

Integrating Healthcare and Housing for Homeless People

November 2, 2012
Los Angeles, CA

Conference Summary

On Friday, November 2, 2012 approximately 90 people representing a cross-sector of public and private funders, policy makers and non-profit service providers convened at the Cathedral of Our Lady of Angels in downtown Los Angeles to engage in an exchange of strategies to improve access to health care and health outcomes for homeless people. The objectives for the conference were to:

1. Convene representatives from the health care and housing sectors to share knowledge about what is necessary to meet the health and housing needs of homeless persons.
2. Provide information on the Affordable Care Act and the changes healthcare reform will cause for healthcare and housing organizations.
3. Showcase programs that are effectively addressing the health and housing needs of homeless people.
4. Identify opportunities to influence policy that improve access to housing and healthcare for homeless persons.

Bill Pitkin, Director of Domestic Programs with the Conrad N. Hilton Foundation welcomed attendees. The afternoon conference was sponsored by the Los Angeles Homeless Funders Group, a collaborative of local philanthropic funders supporting strategic, innovative and effective solutions to homelessness and a regional affiliate of Funders Together to End Homelessness.

Session One: New Opportunities to Improve Health Outcomes and Reduce Costs through Integrating Healthcare and Housing

The afternoon session began with a presentation led by Jennifer Ho, Deputy Director at the U.S. Interagency Council on Homelessness in Washington, D.C. With a background in management at Minnesota's largest managed care provider and founder of a large and successful homeless advocacy and service provider, Ms. Ho brought a wealth of knowledge to share with attendees. Ms. Ho acknowledged the progress toward ending homelessness that is being made in Los Angeles, citing strong leadership as the engine driving the effort forward. However, Ms. Ho reminded attendees that while there has been a 40% increase in permanent supportive housing (PSH) at a national level in recent years, there has only been a 3% decrease in homelessness. Although there are several hypotheses explaining this, Ms. Ho emphasized the capacity for the Affordable Care Act (ACA) to stop and end homelessness for chronically homeless people.

Ms. Ho explained that the Affordable Care Act offers communities an opportunity to redevelop healthcare provisions. Once the ACA is implemented in 2014 nearly all homeless people will be covered through Medicaid. Thus, Medicaid can be used as a tool to address the needs of chronically homeless people. Ms. Ho explained that in preparation for 2014, there are three critical areas to consider:

1. Medicaid enrollment and engagement – reaching out to homeless people to explain what Medicaid has to offer and engaging them in finding care
2. Benefit design – deciding who gets covered and the type of services
3. Transforming the health care model – designing a care delivery model that is appropriate for the patients being served

In responding to the three elements outlined above, Ms. Ho suggested that the benefits offered under ACA will help people move from the streets to homes and ultimately enable people to stay in their homes.

Jennifer Ho was followed by Richard Cho, Director of Innovations with the Corporation for Supportive Housing (CSH). Mr. Cho offered the business case for Medicaid-financed care used in supportive housing. Through research conducted by CSH and the Center for Health Care Strategies, it was found that a small number of Medicaid patients utilize nearly half the services and expenditures (known as the 5:50 Rule). Pilot projects in Denver, Seattle and San Francisco show that placing chronically homeless people in supportive housing resulted in fewer emergency room visits, reduced number of in-patient visits and ultimately resulted in a significant savings in Medicaid costs. The lesson learned from these pilots is that states should identify and address pressing issues related to housing that impact the many high-need, high-cost Medicaid beneficiaries.

Carol Wilkins, consultant with Abt Associates, shared the early findings from a Health and Human Services-funded study into approaches to Medicaid financing. Ms. Wilkins discussed how various healthcare delivery systems can address the needs of populations with serious health concerns. The HHS researchers are studying six sites nationwide. California was chosen as a site due to its Medicaid waiver.

In conclusion, Ms. Ho shared that Medi-Cal managed care (e.g., LA Care) is the next frontier to pay for homeless services. While there remain mixed feelings on managed care, Ms. Ho explained that managed care is “here to stay” and providers should identify ways to make it work in order for chronically homeless patients to receive services.

Breakout Sessions: A Closer Look at Integrating Healthcare and Housing

Session A: Promising Service Models that Integrate Health and Housing featured speakers from two collaborations—Westside Frequent Users Service Enhancement (FUSE) collaborative and Downtown Women’s Center’s/JWCH Women’s Health Center. This session was facilitated by Susan Lee, Senior Program Manager for the Corporation for Supportive Housing, who began by giving an overview of CSH’s county-wide Frequent Users Service Enhancement (FUSE) and Social Innovation Fund (SIF) initiatives, including preliminary outcomes data. For example, after one year of participation in FUSE, hospitals have realized a 68% decrease in homeless ER costs, and a 73% drop in homeless inpatient costs. Debby Maddis, Director of Housing and Special Initiatives at OPCC and Liz Forer, Executive Director at Venice Family Clinic shared their insights from FUSE-Westside. Project FUSE-Westside is collaboration of OPCC, Venice Family Clinic (operating a satellite clinic at OPCC), Saint John’s Health Center, Santa Monica-UCLA Medical Center, Economic Roundtable, and CSH. The FUSE model for integrating health and housing for frequent users includes three strategies: 1) transferring dependency from hospital to new health homes; 2) linking clients to new health homes through interdisciplinary mobile health care teams (FQHC and service provider); and 3) providing housing navigation to ensure permanent supportive housing. The elements that have made their collaboration work include: meeting clients where they are – “whatever it takes” philosophy; interdisciplinary teams and fluid communication between partners; “warm handoffs” to transfer trust from hospital to providers; time, flexibility, and individual attention for each client. Jenn Ma-Pham, Director of Clinical Health Services at the Downtown Women’s Center (DWC), and Jill Rotenberg, Program Director at JWCH Institute described the co-located FQHC Clinic at DWC. In 2011, DWC and JWCH opened, on the ground floor of the new Downtown Women’s Center, a state-of-the-art medical clinic with 4 exam rooms, a counseling room, lab, dispensary and mammogram screening room. Fully staffed two days a week, JWCH provides

an MD, Medical Assistant and Clerk, while DWC provides a Licensed Vocational Nurse, Medical Social Worker, Benefits Specialist, Breast Health Program Manager, Psychiatrist and Licensed Clinical Social Workers. Since January 2011, they have served 356 women. *On the Move* is a new Skid Row Health and Housing Collaborative created to link clients to medical homes, benefits, and health and wellness activities.

Session B: LA County's Healthcare Delivery System: The Changes, Challenges, and Opportunities of Healthcare Reform and Insurance Expansion featured Mark Ghaly, Deputy Director for Community Health with the Department of Health Services and Jim Mangia, President and CEO of St. John's Well Child Family Center. The speakers shared challenges they will face due to the Affordable Care Act expanding Medicaid coverage to nearly all homeless people. For example, enrolling and engaging homeless clients is a challenge since the medical system is not set-up nor experienced in reaching out to this client population. It was mentioned that philanthropic support could be helpful during the engagement and enrollment time. An opportunity shared by the speakers is utilization of the Health Home option. Health homes are created to be person-centered systems of care that enable the coordination of primary health services, behavioral health care and long-term community-based services. Better aligning service providers and housing developers will also prove useful. This session was facilitated by Nancy Mullenax, Ph.D., Senior Program Officer with the UniHealth Foundation.

Session C: Exploring Policy Opportunities in California to Fund Services in Supportive Housing provided attendees with information about the state policy landscape in advancing the integration of health care in housing. Sharon Rapport, Associate Director, California Policy, for the Corporation for Supportive Housing, facilitated, beginning with information about the ACA's Health Home option. Ms. Rapport explained the "health home" concept and discussed Assembly Bill 2266, introduced in 2012 to require the state to use the Health Home option for people experiencing chronic homelessness and frequent hospital users. Ms. Rapport stated the bill received opposition from the Department of Health Care Services, but will be reintroduced in 2013. Speaker Marjorie Swartz, Consultant with the California Assembly Health Committee, explained how policy is made in Sacramento, offered history on managed care and discussed specific policy opportunities that will be considered in the coming months. Opportunities Ms. Swartz mentioned included ensuring people who will be newly-eligible for Medi-Cal in 2014 receive "full-scope Medi-Cal" benefits, educating managed care health plans to fund services in supportive housing, and using flexible funding available in the Duals Demonstration pilot program to fund housing.

Session Three: A Conversation about Integrating Healthcare and Housing for Homeless People – Innovations and Opportunities

The final session offered attendees an opportunity to hear two of the healthcare leaders in Los Angeles County discuss why housing is a healthcare intervention and how to bring the concept of supportive housing to the forefront and to scale. Jonathan Hunter, Managing Director of the Western Region for CSH, moderated a conversation between Dr. Marvin Southard, Director of the Los Angeles County Department of Mental Health and Dr. Mitchell Katz, Director of the Los Angeles County Department of Health Services. Mr. Hunter first asked how each leader came to believe that housing was an important healthcare intervention. Dr. Southard shared that initially it was through his wife's involvement with a social service provider serving clients who were homeless. Later in Dr. Southard's career he saw how utilizing benefits, such as Social Security's Supplemental Security Income (SSI), with housing helped improve a patient's overall health. In other words, the data demonstrated the improvement. Finally, Dr. Southard participated in a delegation from Los Angeles County to visit New York City to observe how the integration of mental health care and housing was operationalized and brought to scale. For Dr.

Katz, he served patients who were homeless and observed that the medical model was not effective. It was an expensive use of resources without effective results. Dr. Katz believes that there is never enough funding to meet the need, so it requires one to look for solutions that are cost effective and address the patient's needs. Dr. Katz saw how supportive housing provided this type of intervention and solution for homeless persons.

The healthcare leaders were asked where they have experienced resistance to incorporating housing into a healthcare model. Dr. Southard stated that there are some challenges dealing with the practical aspects of substance abuse and determining the right mix and frequency of services in PSH. Dr. Southard has seen that some of the finest staff in PSH is not licensed staff members, rather staff who are committed to the success of the overall program and having a "whatever it takes" approach. Finally, investing in pre-housing activities (e.g., engagement) is a wise use of resources. Dr. Katz encourages his medical directors to take a leap of faith to move resources from beds to housing. He explained that PSH has been proven to work in many cities and at some point the leaders must move money from beds to housing.

When asked what they are most excited about related to integrating health and housing, Dr. Southard mentioned how the Department of Mental Health, Department of Public Health and the Department of Health Services are partnering to find ways to blend funding and savings to assist those most in need. Dr. Katz expressed his excitement about Los Angeles' commitment to supportive housing. He acknowledged that to meet the need for housing, Los Angeles needs about 15,000 PSH units. Dr. Katz thinks it's possible to create these units in five years and challenged stakeholders in Los Angeles toward this goal.

Mr. Hunter asked Drs. Southard and Katz which patients should be prioritized for housing. Dr. Southard believes that with a system that is so taxed, the highest utilizer patients should be the priority. Dr. Katz believes the most expensive patients should be housed first. To articulate his point, Dr. Katz gave the example that on any given day there are 70 patients in LA County in acute care units that do not need that level of care. However, there are no other options for placing them in a less intensive unit. An acute care bed costs approximately \$1,000/day. If supportive housing was more widely available, patients would not have to stay in such expensive beds and could utilize less expensive and more useful services.

When asked what the future holds, both agreed that the health system in its current state is not working for the majority of people. They explained that we need to better integrate primary and behavioral healthcare. The role philanthropy can play is to 1) provide start-up funds for new ventures/models and 2) fund the housing services for patients that fall outside of reimbursable categories, e.g. undocumented patients.

In conclusion, Christine Marge, Director of Housing Stability with United Way, offered three common themes shared during the convening. She encouraged Los Angeles to seize the opportunity to integrate healthcare and housing. She noted that 1) Los Angeles likes a challenge, 2) collaboration is a must, 3) innovation and risk-taking will be required. Finally, to echo a statistic quoted by Richard Cho, Ms. Marge said it is unacceptable that the life expectancy of a homeless person with mental illness in the United States is equivalent to the life expectancy of people living in Afghanistan or sub-Saharan Africa. New and tested approaches brought to scale are needed now.