Partnership between Health Plan, Hospitals and Homeless Service Agency to House the Most Vulnerable

National Health Care for the Homeless Council Conference
May 17, 2018
8:30am – 10:00am

Presented by:
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Safety Net Initiatives Department, L.A. Care Health Plan

Sheena Savdharia, ACSW
Social Services Department, L.A. Care Health Plan
Learning Objectives

By the end of this workshop, participants will:

1) Understand the basics of how a managed care plan operates and the multiple, complex health and social issues facing the homeless population in Los Angeles County

2) Analyze strategies that L.A. Care, Housing for Health, Brilliant Corners and community partners have utilized to better identify homeless individuals and when possible match with permanent supportive housing

3) Determine how these strategies and lessons learned could be adapted to other jurisdictions and situations to connect homeless individuals with needed health and supportive services
Presentation Outline

• L.A. Care Health Plan & Medi-Cal Managed Care 101
  o Basic Definitions and Los Angeles Context
• Homelessness in L.A. County
• Homeless Health Risks and Outcomes
• Homeless Member Health Needs
• Strategies for Health Plans to Address Homelessness
• Overview of Whole Person Care Pilot
• Background on Housing for Health
• L.A. Care’s Partnership with Housing for Health & Brilliant Corners
About L.A. Care Health Plan

• Nation’s largest publicly-operated health plan

• Over 2 million members

• Serving low-income residents of L.A. County since 1997

• A leader in safety net support for L.A. County’s vulnerable and low-income patients
Medi-Cal Managed Care 101

Basic Definitions and Los Angeles Context
What is Medi-Cal?

- California’s Medicaid program
- Under the Affordable Care Act, Medi-Cal expanded to serve low-income adults without dependent children on January 1, 2014.

Medi-Cal is NOT

- Covered CA coverage sold on the exchange
- My Health LA – operated by L.A. County Department of Health Services (DHS)
Managed care is:

A method of delivering health care through a network of providers contracted with the health plan. Also known as an HMO

Health plan ensures timely access to needed care and can assist with resolving problems

Goal of managed care is to deliver coordinated care that is timely, high quality and cost-effective

L.A. Care

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Homelessness in L.A. County

Highlights from L.A. County’s 2017 Homeless Count

• 57,794 people are experiencing homelessness in L.A. County based on the 2017 homeless count, a 23% increase from 2016

• 74% of overall homeless population is unsheltered in L.A. County, a 23% increase from 2016

• And yet... County and homeless service agencies were successful in housing 14,000 people in 2016

• Homelessness is rising due to stagnating incomes, high housing costs, and low vacancy rates: 2.7% in L.A. County, compared to 7% nationally

2017 LAHSA Homeless Count: https://www.lahsa.org/homeless-count/reports

L.A. Care Health Plan

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Homeless Health Risks and Outcomes

At risk for...
- Delays in treatment
- Hospitalizations for preventable conditions
- Higher mortality and acute/chronic illness
- Untreated physical, MH or substance use conditions

Results in...
- Ongoing instability and lack of housing
- Unnecessary ER use and potential difficult discharges
- Ongoing and worsening health outcomes, poor access to care

Photo Credit: Los Angeles Times, February 2017
Homeless Member Health Needs

Key Themes from Homeless Consumer Listening Sessions and Homeless Organization Expert Panel:

- Make access to care easy & welcoming
- Build trust, communicate, and coordinate
- Support the “whole person”
- Partner with trusted organizations to outreach and engage
- Connect to housing navigation

Based on two listening sessions w/formerly homeless individuals held in November 2015 and a homeless organization expert panel. Both sessions were conducted by the Integrated Behavioral Health Partners (IBHP) in collaboration with Corporation for Supportive Housing & L.A. County Department of Mental Health. The panel was facilitated by IBHP as well. Both sessions and the panel were generously funded by the Blue Shield of CA Foundation and were completed by April 2015.
Strategies for Health Plans to Address Homelessness

Challenges and Opportunities
States Can Design Medicaid to Pay for Housing-Related Activities & Services

✓ Housing transition services,
✓ Tenancy support services,
✓ One-time costs of housing.

X Medicaid Can’t Pay for Long-Term Housing Costs

Navigating the Complexity of Payers & Providers

Los Angeles County Payer and Provider Relationships for Adult Medi-Cal Physical Health, Mental Health (MH) and Substance Use Disorder (SUD) Services

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Medi-Cal Capitation</th>
<th>Short-Doyle Medi-Cal</th>
<th>SAMHSA Grants</th>
<th>Mental Health Services Act (MHSA)</th>
<th>SAMHSA Substance Abuse Prevention &amp; Treatment (SAPT) Block Grant</th>
<th>Drug Medi-Cal (DMC-ODS)</th>
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<thead>
<tr>
<th>Payer Org.</th>
<th>Medi-Cal Managed Health Care Plans*</th>
<th>L.A. County Dept. of Mental Health (DMH)</th>
<th>L.A. County Dept. of Health Services (DHS)</th>
<th>L.A. County Dept. of Public Health (DPH) Substance Abuse Prevention and Control (SAPC)</th>
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<tbody>
<tr>
<td>L.A. Care Direct and subcontracted plan partners</td>
<td>Health Net and subcontracted plan</td>
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<thead>
<tr>
<th>Type of Service</th>
<th>Physical Health</th>
<th>Mild to Moderate Mental Health</th>
<th>Specialty MH</th>
<th>Co-Occurring MH/SUD Services</th>
<th>Substance Use Disorder (SUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.A. County DHS Public Hospitals and Clinics</td>
<td>Beacon Behavioral Health Management Services Org. (MSO)</td>
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<tr>
<td>Private, University and Community Hospitals</td>
<td>DMH Directly Operated Mental Health Clinics</td>
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<tr>
<td>Federally Qualified Health Centers (FQHC’s) and Lookalikes</td>
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<tr>
<td>Private Practice Medical Providers</td>
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<td>Community Mental Health Providers</td>
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<td></td>
<td>Private MH Providers</td>
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<td></td>
<td>SUD Only Providers</td>
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*Provider networks vary by Health Plan

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Created by: L.A. Care Health Plan
DRAFT: May 3, 2016
<table>
<thead>
<tr>
<th>Strategies for Health Plans to Address Homelessness</th>
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<tbody>
<tr>
<td><strong>Invest in addressing social determinants of health</strong> to achieve better health outcomes and lower costs.</td>
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<tr>
<td>Fund move-in costs to permanent supportive housing</td>
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<td>Partner with CBOs focusing on transportation, healthy food access, etc.</td>
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<td><strong>Prioritize outreach strategies</strong> that include homeless service providers, hospitals, MCOs, and first responders</td>
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<td>Collaborate with hospitals, homeless health providers on common clients</td>
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<td>Not using address to confirm ID if member states they’re homeless</td>
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<td><strong>Leverage data and analytics capacity</strong> to identify homeless members and target interventions</td>
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<tr>
<td>Read-only access to HMIS – individual client lookup</td>
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<tr>
<td>LAHSA Data Match on confirmed homeless members</td>
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<tr>
<td><strong>Develop community health worker and peer support outreach</strong> within multi-disciplinary teams to serve super-utilizers</td>
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<td>WPC-LA partnerships to mobilize field-based staff</td>
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<td>Involvement in coalitions working on ER high-utilizers</td>
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<tr>
<td><strong>Expand formal contracting relationships to build network of care</strong> with community-based providers and homeless service agencies</td>
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<tr>
<td>Housing for Health Pilot</td>
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<td>Capacity Building support to spread TA and scale up</td>
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Strategies for Health Plans to Address Homelessness

- Not using address to confirm ID if member states they’re homeless
  - Trained member services on using name & DOB to confirm ID, rather than address
  - Allows member to be helped immediately while on phone, often with case manager

- Read-only access to HMIS – individual client lookup
  - Allows health plan staff to connect with case managers at other homeless service agencies to coordinate care
  - Social Services, MLTSS, Care Management & Behavioral Health departments use HMIS

- LAHSA Data Match on confirmed homeless members
  - L.A. Care’s member database is matched with HMIS to provide historical information on member/client overlap
  - This allows for proactive outreach and case management of homeless members
Overview of the Whole Person Care Pilot

An example of inter-agency collaboration to link vulnerable Medi-Cal members with supportive housing and services
Whole Person Care (WPC) Pilot

**Background**
- Part of 1115 Medi-Cal Waiver
- Lead Agency: L.A. County DHS
- Funded CY 2016-2020
- Program Start Dates: Mid – Late 2017

**Goals**
- Build infrastructure & community capacity
- Improve care to most vulnerable Medi-Cal members
- Address social & behavioral health needs

**Impact**
- $1.26B over 5 years (50% FFP)
- 19,000+ clients served to date; 50,000 clients will be served
- 600 new jobs

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WPC Populations & Programs

**WPC**

- Homeless Care Support Services
  - Homeless High-Risk*
- Justice-Involved High-Risk
- Mental Health High-Risk
- Perinatal High-Risk
- SUD High-Risk
- Medical High-Risk

- Tenancy Support Services
  - Re-entry Enhanced Care Coordination
  - Community-based Re-entry

- Recuperative Care
  - Intensive Service Recipients
  - Residential and Bridging Care

- Sobering Center
  - Mama’s Neighborhood
  - Engagement, Navigation & Support
  - Transitions of Care

*WPC does not cover housing subsidies*

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Housing for Health (HfH) is a program administered through the Los Angeles County Department of Health Services (LADHS).

Operates WPC homeless high-risk & benefits advocacy programs. Also provides permanent supportive housing, rapid rehousing, and other interventions for homeless people with complex health needs.

Housing for Health contracts with Intensive Case Management Services (ICMS) providers across L.A. County to provide supportive services to high-need homeless individuals.

Brilliant Corners, a nonprofit supportive housing agency, that acts as fiscal intermediary for Housing for Health and helps locate housing opportunities for clients.

Brilliant Corners operates the Flexible Housing Subsidy Pool to provide a way for the County and other partners to finance rent, move-in support and housing resources.
Housing for Health Services

Intensive Care Management Services (ICMS)*
- Outreach & Engagement
- Relationship-Building
- Needs Assessment & Treatment Planning
- Connection & Accompaniment to Health Services
- Establishment of Identity & Benefits
- Life skills coaching and peer support
- Support to member in achieving self-identified health & wellness goals

Housing Navigation & Tenancy Support Services
- Housing Needs Assessment
- Facilitation of Housing Application
- Support and Accompaniment for Housing Search
- Lease & Move-In Assistance
- Wellness Checks to Housing Unit
- Identify and address barriers to success in housing

Rental Subsidy through Flexible Housing Subsidy Pool (FHSP)
- Flexible for use in scatter-site housing with private landlords
- Affordable (max. client contribution = 30% of income)
- Long-term, to provide continued support to high-acuity clients
- Can serve clients who don’t meet federal housing criteria

* a.k.a. Homeless Care Support Services in WPC
POPULATION SERVED BY HOUSING FOR HEALTH

- Homeless individuals with physical and/or behavioral health conditions, high utilizers of public services, and other vulnerable populations.
1. Create 10,000 units of housing
2. End homelessness in LA County
3. Reduce inappropriate use of expensive health care resources
4. Improve health outcomes for vulnerable populations
INTERIM HOUSING

Recuperative Care (~300 Beds)
- Provides short-term care for homeless clients who are recovering from an acute illness or injury or have a condition that would be exacerbated by living on the street or in shelter
- Program offers temporary housing, medical and mental health monitoring, meals, case management, and transportation

Stabilization Housing (~500 Beds)
- Provides short-term housing and support for homeless clients who are moving into permanent housing soon
- Program offers temporary housing, meals, case management, and transportation
PERMANENT HOUSING

Permanent Supportive Housing
- Permanent housing with rental subsidies and on-site/mobile supportive services for homeless clients with complex health and/or behavioral health conditions

Rapid Re-Housing
- Time limited rental assistance and targeted supportive services for clients with low to moderate housing barriers
COMPONENTS OF HFH PERMANENT HOUSING

HFH Permanent Housing includes:

- Rental Subsidies (Flexible Housing Subsidy Pool and Federal subsidies)
- Project based housing or housing navigation for scattered site housing
- Intensive Case Management Services
Every client connected to services

Individualized service planning; linkages to health, mental health, and substance use disorder services; benefits establishment

Help clients retain housing and reach health and wellbeing goals

Services provided by on-site staff or mobile teams
L.A. Care’s Partnership with Housing for Health & Brilliant Corners
Partnership Overview

• L.A. Care awarded $4 million to Brilliant Corners as part of a $20 million, five year commitment (contingent upon grantee performance, availability of funds, & board approval).

• L.A. Care’s grant provides five-year rental subsidies to house 300 individuals experiencing homelessness via Housing for Health

• Provides pathways to permanent housing for high-need L.A. Care members experiencing homelessness

• Increase resources available to address homelessness in L.A. County by leveraging federal matching opportunities through the Whole Person Care pilot, and County funding (e.g. Measure H)
Efficacy of Housing First Model

RAND evaluation of data from 890 Housing for Health clients placed in Permanent Supportive Housing (PSH) over the first 2.5 years of the program

- 68% reduction in emergency room visits
- 60% reduction in crisis stabilization services
- 78% reduction in inpatient services

20% net cost savings
- After receiving PSH, use of public services declined by 60%
- Statistically significant declines in:
  - Health service utilization
  - Crisis stabilization use
  - OP mental health services
  - General Relief

Full RAND report: https://www.rand.org/pubs/research_reports/RR1694.html
Identifying & Referring Members

Existing HfH Infrastructure

- **County Hospitals**
- **CES**
- 75 L.A. Care members + 75 community members

New L.A. Care Partners

- **HCLA IPA**
- **Hospitals**
  - CHMC
  - Valley Pres
- **Community Clinics**
- 150 L.A. Care members

* Intensive Case Management Services providers: over 25 community organizations who offer comprehensive services to high-need homeless individuals.
Comprehensive strategies for housing individuals

• **Assess market demand**
  • Stay ahead of changes in average rental cost

• **Biweekly Brilliant Corners calls w/ DHS**
  • Discuss logistics of open cases
  • Communication re market

• **Unit holds**
  • If there is a vacant unit, Brilliant Corners can send check to landlord the next day to secure the unit.
  • Landlord stops marketing the unit to other individuals.

• **Housing for Health Case Managers**
  • provide psychosocial, ICMS prior to, during, and after move-in.
## Partnership Challenges

<table>
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<tr>
<th>Challenge</th>
<th>Strategies to Address</th>
<th>Lead Agency</th>
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</table>
| Expanding Intensive Case Management staff in competitive market (Measure H, WPC, DMC-ODS, ODR) | • Training & recruitment programs for ICMS staff  
• Technical assistance to help ICMS agencies expand | Housing for Health                |
| Low vacancy rate in housing market                                        | • Landlord recruitment programs, incentives, and support services  
• Rental flexibility to meet market rates  
• Unit holds for vacant units | Brilliant Corners                    |
| Building new partnerships & infrastructure                                | • Regular communication & leadership support  
• Flexible program design to accommodate what works | L.A. Care & Housing for Health      |
| Identifying & engaging vulnerable, high-acuity population                 | • Strong partnerships across agencies & partners  
• Providing continuing ICMS support prior to, during, and after move-in. | L.A. Care & Housing for Health    |
Ma’ Lissa’s Story

L.A. Care Clinical Social Worker

CHMC Clinical Social Worker

HCLA Clinical Social Worker

HfH Program Team

ICMS Case Manager from HHCLA

Brilliant Corners Housing Team

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Discussion & Questions

1) What strategies discussed today might be transferable to your jurisdiction/situation and what partners (health plan, hospital, clinic, homeless authority, housing provider, or community partners) would you need to connect with?

2) What barriers would need to be addressed to initiate a pilot that brings together health and housing resources to serve homeless individuals?

3) What is one thing you’ll bring back to your organization from today’s presentation?
### Additional Resources

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Website Link</th>
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<tbody>
<tr>
<td>Whole Person Care</td>
<td><a href="https://dhs.lacounty.gov/wps/portal/dhs/wpc">https://dhs.lacounty.gov/wps/portal/dhs/wpc</a></td>
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