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 with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Identify point person, telephone number, e-mail address* Declan Wynne, Director (206) 805-6127 Declan.Wynne@buildingchanges.org *Which organizations were involved in developing this project suggestion?* • Building Changes • Public Health – Seattle & King County's Health Care for the Homeless Network • King County Family Homelessness Initiative
Project Title	*Title of the project/intervention* Kids Plus: Integrated Community Based Case Management Services for Homeless Families

Rationale for the Project

Problem statement

A portion of families experiencing homelessness, both parents and children are Medicaid recipients who have complex health needs that can cause high avoidable emergency department use, extend the length of their homelessness episode, and increase their risk of returning to homelessness. Intensive case management programs that integrate outreach, nursing, social work, and care coordination services such as Kids Plus in King County have been used effectively for families with complex needs experiencing homelessness. Kids Plus is operated by Public Health-Seattle & King County's Health Care for the Homeless Network. The interdisciplinary nurse and social worker team works across systems to facilitate entry into housing and provides health care navigation, which aim to improve housing stability and health outcomes and can reduce avoidable use of emergency departments and other costly crisis services. Building Changes is partly sponsoring the program due to the complexity of its integrated outreach approach, siloed billing mechanisms and non-reimbursable services for this group of Medicaid consumers.

Supporting research

This innovative program is being monitored by Building Changes. Changes in housing status, health, income, and skill development are being tracked using the Omaha System[i] and will be analyzed to understand the program's impact. Initial results will be available in 2016.

Relationship to federal objectives for Medicaid[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

This program will address Medicaid's goal to "increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks". Families experiencing homelessness with complex co-morbid conditions need additional outreach and care coordination to access health resources appropriately and improve their outcomes than are currently reimbursable under Medicaid. Outreach nurses, in partnership with social workers, can provide outreach and engagement services to families who would otherwise have high unnecessary emergency department use. Once engaged, parents develop skills to access primary care and other community resources and to address their children's health care needs and find and maintain housing stability. The families are primarily Medicaid recipients who are receiving health services that are not reimbursed under Medicaid or alternatively receiving costly health services in the emergency rooms.

Project Description

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention? Check box(es)*

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
☐ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

☐ Health Systems Capacity Building
X Care Delivery Redesign
☐ Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project.*
  The program is currently implemented in King County and can be scaled to other communities. The program targets households with children, who are experiencing homelessness along with complex or co-morbid health conditions.

- *Relationship to Washington's Medicaid Transformation goals.*
  Kids Plus: Integrated Case Management for Homeless Families addresses the Medicaid Transformation goal to "reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails" by linking these families to primary care, housing, and other community resources.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
  Goals
  1. Improve access to primary and behavioral health care for families experiencing homelessness (adults and children), including families of color who are overrepresented in the homeless population.
  2. Increase parents' skills in accessing resources and maintaining children's health.
  3. Improve housing stability.

  Intervention
  1. Using an interdisciplinary approach to outreach, engagement, and case management, facilitate access to housing and health services for families experiencing homelessness and physical and/or behavioral health conditions.

  Outcomes
  1. Increase in number of families experiencing homelessness accessing primary care.
  2. Reduced number of families experiencing homelessness accessing emergency room and crisis behavioral health services.
  3. Increased skills as measured using Omaha System.
  4. Reduced number of families returning to homelessness.

- *Links to complementary transformation initiatives*
  Improving housing stability and access to care for children experiencing homelessness will advance the state's Prevention Framework and Essentials for Childhood plan.

- *Potential partners, systems, and organizations.*
  1. Health Care for the Homeless grantees
  2. Local Continuum of Care
  3. Homeless shelters
  4. Homeless Coordinated Entry Systems

5. Community Health Centers
6. Behavioral Health providers
7. School districts
8. DSHS

Core Investment Components

Proposed activities and cost estimates ("order of magnitude") for the project.

Healthcare Support

- Linkage to medical care, including pediatric, prenatal care, mental health and specialty care
- Coordination of care for children and their families experiencing health issues.
- Information about the growth and development of children, preventive care and chronic health conditions.

Social Support

- Clinical and social integration of behavioral and physical health support with housing.
- Assistance with applying for medical insurance and public benefits.
- Assistance with linkages to transportation needs.
- Assistance with entry into schools, childcare centers including assistance with securing transportation and paperwork.
- Referrals to parenting classes, other family programs, and assistance with transportation needs.
- Supplemental school clothing and supplies for children.

Housing Support

- Facilitation of entry into housing case management programs
- Supplemental household items for move-in
- Ongoing contact and support with families after they are permanently housed and care coordination for those families moving out of King County

Cost Estimate: $1.2 million annually per program to serve 100 households countywide.

- *6-12 months to develop and implement a new program.*
- *ROI opportunity would come from reduced use of and need for ER and behavioral health crisis services.*

Project Metrics

- Homelessness (narrow) from Service Coordination Organizations Accountability Measures
- Participant self-management skills as measured by Omaha System
    - Care Taking and Parenting
    - Healthcare Supervision
    - Use of Community Resources
    - Income
- Increased Primary Care use, measured by Well Child Visits by participants
- Increased use of outpatient Behavioral Health treatment, measured by Mental Health Treatment Penetration
- Emergency Department utilization
- Crisis Mental Health System contacts

[i] Martin KS. (2005). *The Omaha System: A Key to Practice, Documentation, and Information Management* (Reprinted 2nd ed.). Omaha, NE: Health Connections Press.