National Human Services Data Consortium

2017 Fall Conference

San Diego, CA

October 11-12, 2017

Using Data to Drive MCO Partnerships & Enhance Care Coordination

What's Next:
In Data, Leadership, and Community

Jessica Preheim	Senior Program Manager, CSH Texas
Eva Thibaudeau	Director of Programs, Coalition for the Homeless of Houston/Harris County

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COALITION FOR THE HOMELESS
Leading Houston Home

About CSH

Improve the lives of vulnerable people

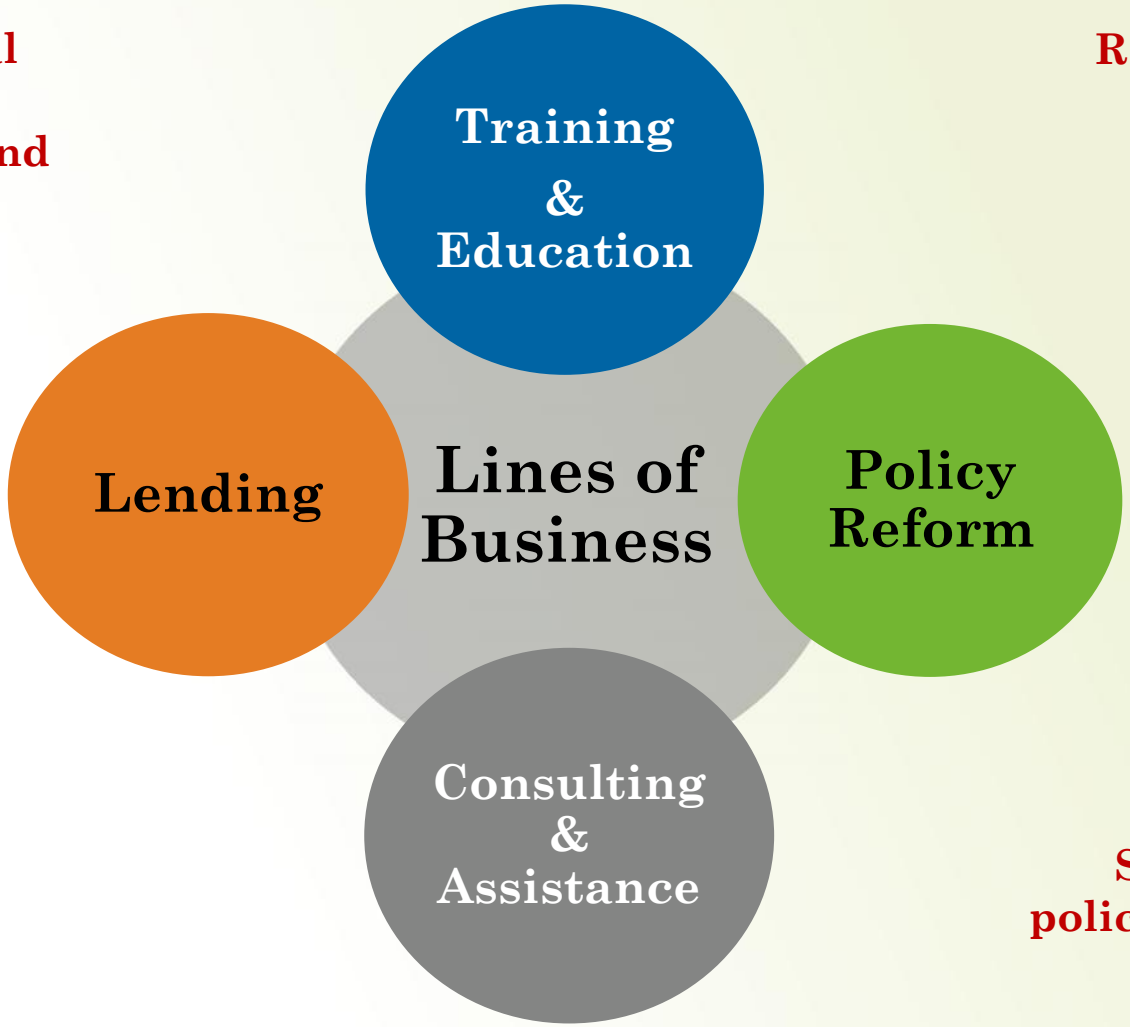
Maximize public and private resources

Build strong, healthy communities

What We Do at CSH

Powerful capital funds, specialty loan products and development expertise

Research-backed tools, trainings and knowledge sharing



Custom community planning and cutting -edge innovations

Systems reform, policy collaboration and advocacy

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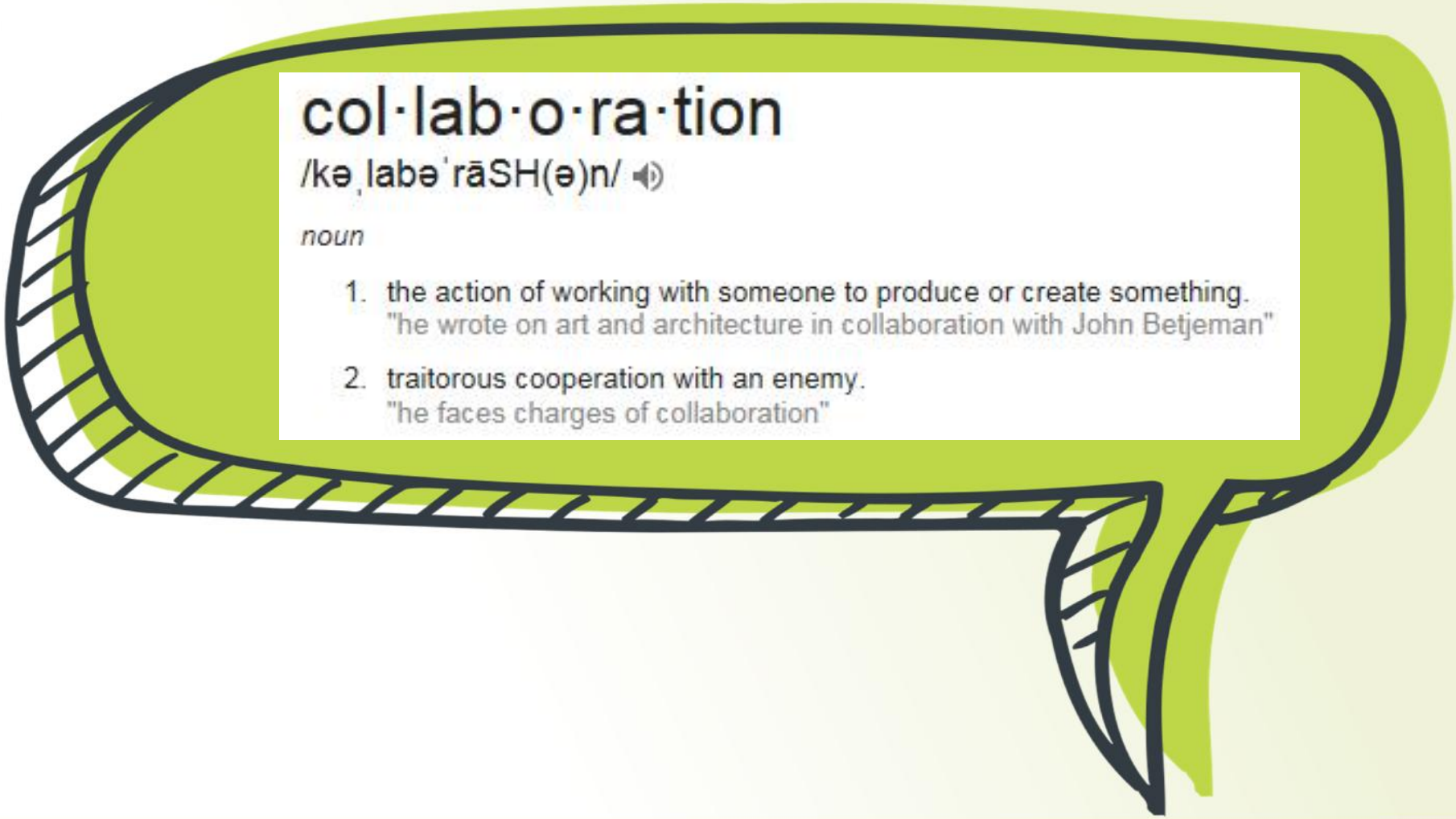
As Lead Agency/HMIS Administrator:

The Coalition provides:

Leadership	Advocacy	Coordination of community strategies to prevent & end homelessness.

Finding Collaboration



How we get it done

Research

- Be the repository of data and knowledge about homelessness, services, and related issues.

Project Management

- Be a resource to the community and provide excellent service to our customers.

System Capacity Building

- Be the catalyst to raise the organizational and individual knowledge level and skills of all partners.

Advocacy

- Be the voice of and for the homeless.

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What is happening in Houston?

Through data-sharing with managed care organizations (MCO's), we have been able to identify, house and provide supportive services for high-utilizers of both healthcare and homeless systems.

Once agreed upon benchmarks are met, the MCO provides financial compensation to the CoC which is used to identify and house additional high-utilizers.

1115 Medicaid Waiver

(Delivery System Reform Incentive Payment)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

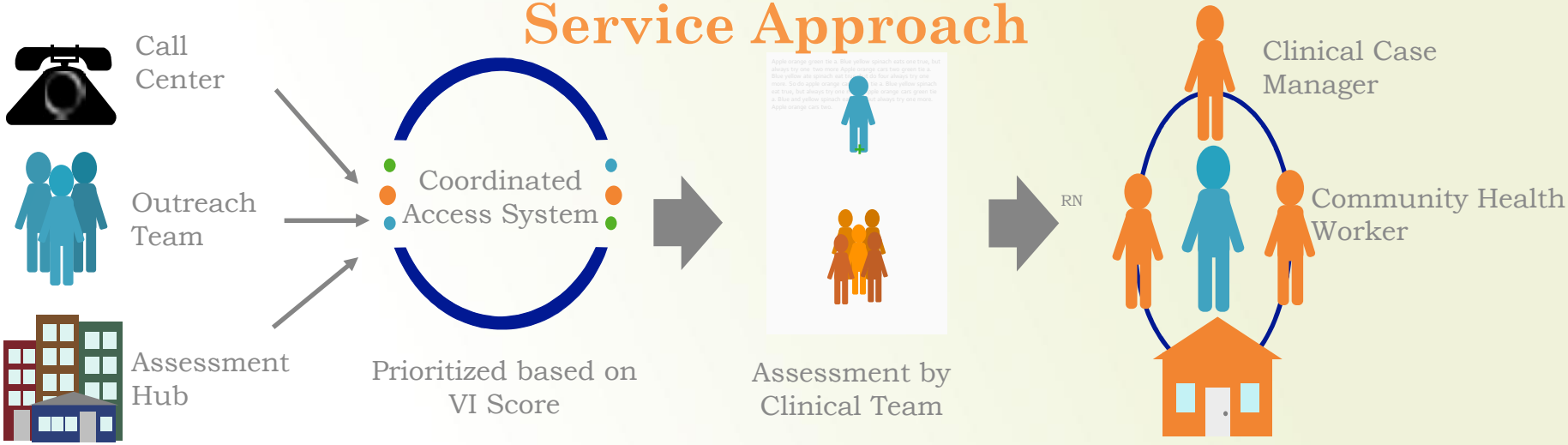
1115

- Focus on innovative projects that improve health status while reducing costs
- Participants do not have to be eligible for traditional Medicaid resources
- Majority of projects in Texas focus either on decrease of unnecessary ED visits or MH issues

Houston: Integrated Care for the Chronically Homeless

People experiencing chronic homelessness with three or more emergency department visits, and are identified and prioritized through coordinated access.

Service Approach



Partners

- Health Care for the Homeless – Houston
- SEARCH Homeless Services
- New Hope Housing, Inc.

Outcomes

- Reduction in Inappropriate, Non-emergency, ED Use
- Meaningful Difference in Health Functional Status
- Clinically Significant Response in Overall Depression Scores

Houston 1115 Top Diagnoses

- Substance Use Disorders (82%)
- Chronic Pain/Pain-related disorders (73%)
- Severe Mental Illness (64%)
- Hypertension (37.5%)
- Diabetes (16%)
- Hepatitis C (19%)

Results Are In the Data

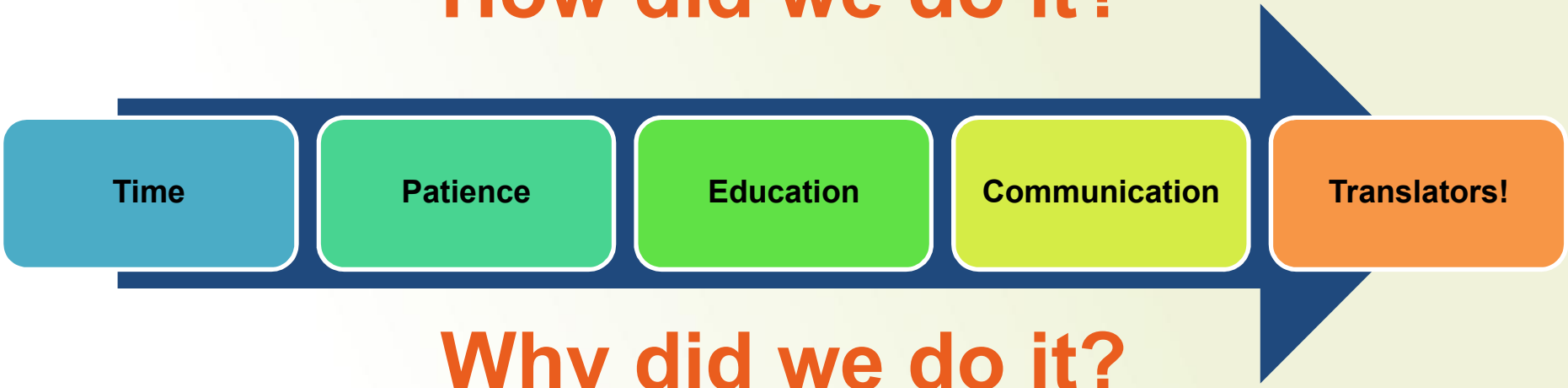
Emergency Department Visits

- Baseline: average of 12.4 ED visits/participant with the highest being 144 in past 2 years
- Of 126 participants with baselines of at least 3 ED visits in past 2 years, only 68 people had ED visits since inception – **54% reduction**
- Participant with 144 ED visits in past 2 years reduced number of visits to 20 since entering program

What's next????

Request for a Medicaid pilot on behalf of Houston MCO workgroup to fund the capitated rate for a defined set of services

How did we do it?



Why did we do it?

Enhance well-being of clients/consumers

What do you need to know?

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What it really took…

It's a Whole New Language

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Zdravo	Terve	ជំរាប	Oi
Bok	Bonjour	Sveiki	alo
ahoj	Γεια	Hallau	Здравствуйте
Hej	Aloha	Sveiki	Здраво
Hallo	שלום	Добар	依好

Basic facts of Medicaid and Managed Care

Although it was born in 1965, Medicaid was not adopted by all U.S. states till 1982.	Currently 19 states have not adopted Medicaid expansion. Medicaid expansion, through the Affordable Care Act, opens eligibility up to adults whose income is less than 138% of the Federal Poverty Level.	Medicaid is a federal and state partnership.	States can elect to contract with Managed Care Organizations, who are insurance companies or health systems that contract with providers within their region to serve their members who are receiving Medicaid benefits.

What can Medicaid Pay For?

Services

- Medicaid dollars pay for medically-necessary services.
- States are now creating supportive housing service benefits to pay for "Tenancy Supports"

Housing

- Medicaid dollars cannot pay for housing.
- State portion of Medicaid savings can pay for housing.

Homelessness/ Housing Instability

Poor Health

"…circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

- World Health Organization

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Benefits of Stable Housing

- Meets Basic Needs
- Platform for Service Delivery
- Improves Access to Health Care
- Locus of Integrated Health Efforts
- Beyond Crisis Management

Core Supportive Housing Services

Pre-Tenancy

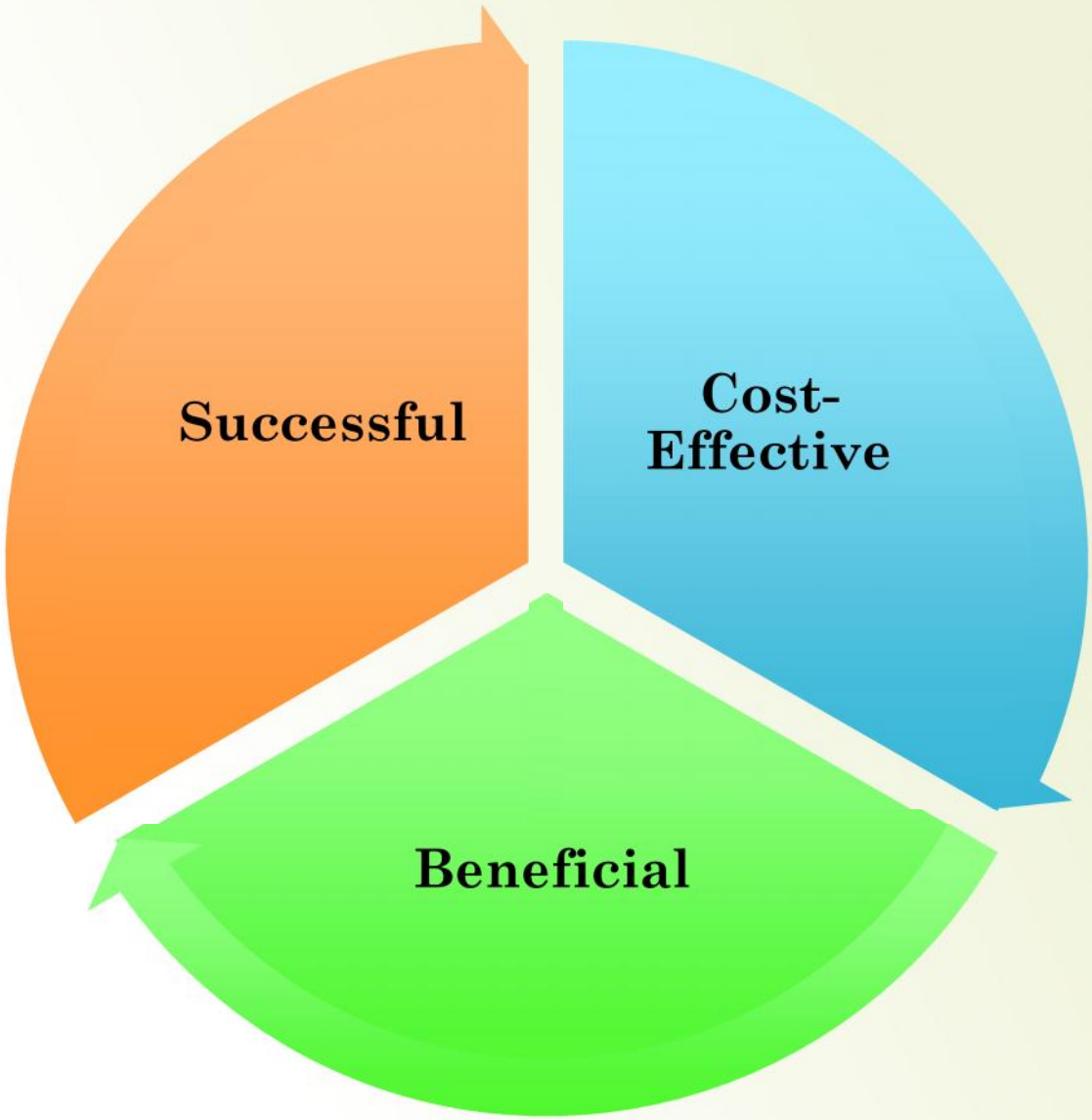
- Outreach and in-reach services
- Assessment of housing preferences/ barriers related to tenancy
- Development of individualized housing support plan
- Identification of resources to cover moving and start-up expenses
- Ensuring housing unit is safe and ready for move in
- Assistance with move-in arrangements
- Assist in collecting required documentation
- Assist with housing search and completing housing applications
- Development of housing support crisis plan
- Development of re-housing plan: ongoing services to re-house

Housing Stabilization & Tenancy Sustaining

- Early identification and intervention for behaviors that may jeopardize housing
- Education on tenant and landlord rights and responsibilities
- Eviction prevention planning & coordination
- Coaching on developing/maintaining relationships with landlords/property managers
- Assistance resolving disputes with landlords and/or neighbors
- Advocacy/linkage with community resources to prevent eviction
- Assistance with credit repair activities and skill building
- Assistance with housing recertification process
- Review//modify housing support plan and eviction prevention plan with tenant
- Housing stabilization services
- Continued training on tenancy and household management

Services Coordination

- Housing-focused care coordination (hospital/jail discharge planning, housing liason for tenant's care providers)
- Community integration information and referral
- Non-emergency Transportation
- On call crisis support/intervention
- Assistance with accessing ancillary services
- Basic Health & Wellness Education

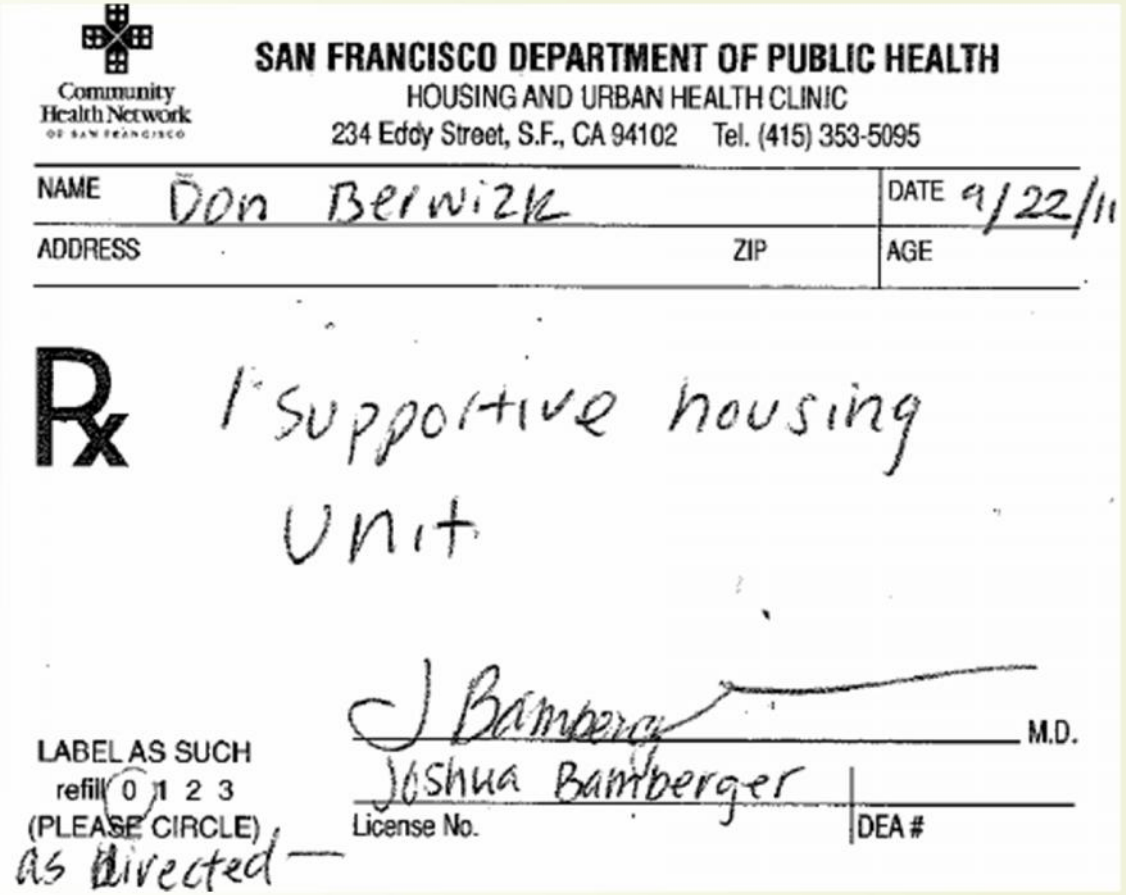

Successful
Cost-Effective
Beneficial

Get the conversation started

Relationships	• Who do you know in common? • Do you have a Board member who works for an MCO? If not, you might want to do this.
High Utilizers	• Are MCOs looking for their high utilizers and can't find them? HMIS might tell them where they are.
Outcomes	• MCOs have contracts with the State for certain outcomes.
SDOH	• Social Determinants of Health
Value Based Purchasing	• Health care payers want to pay for quality care, not volume of care

Housing = Healthcare

The strongest healthcare intervention for high utilizers is **supportive housing**



Community Health Network of San Francisco

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HOUSING AND URBAN HEALTH CLINIC
234 Eddy Street, S.F., CA 94102 Tel. (415) 353-5095

NAME Don Berwick DATE 9/22/11
ADDRESS ZIP AGE

℞ 1 supportive housing unit

LABEL AS SUCH
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(PLEASE CIRCLE)
As Directed

J Bamberger M.D.
Joshua Bamberger
License No. DEA #

Your Elevator Pitch

3 THINGS YOU NEED TO INCLUDE IN YOUR ELEVATOR PITCH

1. Supportive Housing brings down health care costs for high utilizers.
2. States are increasingly requiring MCOs to track Housing Outcomes and have an impact on them.
3. Whose in your network of community based organizations focused on population health? How can we join?

EXAMPLES OF SUCCESSFUL ELEVATOR PITCHES

1. Be concrete: Houston reduced health care costs by targeting supportive housing to the most vulnerable people.
2. Know the landscape: How quickly is the state moving to Value-Based Purchasing?
3. Get involved: How can we join your Accountable Care Organization?

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Planning for an in-person meeting

- Do your research on the health care environment in your state.
- Do your research on the MCO's priorities (underserved regions, populations, saturation of coverage)
- Relationships- Your allies should set up this meeting, and join you for it.
- Business Case- How can you help them reach their goals?
  - Does your state have a CSH Medicaid Crosswalk complete? Or a Medicaid business case? Would one be helpful?
  - Most states have state wide affordable housing coalitions and health care coalitions. They make excellent allies.
- Determine where there is alignment between their goals and your goals
  - Will investing in Supportive Housing save them money? Help them achieve goals on which they are measured? Are they looking for their members who might be homeless? Can you help?

Yes, Yes, No!

- **Volunteer #1** "Our CHC just received FQHC designation from HRSA under section 330, because we are in a MUA. This is great news. Also, a CMS bulletin released in June 2015 ties Medicaid payments more strongly to social services and possibly some in housing, potentially through 1115 or 1915i waivers. I am interested to see how many overlap clients we might have with local community shelters and homeless service agencies. I might know through looking at UDS help, but I worry about HIPAA."

- **Volunteer #2** "So, I was talking to my local CoC yesterday and they really want our PSH project to get on board with CES and to prioritize C clients in the community. I agree and also think we need to get better about making sure everything is accurate in HMIS." HUD HRSA, and SAMHSA all recognize that SDOH are important. I also hear the Sherriff's Dept is looking for ways to reduce the jail population. Do you think a diversion program or maybe an 1115 could work?

Eva Thibaudeau, LCSW
ethibaudeau@homelesshouston.org

Jessica Preheim
Jessica.Preheim@csh.org