

BUILDING CHANGES

END HOMELESSNESS
TOGETHER

Ending Family Homelessness in Washington State

HEALTHCARE POLICY BRIEF

Preface

In 2010, Building Changes, a nonprofit organization working to ensure that housing and vital public services are available to people experiencing homelessness in Washington State, developed a policy paper titled “Ending Family Homelessness in Washington State: An Emerging Approach.” The policy paper seeks to capture emerging practices in communities throughout the United States to prevent and end family homelessness, and offers policy recommendations in support of that goal. The following healthcare policy brief, prepared by Dale Jarvis, consultant at Dale Jarvis and Associates, LLC and co-author of the policy paper, is an excerpt from the paper. It highlights the opportunities that the 2010 national healthcare reform law offers for partnership between homeless and healthcare providers to meet the health needs of homeless and vulnerable families. There is much to be done, and we hope that this brief will seed conversations and foster collaboration among the entities that are positioned to take advantage of those opportunities.

About Building Changes

Building Changes is a nonprofit organization that works with government entities, private philanthropy, and community-based service organizations to ensure that housing and vital public services are available to people experiencing homelessness in Washington State. We foster collaborative partnerships and harness innovative, evidence-based strategies to collectively address barriers to housing stability and reduce homelessness.

Overview

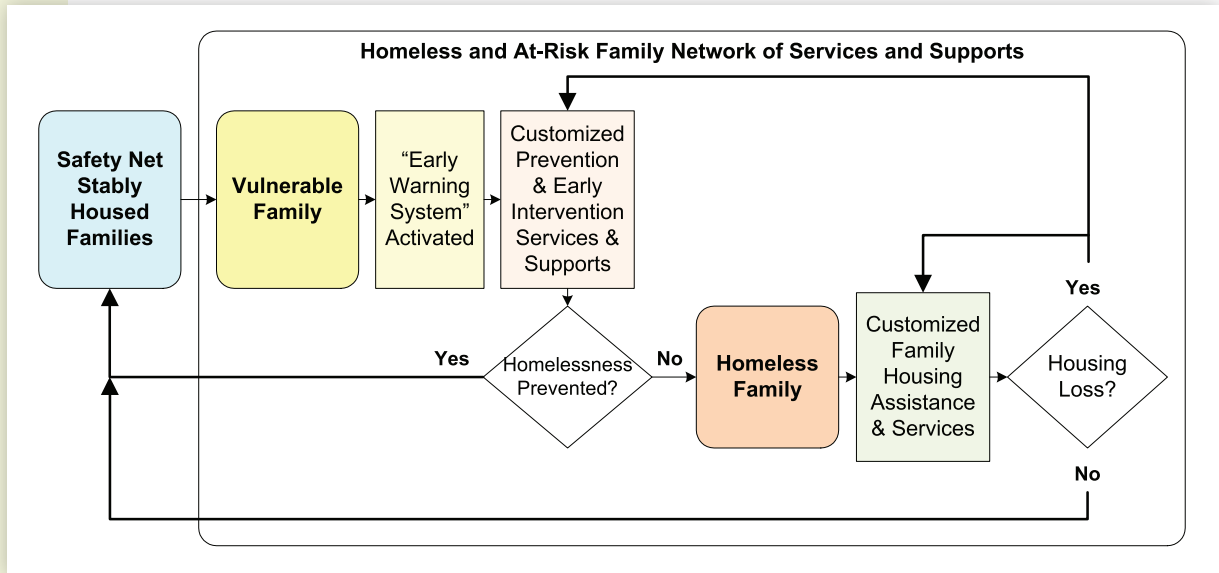
“The persistence of family homelessness in Washington State is primarily due to a combination of poverty, health issues, and other family problems. However, responses to end family homeless are not as effective because of key system gaps and the absence of supports carefully matched to the disparate needs of each family.”

(Scoping the Bill & Melinda Gates Foundation’s Family Homelessness Strategy for Washington State, February 2007)

In the last few years, innovative service and housing providers have made important strides in addressing family homelessness—developing new approaches that extend beyond managing the problem to striving to end it.

Communities are developing “early warning systems” to identify vulnerable families, using networks of services and supports to rapidly deploy customized prevention and early intervention services and supports such as temporary rent supports, payment of utility bills, and addictions counseling, provided from a strengths-based, culturally competent, trauma-informed perspective.

If housing loss does occur, new assessment tools and approaches are used to develop customized family plans to promote housing stability. These plans draw on a wide range of services and supports, including short- and long-term housing assistance, income assistance, education and employment supports, and health and social services.



The diagram above illustrates this emerging model, which strives to achieve a balance of homeless prevention and services/supports for families that become homeless. States and communities are finding that homeless system leaders must cultivate partnerships with the “mainstream” programs that serve a broader group of needy families and whose eligibility criteria do not explicitly include housing status. While these mainstream programs are not designed to meet the specific needs of homeless families, building robust ties with them is key to helping families get the services and supports for which they are eligible—and that they need to achieve stability.

The following health and social services have been identified as particularly important for vulnerable and homeless families. Note that many are provided by mainstream programs.

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| ✓ Case Management | ✓ Life Skills Training |
| ✓ General Health Care | ✓ Transportation |
| ✓ Mental Health and Trauma Services | ✓ Parenting Skills |
| ✓ Substance Use Treatment and Recovery Supports | ✓ Youth Development and Resiliency Building |
| ✓ Family Supports/Child Welfare Services | ✓ Child Education Supports |
| ✓ Family Violence Intervention | ✓ Child Care |

Healthcare Reform and Vulnerable and Homeless Families

The passage earlier this year of the landmark healthcare reform law, the Patient Protection and Affordable Care Act (PPACA), is ushering major changes in how healthcare services are organized, funded, and delivered in the United States. Because all healthcare is local, state-level changes will occur at different rates across the nation and we will see variation in how Medicaid expansion is supported, healthcare exchanges are developed, and benchmark benefit packages are designed.



Washington State leaders—including Governor Gregoire, Senators Murray and Cantwell, and delivery system executives from Group Health Cooperative and Virginia Mason Medical Center—were instrumental in designing important insurance expansion, payment reform, and service delivery redesign components of the new law. These leaders are also positioning Washington State to become a national model for healthcare reform.

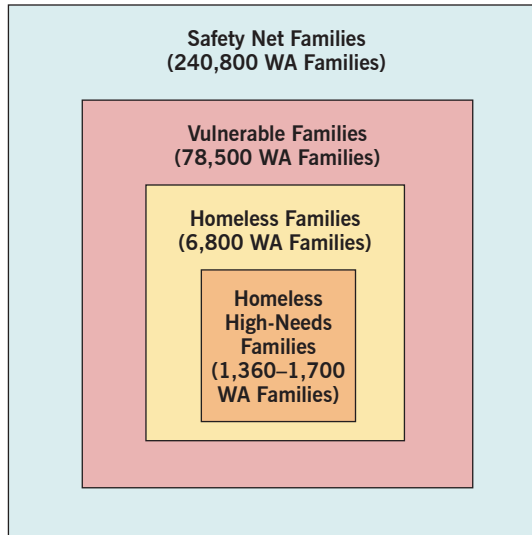
Their proactive efforts have the potential to support the 240,000 Washington families under 200 percent of the Federal Poverty Level, including nearly 80,000 vulnerable families—if Washington State’s healthcare reformers initiate specific efforts in conjunction with their federal partners to address the needs of this population.

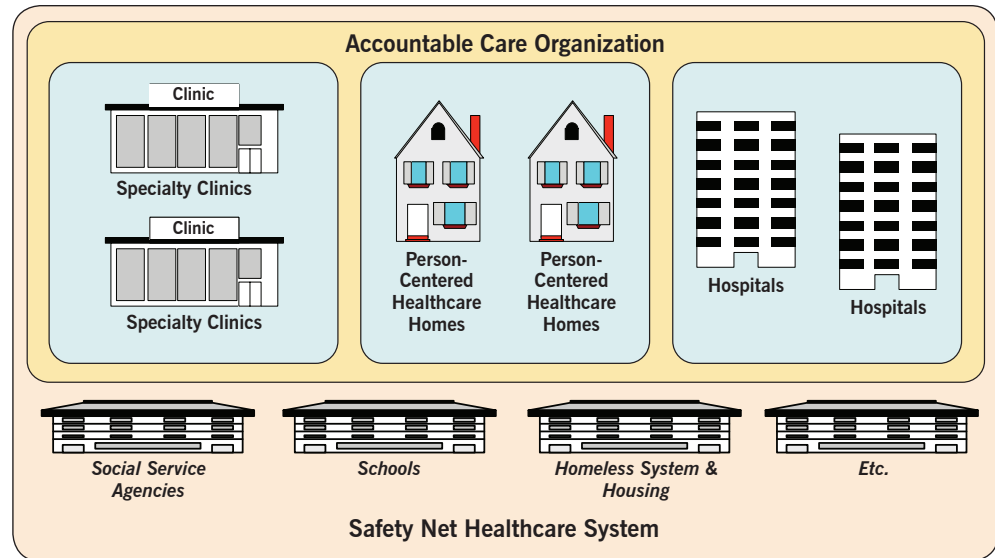
[*Note: Vulnerable families are defined as those potentially at risk of homelessness due to family earnings that are less than 30 percent of the Area Median Family Income (extremely low income) AND spend more than 50 percent of pre-tax income on housing.*]

Of particular importance to vulnerable families is the emergence of the Person-Centered Healthcare Home and the Accountable Care Organization (ACO). The term *Person-Centered Healthcare Home*, a variation on the *Patient-Centered Medical Home*, suggests the need to expand the available services in medical homes to include a focus on the behavioral health, housing, social, and personal supports needed to achieve and maintain health. Because most Safety Net Healthcare Homes will not be the sole provider of all health and social services and supports, they will need to work closely with other community partners, such as homeless services organizations, social service agencies, schools, child care centers, family resource centers, and public health departments.

ACOs are being designed to serve as the organizing infrastructure to help healthcare homes coordinate care with specialists, hospitals, and other parts of the healthcare delivery system. ACOs will also be helping manage new payment models, including bundled payments for hospital care and models that incentivize prevention, early intervention, and supports for persons with chronic health conditions. For many Washingtonians, especially those in the safety net, this will also require coordination with community partners.

The following diagram illustrates the components of the new healthcare ecosystem that organizes care around the needs of the person, rather than expecting people to organize themselves around the system.





This comprehensive approach has the potential to be a new and significant stabilizing force for vulnerable and homeless families while helping better manage the growth in healthcare costs for this complex population.

This will not be easy. Healthcare homes and ACOs will quickly learn that if they have a patient with major depression and diabetes, they will not be able to help her manage her diabetes until they help her get her depression under control. Add to this scenario the facts that the patient is the head of household of a family, has lost her job, is experiencing domestic violence, and she and her children are on the brink of homelessness. It is even more unlikely that she will be able to manage her diabetes unless she receives a full set of services and supports to achieve safety, housing stability, and treatment for her depression.

The above scenario, in which one person has multiple co-occurring health, housing, and/or job challenges, is quite common for the population of vulnerable and homeless families. It will be particularly important for Washington State and federal health planners to assist the safety net system of Federally Qualified Health Centers (FQHCs), homeless family organizations, community behavioral health providers, public health departments, and social service agencies as they redesign the healthcare system to better serve this and other vulnerable populations.

Key Strategies to Improve Health and Stability for Vulnerable and Homeless Families and Align Healthcare Reform Policies with the Needs of this Population

There are over 100 grants, demonstration projects, and other funding opportunities in the PPACA that have been designed to accelerate efforts to improve quality and manage the growth of healthcare expenditures. Washington State is uniquely positioned to work with federal and local partners to leverage a number of these initiatives to design a demonstration Healthcare Neighborhood that focuses on the needs of vulnerable and homeless families.



Organizing a Safety Net Healthcare System

Washington State could work with local and federal partners to organize a demonstration Safety Net Healthcare System for vulnerable and homeless families through the expansion and/or development of federally qualified health centers that are more closely integrated with local homeless systems, behavioral health and social service partners, and supported by a Safety Net ACO. The following initiatives could support this effort.

ACO Pilots (Washington State Initiative)

Washington State is in the process of organizing a pilot of two types of ACOs that will be supported with technical assistance provided by Group Health Cooperative. The state could sponsor the development of an additional Safety Net ACO pilot designed to support vulnerable and homeless families.

Community Health Centers and the National Health Service Corps Fund (PPACA, Title X, Sec. 10503)

The PPACA provides for expanded and sustained national investment in community health centers by more than doubling center grants between FY 2011 and FY 2015. It also provides a substantial increase in funding for National Health Service Corps-supported providers. The state could work with local partners to apply for funding targeted to support this demonstration project.

Co-locating Primary and Specialty Care in Community-Based Mental Health Settings (PPACA, Title V, Sec. 5604)

\$50 million has been appropriated to improve care to adults with mental illness who have co-occurring primary care conditions and chronic diseases through co-location of primary and specialty care services in community-based mental and behavioral health settings. A number of Washington State community mental health center/community health center teams are already in the queue based on an application process that occurred in 2009. If one or more of these centers were to be funded, they could potentially participate in the demonstration.

Targeting Prevention to Vulnerable and Homeless Families

Maternal, Infant, and Early Childhood Home Visiting Programs (PPACA, Title II, Sec. 2951)

This grant program has been designed to promote the health and development of young children through early childhood home visitation programs to promote maternal and prenatal health, infant health, child development, parenting skills, school readiness, and reductions in child abuse. Many families experiencing homelessness are headed by young parents who are pregnant or caring for very young children. Home visiting programs can provide flexible, family-centered services to homeless or vulnerable families who are in unstable housing, living in shelters, staying with family or friends, or making the transition into permanent housing.

Providing Early Intervention to Vulnerable and Homeless Families

Washington State Child Welfare Reform

As part of planning and implementation of efforts to redesign and strengthen the child welfare system in Washington, DSHS will be working with Master Contractors to organize and manage child welfare services throughout the state. Addressing family homelessness should also be a responsibility of Master Contractors, and participating in the Safety Net Healthcare Neighborhood demonstration would be an important strategy. Part of this design should include targeting family preservation and reunification services to vulnerable families with high levels of service needs who are at high risk of homelessness and families experiencing multiple episodes of homelessness.

Family Unification Program Vouchers

More than 200 Family Unification Program (FUP) vouchers have recently been allocated to Public Housing Authorities in Seattle/King County, Thurston County, and Vancouver, Washington. Efforts to strengthen the child welfare system can help to maximize the impact of these vouchers in reducing family homelessness and out-of-home placements for children and create models that can be expanded and replicated.

Supporting Recovery and Building Resilience

There are a number of initiatives embedded in the PPACA that can increase economic security for vulnerable families by increasing opportunities for meaningful and sustainable employment. The Washington State Health Care Authority, Workforce Board, and Department of Social and Health Services could work together to target a portion of these initiatives to this population. These include:

- Demonstration Projects to Provide Low-Income Individuals with Education, Training, and Career Advancement (PPACA, Title V, Sec. 5507)
- State Health Care Workforce Development Grant Program Planning Grants (PPACA, Title V, Sec. 5102)
- State Health Care Workforce Development Grant Program Implementation Grants (PPACA, Title V, Sec. 5102)
- Public Health Workforce Loan Repayment Program (PPACA, Title V, Sec. 5204)

Next Steps

This set of ideas represents one scenario for building a demonstration Safety Net Healthcare System for vulnerable and homeless families. All of these ideas are based on work already underway in Washington State. Next steps include identifying key project sponsors and convening a group of potential participants to further explore the feasibility of this concept.