Summary:
The Highland Health Advocates (HHA) Project Help Desk and Legal Resource Connection, a joint help desk and medical-legal partnership to increase the capacity of Highland Hospital to address the social service needs of patients.

Hospital: Highland General Hospital
Location: Oakland, CA
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Category:
- D: Disposition
- E: Exit From the ED

Key Words:
- Care Transitions
- Care Manager
- Consults
- Continuity of Care
- Crowding
- Follow-Up
- Frequent Flyer
- Information Systems
- Medical Home
- Patient Satisfaction
- Patient Volume
- Scheduling

Hospital Metrics:
- Annual ED Volume: 90,000
- Hospital Beds: 236
- Ownership: Public
- Trauma Level: 2
- Teaching Status: Yes

Tools Provided:
- Highland Health Advocates Paper Intake Form
- Pocket Health Protector
- Highland Health Advocates Work Flow
- Highland Health Advocates Volunteer Manual

Clinical Areas Affected:
- Clinics
- Emergency Department
- Inpatient Units
- Outpatient Units
- Psychiatric Consult Departments

Staff Involved:
- IT Staff
- Nurses
- Physicians
- Social Workers
Innovation

Our innovation is the Highland Health Advocates (HHA) Project Help Desk and Legal Resource Connection, a joint help desk and medical-legal partnership that leverages the volunteer power of undergraduate, graduate, and law students to increase the capacity of Highland Hospital to address the social service needs of patients. The goal of HHA is to improve patients' health outcomes while decreasing ED and acute care hospital utilization.

Background

Highland Hospital is the safety-net medical center for the city of Oakland and Alameda County, serving uninsured, under-insured, and low-income patients. Many patients utilize the Highland Emergency Department (ED) frequently because of environmental and social barriers to health such as homelessness, poor nutrition, and unemployment. This is a problem that is common among safety-net or county emergency departments and is well described in the literature. It has been long established that a small subgroup of ED patients account for a disproportionate amount of ED visits and costs and that this population is both medically and socially vulnerable.¹

Sun et al found that frequent ED visits are associated with socioeconomic distress, chronic illness, and higher use of other healthcare resources and found that for heavy users, access to care was not a problem, suggesting that socioeconomic problems and underlying health conditions may be the cause.²

Another study found that those with higher levels of social deprivation had less contact with the healthcare system outside of the ED and even though these individuals were more likely to receive public assistance, a quarter of these patients were not receiving public aid. This study highlights fact that many ED patients suffer from fundamental social deprivations that threaten basic health, and these individuals are disconnected from the network of nonprofit and government networks.³ Meanwhile other studies show that linking patients with complex social needs with comprehensive social services actually save time for ED providers and generally would not cost anything additional if not result in outright cost savings.⁴ However, despite many articles describing and highlighting this problem, there have not been many solutions to this problem.

As the Affordable Care Act (ACA) is implemented and metrics turn to focusing more and more on outcomes, such as 30 day bounce backs, it becomes more and more difficult to ignore the social, economic, and legal issues affecting patients. Despite providing the best medical care possible, many patients who face these other challenges will inevitably return to the hospital because these challenges prevent patients from recovering. Instead of providing another CT scan, the studies above hint at the benefit of directly addressing the challenges that patients face, which cause them to return time and again to the ED.

At Highland Hospital, our social work services in the emergency department (ED) have not been able to meet these needs, as patients' social, economic, and legal needs vastly outnumber the limited social work resources available in the ED. Our ED social workers are focused on addressing the acute, such as working with victims of trauma, distressed family members of those who suffer heart attacks or other acute medical conditions, and immediate needs around discharge from the ED, such as shelter for a night. Our ED social workers provide episodic care at the point of contact with no follow-up as they do not have the resources for longitudinal follow-up. At the same time, our healthcare providers are not trained to address issues such as homelessness, disability, or hunger, and furthermore, often lack the time to go into detail when they uncover these issues during the patient’s visit. As a result, many of our patients return to the ED or the hospital for social, economic, and legal problems that manifest or masquerade as health problems. For example, many patients return to us

¹ RE Malone. Heavy Users of Emergency Services: Social Construction of a Policy Problem
for medication refills, pain control, homelessness, or colds that are caused by or a reflection of the lack of insurance, no access to primary care, a denial of their disability benefits application, and inadequate housing/heating.

Program Development
In creating the Highland Health Advocates (HHA) project, we wanted to create an affordable way to provide longitudinal advocacy and case management for our patients that addressed the underlying social, economic, and legal challenges that our patients face. In contrast to providing housing and associated support services, we looked to a model that focuses on resource connection, allowing our patients to take advantage of existing community resources.

Although we see many patients with complex social, economic, and legal issues, many of these problems are not traditionally considered the purview of the medical system or healthcare providers. In the ED at Highland, social workers address the most acute issues, those that affect healthcare providers' interactions with family members or those that affect disposition. For certain homeless patients who are extremely high utilizers of the ED, we work with Lifelong Medical Services through Project Respect, which is an intensive case management, housing, and primary care program that has been shown to reduce costs for these patients. This reflects the findings in the literature. Recently, we have hired an ED Clinic Navigator to help certain patients with poorly controlled chronic medical problems, such as diabetes or hypertension resulting in an ED visit, obtain follow-up with a primary care physician. However, besides this, we have traditionally not addressed the many other challenging issues that our patients face. With healthcare reform on the horizon and the influx of new staff with an interest in the social, economic, and legal determinants of health, and the success of Project Respect, we decided to turn our attention towards starting to think about issues such as transitional/long term housing, food security, income support, and better access to healthcare. In surveying our providers and staff, we found that 100% of those surveyed felt that our patients return to the hospital more than they otherwise would because of their social, economic, and legal issues. Additionally, 100% felt that we did not have enough resources to meet these needs.

At the same time, however, working in a resource poor setting, we could not simply hire the number of social workers required to meet our patients' needs or create additional programs that pay for housing or physically provide the necessary services. Instead, we had to look for a lower cost alternative that leverages existing resources that our patients are currently not connected to. Surveying the country, we found two relatively low-cost, tested models, which have shown efficacy in the primary care setting serving similar patient populations and decided to combine them into a single continuum of care and social support for our patients. The two models were the HealthLeads model and the Medical Legal Partnership model. Based on our conversations with staff from these programs, we decided to combine these two models and apply them to a novel practice setting, the ED.

HHA is an innovative program that combines two nationally proven models, Health Leads and Medical Legal Partnerships, into one program that works with social workers to provide a continuum of care for patients' social, economic, and legal needs. This model allows each member of the team to work at the top of their training, with undergraduates providing much of the upfront resource connection such as CalFresh (SNAP), CalWORKs, and disability application; the social work team handling more complex issues such as domestic violence, trauma, and medical codes; and the legal team helping with complex legal issues including evictions, benefit terminations, and restraining orders. Furthermore, HHA is the first program of its kind that is housed in the emergency department (ED). Traditionally, these

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programs have been based in the primary care setting while taking referrals from the ED. However, as discussed briefly above, patients who have no resources and no other access to services come to the ED for care.\(^6\)

HHA is designed as a pilot project to provide longitudinal care for patients' needs. With the oversight of social workers and lawyers, volunteer students work intensively with patients who self-refer or are referred by ED providers and connect these patients with community resources that ultimately improve their health and well-being, such as housing, public benefits, and legal services. HHA provides ongoing case management and support. By connecting patients to services, HHA aims to stabilize many of our patients' tenuous situations and thereby allow them to better access care. Notably, HHA is targeted towards a broad group of our patients and not simply our highest utilizers, who are referred to our case management program, Project Respect, and our High Utilizers Clinic, the HOPE Clinic. In this sense, HHA’s goal is to prevent patients from becoming high utilizers rather than simply assisting the HOPE Clinic and Project Respect with high utilizers.

**Innovation Implementation**

Our Highland Health Advocates (HHA) core team is made up of Highland emergency department (ED) providers: physicians, NPs, PAs, and nurses in cooperation with our social workers, social work interns, student volunteers, attorneys, chair of emergency medicine, director of social work, director of the Levitt Center for Social Emergency Medicine (Levitt Center), director of the High Healthcare Utilizer Clinic (HOPE), our director of ambulatory care, and our chief operating officer. Our ED providers spearheaded this effort and now work with our ED social workers to refer patients to the Highland Health Advocates Project. Our director of social work collaborates with our attorneys and ED providers to oversee the project, leads our efforts for securing funding and growing the project, and provides oversight for the social workers and social work interns participating in the project. The day to day services are provided by our undergraduate, graduate, and law student volunteers supervised by social workers, social work interns, and attorneys. The director of our emergency department, our director of ambulatory care, our chief operating officer, our director of the Levitt Center, and our director of the HOPE clinic serve as our advisory board and assist us in navigating the various logistical, funding, and resource challenges we face as well as guiding the project. We are currently engaging our director of ED flow as well as our director of nursing to integrate this project into our triage and discharge processes.

**Groundwork for Implementation**

Highland Health Advocates' (HHA) implementation had several different components. First, it required getting buy-in from the various stakeholders. This was achieved by the chair of the emergency department speaking with the head of medical social services and providing her with information on the existing models. After this, the head of medical social services convened a meeting bringing in the director of ambulatory care, the chief operating officer, the chair of the emergency department, lawyers from the East Bay Community Law Center, and other relevant parties. After the idea was introduced, discussed, and approved, the head of social work then worked with provider champions from the emergency department to implement this project.

The implementation required volunteer recruitment, which was achieved via email and meetings with undergraduates from the University of California, Berkeley, and the East Bay Community Law Center (EBCLC). The volunteers then began working with the provider champions to create policies and procedures for setting up a pilot project. At the same time, the provider champions explored creating a database of resources for common problems, such as shelters, housing program, food banks, etc. The provider champions worked with a volunteer to create an iPhone application, The Pocket Health Protector, which is now available on the iTunes Store. This application provides for an easy way to look up, rate, and update information on various nonprofit, government, and social service resources available to help patients in Alameda County and the East Bay.

Four months into the process, the director of medical social services brought in a social work intern to spearhead the project. This intern then took charge of working with the volunteers that had been recruited and guiding them through the on-boarding process, revising the volunteer manual and guidelines, and working with

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the volunteers to add to the resource database. At the same time, she worked with EBCLC lawyers to create algorithms for the various common problems that our patients face. Finally, she worked with the provider champions and the hospital’s IT staff to create a customized template in one of the existing patient management systems for tracking patients.

Prior to starting, the volunteers received a one day training on how to use the various tools that we have created, on how to interview patients, on how to work with challenging patients, and on volunteer safety. Prior to this they also received one half day training on HIPPA and other standard volunteer procedures as required by Highland.

**Day-to-Day Project Function**

The HHA helpdesk is located in the ED lobby, staffed by 3-4 undergraduate volunteers each shift, and supervised by a social worker, lawyer, or social work intern. The helpdesk is currently open Wednesdays, Thursdays, and Fridays from 9 AM to 5 PM. The legal team is on site Fridays from 1 PM to 5 PM. These volunteers work 4 hour shifts and during the shift they assist patients who either self-refer to the desk or are referred by various emergency department staff. They follow a standardized intake process which includes a needs assessment followed by connection to various resources. Volunteers not only look up resources for patients but also make connections by calling and helping facilitate appointments and troubleshoot misunderstandings.

Additionally they help fill out forms, search for opportunities such as jobs, and continue to follow-up with patients after that initial contact. There are standardized 2 week, 4 week, and 6 month follow-up procedures with a follow-up form. Cases are then kept open with additional advocacy as appropriate or closed if the issues are resolved. The HHA staff members hold monthly reflections sessions for our volunteers and are working on ongoing training modules for them.

**Evaluation**

HHA is currently undergoing an evaluation process based on our follow-ups as well as comparing those patients who receive help from HHA to those who do not and have their social issues address through what has been the standard of care for these issues in the Highland Hospital emergency department (ED). The HHA evaluation is being spearheaded by Highland Hospital ED residents and coordinated by a medical student volunteer who is coordinating pre-medical student volunteers who recruit control patients on days that the HHA pilot is not running. We at HHA are eagerly awaiting the results of this evaluation process.

The preliminary data shows that in the first six months, HHA has seen over two hundred patients. Approximately half of our patients have had problems with housing; about half have had problems with accessing primary care; a third have received assistance in applying for public benefits including, but not limited to, SNAP (food stamps), Medicare, and CalWORKS (TANF – Temporary Assistance for Needy Families in California); and a third have received assistance with transportation. Other prominent needs include jobs, food, and disability applications.

We are in the process of following-up with these patients as they are in various stages of applying for housing, accessing primary care, applying for public benefits, and implementing long-term transportation plans. We have successfully helped individuals access all of these services as illustrated below in the results section but have not yet formally calculated cost savings, decreased ED visits, or decreased hospitalizations.

The literature suggests that programs similar to HHA focused on addressing specific patient social, economic, environmental and legal (SEEL) needs has the potential for significant healthcare savings that substantially or mostly offset the costs of providing additional services. A few examples focused specifically around housing and supportive services for patients who have unstable housing are discussed below. These programs are much more intensive than HHA and focus on a specific sub-population as opposed to broader SEEL needs for all ED patients. These programs also use only full-time staff as opposed to our model of mainly volunteers supervised by paid staff members.
In NYC, the Health and Hospital Corporation’s Hospital to Home (H2H) project provided intensive case management and coordination for Medicaid patients at high risk for frequent hospitalization. This project employed a housing coordinator who worked with community groups who provide housing. The housing coordinator did not have the ability to prioritize H2H enrollees for housing. However, the coordinator helped with housing applications and provided ongoing tracking of these applications. In essence, H2H used the ED as a portal of entry into the housing system for those who were unstably housed or homeless. The pilot showed that for 263 high cost Medicaid patients H2H saved Medicaid over $14,000 a year per patient, a 20% savings. In aggregate, when accounting for program costs (but not housing costs), this saved Medicaid $3.7 million dollars for these 263 individuals. These costs came from decreased ED visits (1.13 to 0.53 a month – 53% absolute decrease reflecting a 30% decrease in ED costs) and decreased hospitalizations (0.68 to 0.36 a month – 47% absolute decrease reflecting a 27% decrease in inpatient costs). This pilot highlights the opportunity provided by linking patients to existing resources and improving communication between healthcare providers and social service providers to better coordinate care for high-cost individuals.

Other pilots have also shown promising results. In Chicago, 407 homeless adults with chronic illness who were hospitalized were enrolled in a randomized control trial where the treatment group received case management and housing while the control group received usual care in terms of discharge planning from hospital social workers. The case management was provided on-site at the hospitals, respite care facilities, and stable housing sites and assisted with discharge planning, placement into housing, and coordinating follow-up medical care including substance abuse and mental health treatment referrals. The housing intervention involved initial respite care followed by placement in stable housing as opposed to discharge to a shelter. After adjusting for baseline variables, the study found statistically significant relative rate reduction of hospitalization (29% relative rate reduction), hospital days (29% relative rate reduction), and ED visits (24% relative rate reduction) between the intervention and control groups. Through engaging a traditionally challenging population, this study showed decreased healthcare utilization and used it as a proxy for improved health outcomes. This study did not quantify the costs of the program and compare it with the savings but again, leveraged existing community-based housing resources.

In San Diego, the REACH program looked at the costs of providing housing for homeless adults with significant mental health and criminal justice system contacts. They found that although case management and outpatient costs for the intervention group increased significantly, when comparing this group with the control group, the net cost of the program was $417 per patient because these services prevented large inpatient, emergency, and criminal justice system costs. However, this study again neither accounted for housing costs nor quantified patients’ suspected improved health outcomes. Many other programs, including programs in Seattle, San Francisco, Connecticut, and New York have also looked at similar interventions. All have generally found cost savings from decreased service utilization that partially or mostly offset program and housing costs.

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8 LS Sadowski et al., Effect of a Housing & Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults: A Randomized Trial. JAMA 301(17): 1771-78 (2009).
9 The unadjusted primary outcomes showed non-statistically significant decreased in hospitalizations (-0.5 hospitalizations/person per year), hospitalized days (-2.7 hospital days/person per year) and ED visits (-1.2 ED visits/person per year).
Timeline
From initial conversations to implementation of the pilot project, this innovation took nine months. However, since implementation, we have continued to improve, refine, and expand the project. We started conversations in May of 2012 with stakeholders: direct healthcare providers, emergency department staff and supervisors, social work staff and supervisors, ambulatory care staff and supervisors, lawyers from the East Bay Community Law Center, and the hospital administration. This process took about a month. At the same time, we spoke to both Health Leads volunteers/staff as well as various medical legal partnership staff who happen to serve a some ED patients to learn from their experiences. We then started volunteer recruitment from the University of California at Berkeley. This process took about 3 months.

While we were recruiting volunteers, our physician champions worked with undergraduate leaders, our social work staff, and hospital administration to draft the programs' policies and procedures, clarify volunteer guidelines (see attached), and create a patient tracking system in i2i-an existing hospital database (see attached). This process took approximately six months. Finally, at the same time, we built a resource database and an iPhone application (The Pocket Health Protector - available on the iTunes Store) (see attached), logic/flow sheets (see attached), and collected other substantive materials for various patient issues over the course of six months. The challenges were coordinating our onboarding process for our volunteers with their schedules, going through the hospital's volunteer and health clearance requirements, and finally training our volunteers.

Additionally, securing private interviewing space was challenging. This delayed our program's launch from the beginning of January 2013 to late February 2013. The helpdesk portion of the program expanded from one and a half days a week to three days a week in May of 2013. The legal portion of the program remains at half a day a week.

Results
Over the last six months, the Highland Health Advocates (HHA) pilot project has reached over 200 distinct patients. Our healthcare providers, social workers, and other emergency department (ED) staff have provided overwhelmingly positive feedback. Similar what studies have shown in the primary care setting, our ED providers have found it much easier to ask about social issues knowing that there is something that they can offer. Social workers have found it extremely helpful to have additional resources to offer patients where they traditionally have not been able to assist.

Patients have been helped with a variety of issues, ranging from access to food stamps, to finding permanent housing, to applying for jobs. For example, one of our volunteers was able to help a client who had been out of the work force for more than 5 years revise her resume and begin looking for a job. Another volunteer was able to place a 51 yo developmentally delayed patient who had been homeless for more than 10 years into stable transitional housing, which will allow him to stay living there independently for as long as he wants while helping him to save money for transition to permanent housing if he desires.

A third volunteer helped a young man with a recent psychotic episode who ran out of his antipsychotic medications get a same day appointment in primary care so that he was able to get both a refill as well as healthcare coverage. Our program evaluation component is ongoing and we are looking at concrete things including linkage to primary care, decreased number of ED visits and hospitalizations, and successful connection to resources. Anecdotally, these are all occurring. However, we are eagerly awaiting the results of our evaluation, which we hope to have completed by the middle of 2014.

Cost/Benefit Analysis
Direct costs of the program have been ~ $2000, mostly for capital costs (equipment), funded exclusively through grants. Everything else has been either from an in-kind donation or on a volunteer basis. If all of the volunteer time were

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quantified into paid staff time, for the implementation of the program, we estimate that we would have needed 0.2 FTE of an administrative assistant for 6 months and 0.2 FTE of a social worker for 6 months.

For the ongoing running of the program at its current level (3 days a week of help desk and one half day a week of legal services), we require 0.6 FTE of a social worker, 0.25 FTE of an administrative staff person, and 0.2 FTE of an attorney. The required resources are broken down below. Benefits in terms of costs savings are currently pending. However, given the individuals we have helped obtain healthcare coverage alone, and the reimbursement that the hospital will gain from this aspect alone, we expect the benefits to heavily outweigh the costs. This is borne out for medical legal partnerships that help patients obtaining healthcare coverage.16

Furthermore, studies focused on various programs case management, housing, and substance abuse treatment programs addressing social, economic, and legal determinants of health among various subpopulations of ED users.17 18 Although we are not targeting these extremely high cost patients, our expenses are also much less as we are not physically providing housing, food, or many of the other services. Instead, we are connecting patients to existing community resources and helping them navigate the complex system of public benefits, nonprofits, and government agencies. We are awaiting our evaluation to confirm the predicted cost savings from decreased ED utilization, decreased acute care hospitalizations, and improved health.

Advice and Lessons Learned
It comes as no surprise to readers that addressing social issues is a challenging, complex, and potentially costly endeavor. We believe that the Highland Health Advocates (HHA) model is a low cost intervention that begins to address these issues by connecting patients with existing community resources. This model should be easily replicable and customizable to meet different institutions’ needs. We have learned many lessons already along the way and would be delighted to serve as a resource for those who are interested in this innovation.

Stakeholder Collaboration:

- When creating a multi-disciplinary project, it is important to meet with all stakeholders early and work with them to create a vision and project that has buy-in from all parties. Currently, Stanford Hospital is looking to replicate the HHA model and has run into resistance from social work given a fear of either overwhelming issues or turf concerns. It is important to recognize these concerns which are common while creating new medical legal partnerships or help desk program and framing the project as something that works collaboratively with existing resources allowing for better patient care while expanding their capacity. Importantly, it is helpful to highlight that this project allows for social workers to work at their level of training by delegating some of the easier and more complex problems that they face to the new project staff.

- The project is not meant as a replacement for social work but rather an expansion of social work capacity to meet the large amount of patient need. At the same time, the experience has been that despite there being a large amount of unmet need, these types projects do not open the floodgates because of the challenges described below. Instead, thought must be given to how to connect patients to this new resource. At the same time, some ED providers have the fear that patients will come to the ED to access these services. However, as providers in safety net EDs know, many patients already come to the ED for food, shelter, and a variety of social

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issues. This program allows patients to directly access services to help meet these needs without having to register in the ED with a chief complaint of "abdominal pain," "back pain," or another complaint that serves as a cover for the true reason of their visit.

**Changing Culture:**
- Despite the expectation of a deluge of patients/clients given a potential overwhelming need, it is unlikely that this resource will be heavily utilized unless it is built into ED flow with constant reminders and continuing education for providers. Initially, we expected that email advertisement and ad hoc referrals from program staff would be sufficient, but we have realized that despite the overwhelming need, in a busy ED, these issues will often continue to be missed or ignored unless they are highlighted for referral. This is partially a flow, partially training, and partially a culture issue.

- Changing this requires building in screening for these challenging issues as part of the ED flow, whether it be a triage, provider, or discharge responsibility, while providing ongoing education for ED staff on the new program and issues, as well as constant email and in person reminders about the availability of this new resource.

- Additionally, allowing the volunteers to go into the ED and check-in with providers proactively also helps with all of these challenges. This is something we are just beginning to implement. As a result of anticipated overwhelming referrals and initially slow referrals, the numbers of patients seen was less than expected. However, this allowed our advocates to spend more time with each patient and become fluent in the complex language of social services, nonprofits, and government agencies. Thus, starting off slow might not be a bad thing. However, if there is a short period to show results, then initial advertising and referral strategies should be further evaluated.

**Leadership Support:**
- The supervision of the project is variable and evolves over time. For volunteers, there is a steep learning curve. For the first 6 months, close supervision is needed. However, at the same time, later on while a social worker or lawyer is needed to check in with the volunteers, these supervisors do not have to be present every minute during an entire shift.

- The supervisors need to be closely available for questions and participate in reflections sessions with volunteers where they can help discuss cases. The challenge here is to train volunteers to recognize what they don’t know, to look up resources, and to ask for help on challenging issues. However, at the same time, one must train the volunteers to become independent and not feel that they will never know enough to operate independently, because with this complex world of benefits, nonprofits, and government organizations, no one will always know the answer. Having a process for navigating and thinking through a patient’s problems is much more important.

**Processes and Guidance**
- Volunteers may feel that the problems patients face are overwhelming. It is important to work with them on both breaking down these challenges into manageable pieces as well as allowing them space and time to reflect.

- One way to do this is to ensure that before starting for challenging problems you have an algorithm to help volunteers think through a problem such as homelessness. At the same time, holding regular reflections sessions allows for ongoing training, checking in, and processing of these heavy issues. It helps avoid volunteer burnout while helping brainstorm challenging issues. These reflections sessions also allow volunteers to learn from each other.

**Sustainability**
Starting HHA required four different components: space/overhead, equipment, operating expenses, and personnel.
- The space and overhead is being donated by Highland Hospital includes space in the lobby for the physical desk, as well as private interviewing space in close proximity to allow for patient interviews.

- Equipment includes 2 laptop computers, 2 ipads, a physical desk and chairs, a printer with toner, a banner, creation of a resource database, and creation of a client tracking system. These have been purchased through small grants from various sources, including the Emergency Medicine Residents’ Association (EMRA), created by volunteers, or donated by Highland Hospital.

- Operating expenses include transportation for volunteers, office supplies, photocopies, phone, interpreter services, and transportation vouchers. These have been donated by volunteers, funded by small grants, or donated by Highland Hospital.

- Personnel are the largest expense and are currently funded by donated time from Highland Hospital medical, social work, and administrative staff; East Bay Community Law Center staff; and student volunteers.

At this point, for sustainability and expansion, we are looking for funding mostly for personnel in terms of social work and legal staff for supervision of our volunteers. Highland has committed to continue donating space and assisting with operating expenses, and for now, we have no need for capital outlays.

We plan to continue relying on student volunteers. In terms of supervision, to run the helpdesk three days a week and provide legal assistance one half day a week, we need 0.6 FTE social worker, 0.2 FTE attorney, and 0.25 FTE administrative assistant.

Ideally, we would like to run the helpdesk five days a week and have legal professional on site three half days a week. In the short term, this would require 1.0 FTE social worker, 0.6 FTE attorney, and 0.5 FTE administrative assistant. In the long term, as volunteers become more experienced, we expect this need to transition to 0.5 FTE social worker, 0.6 FTE attorney, and 0.5 FTE administrative assistant.

For sustainability, we are investigating several options. In the short term, we plan to continue leveraging volunteer supervision. As we move into 2014, we are looking for grant funding to allow us to expand to meet the anticipated increase in emergency department volume as well as new problems/questions generated as a result of the Affordable Care Act (ACA). At the same time, we are engaging with our county's Department of Public Health and are working on securing funding for continued expansion and maintenance of the program. However, given the uncertainties of volume and funding with the implementation of the ACA, we anticipate that this funding will not be secured until the middle or later in calendar year 2014. During all of this, we plan to continue our research and evaluation.

Based on our preliminary results and the literature, we anticipate being able to show cost savings from decreased ED and inpatient hospitalization as well as improved health outcomes. As a result, we hope to be able to leverage Accountable Care Organization (ACO) dollars as well as care coordination dollars from the ACA. Additionally, we plan to seek work with the county to draw down Medicaid Administrative Activity dollars.

**Tools to Download**
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* **Patient Status**
  - 1A Active, spoke with patient (phone/in-person)
  - 1B Active, left voice mail
  - 1C Active, unable to reach
  - 2 Closed

* **Volunteer shift of initial visit:**
  - Monday AM
  - Monday PM
  - Tuesday AM
  - Tuesday PM
  - Wednesday AM
  - Wednesday PM
  - Thursday AM
  - Thursday PM
  - Friday AM
  - Friday PM

* **How did you come to the desk?**
  - 1 Self-referral
  - 2 Referred by emergency department
3 Friend/family told me about it
4 Other

* Have you been helped at the desk before?
1 Yes
2 No, this is the first time

* To connect you to the right resources, it's important for us to know about your current sources of income and benefits. Are you receiving any of the following?
1 Receiving SSI (permanent disability)
2 Receiving SDI (temporary disability)
3 Receiving GA (general assistance)
4 Receiving CalWORKs (welfare)
5 Receiving CalFresh
6 Receiving EDD/UI (unemployment)
7 Other public benefit, please note
8 In process of applying for income/benefits
9 Income from work, not on public assistance benefits
10 Income from work, in addition to benefits marked above
11 No source of income

* What is your top priority or resource need today?
Housing concerns (see #1)
Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
Job-Related concerns (see #3)
Not having enough money to pay your bills/living expenses (see #4)
Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
Not having enough food (see #6)
Problems with violence (see #7)
Problems with the criminal justice system (see #8)
Immigration concerns (see #9)
Education concerns/needs (see #10)
Transportation concerns (see #11)
Problems with health insurance (see #12)
Problems with medical bills (see #13)
Problems with medications (see #14)
Problems with access to primary care/a regular doctor (see #15)
Problems with access to a specialist doctor (see #16)
Concerns about tobacco, alcohol, or drug use (see #17)
Concerns about childcare for your kids (see #18)
Concerns about care for a dependent family member (see #19)
Concerns about child support or family law (see #20)
Other concerns (please note)

* What is your second most important priority or resource need today?
Housing concerns (see #1)
Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
Job-Related concerns (see #3)
Not having enough money to pay your bills/living expenses (see #4)
Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
* What is your third most important priority or resource need today?
  o Housing concerns (see #1)
  o Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
  o Job-Related concerns (see #3)
  o Not having enough money to pay your bills/living expenses (see #4)
  o Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
  o Not having enough food (see #6)
  o Problems with violence (see #7)
  o Problems with the criminal justice system (see #8)
  o Immigration concerns (see #9)
  o Education concerns/needs (see #10)
  o Transportation concerns (see #11)
  o Problems with health insurance (see #12)
  o Problems with medical bills (see #13)
  o Problems with medications (see #14)
  o Problems with access to primary care/a regular doctor (see #15)
  o Problems with access to a specialist doctor (see #16)
  o Concerns about tobacco, alcohol, or drug use (see #17)
  o Concerns about childcare for your kids (see #18)
  o Concerns about care for a dependent family member (see #19)
  o Concerns about child support or family law (see #20)
  o Other concerns (please note)

1. Do you have any concerns about your housing (or lack of)?
  o 1 Reports no housing issues
  o 2a Client is being evicted/has received eviction notice - priority legal referral needed!
  o 2b Client is a tenant of a property being foreclosed-priority legal referral needed!
  o A1 Problems with substandard/inadequate housing conditions
  o A2 Problems affording rent/mortgage
  o A3 Is homeless
  o A4 Is living in a shelter
  o A5 Client is an owner of a property being foreclosed
  o A6 Other housing problem
1. For any housing assistance you received, please mark the following boxes.

- B1 Referred client to legal aid
- B2 Referred client for rent/mortgage payment aid
- B3 Referred client to homeless shelter
- B4 Referred client to outside agency for housing resources
- B5 Helped client to contact their landlord to address housing concern
- B6 Helped client contact bank/lender to address mortgage concerns
- B7 Helped client apply for section 8 housing/waitlist
- B8 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1 Client is waiting to hear back from outside agency - follow up email/phone call made
- C2 Client is in process of getting housing issue addressed
- C3 Client is on a housing waitlist
- C4 Client is staying in a shelter at follow-up
- C5. Client’s request for help was denied- further advocacy initiated
- D1 Client living in transitional housing
- D2 Client was able to keep current housing and have housing concern resolved (mortgage/rent/conditions issue resolved)
- D3 Client living in new permanent housing
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
- G Client lost to follow up
- H Other outcome
- I Client refused to answer this question

2. Do you have any problems with your utilities, such as electric, gas, or water bills?

- 1 Reports no problems paying utilities
- 2 Client has received utilities shut off notice - priority supervisor/legal referral needed!
- A1 Has been cut off from utilities
- A2 Problems paying electric/gas bill
- A3 Problems paying water/sewer bill
- A4 Problems paying phone bill
- A5 Other problems with utility bills
- B1 Referred client to outside agency for utility bill assistance
- B2 Volunteer helped client contact utility company to negotiate bill/cut off
- B3 Volunteer helped client fill out bill payment support application
- B4 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1. Client is waiting to hear back from outside agency - follow up email/phone call made
- C2. Client’s request was approved and is waiting for assistance/payment to come through
- C3. Client’s requests were denied- further advocacy initiated
- D1. Client’s utilities are turned back on
- D2. Client received utility payment assistance, payment plan, or bill forgiveness
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
3. Do you have any job-related concerns?
   - 1. Reports no job-related issues
   - A1. Problems finding a job
   - A2. Problems with current job (unpaid wages, discrimination, threat of firing, maternity leave, etc)
   - A3. Problems with former job (unpaid wages, discrimination, unfair firing, maternity leave, etc)
   - A4. Desires job training
   - A5. Other problems with job
   - B1. Referred client to legal aid/worker’s right group
   - B2. Helped client connect with job-search agency/nonprofit
   - B3. Helped client look for a job
   - B4. Helped client apply for a job
   - B5. Helped client find/call job-training/educational resource
   - B6. Helped client apply for job-training/educational resource
   - B7. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
   - C2. Client is receiving ongoing help with the job search
   - C3. Client was unable to find job- further advocacy initiated
   - C4. Client is in the process of getting job-training/educational resource
   - C5. Client was unable to receive job-training/educational resource- further advocacy initiated
   - D1. Client found job.
   - D2. Client received/completed job training
   - E. Client declined help with this issue
   - F. Did not have time to help client with this issue at this time
   - G. Client lost to follow up
   - H. Other outcome
   - I. Client refused to answer this question

4. Do you have enough money to pay all of your bills and living expenses?
   - 1. Has enough money.
   - 2. Does not have enough money.
   - B1. Helped patient apply for CalWORKS/TANF benefits
   - B2. Helped patient apply for long term/permanent disability (Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI))
   - B3. Helped patient apply for temporary disability (State disability insurance (SDI))
   - B4. Helped patient apply for General Assistance (GA)
   - B5. Helped patient apply for unemployment benefits (EDD)
   - B6. Helped patient apply for VA income benefits
B7. Helped patient apply for other income benefits
B8. Referred client to outside agency for help with (B1-B7) -> list out
B9. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don't apply)
C1. Application submitted and client is waiting to hear back
C2. Client is waiting to hear back from outside agency - follow up phone call/email sent
C3. Client is in the process of applying
C4. Client was unable to receive the benefit- further advocacy initiated
D1. Screened patient and patient not eligible for any benefits
D2. Client has obtained the above income benefit
D3. Client has not obtained the benefit but has found an alternative income/benefit source
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

5. Have you been denied/are you being cut off from programs that give you money such as unemployment insurance, disability, GA, etc...?
   1 Reports no problems with income support programs
   2 Has received a benefit termination or denial notice- priority legal referral needed! (mark which benefit below after making the referral)
   A1. Problems with CalWORKS/TANF benefits
   A2. Problems with long term/permanent disability (Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI))
   A3. Problems with temporary disability (State disability insurance (SDI))
   A4. Problems with General Assistance (GA)
   A5. Problem with unemployment benefits (EDD)
   A6. Problems with VA income benefits
   A7. Problems with other income benefits
   B1. Referred client for legal support with above income benefit
   B2. Referred client to another outside agency for help with benefit problems
   B3. Volunteer helped client to contact the benefit agency
   B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   C1. Client is waiting to hear back from legal aid- follow up phone call/email sent
   C2. Client is in process of accessing legal aid
   C3. Client is waiting to hear back from outside agency - follow up phone call/email sent
   C4. Client is in process of accessing outside agency help
   C5. Client was unable to receive help- further advocacy initiated
   D1. Client has solved the above benefit problem
   D2. Client has not solved the benefit but has found an alternative income/benefit source
   E Client declined help with this issue
   F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

6. Do you have problems getting enough or the right kind of food to eat?
   1. No problems with food security
   2. Has received a food stamp termination or denial notice - priority legal referral needed!
   A1. Problems with having enough food to eat right now/needs food right now.
   A2. Problems with having enough food to eat at the end of the month.
   A3. Needs food stamps
   A4. Problems with applying for food stamps
   A5. Problems with access to healthy foods
   A6. Other problems with food security
   B1. Referred client to food pantry/emergency food source
   B2. Referred client to legal aid for assistance
   B3. Helped client apply for food stamps
   B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don't apply)
   C1. Client is waiting to hear back from outside agency - follow up phone call/email sent
   C2. Client is in the process of obtaining better food access
   C3. Client is in the process of getting help with food stamps
   C4. Client not eligible for food stamps - further advocacy initiated
   C5. Client was unable to receive assistance - further advocacy initiated
   D1. Client has gotten food
   D2. Client has received food stamps
   D3. Client’s food stamp concerns are resolved
   E Client declined help with this issue
   F Did not have time to help client with this issue at this time
   G Client lost to follow up
   H Other outcome
   I Client refused to answer this question

7. Do you have problems with violence in your household or neighborhood?
   1. No problems with violence
   2. Victim of domestic violence - priority social work/supervisor referral required (if there is also an immigration concern, please refer for legal aid related to immigration relief - VAWA and U VISA and T VISA)
   A1. Feels housing/neighborhood is unsafe
   A2. (see #8) Victim of Crime
   A3. Other problems with violence
   B1. Referred client to social work/supervisor
   B2. Referred client to Family Justice Center
   B3. Referred client to legal aid
   B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
o C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
o C2. Client is in the process of having violence concern addressed
o C3. Client is in the process of obtaining a restraining order
o C4. Client has not been able to receive help with violence concern- further advocacy initiated
o D1. Client’s domestic violence concerns are resolved
o D2. Client has a restraining order
o D3. Client’s other violence concerns are resolved
o D4. Unable to follow up due to confidentiality
o E Client declined help with this issue
o F Did not have time to help client with this issue at this time
o G Client lost to follow up
o H Other outcome
o I Client refused to answer this question

8. Do you have any problems with the criminal justice system?
  o 1 No problems with the criminal justice system
  o A1. Problems with tickets
  o A2. Problems with outstanding warrants
  o A3. Problems with court dates (conflicting with medical appointments/other conflicts)
  o A4. Problems with criminal record/needs expungement (finding a job)
  o A5. Victim of Crime - needs help applying for Victim of Violent Crime Program
  o A6. Other problems with the criminal justice system
  o B1. Referred client to legal aid
  o B2. Referred client to other outside agency
  o B3. Helped client write a letter/contact the appropriate agency
  o B4. Helped client fill out legal paperwork (supervisor/legal review required)
  o B5. Helped client apply for Victim of Violent Crime Program (supervisor/legal review required)
  o B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
  o C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
  o C2. Client is in the process of having criminal justice concern addressed/application pending
  o C3. Client has not been able to receive help with criminal justice concern- further advocacy initiated
  o D1. Client’s criminal justice concerns are resolved
  o E Client declined help with this issue
  o F Did not have time to help client with this issue at this time
  o G Client lost to follow up
  o H Other outcome
  o I Client refused to answer this question

9. Do you have any immigration-related concerns?
  o 1 No problems
2 Has received notice from US Customs and Immigration Service (USCIS) regarding deportation or deadline for immigration paperwork - priority legal referral needed!

- A1. Entered without legal status
- A2. Entered with visa and overstayed
- A3. Problems with visa
- A4. Wants to apply for a green card / legal permanent residency
- A5. Problems with green card / legal permanent residency
- A6. Problems with work permit / working
- A7. Problems with TIN (paying taxes without a social security number)
- A8. Wants to apply for citizenship (currently a green card holder)
- A9. Victim of Crime/Domestic Violence (U VISA vs T VISA vs VAWA)
- A10. Other immigration problem

- B1. Referred client to legal aid
- B2. Referred client to social work
- B3. Referred client to the Family Justice Center
- B4. Referred client to other agency
- B5. Helped client fill out forms (must be reviewed by legal aid attorney before submission)
- B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)

- C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
- C2. Client is in the process of having immigration concern addressed
- C3. Client was unable to receive help with immigration concern - further advocacy initiated
- D1. Client is now a documented resident-green card
- D2. Client is now a documented citizen
- D3. Client now has a visa
- D4. Client immigration problem is now resolved-other
- D5. Client received advice on immigration concern
- D6. Client was deported or asked to leave the country
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
- G Client lost to follow up
- H Other outcome
- I Client refused to answer this question

10. Do you have any concerns about education?

- 1 No problems
- A1. Client wants further education
- A2. Client needs English Language education
- A3. Client needs specific skill training
- A4. Client needs funding for further education
- B1. Helped client to apply for/enroll in tutoring agency
- B2. Helped client to apply for/enroll in language classes
B3. Helped client apply for/enroll in GED course
B4. Helped client to apply for/enroll in technical school training course
B5. Helped client to apply for/enroll in college classes
B6. Helped client to apply for/enroll in enroll in other classes
B7. Helped client to apply for scholarship/loan programs
B8. Referred client to outside agency for education needs
B9. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
C1. Client is waiting to hear back from school/tutor
C2. Client is in the process of enrolling in a class/school
C3. Client has started classes/tutoring
C4. Client has started application for funding
C5. Client started but stopped classes/training for personal reasons- further advocacy initiated
C6. Client was never enrolled- further advocacy initiated
C7. Client was unable to receive help with education concern- further advocacy initiated
D1. Client now has GED
D2. Client now completed basic arithmetic/literacy training
D3. Client now has completed skilled technical course
D4. Client now has basic English language fluency
D5. Client has now completed college
D6. Client now has funding for education
D7. Client declined help with this issue
D8. Did not have time to help client with this issue at this time
D9. Client lost to follow up
D10. Other outcome
I. Client refused to answer this question

11. Do you have any concerns about transportation?
   A1. Client needs help acquiring long-distance tickets (bus/train/plane)
   A2. Client needs help acquiring/paying for car
   A3. Client needs help acquiring/paying for bike
   A4. Client needs help getting home from the hospital today
   A5. Client needs help accessing paratransit
   A6. Client needs help with other medical-related transportation
   A7. (see#8) Client needs help paying parking/traffic violation tickets
   A8. Client needs other non-medical transportation help
   B1. Referred client to legal agency
   B2. Referred client paratransit agency for medical transport
   B3. Referred client to other outside agency
   B4. Referred client to social work
   B5. Helped client to fill out paratransit/medical transport application
   B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
C1. Client is waiting to hear back from legal/outside agency- follow-up call or email made
C2. Client is in the process of enrolling in paratransit/other medical transportation
C3. Client is applying for funding related to transport needs
C4. Client was deemed unfit to drive - further advocacy initiated
C5. Client was unable to receive help with transit concern - further advocacy initiated
D1. Gave client bus tickets or cab voucher for immediate transport
D2. Client now has long-distance bus/train/plane tickets
D3. Client now has access to a car
D4. Client now has access to a bike
D5. Client now has paratransit
D6. Client has other medical transport
D7. Client now has other non-medical transport
D8. Issue addressed in #8 above
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

12. Do you have any problems with health insurance?
   1 No problem with health insurance
   2 Has received a benefit termination or appeal/denial notice - priority legal referral needed! (mark which benefit below after making the referral)
   A1 Does not have health insurance
   A2 Has insufficient insurance coverage. For example, has insurance but cannot afford copayments/deductible or needs supplemental insurance plan/coverage
   A3 Had private insurance, but lost it
   A4 Is having problems with MediCal
   A5 Is having problems with Medicare
   A6 Is having problems with VA health insurance
   A7 Is having problems with county health coverage (healthpac)
   A8 Other health insurance problem
   B1 Referred to financial services to apply for health insurance
   B2 Referred client to legal aid for help with insurance problems
   B3 Referred client to outside agency for help with insurance problems
   B4 Volunteer helped client apply for health insurance
   B5 Volunteer helped client initiate claim appeal
   B6 Volunteer helped contact insurance company for help with deductible/co-pay
   B7 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don't apply)
   C1. Client is waiting to hear back from legal/outside agency - follow-up phone call/email sent
   C2. Client is in the process of applying for insurance
   C3 Client is in the process of obtaining other help
13. Do you have any problems with medical bills?
- No problem with medical bills
- A1. (see #12) Has no insurance
- A2. Has medical bills that they cannot afford
- A3. Has collections agencies contacting them due to medical debt
- A4. Doesn’t understand their medical bills
- A5. Other medical bill problem
- B1. Referred client to legal aid for help with bill problems
- B2. Referred client to outside agency for help with bill problems
- B3. Referred client to HGH financial services for help with bill problems
- B4. Volunteer helped client apply for bill assistance/charity care
- B5. Volunteer helped client to understand their medical bills
- B6. Volunteer helped client contact their insurance provider
- B7. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1. Client waiting to hear back from legal/outside agency - follow-up call/email sent
- C2. Client’s bill assistance/charity care application is pending
- C3. Client’s bills are being sent from collections back to the provider
- C4. Client is in the process of receiving bill help not included above
- C5. Client unable to receive bill help - further advocacy initiated
- D1. Client’s charity care/bill assistance application approved/debt forgiven
- D2. Payment plan/reduced rate for bills negotiated
- D3. Client now has better understanding of medical bills
- E. Client declined help with this issue
- F. Did not have time to help client with this issue at this time
- G. Client lost to follow up
- H. Other outcome
- I. Client refused to answer this question

14. Do you have any concerns or problems about medications your doctor has prescribed?
- Client does not have problem with medications
- A1. (see # 12) Client has problems paying for medications because client is uninsured
- A2. Client has problems paying for medications despite being insured
- A3. (See #11) Client has problems getting to pharmacy to fill/pick up prescriptions
- A4. (See # 15) Client does not have a regular doctor who can refill client’s prescription
A5. Client’s insurance company will not pay for client’s medications
A6. Client does not understand their medication regimen/how to take their medications
A7. Other problems with medications
B1. Referred client to legal aid
B2. Referred client to other outside agency for help with prescriptions
B3. Volunteer helped client apply for prescription assistance programs
B4. Helped client contact their insurance company to get medication covered
B5. Volunteer helped client clarify their medication regimen (may require calling MD office)
B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
C1. Client is waiting to hear back from legal/outside agency - follow-up call/email sent
C2. Client’s application/appeal is pending
C3. Client’s request for medication assistance was denied - further advocacy initiated
D1. Client has obtained prescription through prescription assistance program
D2. Client’s insurance company has approved prescription
D3. Client has obtained prescription/medication - other
D4. Client now understands medication regimen
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

15. Do you have a primary care doctor or nurse practitioner?
   1 Has a primary care provider
   A1 Needs a primary care provider
   A2. Wants to change primary care provider
   A3. Is uninsured and needs insurance before this can be further addressed (see #12)
   B1 Client referred to a primary care home
   B2 Client referred to ED clinic navigator for help with finding primary care home
   B3 Volunteer helped schedule client for primary care appointment
   B4 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   C1 Client is waiting to hear back about primary care appointment - follow-up call/email sent
   C2 Client has an appointment at a primary care home
   C3 Client missed a primary care appointment - further advocacy
   C4 Client has been unable to get a primary care home - further advocacy initiated
   D1 Client attended primary care appointment
   E Client declined help with this issue
   F Did not have time to help client with this issue at this time
   G Client lost to follow up
   H Other outcome
   I Client refused to answer this question
16. Do you have any concerns or problems about accessing specialty medical care?
   - 1 Does not have problems accessing specialty care
   - A1 Has problems accessing specialty care
   - A2 Other problem with specialty care
   - B1 Referred client to appropriate specialty clinic
   - B2 Helped request a specialty care appointment for the client (eg left message at specialty clinic)
   - B3 Talked with client’s primary care doctor about scheduling client for specialty care
   - B4 Spoke with other healthcare provider about scheduling client for specialty care
   - B5 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1 Client is waiting to hear back about specialty care appointment - follow-up call/email sent
   - C2 Client has a specialty care appointment scheduled in the future
   - C3 Client missed specialty care appointment- further advocacy
   - C4 Client has been unable to get a specialty care appointment- further advocacy initiated
   - D1 Client attended specialty care appointment
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
   - G Client lost to follow up
   - H Other outcome
   - I Client refused to answer this question

17. Do you ever have any concerns about your tobacco, alcohol, or drug use?
   - 1 Client has no concerns about tobacco/alcohol/drugs
   - A1 Client has concerns about tobacco use only
   - A2 Client has concerns about alcohol and/or drug use +/- tobacco use
   - B1 Referred client to a social worker
   - B2 Referred client to outside agency
   - B3 Helped client enroll in/apply for substance abuse program
   - B4 Helped client access a quit-smoking resource (eg hotline)
   - B5 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1 Client is waiting to hear back from treatment program/outside agency - follow-up call/email sent
   - C2 Client has an appointment with a substance abuse treatment program
   - C3 Client has an appointment with an advocate/social worker
   - C4 Client has been unable to obtain access to treatment programs - further advocacy initiated
   - D1 Client is/has engaged in drug/alcohol treatment
   - D2 Client quit smoking
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
18. Do you have concerns about childcare for your kids?
   - 1 Client does not have a problem with childcare
   - A1 Client needs help finding childcare
   - A2 Client needs help paying for childcare
   - B1 Referred client to outside agency for help with childcare
   - B2 Helped client contact childcare providers/programs
   - B3 Helped client fill out applications for childcare programs
   - B4 Helped client fill out applications for financial assistance with childcare
   - B5 Helped client access childcare through CalWORKS
   - B6 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1. Client is waiting to hear back from childcare provider/outside agency - follow-up call/email sent
   - C2. Client is in the process of getting childcare access/funding
   - C2. Client unable to access/afford childcare-further advocacy initiated
   - D1 Client now has access to childcare
   - D2 Client can now afford childcare
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
   - G Client lost to follow up
   - H Other outcome
   - I Client refused to answer this question

19. Do you have concerns about care for dependent family member?
   - 1 Client does not have a problem with caring for a dependent family member
   - 2 Has received termination/denial/appeal paperwork from In Home Support Services - priority issue - legal referral needed
   - A1. Client needs help with finding care for a dependent family member
   - A2. Other problem
   - B1 Referred client to legal aid
   - B2 Referred client to other outside agency
   - B3 Helped client contact In Home Supportive Services/home health agency
   - B4 Helped client contact residential facilities
   - B5 Helped client apply for home health services
   - B6 Helped client apply for residential facilities for the dependent person
   - B7 Gave client information to initiate action on their own
   - C1. Client is waiting to hear back from home health/care / outside agency - follow-up call/email sent
   - C2. Client is in process of accessing home health/residential facility
   - C3. Client unable to obtain support-further advocacy initiated
   - D1. Client now has access to home health/care
D2. Client is now in a care facility (board and care, skilled nursing home, etc).
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

20. Do you have any concerns about child support or family law?
   1 Client does not have a problem with child support or any family law concerns
   2 Has received court papers or notice to appear – priority legal referral needed
   A1 Client wants/needs a divorce
   A2 Client needs help with obtaining child support
   A3 Client is being asked for child support (wages garnished/order to pay)
   A4 Client needs help with custody of a minor child
   A5 (see #7,8) Client wants a temporary or permanent restraining order
   A6 Client needs help with visitation of a minor child
   A7 Other family law problem.
   B1. Referred to legal services
   B2 Referred client to social work/supervisor
   B3 Referred to family justice center
   B4 Referred client to other outside agency
   B5 Helped client fill out appropriate forms
   B6 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   C1 Client is waiting to hear back from outside agency -follow-up call/email sent
   C2 Client is in process of receiving help with his/her problem
   C3 Client has not been able to receive help with his/her problem - further advocacy initiated
   D1. Client's divorce is completed
   D2. Client is now receiving child support
   D3. Client is now paying the appropriate amount of child support
   D4. Client now has custody of the minor child
   D5. Client now has a temporary restraining order / permanent restraining order
   D6. Client now has visitation with the minor child
   E Client declined help with this issue
   F Did not have time to help client with this issue at this time
   G Client lost to follow up
   H Other outcome
   I Client refused to answer this question

* Field notes- edit the field note comments. DO NOT PRESS “SET,” press the history icon to make sure you don’t delete the prior comments on a given patient
   Your field note should contain:
   - Today’s date, Client’s name, age, and language preference, Client’s presenting complaint(s), How you assisted the client, including applications, referrals, calls
made, etc... Your plan for client follow up, Whether it is okay to leave the client a message, Your name

- **Hand written field note:**
Pocket Health Protector
By Jennifer Rosenbaum

Description
Pocket Health Protector is a tool to help health care providers assist people with finding community resources. The app is set up to make it easy to find and share resources in categories such as legal assistance, mental health, employment and housing.

Pocket Health Protector Support

What's New in Version 1.2
"Demographics Search" added

iPhone Screenshots

Free
Category: Health & Fitness
Updated: May 05, 2013
Version: 1.2
Size: 0.9 MB
Language: English
Seller: Jennifer Rosenbaum
© 2013 Jennifer L Rosenbaum
Rated 4+

Requirements: Compatible with iPhone 3GS, iPhone 4, iPhone 4S, iPhone 5, iPod touch (3rd generation), iPod touch (4th generation), iPod touch (5th generation) and iPad. Requires iOS 6.0 or later. This app is optimized for iPhone 5.

Customer Ratings
We have not received enough ratings to display an average for the current version of this application.
General Help Desk Workflow

**Yes!** Look them up in i2i and get a paper template if not in i2i

***Go to private interview space if you feel safe with the client***

Confirm client name, demographic data, and contact info

i2i: Complete screening, marking all answers with 1, 2, or A1, A2, etc...

Any problems with eviction, benefit termination, immigration or violence?

**NO**

Address the identified needs based on client priority and the amount of time you have to work with the client.

- Use the resource flowsheets, resource database/application, Help Desk Binder, HHA volunteer google drive folder, 2-1-1, and the internet!
- Remember to help as much as you can with filling out forms, getting appointments, etc... and make sure you use WARM HANDOFFS for referrals
- Ask the client how they would prefer to be contacted to follow-up

i2i: Mark what you did for each of the patient’s issues (B, E, F, G, and H)

**Refer unmet needs to 2-1-1/resource handout**

**Write your field note and email to any referring provider(s)**

**i2i: Set a 2 week follow-up reminder**

**Update the resource database/application marking resources used and adding any commentary or resources used that are not on the database**

**REFERRER UP/PRIORITY REFERRAL!** See appropriate flowsheets

Do you have time to help the client after referring up?

**YES**

FOLLOW UP in 2 weeks. Continue to follow up until issue is resolved, patient is lost to follow up, or patient refuses further help

**NO**

No- Offer a resource handout and refer to 2-1-1
Bill payment support

What type of service are they seeking?

Energy bill discount rates

Do they qualify for PG&E CARE or FERA Programs?

If YES: Print and fill out CARE/ FERA application with client or submit online. Follow up!

If NO: Help client apply for temporary energy bill support

Temporary energy bill support

Have they been shut off or received shut off notice?

If YES: Does client qualify for Spectrum Heap?

If YES: Direct client to HEAP application center or call and request application. Follow up!

If NO: Help client to contact Salvation Army REACH Program. Follow up!

If client does not qualify for REACH, ask the client if it is okay to call local churches or other charities for additional options. Follow up!

If NO: Help client contact Salvation Army REACH Program. Follow up!

Do they qualify for CA Lifeline Telephone Service?

If YES: Help client call Lifeline for further screening and instructions. Follow up!

If NO: ask the client if it is okay to call local churches or other charities for additional options. Follow up!

Telephone bill payment help
Employment/Financial Support

What type of service are they seeking?

Employment

Do they have a social security number?

If YES: Help client sign up online for EastBayWorks or instruct them on how to get to the most convenient One Stop Career Center. (Closest to Highland is 1212 Broadway in Oakland)

In the meantime, also help them sign up for unemployment if they are eligible. Follow up!

If NO: Look into financial support services. Follow up!

Financial Support

How urgent is the situation?

If emergent: Call local churches to ask for emergency assistance and help the client access necessary in-kind support such as bill payment and food banks, based on specific needs. Follow up!

If non-emergent: Are they a citizen?

If YES: Do they have kids?

If NO: Are they working?

If NO: Have they worked in the past?

If YES: Are they able to work?

If NO: Are they disabled or over age 65?

If YES: Check if they have filed for Earned Income Tax Credit and connect them with tax assistance/financial literacy organization. Follow up!

If NO: Check if they have met the CalWORKS time limit?

If YES: Check their eligibility for hardship assistance and help them apply. Follow up!

If NO: Check their eligibility and help them apply. Follow up!

If NO: Help the client access in-kind services and look into church or other community cash assistance options. Follow up!

If NO: Help the Client access Cash Assistance Program for Immigrants. Follow up!

If NO: Help the Client access Refugee Cash Assistance. Follow up!

If NO: Are they a refugee?

If YES: Are they a documented immigrant who would otherwise be eligible for SSI?

If NO: Are they a citizen?

If YES: Do they have kids?

If NO: Are they working?

If NO: Have they worked in the past?

If YES: Are they able to work?

If NO: Are they disabled or over age 65?

If YES: Check their eligibility for Unemployment Insurance and GA and help them apply. Follow up!

If NO: Check their eligibility for Temporary Disability, Family Medical Leave, and GA. Follow up!

If YES: Check their eligibility and help them apply for SSI. Follow up!

If NO: Check their eligibility and help them apply for GA. Follow up!

If NO: Help the client access in-kind services and look into church or other community cash assistance options. Follow up!

If NO: Help the Client access Refugee Cash Assistance. Follow up!

If NO: Help the Client access Cash Assistance Program for Immigrants. Follow up!
What type of service are they seeking?

**Emergency Shelter**
- Call 2-1-1 Alameda County to request shelter bed availability
  - If there is a shelter bed open that meets client’s need, help facilitate their transportation to the shelter at the appropriate time. Follow up!

**Living in Substandard Housing**
- Lives in Berkeley, Oakland, Emeryville, or city of Alameda
  - If no appropriate bed is available, call local churches/other emergency shelters to ask for assistance. Follow up!
  - Contact EBCLC! There is a Tenant’s Rights Workshop every Wednesday by appointment. Call 510-548-4040 for more information

**Need Affordable Housing**
- Lives anywhere
  - Call the county/city housing code enforcement agency:
    - Alameda County Vector Control (rats and cockroaches): 510-567-6800
    - Oakland Codes & Compliance (Oakland housing code violations): 510-238-3381
    - Berkeley Codes Enforcement Office (Berkeley housing code violations): 510-981-5444
    - Etc..

**Use Alameda County housing worksheet!**
Referring up!

Does the patient note any of the following?

- Domestic violence
- Sexual assault
- Child abuse/neglect
- Elder abuse/neglect
- Concern for your own safety or security?
- Any other concern for the patient’s safety, security, or mental status, including patient who appears currently intoxicated or under the influence?
- Eviction
- Deportation/immigration concern
- Public benefit denial, reduction or termination

1. Complete the needs assessment portion on i2i (if there is no immediate danger)
2. Page the supervisor to come speak with the patient. These issues take priority and should be handled first.
3. If there is time after the supervisor speaks with the patient, you may finish helping them with other needs
4. Ask the supervisor if the patient was referred to a DV/Sexual Assault Program and note this in i2i
5. You may follow-up on other issues, but should NOT conduct follow-up related to these issues

- With any concern about your personal safety in the ER, alert the security guards in the emergency dept, then page the supervisor
- With any concern about your safety in an interviewing room, exit the room as soon as possible, find someone nearby to help if needed, and page your supervisor
- With concerns about a patient’s safety or intoxication, page your supervisor

• Please see the priority legal referrals flowsheet—these patients may need referrals ASAP

Use the Neighborhood Justice Clinic legal issues spreadsheet or call the NJC for further help with making the appropriate legal referral
Phone Tree for Referring UP:

REMEMBER: If there is a safety issue, call or find security immediately
X 44900 or 510-437-4900
Then Follow this phone tree to alert a supervisor

Call or page your shift supervisor at the number they provided or the number listed on the contact sheet

Wednesday/Thursday

Contact Abby/Mehera
510-535-7704 (desk)
510-308-1107 (pager)
207-576-1049 (Abby cell)
415-570-1001

Non Wed/Thurs

Contact Gloria
510-437-4112 (desk)

Page Dennis if you can’t reach Abby/Gloria
510-231-3350

To Page:
1. Dial the number, you may hear a ring, then a beeping sound.
2. Enter the call back number (with area code if it’s a cell phone, otherwise use 7 digits if it’s a local number or the 5 digit in-house extension.
3. Press #. You should hear another beeping sound
4. Hang up
5. WAIT BY THE PHONE for a return call. It may take a few minutes for someone to get to a phone to call you back.

Call/page another supervisor on the contact list if you can’t reach Dennis
HIGHLAND HELP DESK
Revised 3.6.13

Priority Legal Referrals

What is the patient’s primary concern?

Eviction
See the Unlawful Detainer Procedure Chart

- Very low income and lives in Berkeley, Oakland, Emeryville, Alameda
  - EBCLC has Eviction clinic on Mon/Wed by appointment. Contact Gracie Jones @ 510-548-4040 x323. LEAVE A MESSAGE with description and patient name/call back number. Calls usually returned within 48 hours
  - Call Eviction Defense Center @ 510-452-4541

- Very low-income and lives in other Alameda county cities
  - Call Centro Legal Tenant’s Rights Workshop @510-437-1554 or Bay Area Legal Aid @ 510-250-5270

Public benefits termination/reduction/denial

- For sliding scale, low-fee eviction defense
  - Call Eviction Defense Center @ 510-452-4541
- • CalWORKS
  • General Assistance
  • Food Stamps
  • Cash Assistance for Immigrants
  • State Disability/Unemployment
  - Call EBCLC’s Neighborhood Justice Clinic @ 510-548-4060 or Bay Area Legal Aid @510.250.5270

Deportation/Urgent immigration problem

- Use the immigration referral list in the binder/google drive. Try these organizations first:
  - • Centro Legal de la Raza (Oakland): 510-437-1554
  - • Asian Law Caucus (SF): 415-896-1701
  - • CARACEN: 415-824-2330
  - • Delores Street Community Services: 415-282-6209
  - • Community Legal Services (East Palo Alto): 650-326-6440
  - • EBCLC: 510-548-4040
  - Consider also calling private attorneys on the list, who may be more responsive in an emergency

For all of above: if patient is HIV positive refer to Health Practice at EBCLC @ 510.548.4040
Needs a Primary Care Home

No Insurance/HealthPAC

Go to: achealthcare.org/find-clinic and search via “I need” “primary care”

Select “more” to find details about clinics in the patient’s area

• Read “policies and procedures” to find out how to get patient an appointment
• Call and get them an appointment
• If uninsured: MAKE SURE TO FIND OUT ELIGIBILITY AND WHAT THEY NEED TO BRING TO FIRST VISIT, etc
• Insurance enrollment sites: http://achealthcare.org/health-insurance-info/low-income-coverage-options/screeningenrollment/

OR try these options:
• Alameda County clinics @ 510-437-8500
• La Clinica de la Raza @ 510-535-4000
• Lifelong Medical Care @ 510-704-6010 (need to pre-register with patient services if uninsured)

Medi-Cal

Medi-Cal in Alameda county is administered by Alameda Alliance for Health. Go to: http://www.alamedaaalliance.org/members/ and select “Find a doctor/facility”

Search Alliance Plan “Medi-Cal” and Type “PCP”

Call providers that seem appropriate for the patient to make an appointment

OR try these options:
• achealthcare.org/find-clinic
• Alameda County clinics @ 510-437-8500
• La Clinica de la Raza @ 510-535-4000
• Lifelong Medical Care @ 510-704-6010

Private Insurance

Find out insurance type and call clinics. They can basically go anywhere enrolling new patients

Try:
• Sutter Health
• Alameda Family Physicians
• Google

HIGHLAND HELP DESK
Revised 5.30.13

If patient is undocumented: They can still get medical care! Likely to be HealthPAC eligible, in some cases may be Medi-Cal eligible (emergency & pregnancy). Insurance enrollment sites: http://achealthcare.org/health-insurance-info/low-income-coverage-options/screeningenrollment/
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May 23, 2013 Volunteer Training Schedule
All sessions are in the Highland OA1 Conference Room unless otherwise marked

1pm Volunteer arrival
• Meet in hospital main lobby outside gift shop

1pm-1:45pm Tour, logistics, Abby Burns and Dennis Hsieh
• Throughout hospital
• Distribution of paperwork and manuals

1:45pm-2:30pm Introductions, cultural humility ice breaker, Abby Burns and Mehera Reiter

2:30pm-3pm Social determinants of health at Highland, Abby Burns and Dennis Hsieh

3pm-4pm Help Desk workflow, Abby Burns
• i2i client database assessment and documentation
• Resource navigation-pocket health protector, binder, google drive
• Warm hand-offs
• Follow-up protocol

4pm-5pm Basic introduction to public benefits, Abby Burns and Mehera Reiter

5pm-5:45pm Interview skills and role play, Abby Burns, returning volunteers

5:45pm-6pm Returning volunteer advice, returning volunteers
About Highland

Highland Hospital is the acute care hospital and trauma center within Alameda Health System (AHS), formerly known as Alameda County Medical Center. AHS also includes Fairmont Hospital, providing short-term rehabilitation, long-term skilled nursing, and substance abuse facilities, John George Psychiatric Pavilion, which provides acute inpatient and outpatient psychiatric services, and multiple ambulatory care (outpatient) clinics. The health system began as the Alameda County Infirmary at the Fairmont site in 1864 to provide care for patients with tuberculosis and developmental disabilities. Fairmont later became a rehabilitation facility in the 1920s. At that time, the Alameda County Supervisors also saw a need for an acute care hospital to serve the growing needs of indigent patients, and opened Highland Hospital as a teaching hospital in Oakland in 1927. Later, in the 1960s, the county launched Ambulatory Health Care Services; and in 1992, John George Psychiatric Pavilion opened to provide better county mental health care access. Then in the 1990s, Fairmont, John George, and Highland merged to form AHS, with the ambulatory care clinics merging slightly later. Most recently in 1998, the governance of AHS transferred from the County Supervisors to the newly formed Alameda County Hospital Authority Board of Trustees, which continues to oversee the hospital and clinic system.

The mission of AHS is:
Caring, Healing, Teaching, Serving All

The vision of AHS is:
To become a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

AHS and the Department of Social Services provide care to all Alameda County residents, regardless of insurance status or ability to pay. In the month of September 2012, AHS had 7,764 emergency room visits, which included 194 trauma activations, and 9,552 patient hospital days with an average daily census of 318. This medical system serves almost exclusively low-income families who have critical social service needs.

AHS is a very diverse place! Patients here identify as:
- 35.1% Latino/Hispanic
- 29.4% Black/African American
- 11.2% Asian
- 13.2% White
- 0% American Indian
- 0.4% Other
- 10.6% Unknown
Highland Health Advocates are volunteers within the Department of Social Services. Social Services provides a range of supports to patients 14 years and older who present to AHS for care. Services provided include discharge planning, crisis intervention, patient education, psychosocial assessment, and patient rights and ethics. The department works with family members of patients and helps to manage these services. Social workers utilize high-risk screening to prioritize patients. The inpatient social workers also meet daily with the medical providers to discuss patients who have complex discharges in order to coordinate interventions and discharge planning. Where patients go after hospitalization or emergency room visits depends on their physical and mental needs, and may include home alone or with family, homeless shelters, acute or long-term rehabilitation, skilled nursing facilities, psychiatric hospitals, and board-and-care homes.
About the Help Desk

As stated above, Highland Hospital is the safety-net hospital for Alameda County, and primarily serves low-income, uninsured or underinsured, and chronically ill patients. Many of these patients show up in the emergency room or hospital repeatedly because of social and environmental factors such as poor nutrition, lack of education, stress, and harmful living conditions. In order to support the health and wellbeing of these patients, regardless of insurance coverage or ability to pay, we need to focus beyond biology and enhance our ability to address the social determinants of health. Meeting resource needs is critical to health in many ways. For example, food-insecure children are 91% more likely to be in fair or poor health than children with adequate food access, and 31% more likely to need hospitalization; in addition, families with difficulty paying rent and housing-related bills face increased acute care use and emergency room visits (1). We aim to improve the health of Highland patients and their families our Help Desk and integrated medical-legal partnership (MLP).

The primary goal of this group is to address the social determinants of health by utilizing volunteer power of undergraduate and graduate students to provide resource support and medical-legal assistance to low-income individuals and families in Alameda County who access care at Highland Hospital. Patients with resource and legal needs will be identified by Emergency Department and Complex Care Clinic staff, and referred to the Help Desk where volunteers will provide them with direct service support, facilitate transitions to outside agencies and programs as needed, and follow up with patients until their needs are met. Ultimately, the Help Desk aims to improve the health and wellbeing of low-income patients, and reduce emergency room utilization and healthcare costs in Alameda County.

Highland Health Advocate Volunteer Job Description and Requirements

The Highland Health Advocates aim to meet the social and medical-legal needs of patients through intensive resource support. We understand that wellness does not only mean freedom from disease, but also access to basic goods, services, and supports. Our volunteers are undergraduate and graduate students who are passionate about health access and committed to making a concrete difference in patients’ lives.

There is a lengthy application and on-boarding process to go through in order to become a Highland Health Advocate. Please plan to begin this process about 4-6 weeks before you hope to start volunteering.

First, complete the general AHS volunteer requirements:

1. **Application**: Fill out a volunteer application found online at [http://www.acmedctr.org/volunteersintakeprocess.cfm?M1=6&M2=0&M3=0&P=502](http://www.acmedctr.org/volunteersintakeprocess.cfm?M1=6&M2=0&M3=0&P=502) and email to abburns@acmedctr.org, gljenkins@acmedctr.org, and dhsieh@acmedctr.org
   a. PLEASE NOTE: The application process to be a Health Advocate is slightly different from the general volunteer application process, so please follow these instructions as listed, rather than the submission instructions listed on the application itself.

2. **Interview**: The Help Desk team may contact you for a phone or in-person interview.

3. **AHS General Orientation**: If you are accepted as a Highland Health Advocate, the Volunteer Office will contact you to attend a 4-hour hospital orientation session (generally held on Friday afternoons).

4. **Health Documentation**: In addition to your general orientation, you need to gather health records for a screening with employee health. *Note: You should work on this concurrently with the other requirements.*
   - Documentation of two negative tuberculosis (TB)/PPDs performed elsewhere within the last 12 months. AHS will provide the second PPD, if necessary.
   - For anyone with a history of a positive PPD/TB reading, we will accept a chest x-ray within 12 months. A chest x-ray may be obtained at your primary care provider's office.
   - Proof of immunity to Mumps, Rubella, Rubeola and Varicella (by immunization record or titer documentation).
   - Those with records of Hepatitis B vaccine and TDAP should bring copies to have included in their file (not required but highly recommended).
   - As of November 1, 2012, all volunteers must also have documentation of a flu vaccine, or will be required to wear a mask in the hospital.
5. **Employee Health Screening:** Once you have completed these requirements, make an appointment with Employee Health to complete your Health Screening and have your orange form (provided at general orientation) signed off on by the nurse. *NOTE: Call in advance and try to schedule this as soon as you know when will be done gathering the vaccine documentation.*

6. **Background Screening:** After you complete your Health Screening, turn your orange form in to the Volunteer Office. The Volunteer Office will perform a background screening. You must call the Volunteer Office three days after turning in your orange form to find out if your background screening has cleared. Once your background screening has cleared, you will be told to come and pick up your badge.

7. **Picking Up Your Badge:** AHS Volunteer Badges are available from 1pm-3pm Monday through Friday. Please report to the Volunteer Office when you come in to pick up your badge. Try to allow yourself some extra time when you come in, as there are a few things that we need to go over with new volunteers once they receive their badge.

**Second, attend Highland Health Advocates Training. You will be trained in the following topics:**

- Program overview and expectations
- Cultural humility
- Help Desk workflow
- Resource navigation
- i2i client tracking system
- Other topics at the discretion of volunteer supervisors

Volunteers are expected to staff the Help Desk **4 hours per week with a minimum 1-year commitment.** We believe strongly in the importance of volunteer reliability, and take your commitment seriously. **Specific Help Desk tasks include:**

- Adopting a professional and helping attitude
- Safeguarding patient confidentiality
- Providing targeted resource help to patients, including appropriate referral to our medical-legal partners
- Maintaining a patient database
- Following up on resource requests with patients and referring providers
- Keeping the resource database up to date and adding helpful commentary
- Referring complex cases to an appropriate supervisor
- You are also required to participate in 1 hour reflection sessions quarterly with peers and supervisors to share ideas, improve the services provided, learn best-practices, and grow as both individuals and as a community.

**Absence policy:** Generally, volunteers are allowed 2 absences per semester, which you should request as far in advance as possible. Notification for absences due to planned vacation should be emailed to Abby [abburns@acmedctr.org](mailto:abburns@acmedctr.org), Mehera [meheranara@gmail.com](mailto:meheranara@gmail.com), and Gloria [gljenkins@acmedctr.org](mailto:gljenkins@acmedctr.org). Notification for absences due to last minute illness or emergency should be emailed to Abby, Mehera, Gloria, your shift supervisor and fellow shift volunteers. We appreciate your dedication!
**Timesheets**

While Health Advocates are not managed directly by the Volunteer Office, we ask that you follow volunteer protocols for recording your shifts. The AHS Volunteer Department uses a “two-tier” timekeeping system. All volunteers are required to use both a paper timesheet, and the online Time Tracker system.

**Paper Timesheets**

Paper timesheets are first issued when a new volunteer picks up their badge, and new ones are issued to all volunteers at the end of each 3-month quarter. We ask all volunteers to sign in and out on their paper timesheet for each shift they work.

The majority of volunteer paper timesheets are kept in the “AHS Volunteer Sign-In Binder”, which is kept at the Information Desk in the main lobby, located on the 4th Floor of the H Building (where the Gift Shop and Triage areas are).

**Time Tracker**

Time Tracker is our online attendance system, to be used along with your paper timesheet.

Link to Time Tracker:

[https://docs.google.com/spreadsheet/viewform?formkey=dGpDMWVHUW9rRnNhUZXUdackRWAaGc6MQ](https://docs.google.com/spreadsheet/viewform?formkey=dGpDMWVHUW9rRnNhUZXUdackRWAaGc6MQ)

The Time Tracker webpage can be accessed from any computer, as well as most mobile devices, to make it easier for you to log your hours. We also ask for you to log your absences if you’ve contacted us to let us know you’ll be missing one of your scheduled shifts. Please be sure to use the name you prefer to be called when logging your hours, and to log your hours for the correct department. If you have any questions about Time Tracker, feel free to Shannon (shpage@acmedctr.org).

**Please Note:** Per the Volunteer Office, the Time Tracker system is audited on a daily basis, and the timesheets are audited weekly, to make sure that all volunteers are following the attendance policy and reporting their hours accurately.
Dress Code

Volunteers are expected to maintain a professional appearance during their shifts at AHS. Please follow these standards set forth by the Volunteer Office.

1. Apparel must be clean, neat, and in good condition. It also should be of a suitable color, fabric and style to reflect professional status. “Business Casual” clothing is encouraged for Probation Volunteers, while Non-Probation Volunteers must wear the full uniform required by their department.

2. Proper hygiene must be maintained at all times. Hair should be clean, neatly trimmed, and contained in such a manner that it does not come in contact with the patient or visitors.

3. Volunteers must wear their ID badge above the waist at all times.

Please DO NOT wear any of the following items:

- Open-toed shoes
- Jeans/denim of any color (blue, black, etc)
- Leggings or spandex and sheer attire
- Athletic apparel or gym clothing
- Sleeveless/ backless/ strapless/spaghetti-strap tops or dresses, or low necklines
- Bright/neon colors
- Sweat shirts or tee shirts with logos or large insignia
- Scrubs (unless you have transitioned into a department that requires them)
- Fingernails longer than ¼ inch (real or artificial/acrylic)
- Large/excessive jewelry
- Visible tattoos or piercings – all tattoos must be covered
- Heavily scented perfume, cologne or other products
Important logistical information

INTERNET/EMAIL:
- In the contact list you will see your AHS email and i2i log-in name.
- The first time you access an HHA laptop, you must plug into an Ethernet port. You will use your AHS email username (eg username for abburns@acmedctr.org is abburns) as both the username and password. You will be prompted to change your password and the new password you choose is for both your future laptop access and your email access.
- You need to activate your username via Ethernet port on BOTH large Dell laptops prior to logging in via wifi. The second laptop log-in will be your username above and the new password you chose. You only have to do this ONCE, the first time you use the laptops. The subsequent times you can just log-in via wifi.
- Your i2i log-in is your i2i log-in name and the same as the password. YOU MUST ONLY LOG-IN AND USE i2i UNDER YOUR UNIQUE LOG-IN.
- Website to access email is: webmail.acmedctr.org/exchange
- If you send an e-mail to a referring provider, please use your AHS email and write the subject line as “Secure: Health Advocate patient”
- Always plug in the lap-tops in the secured cubby when not in use.

INTERVIEW SPACE/STORAGE:
- You can access the interview space through the main lobby via the door with a pin-pad to the right of door B. The code is 8552
- You can also access the interview space by walking towards the elevators, turning right down the hallway before the elevators, and entering the door on the right across from the meditation/chapel area. There is a pin-pad and the same code 8552 applies.
- Furniture is stored in the area adjacent to the chapel. Walk into the meditation/chapel area and turn left, walk through the door and the table and chairs should be labeled and stored against the wall.
- The help desk binder is on one of the interview desks that we use. The key to our storage cubbies is in an envelope in the back of the binder. ALWAYS RETURN THE KEY!

BINDER MATERIALS:
- The help desk white binder is on one of the interview desks that we use.
- The white binder is full of blank i2i and demographic update forms, as well as many resources for you to use when helping patients. Get familiar with these resources! They are also available in the google-drive folder. The last tab of the white binder has blank versions of handouts, so you can make copies from these originals when needed on the copier near Gloria’s office in OA1 (send a volunteer to do this.)
- The black binder is used to store the paper i2i forms or demographic update forms that you fill out. It should remain locked in the cubby when not in use.
New Client Workflow

See also GENERAL WORKFLOW FLOWSHEET and INTERVIEWING SKILLS

FIRST:
- Introduce yourself and the Help Desk!
- Get the patient’s name or MRN and do a patient search on i2i to find them
- Confirm you have the right person and their contact information. Write down their contact phone number if different from the one in i2i. **Please write down any demographic data that needs updating in the Help Desk Binder demographic updates log.**
- If there is no i2i account for that person, complete a paper log (in the Help Desk binder). Make sure to get the demographic data, check for correct spelling of the patient’s name, and confirm their contact information.
- Ask the starred questions at the start of the template first.

SECOND:
- Ask the patient about their priorities today, and find out more about these priorities (Answer 1 or A1, A2, etc..., don’t worry about answering B/C/D etc...)
- If their priorities include **eviction, benefit termination, deportation/problems with USCIS (United States Citizenship and Immigration Services), and violence** these should be addressed first, then you can address the other needs per client’s own priority, depending on how busy the desk is and how much time you have to work with that client.
- Use the flowsheets, your peers, and supervisors for help to figure out how to approach the client’s concerns
- To find the appropriate resources, use the binder, google drive, and Pocket Health Protector resource database on google spreadsheet or iphone/ipad to search for appropriate resources
  - **Resource spreadsheet:**
    https://docs.google.com/spreadsheet/ccc?key=0AmjMBNXkWrScdDjBNjPFBWmJxcmtrWHc&usp=sharing

THIRD:
- Do as much as you can with the client (eg applications, filling out forms, setting up appointments, etc...). It’s okay to not know the answer, but you have many helpful skills to contribute and can do thoughtful, competent searches to find the answer.
- Use warm-handoffs to refer patients to outside resources
- Please refer unmet needs to 2-1-1 and give client a resource handout
- If you have any questions or concerns, please contact your supervisor
- Make sure to ask the client if it’s okay to contact them in a couple of weeks to follow-up, AND if it’s okay to leave a voice message.
FOURTH:
  o After the client leaves, finish documenting what you did for every issue the client has, including the issues you were unable to help the client with.
  o Remember that you must save in i2i in between when there is more than one selection for any given question.
    o Type your field note. Your field note should contain:
      ▪ Today’s date
      ▪ Client’s name, age, and language preference
      ▪ Client’s presenting complaint(s)
      ▪ How you assisted the client, including applications, referrals, calls made, etc…
      ▪ Your plan for client follow up
      ▪ Whether it is okay to leave the client a message
      ▪ Your name
  o Email your field note to the referring provider (if there is one) using your AHS email and the subject “Secure: Help Desk patient”
  o Update the resource spreadsheet or write comments in the resource application about the referrals/resources you used
  o Add new resources that you used via the Pocket Health Protector or spreadsheet: https://docs.google.com/spreadsheet/viewform?fromEmail=true&formkey=dDlBNjFEblhWY2NBTR4UUlxcmrWHc6MQ

i2i CODING SCHEME:
1 = no issue
2 = priority issue
A = defining the problem
B = Action taken
C = Resolution Pending
D = Resolved
E = Client declined help with this issue
F = Did not have time to help client with this issue at this time
G = Client lost to follow up
H = Other outcome
I = Client refused to answer this question
**Follow Up Workflow**

Each shift (eg Wednesday morning) is responsible for the follow-up of patients initially seen during their shift.

**FIRST:**
- Decide how you want to split up follow-up today (by who saw the patient or pick a follow-up lead for the day).

**SECOND:**
- Log into i2i and click on the search “spyglass” icon on the top left corner
- Click on * HGH HD follow up tool + YOUR SHIFT, and click “Do Search”
- Prioritize patients on the list based on date of last contact. It’s fine to call patients every 2-3 weeks, but do not go more than 3 weeks without trying to contact an active patient case.

**THIRD:**
For each follow-up...
- Don’t spend too much time looking through the entire i2i form. Read the field note to get a sense of what happened during their HHA visit, particularly what issues we assisted with initially-these are the issues to focus on in follow-up.
- Call the client. **USE *67 before the number to block your caller ID if using a cell phone for follow-up.**
  - *If you reach a client,*
    - Find out any updates about the issues we originally helped them with. (NOTE: people may have more issues they want to discuss but we do not have capacity to help with new issues over the phone. Please ask patients to feel free to return to the desk another time or to call 2-1-1.)
    - Help the client to troubleshoot any issues that have arisen and provide further advocacy, as needed.
    - Code updates on i2i. For example, if the issue is resolved, code it as resolved; if the issue is pending, code it as pending with the date called.
  - *If you don’t reach a client,*
    - Leave a voice mail **if their field note says this is okay.** In your voice mail, you can tell patients you are following up from their visit to the Highland Health Advocates Resource Desk with regards to ______. You can ask patients to call back with any updates by leaving a voice mail at: **510-535-7704.** Tell them we will try to reach them again in about two weeks.
    - After, code their Patient Status as 1B or 1C with the date called, and edit their field note to reflect your attempt at outreach with the date called.
FOURTH:

- Write a follow-up note beneath the original note. **REMEMBER TO PRESS THE “BOOK” ICON TO EDIT THE ORIGINAL NOTE AND AVOID DELETING IT!** This note should include the date of follow-up, the issues you discussed, and any relevant updates and further advocacy provided. It’s okay to write “Left message for patient” or “unable to reach patient” etc... **Change the note date to the date of follow-up.**
- Keep the Patient Status (one of the first i2i questions) as 1A Active if they still need follow-up (this will be everyone with B or C codes)
- Code the Patient Status as 2 Closed **with the date** if the issues they got help with are all resolved (all issues now coded with D codes), they declined further follow-up, we have been attempting follow-up longer than 2 months without reaching or hearing back from the client (NOTE: They may still have other resource issues, but as long as the issues we helped them with are resolved, please mark the Patient Status as 2 Closed.)

**i2i CODING SCHEME:**

1 = no issue
2 = priority issue
A = defining the problem
B = Action taken
C = Resolution Pending
D = Resolved
E = Client declined help with this issue
F = Did not have time to help client with this issue at this time
G = Client lost to follow up
H = Other outcome
I = Client refused to answer this question
**Paper i2i Template**

**Demographics:**

<table>
<thead>
<tr>
<th>ID:</th>
<th>Migrant Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Address:</td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>Home phone:</td>
</tr>
<tr>
<td>MRN:</td>
<td>Work Phone:</td>
</tr>
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<td>Race:</td>
<td>Email:</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Default location:</td>
</tr>
<tr>
<td>Language:</td>
<td>Default provider:</td>
</tr>
<tr>
<td>Homeless Status:</td>
<td>Financial Classification:</td>
</tr>
</tbody>
</table>

* **Volunteer shift of initial visit:**
  - Monday AM
  - Monday PM
  - Tuesday AM
  - Tuesday PM
  - Wednesday AM
  - Wednesday PM
  - Thursday AM
  - Thursday PM
  - Friday AM
  - Friday PM

* **How did you come to the desk?**
  - 1 Self-referral
  - 2 Referred by emergency department
  - 3 Friend/family told me about it
  - 4 Other
* Have you been helped at the desk before?
  o 1 Yes
  o 2 No, this is the first time

* Patient Status
  o 1A Active, spoke with patient (phone/in-person)
  o 1B Active, left voice mail
  o 1C Active, unable to reach
  o 2 Closed

* To connect you to the right resources, it's important for us to know about your current sources of income and benefits. Are you receiving any of the following?
  o 1 Receiving SSI (permanent disability)
  o 2 Receiving SDI (temporary disability)
  o 3 Receiving GA (general assistance)
  o 4 Receiving CalWORKs (welfare)
  o 5 Receiving CalFresh
  o 6 Receiving EDD/UI (unemployment)
  o 7 Other public benefit, please note
  o 8 In process of applying for income/benefits
  o 9 Income from work, not on public assistance benefits
  o 10 Income from work, in addition to benefits marked above
  o 11 No source of income

* What is your top priority or resource need today?
  o Housing concerns (see #1)
  o Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
  o Job-Related concerns (see #3)
  o Not having enough money to pay your bills/living expenses (see #4)
  o Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
  o Not having enough food (see #6)
  o Problems with violence (see #7)
  o Problems with the criminal justice system (see #8)
  o Immigration concerns (see #9)
  o Education concerns/needs (see #10)
  o Transportation concerns (see #11)
  o Problems with health insurance (see #12)
  o Problems with medical bills (see #13)
  o Problems with medications (see #14)
  o Problems with access to primary care/a regular doctor (see #15)
  o Problems with access to a specialist doctor (see #16)
  o Concerns about tobacco, alcohol, or drug use (see #17)
  o Concerns about childcare for your kids (see #18)
  o Concerns about care for a dependent family member (see #19)
  o Concerns about child support or family law (see #20)
  o Other concerns (please note)

* What is your second most important priority or resource need today?
  o Housing concerns (see #1)
Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
Job-Related concerns (see #3)
Not having enough money to pay your bills/living expenses (see #4)
Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
Not having enough food (see #6)
Problems with violence (see #7)
Problems with the criminal justice system (see #8)
Immigration concerns (see #9)
Education concerns/needs (see #10)
Transportation concerns (see #11)
Problems with health insurance (see #12)
Problems with medical bills (see #13)
Problems with medications (see #14)
Problems with access to primary care/a regular doctor (see #15)
Problems with access to a specialist doctor (see #16)
Concerns about tobacco, alcohol, or drug use (see #17)
Concerns about childcare for your kids (see #18)
Concerns about care for a dependent family member (see #19)
Concerns about child support or family law (see #20)
Other concerns (please note)

* What is your third most important priority or resource need today?

Housing concerns (see #1)
Utility concerns (phone, gas, water, electricity bills, etc) (see #2)
Job-Related concerns (see #3)
Not having enough money to pay your bills/living expenses (see #4)
Cut off from programs that give you money (UI, GA, SDI, SSI, Calworks, etc) (see #5)
Not having enough food (see #6)
Problems with violence (see #7)
Problems with the criminal justice system (see #8)
Immigration concerns (see #9)
Education concerns/needs (see #10)
Transportation concerns (see #11)
Problems with health insurance (see #12)
Problems with medical bills (see #13)
Problems with medications (see #14)
Problems with access to primary care/a regular doctor (see #15)
Problems with access to a specialist doctor (see #16)
Concerns about tobacco, alcohol, or drug use (see #17)
Concerns about childcare for your kids (see #18)
Concerns about care for a dependent family member (see #19)
Concerns about child support or family law (see #20)
Other concerns (please note)

1. Do you have any concerns about your housing (or lack of)?

1 Reports no housing issues
2a Client is being evicted/has received eviction notice - priority legal referral needed!
2b Client is a tenant of a property being foreclosed-priority legal referral needed!
A1 Problems with substandard/inadequate housing conditions
2. Do you have any problems with your utilities, such as electric, gas, or water bills?
   - 1 Reports no problems paying utilities
   - 2 Client has received utilities shut off notice - priority supervisor/legal referral needed!
   - A1 Has been cut off from utilities
   - A2 Problems paying electric/gas bill
   - A3 Problems paying water/sewer bill
   - A4 Problems paying phone bill
   - A5 Other problems with utility bills
   - B1 Referred client to outside agency for utility bill assistance
   - B2 Volunteer helped client contact utility company to negotiate bill/cut off
   - B3 Volunteer helped client fill out bill payment support application
   - B4 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1. Client is waiting to hear back from outside agency - follow up email/phone call made
o C2. Client’s request was approved and is waiting for assistance/payment to come through
o C3. Client’s requests were denied- further advocacy initiated
o D1. Client’s utilities are turned back on
o D2. Client received utility payment assistance, payment plan, or bill forgiveness
o E Client declined help with this issue
o F Did not have time to help client with this issue at this time
o G Client lost to follow up
o H Other outcome
o I Client refused to answer this question

3. Do you have any job-related concerns?
   o 1 Reports no job-related issues
   o A1 Problems finding a job
   o A2 Problems with current job (unpaid wages, discrimination, threat of firing, maternity leave, etc)
   o A3. Problems with former job (unpaid wages, discrimination, unfair firing, maternity leave, etc)
   o A4 Desires job training
   o A5 Other problems with job
   o B1 Referred client to legal aid/worker's right group
   o B2. Helped client connect with job-search agency/nonprofit
   o B3. Helped client look for a job
   o B4. Helped client apply for a job
   o B5. Helped client find/call job-training/educational resource
   o B6. Helped client apply for job-training/educational resource
   o B7. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   o C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
   o C2. Client is receiving ongoing help with the job search
   o C3. Client was unable to find job- further advocacy initiated
   o C4. Client is in the process of getting job-training/educational resource
   o C5. Client was unable to receive job-training/educational resource- further advocacy initiated
   o D1. Client found job.
   o D2. Client received/completed job training
   o E Client declined help with this issue
   o F Did not have time to help client with this issue at this time
   o G Client lost to follow up
   o H Other outcome
   o I Client refused to answer this question

4. Do you have enough money to pay all of your bills and living expenses?
   o 1. Has enough money.
2. Does not have enough money.
   - B1. Helped patient apply for CalWORKS/TANF benefits
   - B2. Helped patient apply for long term/permanent disability (Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI))
   - B3. Helped patient apply for temporary disability (State disability insurance (SDI))
   - B4. Helped patient apply for General Assistance (GA)
   - B5. Helped patient apply for unemployment benefits (EDD)
   - B6. Helped patient apply for VA income benefits
   - B7. Helped patient apply for other income benefits
   - B8. Referred client to outside agency for help with (B1-B7) -> list out
   - B9. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1. Application submitted and client is waiting to hear back
   - C2. Client is waiting to hear back from outside agency - follow up phone call/email sent
   - C3. Client is in the process of applying
   - C4. Client was unable to receive the benefit- further advocacy initiated
   - D1. Screened patient and patient not eligible for any benefits
   - D2. Client has obtained the above income benefit
   - D3. Client has not obtained the benefit but has found an alternative income/benefit source
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
   - G Client lost to follow up
   - H Other outcome
   - I Client refused to answer this question

5. Have you been denied/are you being cut off from programs that give you money such as unemployment insurance, disability, GA, etc...?
   - 1 Reports no problems with income support programs
   - 2 Has received a benefit termination or denial notice- priority legal referral needed! (mark which benefit below after making the referral)
   - A1. Problems with CalWORKS/TANF benefits
   - A2. Problems with long term/permanent disability (Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI))
   - A3. Problems with temporary disability (State disability insurance (SDI))
   - A4. Problems with General Assistance (GA)
   - A5. Problem with unemployment benefits (EDD)
   - A6. Problems with VA income benefits
   - A7. Problems with other income benefits
   - B1. Referred client for legal support with above income benefit
   - B2. Referred client to another outside agency for help with benefit problems
   - B3. Volunteer helped client to contact the benefit agency
   - B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
6. Do you have problems getting enough or the right kind of food to eat?
   - 1 No problems with food security
   - 2 Has received a food stamp termination or denial notice - priority legal referral needed!
   - A1. Problems with having enough food to eat right now/needs food right now.
   - A2. Problems with having enough food to eat at the end of the month.
   - A3. Needs food stamps
   - A4. Problems with applying for food stamps
   - A5. Problems with access to healthy foods
   - A6. Other problems with food security
   - B1. Referred client to food pantry/emergency food source
   - B2. Referred client to legal aid for assistance
   - B3. Helped client apply for food stamps
   - B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1. Client is waiting to hear back from outside agency - follow up phone call/email sent
   - C2. Client is in the process of obtaining better food access
   - C3. Client is in the process of getting help with food stamps
   - C4. Client not eligible for food stamps - further advocacy initiated
   - C5. Client was unable to receive assistance - further advocacy initiated
   - D1. Client has gotten food
   - D2. Client has received food stamps
   - D3. Client’s food stamp concerns are resolved
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
   - G Client lost to follow up
   - H Other outcome
   - I Client refused to answer this question

7. Do you have problems with violence in your household or neighborhood?
   - 1 No problems with violence
o 2 Victim of domestic violence - priority social work/supervisor referral required (if there is also an immigration concern, please refer for legal aid related to immigration relief - VAWA and U VISA and T VISA)

o A1. Feels housing/neighborhood is unsafe

o A2. (see #8) Victim of Crime

o A3. Other problems with violence

o B1. Referred client to social work/supervisor

o B2. Referred client to Family Justice Center

o B3. Referred client to legal aid

o B4. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)

o C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent

o C2. Client is in the process of having violence concern addressed

o C3. Client is in the process of obtaining a restraining order

o C4. Client has not been able to receive help with violence concern- further advocacy initiated

o D1. Client’s domestic violence concerns are resolved

o D2. Client has a restraining order

o D3. Client’s other violence concerns are resolved

o D4. Unable to follow up due to confidentiality

o E Client declined help with this issue

o F Did not have time to help client with this issue at this time

o G Client lost to follow up

o H Other outcome

o I Client refused to answer this question

8. Do you have any problems with the criminal justice system?

o 1 No problems with the criminal justice system

o A1. Problems with tickets

o A2. Problems with outstanding warrants

o A3. Problems with court dates (conflicting with medical appointments/other conflicts)

o A4. Problems with criminal record/needs expungement (finding a job)

o A5. Victim of Crime - needs help applying for Victim of Violent Crime Program

o A6. Other problems with the criminal justice system

o B1. Referred client to legal aid

o B2. Referred client to other outside agency

o B3. Helped client write a letter/contact the appropriate agency

o B4. Helped client fill out legal paperwork (supervisor/legal review required)

o B5. Helped client apply for Victim of Violent Crime Program (supervisor/legal review required)

o B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)

o C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
9. Do you have any immigration-related concerns?

- 1. No problems
- 2. Has received notice from US Customs and Immigration Service (USCIS) regarding deportation or deadline for immigration paperwork - priority legal referral needed!
  - A1. Entered without legal status
  - A2. Entered with visa and overstayed
  - A3. Problems with visa
  - A4. Wants to apply for a green card / legal permanent residency
  - A5. Problems with green card / legal permanent residency
  - A6. Problems with work permit / working
  - A7. Problems with TIN (paying taxes without a social security number)
  - A8. Wants to apply for citizenship (currently a green card holder)
  - A9. Victim of Crime/Domestic Violence (U VISA vs T VISA vs VAWA)
  - A10. Other immigration problem
- B1. Referred client to legal aid
- B2. Referred client to social work
- B3. Referred client to the Family Justice Center
- B4. Referred client to other agency
- B5. Helped client fill out forms (must be reviewed by legal aid attorney before submission)
  - B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1. Client is waiting to hear back from outside agency - follow-up phone call/email sent
- C2. Client is in the process of having immigration concern addressed
- C3. Client was unable to receive help with immigration concern-further advocacy initiated
  - D1. Client is now a documented resident-green card
  - D2. Client is now a documented citizen
  - D3. Client now has a visa
  - D4. Client immigration problem is now resolved-other
  - D5. Client received advice on immigration concern
  - D6. Client was deported or asked to leave the country
  - E. Client declined help with this issue
10. Do you have any concerns about education?

- 1 No problems
- A1. Client wants further education
- A2. Client needs English Language education
- A3. Client needs specific skill training
- A4. Client needs funding for further education
- B1. Helped client to apply for/enroll in tutoring agency
- B2. Helped client to apply for/enroll in language classes
- B3. Helped client apply for/enroll in GED course
- B4. Helped client to apply for/enroll in technical school training course
- B5. Helped client to apply for/enroll in college classes
- B6. Helped client to apply for/enroll in enroll in other classes
- B7. Helped client to apply for scholarship/loan programs
- B8. Referred client to outside agency for education needs
- B9. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1. Client is waiting to hear back from school/tutor
- C2. Client is in the process of enrolling in a class/school
- C3. Client has started classes/tutoring
- C4. Client has started application for funding
- C5. Client started but stopped classes/training for personal reasons- further advocacy initiated
- C6. Client was never enrolled- further advocacy initiated
- C7. Client was unable to receive help with education concern- further advocacy initiated
- D1. Client now has GED
- D2. Client now completed basic arithmetic/literacy training
- D3. Client now has completed skilled technical course
- D4. Client now has basic English language fluency
- D5. Client has now completed college
- D6. Client now has funding for education
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
- G Client lost to follow up
- H Other outcome
- I Client refused to answer this question

11. Do you have any concerns about transportation?

- 1 No problems
A1. Client needs help acquiring long-distance tickets (bus/train/plane)
A2. Client needs help acquiring/paying for car
A3. Client needs help acquiring/paying for bike
A4. Client needs help getting home from the hospital today
A5. Client needs help accessing paratransit
A6. Client needs help with other medical-related transportation
A7. (see #8) Client needs help paying parking/traffic violation tickets
A8. Client needs other non-medical transportation help
B1. Referred client to legal agency
B2. Referred client paratransit agency for medical transport
B3. Referred client to other outside agency
B4. Referred client to social work
B5. Helped client to fill out paratransit/medical transport application
B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
C1. Client is waiting to hear back from legal/outside agency-f/u call or email made
C2. Client is in the process of enrolling in paratransit/other medical transportation
C3. Client is applying for funding related to transport needs
C4. Client was deemed unfit to drive- further advocacy initiated
C5. Client was unable to receive help with transit concern - further advocacy initiated
D1. Gave client bus tickets or cab voucher for immediate transport
D2. Client now has long-distance bus/train/plane tickets
D3. Client now has access to a car
D4. Client now has access to a bike
D5. Client now has paratransit
D6. Client has other medical transport
D7. Client now has other non-medical transport
D8. Issue addressed in # 8 above
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

12. Do you have any problems with health insurance?
   1 No problem with health insurance
   2 Has received a benefit termination or appeal/denial notice- priority legal referral needed! (mark which benefit below after making the referral)
   A1 Does not have health insurance
   A2 Has insufficient insurance coverage. For example, has insurance but cannot afford copayments/deductible or needs supplemental insurance plan/coverage
   A3 Had private insurance, but lost it
   A4 Is having problems with MediCal
   A5 is having problems with Medicare
A6 Is having problems with VA health insurance
A7 Is having problems with county health coverage (healthpac)
A8 Other health insurance problem
B1 Referred to financial services to apply for health insurance
B2 Referred client to legal aid for help with insurance problems
B3 Referred client to outside agency for help with insurance problems
B4 Volunteer helped client apply for health insurance
B5 Volunteer helped client initiate claim appeal
B6 Volunteer helped contact insurance company for help with deductible/co-pay
B7 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
C1 Client is waiting to hear back from legal/outside agency - follow-up phone call/email sent
C2 Client is in the process of applying for insurance
C3 Client is in the process of obtaining other help
C4 Client has been unable to fix insurance problem/obtain insurance- further advocacy initiated
D1 Client obtained health insurance
D2 Client’s other health insurance problem is resolved
E Client declined help with this issue
F Did not have time to help client with this issue at this time
G Client lost to follow up
H Other outcome
I Client refused to answer this question

13. Do you have any problems with medical bills?
   A1 No problem with medical bills
   A2 Has medical bills that they cannot afford
   A3 Has collections agencies contacting them due to medical debt
   A4 Doesn’t understand their medical bills
   A5 Other medical bill problem
   B1 Referred client to legal aid for help with bill problems
   B2 Referred client to outside agency for help with bill problems
   B3 Referred client to HGH financial services for help with bill problems
   B4 Volunteer helped client apply for bill assistance/charity care
   B5 Volunteer helped client to understand their medical bills
   B6 Volunteer helped client contact their insurance provider
   B7 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   C1 Client waiting to hear back from legal/outside agency - follow-up call/email sent
   C2 Client’s bill assistance/charity care application is pending
   C3 Client’s bills are being sent from collections back to the provider
   C4 Client is in the process of receiving bill help not included above
14. Do you have any concerns or problems about medications your doctor has prescribed?

- Client does not have problem with medications
- A1. (see #12) Client has problems paying for medications because client is uninsured
- A2. Client has problems paying for medications despite being insured
- A3. (See #11) Client has problems getting to pharmacy to fill/pick up prescriptions
- A4. (See #15) Client does not have a regular doctor who can refill client’s prescription
- A5. Client’s insurance company will not pay for client’s medications
- A6. Client does not understand their medication regimen/how to take their medications
- A7. Other problems with medications
- B1. Referred client to legal aid
- B2. Referred client to other outside agency for help with prescriptions
- B3. Volunteer helped client apply for prescription assistance programs
- B4. Helped client contact their insurance company to get medication covered
- B5. Volunteer helped client clarify their medication regimen (may require calling MD office)
- B6. Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
- C1. Client is waiting to hear back from legal/outside agency - follow-up call/email sent
- C2. Client’s application/appeal is pending
- C3. Client’s request for medication assistance was denied - further advocacy initiated
- D1. Client has obtained prescription through prescription assistance program
- D2. Client’s insurance company has approved prescription
- D3. Client has obtained prescription/medication - other
- D4. Client now understands medication regimen
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
- G Client lost to follow up
- H Other outcome
- I Client refused to answer this question

15. Do you have a primary care doctor or nurse practitioner?

- 1 Has a primary care provider
- A1 Needs a primary care provider
- A2. Wants to change primary care provider
16. Do you have any concerns or problems about accessing specialty medical care?
   - 1 Does not have problems accessing specialty care
   - A1 Has problems accessing specialty care
   - A2. Other problem with specialty care
   - B1 Referred client to appropriate specialty clinic
   - B2 Helped request a specialty care appointment for the client (eg left message at specialty clinic)
   - B3 Talked with client’s primary care doctor about scheduling client for specialty care
   - B4 Spoke with other healthcare provider about scheduling client for specialty care
   - B5 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   - C1 Client is waiting to hear back about specialty care appointment - follow-up call/email sent
   - C2 Client has a specialty care appointment scheduled in the future
   - C3 Client missed specialty care appointment - further advocacy initiated
   - C4 Client has been unable to get a specialty care appointment - further advocacy initiated
   - D1 Client attended specialty care appointment
   - E Client declined help with this issue
   - F Did not have time to help client with this issue at this time
   - G Client lost to follow up
   - H Other outcome
   - I Client refused to answer this question

17. Do you ever have any concerns about your tobacco, alcohol, or drug use?
   - 1 Client has no concerns about tobacco/alcohol/drugs
o A1 Client has concerns about tobacco use only
o A2 Client has concerns about alcohol and/or drug use +/- tobacco use
o B1 Referred client to a social worker
o B2 Referred client to outside agency
o B3 Helped client enroll in/apply for substance abuse program
o B4 Helped client access a quit-smoking resource (eg hotline)
o B5 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
o C1 Client is waiting to hear back from treatment program/outside agency - follow-up call/email sent
o C2 Client has an appointment with a substance abuse treatment program
o C3 Client has an appointment with an advocate/social worker
o C4. Client has been unable to obtain access to treatment programs - further advocacy initiated
o D1 Client is/has engaged in drug/alcohol treatment
o D2 Client quit smoking
o E Client declined help with this issue
o F Did not have time to help client with this issue at this time
o G Client lost to follow up
o H Other outcome
o I Client refused to answer this question

18. Do you have concerns about childcare for your kids?
   o 1 Client does not have a problem with childcare
   o A1 Client needs help finding childcare
   o A2 Client needs help paying for childcare
   o B1 Referred client to outside agency for help with childcare
   o B2 Helped client contact childcare providers/programs
   o B3 Helped client fill out applications for childcare programs
   o B4 Helped client fill out applications for financial assistance with childcare
   o B5 Helped client access childcare through CalWORKS
   o B6 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   o C1. Client is waiting to hear back from childcare provider/outside agency - follow-up call/email sent
   o C2. Client is in the process of getting childcare access/funding
   o C2. Client unable to access/afford childcare-further advocacy initiated
   o D1 Client now has access to childcare
   o D2 Client can now afford childcare
   o E Client declined help with this issue
   o F Did not have time to help client with this issue at this time
   o G Client lost to follow up
   o H Other outcome
   o I Client refused to answer this question
19. Do you have concerns about care for dependent family member?
   o 1 Client does not have a problem with caring for a dependent family member
   o 2 Has received termination/denial/appeal paperwork from In Home Support Services - priority issue - legal referral needed
   o A1. Client needs help with finding care for a dependent family member
   o A2. Other problem
   o B1 Referred client to legal aid
   o B2 Referred client to other outside agency
   o B3 Helped client contact In Home Supportive Services/home health agency
   o B4 Helped client contact residential facilities
   o B5 Helped client apply for home health services
   o B6 Helped client apply for residential facilities for the dependent person
   o B7 Gave client information to initiate action on their own
   o C1. Client is waiting to hear back from home health/care/outside agency - follow-up call/email sent
   o C2. Client is in process of accessing home health/residential facility
   o C3. Client unable to obtain support-further advocacy initiated
   o D1. Client now has access to home health/care
   o D2. Client is now in a care facility (board and care, skilled nursing home, etc).
   o E Client declined help with this issue
   o F Did not have time to help client with this issue at this time
   o G Client lost to follow up
   o H Other outcome
   o I Client refused to answer this question

20. Do you have any concerns about child support or family law?
   o 1 Client does not have a problem with child support or any family law concerns
   o 2 Has received court papers or notice to appear – priority legal referral needed
   o A1 Client wants/needs a divorce
   o A2 Client needs help with obtaining child support
   o A3 Client is being asked for child support (wages garnished/order to pay)
   o A4. Client needs help with custody of a minor child
   o A5 (see #7,8) Client wants a temporary or permanent restraining order
   o A6 Client needs help with visitation of a minor child
   o A7 Other family law problem.
   o B1. Referred to legal services
   o B2 Referred client to social work/supervisor
   o B3 Referred to family justice center
   o B4 Referred client to other outside agency
   o B5 Helped client fill out appropriate forms
   o B6 Volunteer gave client information to initiate action on their own (if client declines specific help or other actions don’t apply)
   o C1 Client is waiting to hear back from outside agency - follow-up call/email sent
- C2 Client is in process of receiving help with his/her problem
- C3 Client has not been able to receive help with his/her problem - further advocacy initiated
- D1. Client’s divorce is completed
- D2. Client is now receiving child support
- D3. Client is now paying the appropriate amount of child support
- D4. Client now has custody of the minor child
- D5. Client now has a temporary restraining order / permanent restraining order
- D6. Client now has visitation with the minor child
- E Client declined help with this issue
- F Did not have time to help client with this issue at this time
- G Client lost to follow up
- H Other outcome
- I Client refused to answer this question

*Field notes- edit the field note comments. DO NOT PRESS “SET,” press the history icon to make sure you don’t delete the prior comments on a given patient*
- Your field note should contain:
  - Today’s date
  - Client’s name, age, and language preference
  - Client’s presenting complaint(s)
  - How you assisted the client, including applications, referrals, calls made, etc…
  - Your plan for client follow up
  - Whether it is okay to leave the client a message
  - Your name
- Example note:
  - 1/21/13: Mr. Li is a 75 yo Cantonese-speaking man, who self-presented to the HHA desk with concerns about substandard housing—roach infestation and poor ventilation, and food security—not enough food to eat at the end of the month. Using an interpreter phone, we referred Mr. Li to the EBCLC for legal support about his housing condition, helped him to complete and submit a CalFresh application, and gave him written instructions to access a food bank close to his home. We agreed to follow up via phone (xxx-xxx-xxxx) in about two weeks. Ok to leave voice mail. –Abby Burns
- **Hand written field note:**
**Personal safety**

**Phone tree if you need assistance:**

If there is a safety issue call or find security immediately, **x44900 or 510-437-4900** from your cell phone. Then follow the phone tree to alert a supervisor.

1. Call/page your shift’s assigned supervisor at the number listed on the contacts page.
   a. TO PAGE: Dial the number, you may hear a ring then will hear a beeping sound, enter the call back number (with area code if it’s your cell phone, otherwise 7 digits is fine), press #, hear another beeping sound, hang up. WAIT BY THE PHONE for a return call. Sometimes it can take a couple of minutes for someone to get to a phone to call you back.
2. If it’s a Wednesday, call Mehera at her desk/cell numbers
3. If it’s a Thursday, call/page Abby at her desk/cell/pager numbers
4. If it’s not a Wednesday/Thursday or you can’t reach Abby, call Gloria
5. If you can’t reach Gloria, page Dennis
6. If you can’t reach Dennis, call/page any of the other listed supervisors on the sheet for assistance.

We take your personal safety very seriously. Please make sure to be aware of your surroundings at all times when you are near the hospital. Talk to your supervisor about any safety concerns you may have.

If you ever feel unsafe or nervous with a client:
- Avoid a one-on-one situation with the client, if possible
- Try to exit the unsafe situation as quickly as possible
- Alert a nearby staff member
- Alert security
- Page your supervisor
Confidentiality

Please see information about this provided in the general volunteer on-boarding process.

All volunteers must sign a secured access user agreement in order to obtain an email address and i2i login.

E-mail: Only use your AHS email for the purposes of sending any messages about clients. Please make sure you write the beginning of the subject as “Secure: “ in order to be HIPPA compliant when emailing client information.
## CONTACT LIST

### Program Staff/Supervisors

<table>
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<th>Email Address</th>
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<th>Email</th>
<th>Desk Shift</th>
<th>i2i login name</th>
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Appendix:

- Appendix A: Alameda County Housing Worksheet
- Appendix B: Interview Skills
- Appendix C: HHA i2iTracks Guide
- Appendix D: HHA Help Desk Resource Flowsheets
- Appendix E: Other training handouts
Appendix A: Alameda County Housing Worksheet

1. **Emergency Shelter**: *Usually means one night stays secured at a time, possibly up to a week or so.*
   - Call 2-1-1 for shelter availability – shelters DO fill up and are likely to be full by the afternoon
   - If there is domestic violence going on, even if there are no shelter beds, you may still be able to get individuals/families safe housing. Try the DV resources on the database like A Safe Place, SAVE, Tri-Valley Haven, and Building Futures.
   - Families with children: Check the resource database for additional options, such as FESCO.

2. **Short term/transitional housing**: *Shelters that house individuals or families for periods of 30-90 days. Often help families find more permanent solutions. Follow a similar process as with emergency shelters.*
   - Call 2-1-1 for shelter availability – some shelters may have wait lists for transitional housing and you should ask and try to get your clients on such waitlists.
   - If there is domestic violence going on, even if there are no shelter beds, you may still be able to get individuals/families safe housing. Try the DV resources on the database like A Safe Place, SAVE, Tri-Valley Haven, and Building Futures.
   - Families with children: Check the resource database for additional options, such as FESCO.

3. **Permanent housing**: *Long-term solutions for individuals and families.*
   - **Housing Choices** is a site for finding affordable housing in Alameda County, [http://www.achousingchoices.org/index.php](http://www.achousingchoices.org/index.php). This site has a database that is searchable with various low-income housing opportunities and also other info about finding and keeping a home.
     - Enter an estimated maximum monthly rent and you will be redirected to enter the average monthly household income, which is used to search a database of available housing and determine eligibility for various low-income housing options, based on % of average monthly income the family can afford to pay in rent.
     - Look through the list and view more details for any housing options that apply to your client. Help your client contact available housing options AND get them on open waitlists. Find out how long the waitlist might be to let your client know what to expect. It is not uncommon for the waitlists to be months-years in some cases, *but still try to get them on the waitlists—a future opportunity for stable housing is better than no opportunity!*
   - **Section 8**, aka Housing Choice Voucher Program, is a federal housing program run by HUD offering assistance to low-income renters and homeowners.
     - Eligibility: Anyone meeting the low-income guidelines set by HUD can apply (varies by local area median income, typically 30-50% of local median income is the cut-off but varies by location and over time)
**How it works:** Those with section 8 can live in any housing that accepts vouchers. They pay 30-40% of their monthly income and the voucher covers the remainder of rent up to fair market rate. Tenants pay any excess rent that goes above fair market rent. Vouchers are portable, meaning residents can move and use their voucher anywhere.

**How to access:** Eligible persons must apply for a voucher through their local housing authority when their housing authority is administering vouchers or has an open waitlist. The Housing Choices Website listed above will post announcements and opportunities for Section 8 when available.

**Related Section 8 programs:** Project-Based Voucher Program (assistance ends if family moves during the first year), Moderate Rehabilitation Program (assistance ends if family moves)

- **Public Housing** is a federal housing program run by HUD offering low-cost rental units to eligible families.
  - **Eligibility:** Low-income families, the elderly, and persons with disabilities are eligible based on income limits determined by HUD. Lower income limit is 80% of area median income, and very low income limit is 50% of area median income.
  
  - **How it works:** The government subsidizes the construction and operation of housing developments. Tenants pay either: 30% monthly adjusted income, 10% monthly income, welfare rent, with minimum rent at $25-50 set by local housing authority.
  
  - **How to access:** Eligible persons must apply through their local housing authority.

- **Local housing authorities:**
  
  - **Oakland Housing Authority:** Waitlists for all public housing and Section 8 are currently CLOSED as of 3/13/13. Check online for more information about wait lists [http://www.oakha.org/home.html](http://www.oakha.org/home.html) or [http://www.oakha.org/waitlist.html](http://www.oakha.org/waitlist.html)
  
  - **Berkeley Housing Authority:** Section 8 waitlist is currently CLOSED as of 3/13/13. Check online for more information [http://www.ci.berkeley.ca.us/bha/](http://www.ci.berkeley.ca.us/bha/) [http://www.ci.berkeley.ca.us/DepartmentHome.aspx?id=18348](http://www.ci.berkeley.ca.us/DepartmentHome.aspx?id=18348)
  
  - **Livermore Housing Authority:** As of 3/13/13, Section 8 waitlist and public housing currently CLOSED. Check online for more information [http://www.livermorehousingauthority.com/](http://www.livermorehousingauthority.com/)
  
  - **City of Alameda Housing Authority:** As of 3/13/13, Section 8 Housing Choice waitlist is CLOSED, but Project Based Voucher waitlist is OPEN. Check online for more information [http://www.alamedahsg.org/index.html](http://www.alamedahsg.org/index.html) and [http://www.alamedahsg.org/section8.htm](http://www.alamedahsg.org/section8.htm)
  
  - **Housing Authority of the County of Alameda** (all county areas except for those listed above): As of 3/13/13, Section 8 and public housing waitlists are CLOSED.
Check online for more information [http://www.haca.net/index.php/housing-programs](http://www.haca.net/index.php/housing-programs)

- **Non-profit housing** may be a great option for some people. Eligibility and availability will vary by developer. Try contacting developers listed on the East Bay Housing Organizations website: [http://www.ebho.org/2012-02-07-00-58-39/looking-for-housing/housing-developers](http://www.ebho.org/2012-02-07-00-58-39/looking-for-housing/housing-developers) also try contacting service providers listed on their website: [http://www.ebho.org/resources/looking-for-housing/resources](http://www.ebho.org/resources/looking-for-housing/resources)

**NOTE:** Please don’t forget to add any new resources you find to our resource database: [https://docs.google.com/spreadsheet/viewform?formkey=dDlBNjFEblhWY2NBTWR4UUmcmtrWHc6MQ#gid=0](https://docs.google.com/spreadsheet/viewform?formkey=dDlBNjFEblhWY2NBTWR4UUmcmtrWHc6MQ#gid=0)
Appendix B: Interview skills

Parts of this worksheet are adapted from Greg Merrill’s “Motivational Interviewing: Helping People Change” UC Berkeley SW 245, Spring, 2013 and edited with the input of Henry Hecht and his “Client Interviewing Skills Discussion Outline” UC Berkeley, 2002.

The goals of this interview are to build rapport with the client, identify their priority resource needs and the scope and extent of these needs, work together to find a suitable solution to these needs, and help the client reach or take the first step(s) towards a solution.

1. **Engage**: Make the client feel more comfortable and build rapport.
   a. Smile! Be friendly and outgoing. Introduce our program clearly/set reasonable expectations and ask if potential clients if they would like to sit down with a volunteer.
   b. Make sure you introduce yourself!
      i. *Sample introduction*: Health advocates work with patients and families here at Highland to help people connect with the resources inside and outside of the hospital that they might need to be healthier, like food, legal help, or housing. We work with patients for minutes to more than an hour, depending on your time and the kind of help you want. We may not be able to help with every issue here on site, but we will try to refer you to someone who can. Are you interested in working with a health advocate today? (Client says yes.) Great, I’m Abby Burns, what’s your name? Nice to meet you. Is it okay if we go to a more private space to talk?
   c. Build rapport.
      i. Rapport is built (and destroyed) very quickly (seconds!) So be conscientious about your language, attitude, and nonverbal communication to help build rapport with your clients.
      ii. One simple way to build rapport is to make small talk with a client first, or on your way to the interview space. It’s okay to talk about the weather, how they’re doing, etc…
   d. Be sensitive and attuned to both your and your client’s nonverbal communication.
      i. This includes being self-aware, as well as being aware of the client’s reaction to you and adjusting accordingly
      ii. *For example*, how would it feel if you were a client and your advocate kept tapping their pen or checking their watch/cell phone? Or how would it feel for both you and the client if you were standing and the client was sitting?
      iii. *Non-verbal communication activity.*
   e. Avoid making assumptions.
      i. Different people communicate in different ways. Also, remember, this person has been to the hospital and this is probably a very tough day in their life.
   f. Avoid complex language/be sensitive to the education and literacy of your client
   g. Try to start out with open ended question(s):
      i. How are you today?
ii. Tell me why you decided to come to the help desk?

iii. How can I be most helpful to you today?

h. Show empathy and active listening. Applying this skillfully is also called using affirmations and reflections.

i. **Express Empathy/Affirmations:**
   1. Recognize effort (over success)
   2. Recognize strengths
   3. Express confidence in the client
   4. *For example:* You're really trying hard to find a better job; I can tell that you care so much about your husband; wow, that does sound really challenging and I'm impressed by how far you've already come.

ii. **Active Listening and Reflections:**
   1. Demonstrate listening and understanding
   2. Help integrate the underlying feelings, values, and unsaid portions of what a client means
   3. Try making these brief statements (NOT questions) and then pause, wait, watch, allow client to respond.
   4. *For example:* Client, “The real problem is the economy. There are no jobs and everything would be fine if I could just find a job.” Sample reflection, “Looking for a job has been really frustrating.”

i. **Roll with resistance:**
   i. Do NOT confront, cajole, argue, persuade, lecture, blame, shame, or vehemently disagree with a client who is resistant to help. They came because they do want some kind of help, even if it’s just someone to complain or talk to. Use reflections/active listening and empathy/affirmations to gain better traction and alliance with the client, then move on to see if you can do anything concrete to help them. Don’t overpromise. Demonstrate your concern.

2. **Focus:** Elicit the patient’s priorities and center the conversation around these
   a. Help ground your intervention more specifically
   b. *For example:* What are the most important issues I can try to help you with today?

3. **Evoke:** Help elicit the client’s solutions, interest in pursuing different options, and abilities
   a. Find out what they’ve already done for this issue themselves, and how it went.
   b. Explore their interest or hesitation for solutions that both they and you come up with.
   c. Evaluate their motivation and ability to follow-through with more versus less direct help from you.
   d. *For example:* How have you dealt with this problem in the past? Would you be interested in trying that again? What is an optimal outcome? What outcome could you live with? I’m here to help—would you like me to look into these options with you or would you prefer to do it on your own?

4. **Plan:** Help the client form a concrete, specific plan, and set them up for success to see the plan through
   a. Narrow in on a solution that the client agrees with
   b. Elicit their concerns about following through
   c. Help plan for challenges in follow through, including writing out directions, phone numbers, and contingency organizations to try instead.
d. *For example:* It sounds like you are not interested in a shelter bed, but would like to explore long-term housing options. As I mentioned, there is a website that can help us to look for more permanent housing. Are you interested in using that? Would you like to go through the website together? OR... I found you a shelter bed at St. Anthony’s. Do you know how to get there? Will you be able to get there by 3pm? What can I do to help you get there in time?
Appendix C: HHA i2i Tracks Guide
Appendix D: HHA Help Desk Resource Flowsheets
Appendix E: Other Training Handouts