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CSH Speak Up! Advocate

Early Lessons Learned in HHP:
Managed Care Organizations (MCOs) Building Infrastructure for Robust Support Systems for Members Experiencing Homelessness

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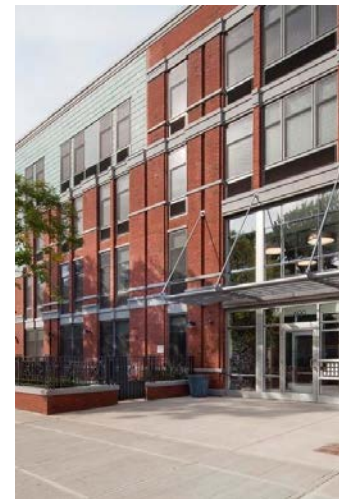
Healthy San Diego

November 22, 2019

Advancing Housing Solutions That

Improve lives of vulnerable people

Maximize public resources

Build strong, healthy communities

Supportive Housing is the Solution

Public Systems → CSH → **Maximized Resources**

Today's Agenda

HHP networks: What do they look like?

Incorporating homeless services providers

HHP housing workflows

How do MCOs work with housing agencies?

Housing for a Healthy CA and rental subsidies

Innovative housing efforts

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Homeless Counts in 12 HHP Counties

HHP county	2018 HUD Homeless PIT Counts by CoC	Increase 2018 to 2019	2019 HUD Homeless PIT Counts by CoC	Projected HHP homeless enrollment #1 DHCS 10% homeless eligibility, 15% enrollment	Projected HHP homeless enrollment #2 using HUD data, 15% enrollment
San Francisco	6,858	17%	8,011	113	566
Riverside	2,406	17%	2,811	513	506
San Bernardino	2,118	23%	2,607	520	464
Alameda	5,629	43%	8,022	242	850
Sacramento	3,665	52%	5,570	325	675
Santa Clara	7,394	31%	9,706	246	983
Tulare	853	25%	1,069	155	111
Kern	810	64%	1,330	242	176
Los Angeles	52,765	12%	58,963	2,285	6,555
Orange	4,792	43%	6,860	571	682
San Diego	9,160	-12%	8,102	536	935
Imperial	1,154	22%	1,413	57	111
12 Counties	97,604	17%	114,464	5,805	12,614

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CSH Health Homes Capacity Building:
Housing Navigation and Tenancy Supports for HHP Beneficiaries Experiencing Chronic Homelessness

Goals:
1) Leverage HHP funding with Continuum of Care (CoC) housing resources to expand access to housing and services for HHP members experiencing homelessness.
2) Support MCPs and CB-CMEs to be better positioned to serve and house Medi-Cal beneficiaries experiencing chronic homelessness through new partnerships, practices and knowledge.

Six Counties

- Riverside
- San Bernardino
- Alameda
- Santa Clara
- Los Angeles
- San Diego

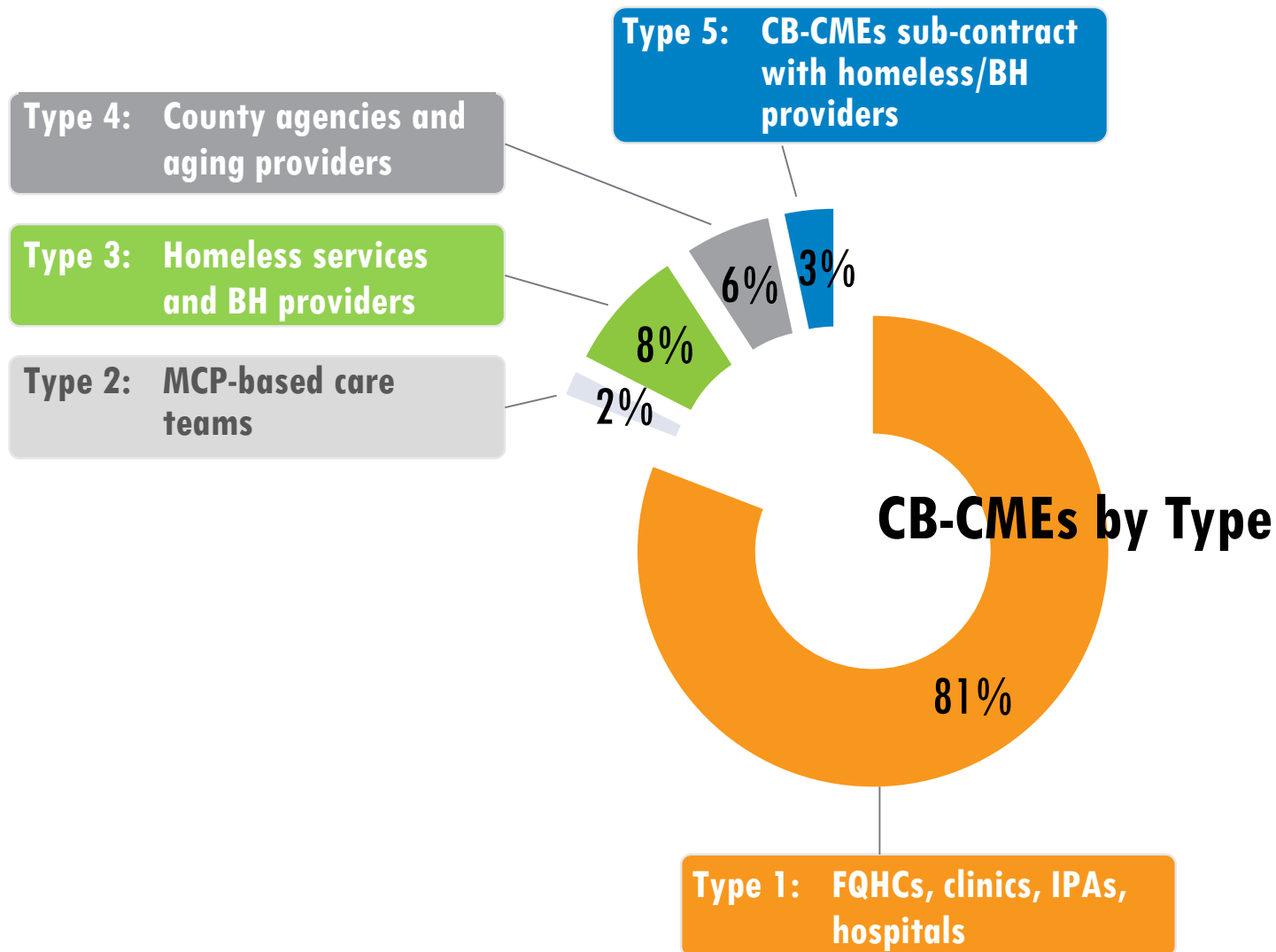## TA for Managed Care Plans (MCPs)

- Linkages to housing and homeless service systems
  - CoC
  - CES
  - HMIS
  - Housing NOFAs
- HHP network integrating homeless services providers

Trainings for Community-Based Care Management Entity (CB-CME)

- Housing and homeless services 101
- Best practices in housing navigation and tenancy sustaining services
- Collaboration, partnerships, and sub-contracting

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HHP Network Composition (Six Counties)

Type 5: CB-CMEs sub-contract with homeless/BH providers

Type 4: County agencies and aging providers

Type 3: Homeless services and BH providers

Type 2: MCP-based care teams

CB-CMEs by Type

3%

6%

8%

2%

81%

Type 1: FQHCs, clinics, IPAs, hospitals

What do HHP Networks look like?

Type 1: FQHCs, clinics, IPAs, hospitals

Type 2: MCP-based care teams

Type 3: Homeless services & BH providers

Type 4: County agencies, aging providers

Type 5: Subcontracts w/ homeless/BH providers

*Est. HHP members
= Plan County Medi-Cal beneficiaries x
highest-cost 4% eligible for HHP x
15% DHCS projected enrollment rate

Inland Empire Health Plan:

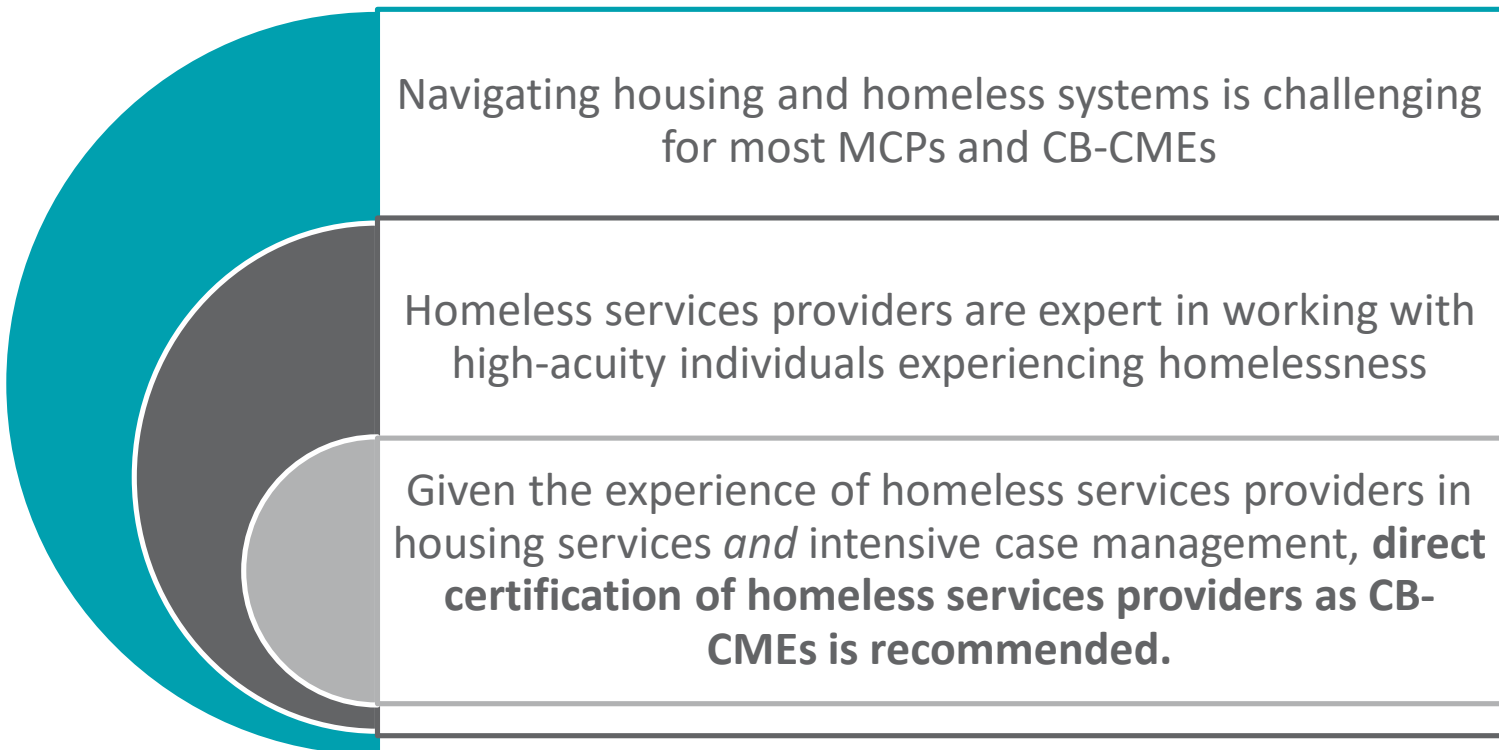**50 CB-CMEs** est. 7,300 HHP members *

35 clinics

Riverside Univ. Health System: medical, BH

10 IEHP in-house care teams

1 homeless services provider

San Bernardino County DBH

SB Adult Day Health

Inland Empire - Molina Healthcare:

8 CB-CMEs
est. 1,000 HHP members*

3 clinics

2 IPAs

2 homeless services providers

Riverside County Office on Aging

Santa Clara County:

8 CB-CMEs
est. 2,000 HHP members*

4 clinics
3 with housing navigation + CES/ HMIS

Kaiser

SCFHP in-house team

2 SUD providers

Alameda County:

7 CB-CMEs
est. 2,000 HHP members"

7 clinics

San Diego County:

17 CB-CMEs
est. 5,000 HHP members*

14 clinics

3 homeless services providers

Los Angeles County:

40+ CB-CMEs
est. 18,000 HHP members*

31 clinics

LA County DHS: Clinics

4-10 sub-contractors

2 homeless svcs/ BH providers

4 aging providers

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Why Housing?

- Cannot separate SDOH from poor health outcomes
  - ==Poorly controlled chronic illness is exacerbated by being homeless==
- HHP addresses individuals from a whole-person perspective
  - No longer okay to simply "refer" homeless individuals for housing services; CBCME must provide housing navigation services

# Certifying Homeless Service Providers as CB-CMEs

Navigating housing and homeless systems is challenging for most MCPs and CB-CMEs

Homeless services providers are expert in working with high-acuity individuals experiencing homelessness

Given the experience of homeless services providers in housing services *and* intensive case management, **direct certification of homeless services providers as CB-CMEs is recommended.**

Los Angeles: Partnerships
CB-CMEs and homeless services providers

Many CB-CMEs have little experience navigating housing and homeless systems

Homeless services provides are expert in working with high-acuity individuals experiencing homelessness

Given the difficult and time-intensive work of housing navigation and tenancy sustaining services, **partnerships are recommended.**
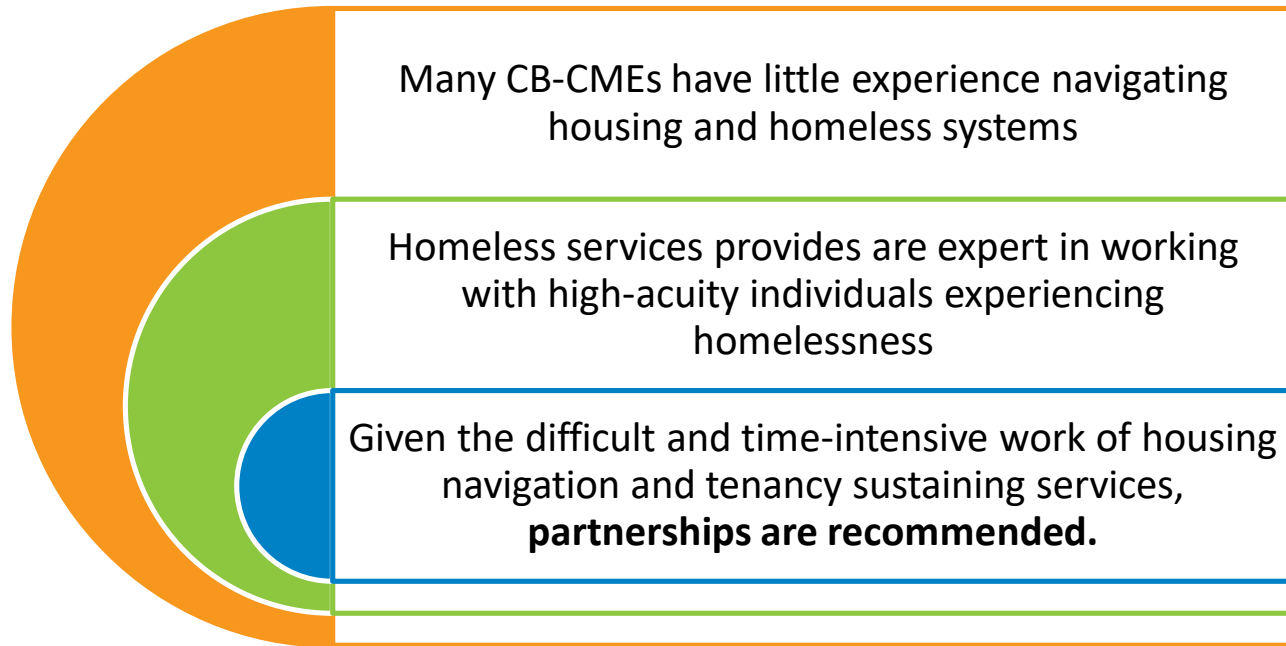
CSH:
a) partnership convenings / trainings for clinics + interested homeless services providers, and
b) planning grants to partnerships.

Los Angeles County:

40+ CB-CMEs est. 18,000 HHP members*

31 clinics

LA County DHS: Clinics

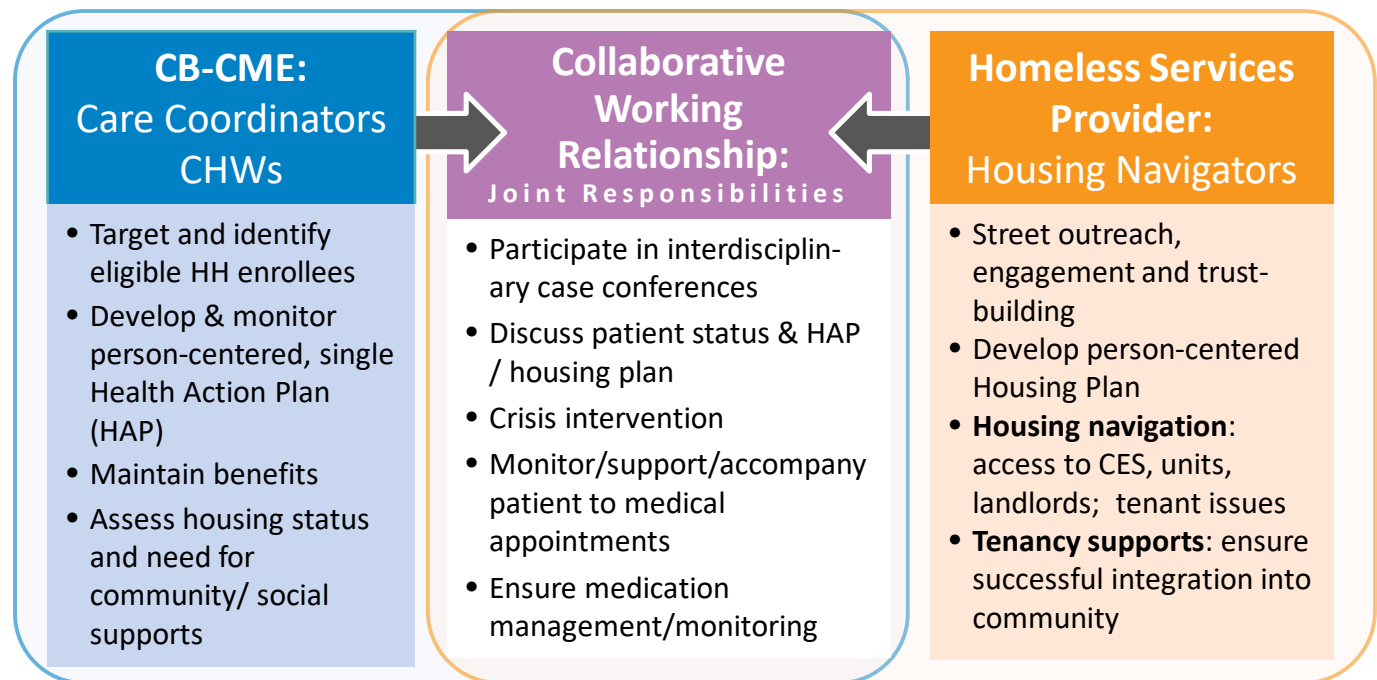4-10 sub-contractors

2 homeless svcs/ BH providers

4 aging providers

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How Can CB-CMEs Partner with Homeless Services Providers?

1) Assess **partnership fit** and select partners

2) Agree on **partner roles**, based on the capacity of each partner for providing quality services

3) Discuss and define **staffing roles** for care coordinators, case managers, community health workers, and housing navigators across partner agencies

Example: Care Management Roles from NYC Health Homes

CB-CME: Care Coordinators CHWs	Collaborative Working Relationship: Joint Responsibilities	Homeless Services Provider: Housing Navigators
• Target and identify eligible HH enrollees • Develop & monitor person-centered, single Health Action Plan (HAP) • Maintain benefits • Assess housing status and need for community/ social supports	• Participate in interdisciplinary case conferences • Discuss patient status & HAP / housing plan • Crisis intervention • Monitor/support/accompany patient to medical appointments • Ensure medication management/monitoring	• Street outreach, engagement and trust-building • Develop person-centered Housing Plan • **Housing navigation**: access to CES, units, landlords; tenant issues • **Tenancy supports**: ensure successful integration into community

4) Determine HHP **partnership structure** and **sub-contracting model**.

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How Can MCOs Partner with CoCs at the Organizational Level?

San Diego Regional Task Force on Homelessness

Option 1 (most)

MCPs certify CoC/ homeless services providers as CB-CMEs

- Part of Continuum of Care (CoC) and Homeless Management Info. System (HMIS)
- CoC/ homeless svcs providers enroll HHP clients into Coordinated Entry System (CES)

Option 2 (LA)

CB-CMEs sub-contract with homeless services providers

- Experts at housing navigation and tenancy support services
- CoC providers enroll HHP clients into CES

Option 3 (SD, SC)

CB-CME employs **Housing Navigators** as homeless-dedicated outreach workers

- Can access HMIS and CES because they are homeless-dedicated staff
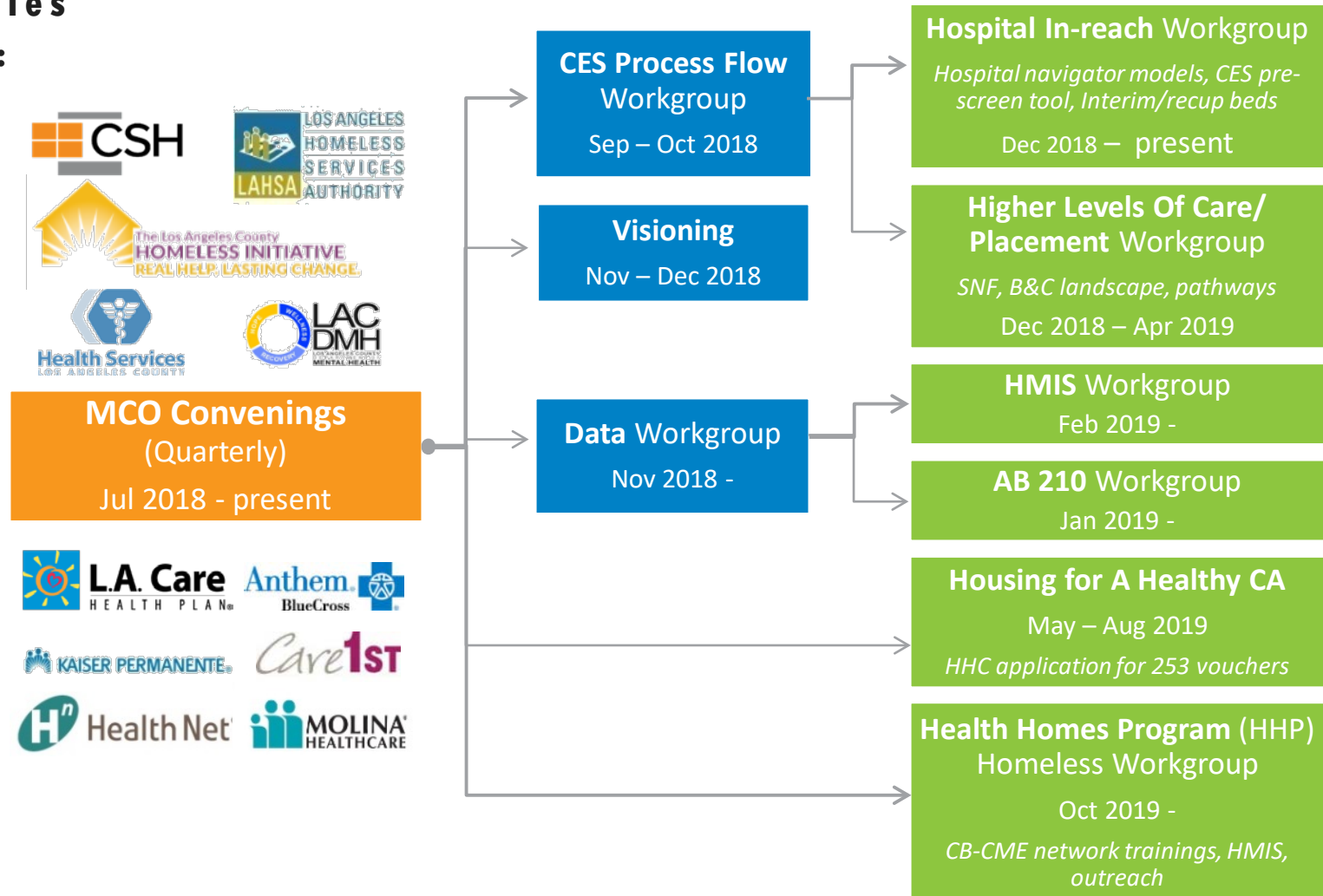- CB-CME Housing Navigator enrolls HHP clients into CES

Option 4 (LA)

MCPs support CB-CMEs to become **HMIS agencies**

- Data sharing agreements, license fees, and required CES trainings
- CB-CME Housing Navigator enrolls HHP clients into CES

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How Can MCPs Partner with CoCs and Housing Authorities at the Systems Level?

Los Angeles example:

MCO Convenings (Quarterly) Jul 2018 - present

CES Process Flow Workgroup Sep – Oct 2018

Visioning Nov – Dec 2018

Data Workgroup Nov 2018 -

Hospital In-reach Workgroup
Hospital navigator models, CES pre-screen tool, Interim/recup beds
Dec 2018 – present

Higher Levels Of Care/ Placement Workgroup
SNF, B&C landscape, pathways
Dec 2018 – Apr 2019

HMIS Workgroup
Feb 2019 -

AB 210 Workgroup
Jan 2019 -

Housing for A Healthy CA
May – Aug 2019
HHC application for 253 vouchers

Health Homes Program (HHP) Homeless Workgroup
Oct 2019 -
CB-CME network trainings, HMIS, outreach

AB74 Housing for a Healthy California (HHC)

Housing for a Healthy California (HHC) program administered by CA Department of Housing and Community Development (HCD)

Supportive Housing for individuals who are recipients of or eligible for health care provided through CA Department of Health Care Services (DHCS) Medi-Cal program.

HHC Applications Submitted by 9 HHP Counties for 1,314 housing vouchers:

County	Agency	Vouchers	Amount
San Bernardino	SB Community Development & Housing Agency	45 vouchers	$2.5 M
Riverside	Housing Authority of County of Riverside	115	$6.5 M
Los Angeles	Local Initiative Health Initiative for LAC, d.b.a. L.A. Care Health Plan	253	$20 M
San Diego	County of SD, Health & Human Services Agency	245	$19.8 M
Orange	Orange County Health Care Agency	214	$20 M
San Mateo	San Mateo County Health System	77 new construction	$20 M
Kern	Kern Behavioral Health & Recovery Services	100	$4.4 M
San Francisco	Felton Institute	140 rehab	$6.8 M
Sacramento	Sacramento County Dept. of Health Services	125	$9.9 M
HHP counties			**$110 M**
Total applications			**$142 M**
Funding			**$60M**