication, community partnerships, and staff retention. Staff were mostly satisfied with how Mercy Care provides healthcare to clients, yet saw a need for increased continuity of care and smoother clinic operations. To achieve this, a staff member suggested a *"team-care approach where all providers sit together to discuss the hindrances and issues that our more critical patients present, [which will] increase communication amongst all the providing staff."* Most staff embraced the Patient-Centered Medical Home model, citing increased communication with patients, and the ability to listen attentively to client concerns. One staff member alluded to the shift in medicine toward a population-based approach and urged Mercy Care to *"more actively pursue a practice model that reflects these changes"*.

Staff were also eager to pursue partnerships and continued collaboration with *"organizations that support services Mercy Care offers, to assist the homeless"* in a holistic manner. Staff supported providing increased case management to all persons experiencing homelessness and the addition of Mercy Care residential programs as needed. There is also a perceived need for case management and patient assistance in managing chronic conditions and medications.

It is evident that staff are proud of the services they provide and seek to continually improve to better serve clients. To do this, staffing may need to be increased to *"accommodate the needs of the homeless and [decrease] wait time to receive services"*. Staff members were concerned with lengthy waiting times and suggested having a number tab system to call patients up to the window, providing explanations of why patients must wait to be seen, blocking schedules in advance of known trainings and meetings to minimize cancelling client appointments, and streamlining medication dispensing by bringing a pharmacist on staff.

Dedicated and hard-working staff also mentioned that it is important to take the time to recover and avoid burn-out. For employee satisfaction and well-being, staff members requested increased security, including a uniformed officer in the lobby. Another Mercy Care staff member advocated for *"on-site resources for staff to rest, relax, and renew; a quiet lounge where staff can rest our minds and recharge our spirits to better manage the many demands of our work environments."*

Community partners were also asked to provide specific areas of improvement for Mercy Care to focus on in the coming years. Partners responded with a suggestion to make all encounters as friendly and inviting as possible, and further assist clients with non-healthcare related needs, such as documentation that clients need in order to apply for various forms of support and services. Community partners also proposed the pursuit of increased funding to address addiction, continue care after completion of treatment programs, expand respite beds, and provide client incentives.



## COMMUNITY PARTNERSHIPS

Mercy Care community partners were queried regarding how Mercy Care is an effective safety-net community partner and how Mercy Care could be a better partner. According to partners, Mercy Care is a strong and effective community partner because Mercy Care takes care into the community where it is needed, provides quality healthcare, and displays a collaborative spirit. Partners also mentioned that Mercy Care is dependable and has a good reputation. Mercy Care's dedicated staff and strong leadership were also highlighted, with reference to Mercy Care's value as an advocate for persons experiencing homelessness, the uninsured, and low-income individuals in Atlanta. Mercy Care's steady source of funding and good communication practices are also appreciated by community partners.

In reference to the ways that Mercy Care can be a better partner, 11 of the 26 community partners skipped the question, and 6 responded by saying no changes were needed; Mercy Care is already a great partner. Of the nine partners that made suggestions, ideas included expanded dental services, additional partnerships with safety-net providers, and a priority referral network for partners. Some partners recommended extended hours and the provision of "prenatal care services, and unplanned pregnancy and safe sex education". The need for sustained or increased funding was emphasized in order to hire more staff and increase delivery of services. Partners recognize that Mercy Care reaches out to many persons experiencing homelessness, but suggested that more support is needed for hard to reach clients. Partners proposed engaging clients in a community setting by recruiting *"grassroots community leaders to determine best practices and commitments in the community service areas"*, as well as organizing workshops and community meetings. One partner responded, *"Your services are AWESOME [including the] collaboration with [community partners]. The underserved couldn't get well without [Mercy Care]. Thank you for being who you are."*

In order to strengthen and broaden Mercy Care's influence, staff were asked about potential community partners with whom Mercy Care should work. Staff members suggested the following organizations:

- Agencies dealing with human trafficking
- Organizations providing healthy meal choices
- All medical facilities
- Breast cancer treatment centers
- Children related services; foster care programs
- Community churches that can provide assistance with housing and/or treatment for substance abuse
- Health departments
- Hospice care
- Libraries
- Local medical centers to provide accurate information about how to refer people to Mercy Care
- Shelters
- Specialty facilities and staff
- Transportation services
- Partner organizations that can provide better understanding of client needs
- Collaboration to combat obesity and diabetes
- Mental health treatment centers
- Atlanta Community Food Bank
- DeKalb County
- Department of Labor
- Ebenezer Baptist Church
- City of Atlanta Workforce Development Agency
- Goodwill
- Grady Behavioral Health and Inpatient Services for discharge of our patients
- Job Corps
- Lost-n-Found Youth
- MARTA
- Wellstar
- Trinity House on Auburn Ave.

## CONCLUSION

Mercy provides compassionate, high-quality, comprehensive primary care and health services to the poor, ascertained by the feedback from clients, staff, and partners presented in this report. Clients expressed gratitude for the services provided and many clients encouraged Mercy Care to continue providing excellent, compassionate care. An accurate understanding of client needs is foundational for continuing to provide quality services and planning to improve.

Mercy Care's clients rate cleanliness/hygiene challenges, inconsistent meals, poor sleep/fatigue, and fear/safety concerns as major concerns facing individuals in Atlanta who lack stable housing. Clients, staff, and partners agreed that mental health was important to address. Other unmet health needs include dental care, access to primary care, and chronic condition or specialty care.

The three most common barriers to obtaining needed healthcare services (according to clients, staff and partners alike) were lack of income, lack of insurance, and transportation limitations. Health literacy and knowing where and when to access proper care was also cited as a barrier to accessing medical services. Clients explained that having convenient appointment times helped to negate some of the barriers they face when trying to access care. Since Mercy Care provides care for all, regardless of a client's ability to pay, lack of income and lack of insurance were not rated as highly in terms of barriers to accessing Mercy Care services. However, transportation and wait times remain barriers for patients to receiving Mercy Care's services.

Outside of accessing healthcare services, there are many obstacles facing clients when trying to maintain health or manage chronic conditions. Clients ranked inconsistent access to food, inability to plan meals, and lack of privacy as the three biggest obstacles. This was slightly different than staff's and community partners' responses. Notably, staff and partners rated addiction as a much larger obstacle to managing care, and underestimated the importance of having privacy.

To ensure clients receive coordinated care and have the power and knowledge to manage their own health, Mercy Care delivers medical services in the Patient Centered Medical Home model (PCMH). Mercy Care staff believe that this is a good practice and perceive their own strengths to be in delivering evidence-based healthcare services, supporting patients to deliver self-care, and using a team-based approach in the clinic.

Clients, staff, and partners agree that Mercy Care is known for consistently delivering high-quality medical care, distinguished by reverence and empathy for patients. Clients were more likely to respond that Mercy Care's strength lies in compassion and customer service, which ranked higher than actual medical care provided. Clients also recognize that the services they receive are high-quality, and they appreciate the professionalism of staff. Staff members perceive Mercy Care's main strengths to be primary medical care, dental care, and case management or support services. Mercy Care's community partners agreed that Mercy Care delivers excellent medical care, and also appreciated outreach services and the overall quality of staff and care provided.

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## DISSEMINATION PLAN

This report will be distributed directly to the three groups who provided input: clients, staff, and community partners. Clients with a documented email address will have the opportunity to read the full report electronically and a copy will be posted on Mercy Care's webpage. Paper copies will be available upon request. Staff and participating partners will be emailed a summary and the link to the full report for their review.

## OPPORTUNITIES FOR IMPROVEMENT

After reviewing feedback from Mercy Care's clients, staff, and community partners, it is apparent that Mercy Care helps fill a great need for persons experiencing homelessness in Atlanta. Clients expressed gratitude for the services provided and many clients encouraged Mercy Care to continue providing excellent, compassionate care. However, there is room for improvement.

Over half of Mercy Care's clients rate cleanliness/hygiene challenges, inconsistent meals, poor sleep/fatigue, and fear/safety concerns as major concerns facing individuals in Atlanta who lack stable housing. Mercy Care should carefully consider the impact that these challenges have on an individual and design healthcare to overcome the deleterious effects on health. Clients, staff, and partners weighed in on what unmet health needs exist in this population. All three groups agreed that mental health was important to address. Other unmet health needs include dental care, access to primary care, and chronic condition or specialty care. Clients elaborated that dental care, although not necessarily life-threatening, has a serious impact on their daily life in terms of self-confidence, shame, and preconceived bias. This affects their ability to interview for a job and be hired, obtain permanent housing, maintain dignity, and many other social interactions.

### Recommendations:

- Continue to work on expanding dental access and services, including dentures.
- Strengthen partnerships with support service providers.
- Continue distributing hygiene packs.
- Work with shelters and food pantries to advocate for healthy foods and help clients plan meals when possible.
- Investigate how to assuage safety concerns of clients and encourage efforts to improve safety and relieve fear.
- Reinforce referral network and consider expanding services including specialty care, mental health treatment, and substance abuse programming.

Clients were polled as to their preferred time for appointments. Most clients enjoy morning appointments, between 8:30am and noon or earlier (6:00 to 8:30am). Clients explained that having convenient appointment times helped to negate some of the barriers they face when trying to access care. The three most common barriers (according to clients, staff and partners alike) were lack of income, lack of insurance, and transportation limitations. Health literacy and knowing where and when to access proper care was also cited as a barrier to accessing medical services. Since Mercy Care provides care for all, regardless of a client's ability to pay, lack of income and lack of insurance were not rated as highly in terms of barriers to accessing Mercy Care services. However, transportation and wait times remain barriers for patients to receiving Mercy Care's services.

### Recommendations:

- Clients are able and willing to arrive at the clinic early in the morning and are often limited in how late in the day they can have appointments due to intake times at shelters or other factors. Consider staffing at full capacity in the morning. Some clients work during the day or off-shift hours, so staff should be available later in the day as well. Evening hours do not appear to be the best solution for the majority of clients.
- Additionally, ensure that clients have a plan for how to get necessary services. Scheduling appointments and securing transportation will help clients make it to appointments on time (or be seen as a walk-in).
- Co-location with other services ("one-stop shop" for medical care, social services, housing assistance, etc.) helps to alleviate the burden of transportation.
- Health education and the development of clients' health literacy should remain a focus for Mercy Care. Additional education concerning when and where it is appropriate to receive services should be emphasized.

- Mercy Care should consider expanding marketing strategies to make more individuals experiencing homelessness aware of the services that are available to them.
- Mercy Care should also continue to refine clinic practices to avoid patients sitting in a waiting room for several hours before having to return to the shelter without being seen by a doctor.
- Staff and clients agree that long wait times can be an issue and this opportunity for improvement should be explored further. If wait times are unavoidable, clinic staff should at least attempt to acknowledge clients and ensure they are informed as to why they must wait.
- Upgrading medication dispensing practices may alleviate some of these time concerns.

Outside of accessing healthcare services, there are many obstacles facing clients when trying to maintain health or manage chronic conditions. Clients ranked inconsistent access to food, inability to plan meals, and lack of privacy as the three biggest obstacles. This was slightly different than staff's and community partners' responses. Notably, staff and partners rated addiction as a much larger obstacle to managing care, and underestimated the importance of having privacy.

#### **Recommendations:**

- Continue to work with community partners and encourage healthy decisions.
- Explore what a lack of privacy means to clients and research ways to improve privacy.
- Advocate for access to healthy meals.
- Work with patients to develop a healthcare plan that makes sense in their circumstances. Empower clients to take control of their own health.

To ensure clients receive coordinated care and have the power and knowledge to manage their own health, Mercy Care delivers medical services in the Patient Centered Medical Home model (PCMH). Mercy Care staff believe that this is a good practice and perceive their own strengths to be in delivering evidence-based healthcare services, supporting patients to deliver self-care, and using a team-based approach in the clinic.

#### **Recommendations:**

- Continue to work with patients to establish a care plan, outlining provider recommendations and explaining the importance of compliance. Empower clients to take charge of their own health by giving them the knowledge and tools necessary to be healthy.
- Prevent staff burnout by ensuring employee voices are heard and encouraging problem-solving.

Clients, staff, and partners agree that Mercy Care is known for consistently delivering high-quality medical care, distinguished by reverence and empathy for patients. Clients were more likely to respond that Mercy Care's strength lies in compassion and customer service, which ranked higher than actual medical care provided. Clients also recognize that the services they receive are high-quality, and they appreciate the professionalism of staff. Staff members perceive Mercy Care's main strengths to be primary medical care, dental care, and case management or support services. Mercy Care's community partners agreed that Mercy Care delivers excellent medical care, and also appreciated outreach services and the overall quality of staff and care provided.

#### **Recommendations:**

- Sensitivity training for staff can serve to increase empathy and continue to improve customer service. Seek to break down mistrust –both from patients and providers. A core value of Mercy Care, reverence for each person, requires the elimination of prejudices.
- Celebrate success! Mercy Care's core values are evident for clients and partners. This should be rewarded and encouraged.

## APPENDIX A: CLIENT SURVEY

1. What are primary concerns facing persons in Atlanta who lack stable housing? Select all that apply:

- Inconsistent meals
- Inconsistent access to drinking water
- Fear/safety concerns
- Cleanliness/hygiene challenges
- Communication barriers: phone, address, computer/email access
- Limited support structure/feeling isolated
- Severe weather conditions
- Poor sleep/fatigue
- Finding a safe place to use restroom
- Other (please specify)

2. What are the top three unmet health needs of persons who lack stable housing in Atlanta?

Pick 3:

- Primary Care (physicals, immunizations, sick visits, etc.)
- Chronic Condition Care (Diabetes, Hypertension, Asthma, HIV, etc.)
- Vision Services
- Dental Care
- Mental Health Treatment
- Substance Abuse Treatment
- Specialty Care (specialist services: gastroenterology, cardiology, etc.)
- Access to Medications
- Other (please specify)

3. What are the 3 biggest obstacles that a homeless person faces when trying to manage health and chronic conditions? Pick 3:

- Inconsistent access to food
- Inability to plan meals
- Limited access to water
- Insufficient space and/or conditions for medication storage
- Lack of privacy
- Limited educational resources
- Limited medical supplies (glucose test strips, etc.)
- Inability to avoid negative influences
- Addiction
- Other(s) (please specify)

4. What are the most common barriers that persons who are uninsured and/or experiencing homelessness encounter when trying to access medical/health services? Select all that apply:
- Lack of income
  - Lack of insurance
  - Lack of information about where to access services
  - Limited coordination among care providers
  - Transportation
  - Wait times
  - Other(s) (please specify)
5. What is your preferred time for health appointments during the week (Mon-Fri)? Between:
- 6:00 am – 8:30 am
  - 8:30 am – 12:00 pm
  - 1:00 pm – 3:30 pm
  - 3:30 pm – 5:00 pm
  - 5:00 pm – 8:30 pm
6. What is your preferred time for health appointments on Saturdays? Between:
- 6:00 am – 8:30 am
  - 8:30 am – 12:00 pm
  - 1:00 pm – 3:30 pm
  - 3:30 pm – 5:00 pm
  - 5:00 pm – 8:30 pm
7. Have you used Mercy Care's services before?
- Yes
  - No
  - If No, is there a reason why you have not?
8. What did Mercy Care do well? Please be specific, if possible:
- Open-ended
9. What could Mercy Care have done better? Please be specific, if possible:
- Open-ended
10. How can Mercy Care best improve or expand its services in the coming years?
- Open-ended
11. Additional comments, if applicable
- Open-ended

## APPENDIX B: STAFF SURVEY

1. Please select the answer that best fits your primary area of work and interaction with clients:
  - Clinic - Medical
  - Clinic - Dental
  - Clinic - Behavioral
  - Registration area (MOS, Fin Couns, Scheduler...)
  - Clinic/Client Support (Referral Specialist, Care Coord., ADAP, etc.)
  - Case Management
  - Outreach/education (CHOP, HIV Prev, FHP...)
  - Administrative role
  
2. What are the top 3 unmet health/wellness needs of homeless persons?
  - Primary Care (physicals, immunizations, sick visits, etc.)
  - Chronic Condition Care (Diabetes, Hypertension, Asthma, HIV, etc.)
  - Vision Services
  - Dental Care
  - Mental Health Treatment
  - Substance Abuse Treatment
  - Specialty Care (specialist services: gastroenterology, cardiology, etc.)
  - Access to Medications
  - Other (please specify)
  
3. What are the biggest obstacles that homeless persons face when trying to manage their health and chronic conditions? Pick 3.
  - Inconsistent access to food
  - Inability to plan meals
  - Limited access to water
  - Insufficient space and/or conditions for medication storage
  - Lack of privacy
  - Limited educational resources
  - Limited medical supplies (glucose test strips, etc.)
  - Inability to avoid negative influences
  - Addiction
  - Other (please specify)
  
4. Which barriers most hinder homeless persons trying to access medical/health related services IN GENERAL? Please rank, with one (1) being the greatest hindrance:
  - Lack of income
  - Lack of insurance
  - Lack of information about where to access services
  - Limited coordination among care providers
  - Transportation
  - Wait times

5. Are there any other barriers that you feel pose a challenge to homeless persons when seeking health services?
  - Open-ended
6. Which barriers most hinder homeless persons trying to access medical/health related services at MERCY CARE? Please rank, with one (1) being the greatest hindrance:
  - Lack of income
  - Lack of insurance
  - Lack of information about where to access services
  - Limited coordination between Mercy Care and other service providers
  - Transportation
  - Wait times
7. Are there any barriers that you feel pose a challenge to homeless persons when seeking health services at Mercy Care? Please be specific.
  - Open-ended
8. In what ways can Mercy Care better overcome these barriers?
  - Open-ended
9. Please list the top 3 services that Mercy Care does well for homeless clients/patients:
  - Open-ended
10. Please list 3 services that you wish Mercy Care had the capacity to provide or improve for our homeless clients/patients:
  - Open-ended
11. Additional comments, if applicable, regarding what Mercy Care does well or could benefit from improving in regards to our homeless clients/patients.
  - Open-ended
12. Please rank your perception of how Mercy Care performs in the main areas of the PCMH model (very strong, strong, neutral, room for improvement, significant room for improvement):
  - Accessibility to patients (appointments, phone calls, etc.)
  - Team-based care within the practice
  - Population Health Management (proactive outreach for preventive and chronic care services)
  - Delivery of Evidence-based healthcare services
  - Self-care support for patients (patient education, linkage to community resources, goal setting & support, etc.)
  - Care Coordination and Care Transitions with other service providers (hospitals, specialists, other clinics)
13. Are there additional community partners that Mercy Care should be collaborating with?
  - Open-ended
14. Additional comments, if applicable
  - Open-ended



## APPENDIX C: PARTNER SURVEY

1. What are the top 3 unmet health/wellness needs of homeless persons?
  - Primary Care (physicals, immunizations, sick visits, etc.)
  - Chronic Condition Care (Diabetes, Hypertension, Asthma, HIV, etc.)
  - Vision Services
  - Dental Care
  - Mental Health Treatment
  - Substance Abuse Treatment
  - Specialty Care (specialist services: gastroenterology, cardiology, etc.)
  - Access to Medications
  - Other (please specify)
2. What are the biggest obstacles that homeless persons face when trying to manage their health and chronic conditions? Pick 3.
  - Inconsistent access to food
  - Inability to plan meals
  - Limited access to water
  - Insufficient space and/or conditions for medication storage
  - Lack of privacy
  - Limited educational resources
  - Limited medical supplies (glucose test strips, etc.)
  - Inability to avoid negative influences
  - Addiction
  - Other (please specify)
3. Which barriers most hinder homeless persons trying to access medical/health related services? Please rank, with one (1) being the greatest hindrance:
  - Lack of income
  - Lack of insurance
  - Lack of information about where to access services
  - Limited coordination among care providers
  - Transportation
  - Wait times
4. Are there any other barriers which you feel pose a challenge to homeless persons when seeking health services?
  - Open-ended
5. Please list the top 3 services that Mercy Care does well:
  - Open-ended
6. Please list 3 services that you wish Mercy Care had the capacity to provide or improve:
  - Open-ended
7. Additional comments, if applicable, regarding what Mercy Care does well or could benefit from improving.
  - Open-ended

8. Please rank your perception of how Mercy Care performs in the main areas of the PCMH model:

- Accessibility to patients (appointments, phone calls, etc.)
- Team-based care within the practice
- Population Health Management (proactive outreach for preventive and chronic care services)
- Delivery of Evidence-based healthcare services
- Self-care support for patients (patient education, linkage to community resources, goal setting & support, etc.)
- Care Coordination and Care Transitions with other service providers (hospitals, specialists, other clinics)

9. What makes Mercy Care an effective safety-net community partner?

- Open-ended

10. What could Mercy Care do to be a better community partner?

- Open-ended

11. Additional comments, if applicable

- Open-ended