

**TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p><i>Monique Kolonko, Associate Director of Catholic Charities 509-358-4250; mkolonko@ccspokane.org</i></p> <p><i>Catholic Charities of Spokane and Volunteers of America of Eastern WA and Northern ID developed this project suggestion.</i></p>
<b>Project Title</b>	Mental Health & Substance Abuse Supportive Services embedded in Housing First Models
<b>Rationale for the Project</b>	
<p>Serious mental illnesses disrupt people’s ability to carry out essential aspects of daily life, such as self-care and household management. Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to misinterpret others’ guidance and react irrationally. This often results in pushing away caregivers, family, and friends who may be the force keeping that person from becoming homeless. As a result of these factors and the stresses of living with a mental disorder, people with mental illnesses are much more likely to become homeless than the general population (Library Index, 2009).</p> <p>Poor mental health may also affect physical health, especially for people who are homeless. Mental illness may cause people to neglect taking the necessary precautions against disease. When combined with inadequate hygiene due to homelessness, this may lead to physical problems such as respiratory infections, skin diseases, or exposure to tuberculosis or HIV.</p> <p>In addition, half of the mentally ill homeless population in the United States also suffers from substance abuse and dependence (Substance Abuse and Mental Health Services Administration). In many situations, however, substance abuse is a result of homelessness rather than a cause. People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain temporary relief from their problems. In reality, however, substance dependence only exacerbates their problems and decreases their ability to achieve employment stability and get off the streets. Some mentally ill people self-medicate using street drugs, which can lead not only to addictions, but also to disease transmission from injection drug use. This combination of mental illness, substance abuse, and poor physical health makes it very difficult for people to obtain employment and residential stability.</p> <p>Even if homeless individuals with mental illnesses and/or addictions are provided with housing, they are unlikely to achieve residential stability and remain off the streets unless they have access to continued treatment and services. Research has shown that supported housing is effective for people with mental illnesses (National Mental Health Association, 2006). In addition to housing, supported housing programs offer services such as mental health treatment, physical health care, education and employment opportunities, peer support, and daily living and money management skills training. Homeless people with mental illnesses are more likely to recover and achieve residential stability if they have access to supported housing programs.</p>	

Project Description
<p><i>Which Medicaid Transformation Goals<sup>1</sup> are supported by this project/intervention? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input type="checkbox"/> Accelerate transition to value-based payment</p> <p><input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Health Systems Capacity Building</p> <p><input checked="" type="checkbox"/> Care Delivery Redesign</p> <p><input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p>This project will allow multiple comprehensive supportive housing first models in Spokane, WA to achieve success with this chronically homeless population. Our current housing development and construction pipeline is able to build 350-400 units of new housing for the chronically homeless between now and 2019. We currently own 141 units of scattered site housing, 50 units of project based housing, 100 more units under construction and ready for rent up in summer/fall 2016 and two more project awards (and land purchased) for 2017. This pipeline will allow our community to, in effect, eliminate chronic homelessness in Spokane by 2019, as we will have built a unit for every chronically homeless person in Spokane by the time we complete these projects. The housing is being built thanks to tax credit funding, Housing Trust Fund awards and local gap funding.</p> <p>The population we will house is typically dual diagnosed with co-occurring mental health and substance abuse disorders. It is also a population that is typically known to be “super-utilizers” while they are homeless, meaning they overuse and overburden police, fire, ambulance, ER, hospital, court and jail systems in the community. Once housed, they cease being super-utilizers, but only if we can provide case management, substance abuse and mental health services onsite, where they live.</p> <p>This project would provide two full time staff for each 50 unit residential facility. One would provide substance abuse treatment and the other would offer mental health case management, specializing in individuals with dual diagnoses. We know from recent experience that if we can have these services on site and fully integrated into the housing environment, that we can have great success in keeping chronically homeless men and women in their stable housing long-term.</p> <p>This program supports Washington's Medicaid Transformation goals including:</p> <ul style="list-style-type: none"> <li>• Reduce avoidable use of intensive services</li> <li>• Improve population health - prevention and management of chronic conditions including addiction</li> <li>• Keep Washington State Medicaid cost growth 2% below national trend</li> </ul>

<b>Core Investment Components</b>
<p>This project will serve 100 residents monthly. Costs will include 4 fte at \$50,000/year salary and \$17,500 in benefits. Additional costs will include building utilization, phones, internet, transportation mileage, and some direct client assistance to provide bus passes, laundry tokens and clothing allowance.</p> <p>We anticipate the project can be implemented within 2 months of funding being determined.</p> <p>The Denver Housing First Collaborative, operated by the <a href="#">Colorado Coalition for the Homeless</a>, provides housing through a Housing First approach to more than 200 chronically homeless individuals. A 2006 cost study documented a significant reduction in the use and cost of emergency services by program participants as well as improved health status. Emergency room visits and costs were reduced by an average of 34.3 percent. Hospital inpatient costs were reduced by 66 percent. Detox visits were reduced by 82 percent. Incarceration days and costs were reduced by 76 percent. 77 percent of those entering the program continued to be housed in the program after two years. We anticipate similar results would occur in Spokane.</p>
<b>Project Metrics</b>
<p>This project will measure the following outcomes:</p> <ul style="list-style-type: none"><li>• Increase in the length of time that residents remain stably housed</li><li>• decrease in alcohol and drug use</li><li>• decrease in emergency room visits</li><li>• decrease in hospitalizations</li></ul>

<sup>i</sup> Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.