

## August NJ DSRIP Webinar Q&A Transcript

08/13/19

Please submit any additional or clarifying questions to [njdsrip@pcgus.com](mailto:njdsrip@pcgus.com).

Question	Answer
<b>Hospital Presentation: Robert Wood Johnson University Hospital</b>	
Were there any issues with landlords willing to take these patients and their vouchers?	<b>Andrew (RWJ University Hospital):</b> No. Coming Home works at the county level and with the city of New Brunswick. Housing is the program’s primary concern, so they already have a system in place to foster relationships with landlords (and providers of any form of housing).
How do social workers determine gaps in social determinants of health?	<b>Andrew (RWJ University Hospital):</b> Social workers in this program use the tool that was part of the application that CMS provided, although RWJ made some minor changes to better suit their purposes.
Were there any issues with language barriers? Are the LCSWs multi-lingual, or do you use translation services?	<b>Andrew (RWJ University Hospital):</b> New Brunswick is 57% Spanish-speaking, so one of the two social workers speaks Spanish. The program has not had any issues with translation so far, but social workers can use translation services when necessary.
Before this program, was there a social worker assigned to the ED for the ED patients?	<b>Lorraine (St. Peter’s Hospital):</b> At St. Peter’s, there was already a social worker assigned to the ED but another was added as part of this initiative. Having a social worker dedicated to this one program has helped improve the “follow-through” portion of the continuum of care.
What access to outside programs did the new social worker have that the hospital social worker did not have?	<b>Andrew (RWJ University Hospital):</b> The hospital social worker had access to the same outside services but did not have the bandwidth or time to follow-through with these resources. Connecting patients to these programs is very time-intensive, which is why the Coming Home-specific social worker has been so beneficial.
How did you get the patients’ consent to send their names and contact information to Coming Home? Was it worked into the ED workflow?	<b>Andrew (RWJ University Hospital):</b> Patient consent to enroll in the Coming Home program was obtained when the social worker encountered the patient in the ED. However, patient consent

	was not necessary to send the information to Coming Home, due to previous data sharing agreements. Only the patient name and address was shared with Coming Home.
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**General Program Questions**

Do you know if there will be any changes to Progress Report requirements for the upcoming submission in October? When will materials be available?	DY8 SA1 Progress Reports will be due October 31 <sup>st</sup> , 2019, and materials will be released about a month before the due date. These progress reports will be similar to the DY7 SA2 Progress Reports. Any updates or changes to the DY8 SA1 Progress Reports will be shared in upcoming webinars.
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