

Homelessness and Health Homes: Potential Impact of a Health Home Medi-Cal Benefit

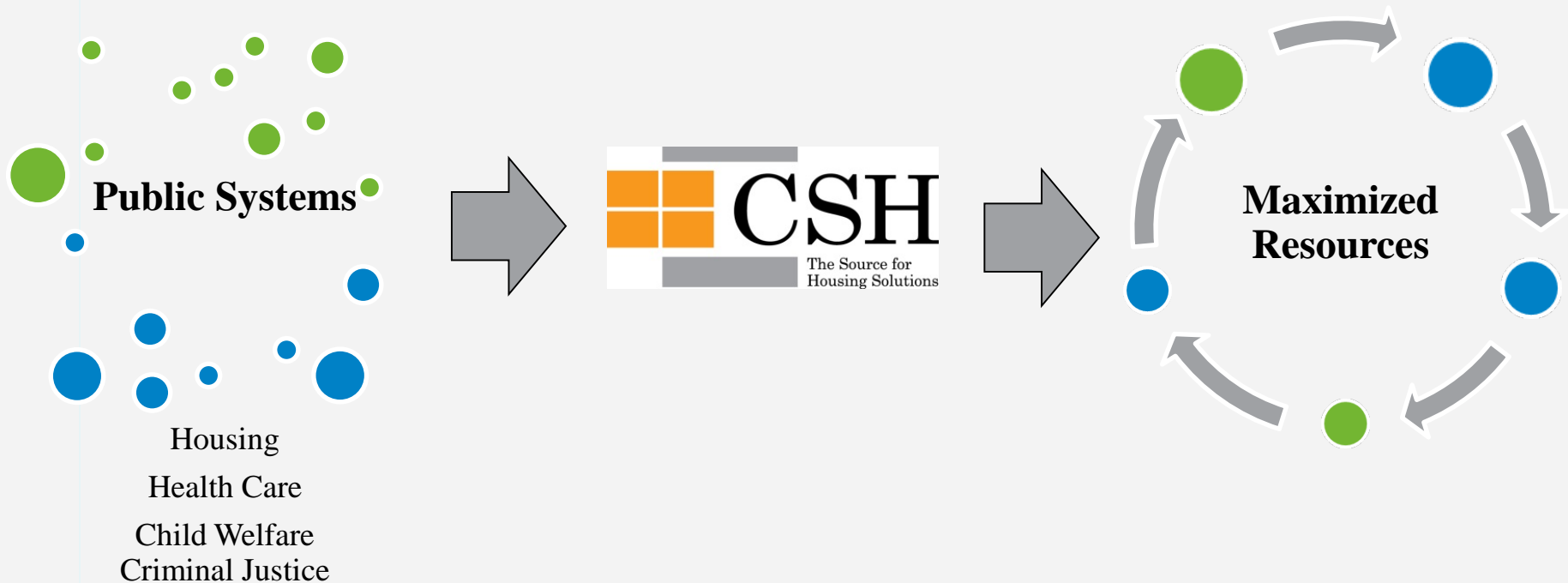
County Welfare Directors Association Conference

October 8, 2014



Maximizing Public Resources

CSH collaborates with communities to advance housing solutions that promote integration among public service systems.

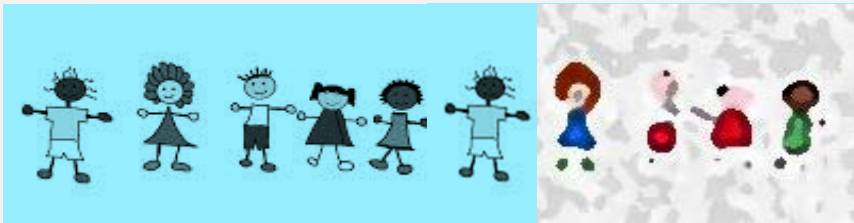


Homelessness Among Families



Homelessness & Child Welfare

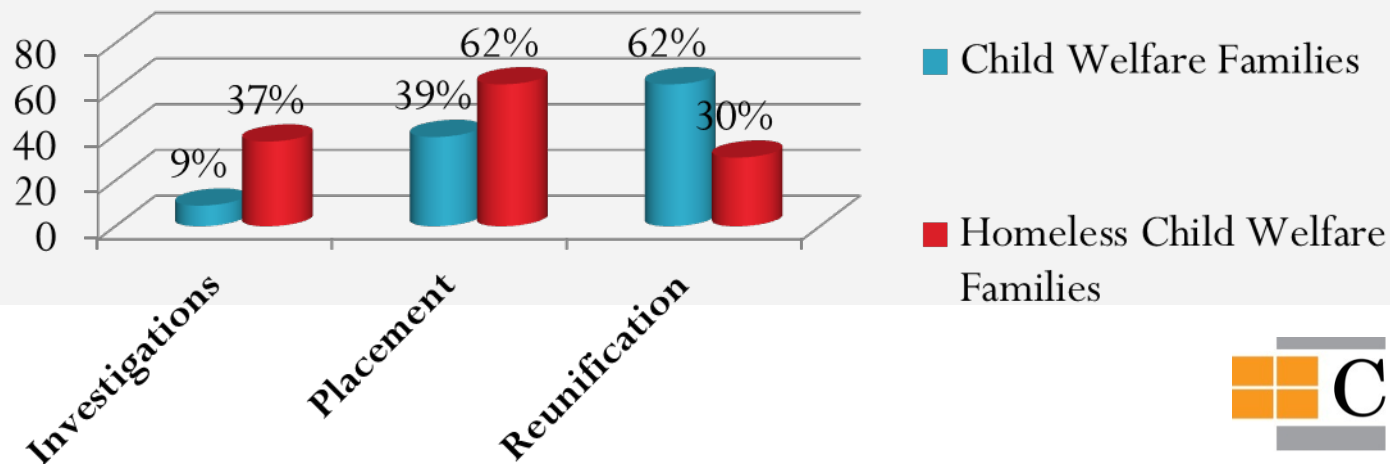
Homelessness Common Among Child-Welfare-Involved Families



60% of children who enter foster care by 5 are children of families experiencing homelessness



29% of all child-welfare-involved families are homeless or have recently experienced homelessness.



Homelessness & Poverty

Extreme Poverty:

- 2/3 of child welfare families: incomes under \$15,000
- max CalWORKS benefit for family of 3 is \$13,860
- General Assistance of about \$200/month

Benefit Decreases Result

in Increased Homelessness:

105% increase in homeless CalWORKS families 2006–12 in LA (16% increase in families)

Homelessness Among Unaccompanied Children & Young Adults:
15,469 on any given night, due to severe poverty

Income Inequality Causes Homelessness:
High poverty & high housing costs

Housing Solutions



Housing Options

Rapid Re-Housing:

Most families end homelessness w/ housing navigation (connection to housing affordable to family), move-in costs, ltd rental subsidy



Supportive Housing:

Some families need ongoing rental subsidy & services promoting housing stability (e.g., experiencing chronic homelessness, parent w/multiple episodes of homelessness/disability).

Supportive Housing for CW Families

- 100% children reunified
- 61% cases closed w/in 10 months
- 87% decrease in confirmed reports

More About Supportive Housing

Supportive housing is an evidence-based model that combines affordable housing with services that help tenants retain housing stability.

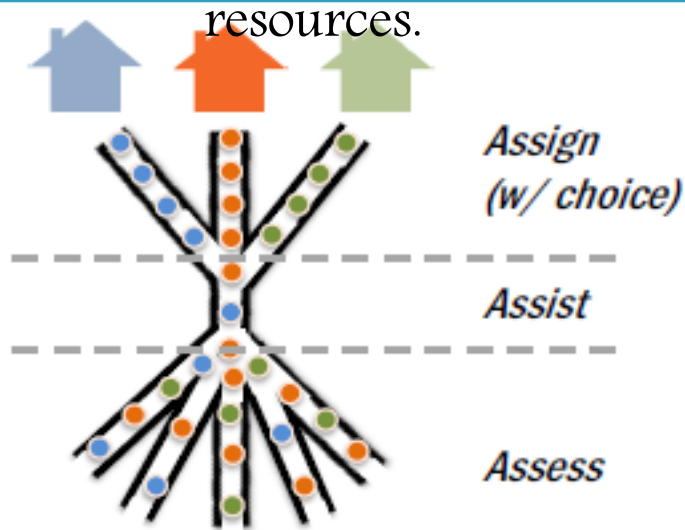
Housing: Affordable
No limits on stay
Independent
Has standard lease
w/tenant protections
Housing First



Services:
Flexible
Voluntary
Tenant-centered
Face-to-Face

Right Housing/Right Services

Housing Assessment & Coordination: Assess families' housing needs, coordinate resources.



- **Outreach to & engage families**
- **Voluntary: housing not conditioned on participation**
- **Flexible: whatever person/family needs**
- **Plan: to meet goals & achieve stability**

Services:
Designed to promote housing stability

Health Homes



ACA's "Health Home" Option

The ACA's "Health Home Option"

It Is:

Opportunity

Medi-Cal funding for services linking people to housing and promoting housing stability

It Is Not:

A way to pay for housing

A sole source of funding for services in supportive housing

Assembly Bill 361. “Health Homes” Bill (Mitchell)

Health Home = Virtual “Home” for Addressing Health-Related Needs

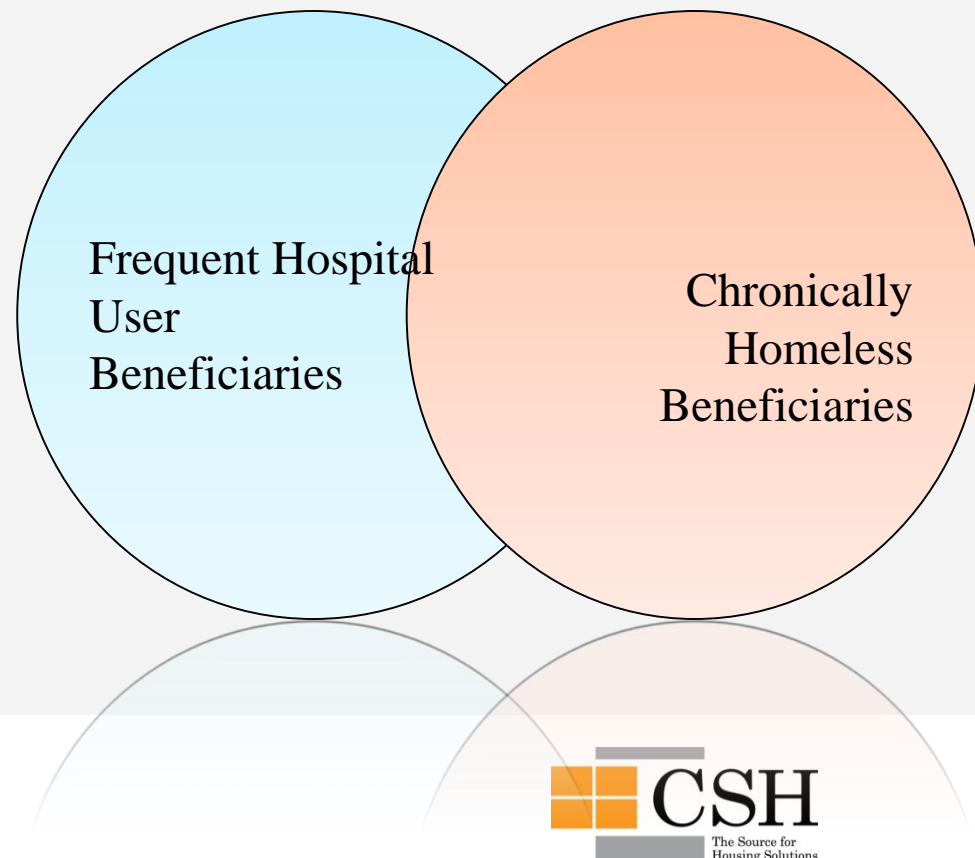
Uses an option under Affordable Care Act to create a **“Medi-Cal health home benefit”** to Medi-Cal beneficiaries, including beneficiaries who are—

**FREQUENT HOSPITAL
USERS**

and

**CHRONICALLY HOMELESS
PEOPLE**

Bill signed by Governor Oct 2013



Health Home Services

Services to Address the Needs of the “Whole-Person”



**COMPREHENSIVE
CARE MANAGEMENT**



**CARE
COORDINATION &
HEALTH
PROMOTION**



**COMPREHENSIVE
TRANSITIONAL CARE**



**INDIVIDUAL AND
FAMILY SUPPORTS**



**REFERRAL TO
COMMUNITY &
SOCIAL SERVICES**

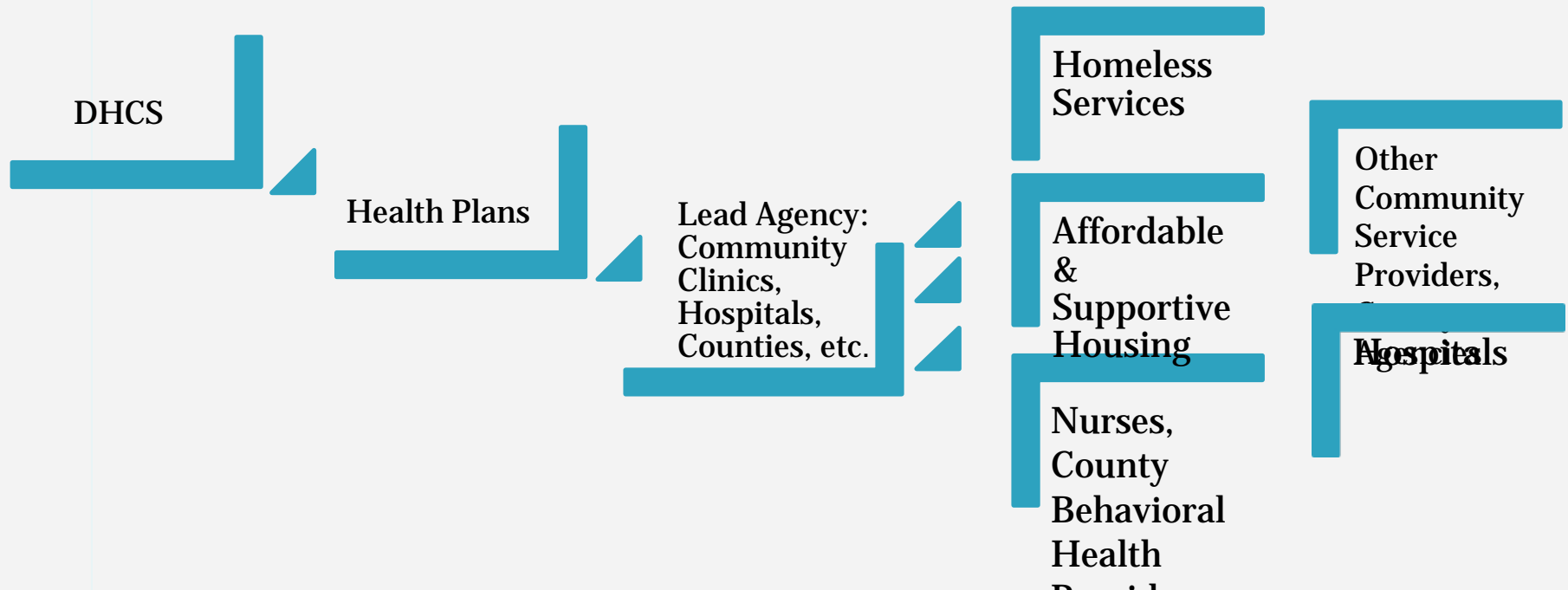


**HEALTH IT, DATA
& EVALUATION**



**OUTREACH &
ENGAGEMENT**

Health Homes Benefit Structure



- Under ACA option, a health home receiving the benefit could partner with a number of entities to provide services.
- Health homes would not fund primary care, mental health, substance use services, or other services federally

For more information,

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Homeless Families and the Child Welfare Systems

Kris Freed

Associate VP of Programs

LA Family Housing

Homeless Family Characteristics

- Welfare Dependent
- Lack of employment history/experience
- Low level of educational attainment (35-61% GED/HS Graduate rate)
- High child welfare involvement in their childhood
- Difficulty with housing stability
- Single parent households
- Disproportionately have young children under 6 yrs.
- 64% minority group
- High rate of domestic violence
- Mental Health/Substance Abuse/Domestic Violence history

Income



- Income of homeless families are significantly below the Federal poverty level
- Majority of homeless families list welfare as their primary source of income
- Far too low to obtain adequate housing without subsidies



Social Supports

- Social networks are an important buffer for stress
- Social networks can be an important housing resource for poor families
- Studies have shown that homeless families have less frequent contact with social networks and report more conflicted relationships within those networks than other families

Housing Instability



- Homeless episodes are part of longer stints of residential instability marked by frequent moves, short stays with family and/or friends, and motel stays
- Lack of housing subsidies increases probability of returning to homelessness
- Poor housing history/no housing history (evictions, poor credit, judgments, loss of Section 8)

DCFS Involvement and Homelessness

- Homelessness makes reunification more difficult.
- Typically court-ordered cases impose specific criteria to be met before reunification can occur—such as securing housing and employment
- In 2003, only 23% of separated children in NY were residing with their parents at the 5 year follow-up (Cowal, 2002).



Family Separation

- Family separations are not only disruptive to the family and the child during the separation period, but rather can foster a multi-generational cycle of homelessness
- Large population of the children in the foster care system were born to parents who had histories of homelessness (Zlotnick, 1998).



Coordinated Entry & Assessment

- Los Angeles County's response to HUD's requirements for coordinated assessment process– Homeless Families Solution System (HFSS)
- Piloted 2011-12 during winter months
- HFSS Jan 2013
- Use 211 as the central HUB for all homeless families
- 1 FSC each in Service Planning Area (8)
- Streamlines processes
- Reduces the number of unsheltered families

Homeless Families Solution System

- 437 families were screened between Jan 2013-July 2014
- 80% were below 30% Area Median Income
- 65% received CalWorks as only means of financial support
- 20% had child welfare involvement
- 15% had mental-physical health/substance abuse disorders; 16% had at least 2 known condition
- 12%-20% had experienced homelessness a child

Notable Concerns

- Young parents between the age of 18-25 years old (28%)
- Seeing children return as adults with their own children in LAFH programs
- Dependency on welfare system as a means of support
- Significant increase in child welfare involvement



Housing Services

- Assessed to determine best housing intervention to meet the family's need (F-SPDAT)
- Handoff to Housing Case Manager who works with client at connecting family to service needs and addressing housing related needs (income, counseling, education)
- Housing Locator works to identify a unit with the family
- Housing Stabilizer provides progressive case management dependent upon need. Provides continued support and follow-up to address potential housing issues (landlord/tenant mitigation, rent issues, securing employment/benefits)



Success

- Over 100 families housed; over 80% have remained housed
- 111 families were diverted away from homeless system
- 68 Families obtained employment
- Co-located DPSS worker on-site—helps address sanctions and connect families to services/benefits
- Work closely with DCFS—staff attend court hearing, TDM's, and work together on plans

A Health Home for Me

Patient Centered Health Homes for the Homeless

County Welfare Director's Association

October 2014

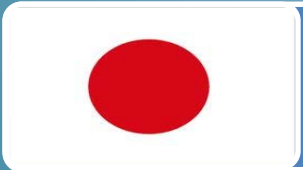
Brenda Goldstein, MPH

Life Expectancy



USA

78



Japan

83



Mongolia

67



Ethiopia

53



USA Homeless 46

Key Components

- Flexible service models
 - Who (staffing = mix of licensed/non-licensed staff)
 - Where (home, streets, office)
 - What “care” is (housing, medical and social case management, flexible funds for transportation, food, benefits advocacy)
- Integrated medical, behavioral health and case management
- Highly collaborative internally and externally

Services In Housing

- Health home in housing for 300 adults
- Physical and mental health services on site
- Link to full scope clinic
- Team = medical providers, LCSWs and case managers
- Individual and group services
- Dedicated time for team meetings

General Clinic Based Services

- Serve clients living on streets and in scattered site housing
- Medical and mental health services provided by FQHC at a clinic site (primary care and mental health clinics)
- Case managers coordinate care, accompany clients to visits, advocate for clients

A Model Clinic

- Target population: Disabled adults on General Assistance & chronically homeless people
- More case managers and wellness coaches
- PCP/Behavioral Health staff ratio = 1:1
- Primary care panels half of normal size
- Longer appointments
- More drop in and same day access appointments
- Co-location with benefits advocates and specialty mental health clinic

Partnerships and Funding

- Community Health Centers/FQHC MediCal
- Hospitals
- MHSA
- Managed Care Plans
- County Behavioral Health Funds
- Housing Developers
- Private Foundations
- Social Services



Health Homes Make Sense for Families

Va Lecia Adams Kellum, Ph.D.
St. Joseph Center

Health Homes for Families Aligns with Best Practice Models

Research on best practices for families indicates that the most effective programs are:

- Comprehensive
- Family-centered
- Culturally tailored
- Easy to access
- Designed to meet the specific needs of individual family members

The American Academy of Family Physicians:

- Encourages health professionals to work together as clinically integrated teams in the best interest of patients.
- The AAFP and others believe the patient-centered medical home represents an example of an integrated practice arrangement in which a licensed physician (MD/DO) for example is working jointly with other health care personnel to manage the care of an individual patient and a population of patients using an integrated approach to health care.

Health Homes for Families

Interventions Offered Through Health Homes:

- Provide the types of services vulnerable families need, particularly when a member of the family has a chronic illness. These families are often faced with psychosocial challenges which may include:
 - Homelessness
 - Under employment
 - Unemployment
 - Domestic Violence
 - Children with learning disabilities
 - DCFS involvement



Best Practice Models:

- Vulnerable families benefit most from comprehensive family-orientated services that address their wide array of needs.
- A 2011 study by CSH found that rental assistance combined with supportive services for families at risk of losing their children to the child welfare system kept families together and improved outcomes for children. [1]



Best Practice Models:

- Homeless families with chronic physical & behavioral health conditions are particularly vulnerable and would likely benefit from the Health Homes model—since AB361 calls for Health Homes to partner with supportive housing providers.
- Another study found that rental assistance combined with supportive services for homeless people with serious health problems can achieve savings in the health care, corrections, and emergency shelter systems. The combined savings may be close to or above the cost of the rental assistance and services. [2]

St. Joseph Center and the Department of Mental Health

- St. Joseph Center received funding through the Department of Mental Health to test out the benefits of an integrated care model for Latino Families in an effort to improve:
 - Access to health & mental health services
 - Overall patient experience



St. Joseph Center's Integrated Care Model for Families

Animo

- Provides integrated health care services, grounded in culturally relevant, innovative practices
- Combines conventional substance abuse, mental health and physical health care services along with faith-based counseling, infant/family treatment and cultural healing practices designed to address the whole person/family
- 352 Animo families have been served since the beginning of the project in 2012
- Collaborative partners include: St. Joseph Center, Venice Family Clinic, Westside Infant Network, Espirito Wellness

Program Requirements:

1. Axis I Diagnosis
2. Substance abuse disorder or a co-morbid medical disorder (diabetes, high blood pressure, chronic pain, auto-immune disorders)
3. Live on the Westside of Los Angeles (Santa Monica, Palms, Culver City, Mar Vista, Venice, Marina del Rey)
4. Have Medi-Cal or no health insurance

St. Joseph Center's Integrated Care Model for Families

Key Descriptors

Most Common Diagnoses	Chronic Health Issues	Psychosocial Issues
Major Depressive Disorder	Chronic Pain (100%)	Domestic Violence (70%)
Generalized Anxiety Disorder	Insomnia (90%)	History of Trauma (90%)
Post Traumatic Stress Disorder	Anxiety (90%)	Current or Previous Involvement in DCFS (30%)
	Depression (63%)	Homeless (5%)
	Hypertension (20%)	
	Diabetes (13%)	

St. Joseph Center's Integrated Care Model for Families

Client Rated Outcomes

Client Rated Outcomes as a Result of Services	% of Clients who Strongly Agree
I deal more effectively with daily problems. (N=66)	81.82% (N=54)
My physical health has improved. (N=67)	44.78% (N=30)
I am better able to manage my health care. (N=67)	59.70% (N=40)
My mental health symptoms are not bothering me as much. (N=66)	50.00% (N=33)
I am better able to take care of my needs. (N=67)	77.61% (N=52)
This program meets both my mental and physical health care needs. (N=70)	98.57% (N=69)
I was able to get all the services I thought I needed. (N=69)	98.55% (N=68)

**Integrated Care
Model
&
Health Homes**



**Improved Physical,
Behavioral, and
Psychosocial
Outcomes for
Families**



References:

- [1] Corporation for Supportive Housing, “Is Supportive Housing a Cost-Effective Means of Preserving Families and Increasing Child Safety? Cost Analysis of CSH’s Keeping Families Together Pilot,” 2011; Donna Tapper, “Keeping Families Together: An Evaluation of the Implementation and Outcomes of a Pilot Supportive Housing Model for Families Involved in the Child Welfare System,” Metis Associates, November 2010.
- [2] Michael Nardone, Richard Cho, and Kathy Moses, “Medicaid-Financed Services in Supportive Housing for High-Need Homeless Beneficiaries: The Business Case,” Center for Health Care Strategies, Inc., June 2012, <http://www.rwjf.org/files/research/74485.business.case.pdf>; Mary E. Larimer et al., “Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems,” *Journal of the American Medical Association*, 301:1349-1357, 2009; Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” *Housing Policy Debate*, volume 13, issue 1, 2002.

Questions??

