Attachment A: **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	*Graydon Andrus, 206-515-1524, gandrus@desc.org* *DESC (Downtown Emergency Service Center)*
Project Title	*Outreach and Engagement to Disabled Homeless Individuals Enables Access to Medicaid Coverage, to Permanent Supportive Housing and to Health/Behavioral Health Care*
Rationale for the Project	
A significant percentage of homeless individuals with serious and severe mental health and/or substance use disorders are not able to independently access housing and health/behavioral health care. Assertive outreach and engagement to such individuals is needed for them to have equal access to permanent supportive housing, health care (primary medical, mental health, substance use), and supported employment services. Service capacity of existing outreach and engagement services in Washington State falls far short of meeting the need. This considerable service gap has several key consequences: (1) Reduced access to housing and health care for disabled homeless individuals; (2) Increased utilization of Emergency Department services and inpatient hospitalization; (3) Inability to effectively integrate health and behavioral health care for those lacking the stability of permanent supportive housing. *Many of the most chronically homeless and isolated individuals have untreated mental health and/or substance use disorders. Additionally, their medical needs are largely undiagnosed, leading to a more complex set of social and health needs. A central benefit associated with outreach and engagement programs is reduced health disparity for the consumers, a cross cutting goal of most health planning efforts and Medicaid. . An assertive outreach and engagement effort enables and expedites connection to Medicaid, supportive housing, health and behavioral health care, and supported employment services. Outcomes of existing outreach programs align well with goals to reduce hospitalization and criminal justice system involvement. DESC has been successfully operating an outreach and engagement program (HOST) since 1994.* *[i]Olivet, et al (2010) reported outcomes such as initial engagement, stable service relationships, housing acquisition and retention, and durable connection with primary care and behavioral health services represent meaningful and quantifiable achievements. Additionally, King County has been funding outreach and engagement services using such benchmark achievements as measures of successful program implementation.* *In an effort to enable more equal access to housing, employment, and health care, the Americans with Disabilities Act requires accommodations be available. The very nature of some mental disorders severely diminishes motivation and ability to successfully access federally and state funded benefits such as Medicaid and supportive housing. Outreach and engagement services is precisely the accommodation needed by homeless individuals experiencing serious mental and substance use disorders. The federal government has long understood the need to provide outreach-based services to homeless individuals and distributes funding to each State through its Projects for Assistance in Transition from Homelessness (PATH). This funding is distributed to multiple Regional Support Networks in Washington, but the funding level falls far short of that needed to fully address the need.*	
Project Description	

Which Medicaid Transformation Goals[ii] *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)

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

Assertive mental health outreach consists of trained mental health workers going to locations homeless people with untreated mental illness are likely to be, including on the streets, in parks, in other public places, or in locations reported by community members concerned about a person. Effective outreach and engagement is assertive, but sensitive to the pace of the individual. Clear consensus exists in the literature that success hinges on strong relationships being formed and maintained through consistent effort, insight and meaningful work being performed by the outreach worker. Additionally, ready access to psychiatric providers and survival services are key to the success of outreach and engagement efforts.

The population served by outreach engagement teams would include those homeless individuals living with severe mental illness and/or substance used disorders who are unable or unwilling to access housing, needed services, and treatments through more conventional means. This includes those who are able to avoid contact with hospital emergency departments and the criminal justice system, as well as those people identified as frequent users of hospital and jail beds. Identification and engagement of this population has high connectivity to Washington's Medicaid Transformation goals. A central tenet of outreach and engagement is the provision of a holistic and integrated services, leading to social, medical and behavioral health stabilization.

An example of such an effort is in place at DESC, but not adequately funded to assist all homeless individuals needing the highly individualized and intensive effort provided by assertive outreach and engagement programs. DESC is actively partnering with primary care providers such as Harborview Medical Center and Neighborcare to provide more accessible health care services in places the target population will accept care.

In addition to outreach activity avoiding the later use of expensive crisis healthcare services, this proposal strongly supports the efficacy of Initiative 3's plans for Supportive Housing and Supported Employment. Some of the individuals with the greatest needs for these
interventions, especially supportive housing, are chronically homeless people with serious mental illness who are living on the streets and not currently engaged in care. These individuals will not be able to access Medicaid services or supportive housing unless they are identified and assertively helped with accessing those programs.

Core Investment Components

Sate wide service need data is not available for determining implementation cost estimates at this time. For King County the total annual cost could reach $2.5M-$3M/year. Approximately 750 high need individuals could be served annually. Achievement of key outcomes would vary depending on availability of related resources. For example, housing acquisition outcomes would be highly dependent on the availability of permanent supportive housing. Acquisition of Medicaid would have a benchmark, perhaps as high as 90%, indicating program success. Linkage to primary care and behavioral health services would vary depending on travel distances and program design of providers in the respective area.

For greatest efficacy, outreach teams should be highly mobile, multi-disciplinary (including a psychiatrist or psychiatric ARNP), highly knowledgeable about State and Federal benefits available to disabled individuals (Medicaid, SSI/SSDI, food stamps, etc) work in close partnership with providers of overnight shelter, permanent supportive housing, primary health care. As outreach and engagement effort is prioritized for those homeless individuals who are unable and/or unable to engage in more traditional service models, most of the work is taken directly to the individual, meeting them physically and psychologically where they are until they are able to become housed and engage in more site based services. This requires caseloads to be maintained at low levels, varying somewhat depending on the geographic size of the service area and illness severity of the homeless population receiving outreach effort. The service model should be holistic in practice, making steady efforts to integrate all aspects of support and treatment.

Full implementation of outreach and engagement services throughout the State would likely take two years. A network of outreach services is managed by DBHR, so the infrastructure is in place. Service strategies are well understood by multiple programs in Washington, but the collective ability of a team to effectively deliver outreach and engagement would vary depending on workforce issues. In King County it would be possible to bring outreach and engagement services to scale within one year. When local funding for outreach and engagement services in King County was more robust DESC was providing County-wide services which were addressing urban as well as rural needs.

Project Metrics

Key metrics could include the following. Being more specific would require knowledge of funding available for establishment of outreach teams and related treatment.

- *Number of eligible individuals identified*
- *Number of individuals engaged in a viable service relationship*
- *Number of individuals acquiring housing*
- *Number of individuals engaged in mental health, substance use and/or primary care*
- *Reduction in hospitalization or incarceration rate for those with histories of unusually high utilization*

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