

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	<p>Point person: John Purbaugh, (253) 272-7879, JohnP@nwjustice.org Jennifer Ammons, (253) 272-7879, JenniferA@nwjustice.org</p> <p><i>Which organizations were involved in developing this project suggestion?</i> Northwest Justice Project, Building Changes</p>
Project Title	Civil Legal Aid to Homeless Medicaid Recipients and Those at Risk of Homelessness
Rationale for the Project	
<p>Health of individuals and populations is impacted by a number of social determinants, including homelessness. People experiencing homelessness have significantly higher rates of chronic health problems, infectious diseases, trauma, mental illness and chemical dependency. Nearly 40% of homeless individuals suffer from a chronic health condition.¹ Infectious diseases such as tuberculosis, HIV/AIDS, and pneumonia also appear more frequently, along with skin infections and hypothermia.^{2,3} Homeless DSHS clients are more likely to be treated for injuries than DSHS clients who are housed.⁴ The American Psychological Association says that mental illness is twice as prevalent among those who are homeless.⁵ In 2010, 26% of sheltered homeless adults suffered from severe mental illness, and nearly 35% from chronic substance abuse.⁶</p> <p>Homelessness impedes treatment of current health problems and creates new ones. As the National Health Care for the Homeless Council explains, people experiencing homelessness have no safe place to keep medications, to get rest, to recuperate from an injury, or to bathe and keep injuries clean. They experience the physical stress of weather exposure and violence as well as mental stress, exacerbating conditions such as high blood pressure, depression, and alcoholism. They cannot effectively manage illnesses through diet, because they are dependent on cheap, filling, but not very nutritious meals served in shelters and soup kitchens.⁷</p> <p>All of this increases costs to the health care system. Not only are people who experience homelessness more likely to suffer from significant ailments, but they also tend to use the health care system in the costliest ways. They are more likely to visit emergency rooms for non-emergency care, making 20-30% of all adult ER visits.⁸ They are admitted to inpatient medical care 5 times more often than the general population and have longer average stays.⁹ They are also more likely to be hospitalized for mental illness.¹⁰ This is why interventions that house people and keep them housed, such as permanent supportive housing, show great promise for saving Medicaid dollars.¹¹ A small study in Massachusetts found, for example, that housing chronically homeless individuals with supportive services lowered their mean annual Medicaid cost from \$26,124 per person to \$8500 per person.¹²</p> <p>One significant barrier to housing stability for people experiencing homelessness is an unresolved civil legal issue, such as a prior eviction, unresolved child abuse/neglect findings, domestic violence charges, small claims damages, collections debts, or the denial or termination of public benefits. A significant percentage of families in shelter have civil legal issues, and lack the resources to resolve them. Data from the Westat baseline evaluation of homeless families in shelter show that 40% of homeless families in the study reported needing legal aid, but only 11% of the total sample got help. Given that this data is self-reported, and given that anecdotally, people who are experiencing homelessness are not always aware of suits that have been filed against them, this is likely an under count.</p>	

Families are often denied openings in homeless housing programs, public housing, and private market units due to failed background checks that show past evictions (including housing authority and homeless housing program evictions or terminations), open warrants and other unresolved legal issues. Eight percent of declined referrals from Access Point for Housing (AP4H) to housing providers (July 2012-January 2013; N=161) were the result of failed background checks, including prior program terminations or evictions and criminal background.

The Landlord Liaison Project (LLP) reported in the first year that 45% of their clients reported having one or more evictions, and anecdotally reported that households with evictions are harder to house than households with felonies. Additionally, there appears to be a higher incidence of evictions in the LLP clients who are literally homeless, than among those who are not homeless.

By addressing these underlying issues, periods of homelessness can be reduced, allowing clients' medical needs to be more effectively addressed without costly ER visits and hospital stays.

In addition, timely civil legal aid intervention can enable discharge planning when institutional stays are necessary, ensuring that clients will be discharged to a stable home. It can prevent the loss of public benefits, preserving housing, access to medical care, and nutritious food.

The positive impact legal services to patients can have on the health care system has already been demonstrated by Medical-Legal Partnerships (MLPs). (See <http://medical-legalpartnership.org/> for more information on MLPs and their successes.) For example, the Medical-Legal Partnership of Southern Illinois produced a 221% return on investment for the sponsoring hospital system between 2002 and 2006 and a 319% return on investment in 2007-2009.¹³ Another MLP at Lancaster General Hospital in Pennsylvania reduced overall health care costs by 45% by addressing super-utilizers' civil legal problems.¹⁴ It has also been successful in improving population health, by recognizing and addressing recurrent problems.¹⁵

Project Description

Which Medicaid Transformation Goals¹⁶ are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services
- 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
- Care Delivery Redesign
- Population Health Improvement – prevention activities

This project would provide free civil legal services to families and individuals who are homeless or at risk of homelessness to reduce or eliminate barriers to housing. This population includes people suffering from mental illness, vulnerable adults, people being discharged from jail or other institutions or care settings, those whose employment or income is threatened, and those whose housing is otherwise threatened. The project's focus could be narrowed, though, to include only such people with behavioral health needs or who are high utilizers of the health care system, for example.

By eliminating legal barriers to housing, this project will help provide a stable place where Medicaid beneficiaries can follow treatment recommendations, control their own diet, get sufficient rest, avoid exposure to infectious diseases, avoid relapse triggers, and otherwise stabilize their health. This stability will both improve population health and reduce avoidable use of emergency rooms, inpatient units, psychiatric hospitals, and jails.

During the waiver period, we expect to see a significant reduction in use of emergency rooms, inpatient units, psychiatric hospitals, and/or jails by clients we serve, resulting in significant cost savings. We also expect to see improved health, with a reduced rate of acute medical problems in this population, reducing the health disparity between this population and the general population.

In order to successfully implement this project and achieve these goals, we will need to build on the network of providers from whom we currently are referred cases. Specifically, we will need to connect with area medical providers – both medical professionals and social workers on staff. Northwest Justice Project has already developed relationships with the Rapid Rehousing providers and Housing Authorities in our area. We will also seek to strengthen our relationship with the local public health department, DSHS, area homeless shelters, and providers of permanent supportive housing.

This project is closely related to the Supportive Housing portion of Medicaid Transformation Initiative 3. Legal services are a supportive service that can be used to reduce barriers to becoming and staying housed, as discussed above. We therefore would also expect to work closely with the organizations developing and expanding supportive housing.

We propose starting the project in Pierce County, where we have been operating a more limited pilot program to provide civil legal aid to families that meet the HEARTH Act’s definition of homelessness. In Pierce County, Northwest Justice Project also already contracts with the State of Washington to provide civil legal services to patients in Western State Hospital and seniors, including residents of nursing homes and other long-term care facilities. As a statewide non-profit law firm, though, Northwest Justice Project (<http://www.nwjustice.org>) is uniquely positioned to rapidly scale and expand the project into additional counties or statewide.

Core Investment Components

Describe:

- *Proposed activities and cost estimates (“order of magnitude”) for the project.*
1 FTE legal aid attorney with support staff, to provide a full range of civil legal services to the target population in Pierce County, at \$120,000/year
- *Best estimate (or ballpark if unknown) for:*
 - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
80+ unduplicated people (some with multiple cases) annually
 - How much you expect the program to cost per person served, on a monthly or annual basis.
approximately \$1500 annually
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
Can be fully implemented immediately in Pierce County due to pre-existing project; 3-6 months to scale up to other regions or statewide
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
By extrapolation from MLP data above, ROI of 200% +/- on an annual basis appears possible

Project Metrics

Northwest Justice Project (NJP) maintains a comprehensive and confidential database of all legal assistance we provide to eligible clients. NJP will work with our local Accountable Community of Health to establish appropriate benchmark performance data to evaluate the success of this project and to determine the best source of any additional data required for evaluation.

Development of Washington State Medicaid Transformation Projects List – December 2015

¹ Bella Schanzer, Boanerges Dominguez, Patrick E. Shrout, & Carol L.M. Caton, *Homelessness, Health Status, and Health Care Use*, 97 AM. J. PUBLIC HEALTH 464, 464 (2007).

² *Id.*

³ BARBARA DIPIETRO, SARAH KNOPF, SAMANTHA ARTIGA, & RACHEL ARGUELLO, MEDICAID COVERAGE AND CARE FOR THE HOMELESS POPULATION: KEY LESSONS TO CONSIDER FOR THE 2014 MEDICAID EXPANSION 5 (2012), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8355.pdf>.

⁴ MELISSA FORD SHAH, CALLIE BLACK, & BARBARA FELVER, DEP'T OF SOCIAL & HEALTH SERV., IDENTIFYING HOMELESS AND UNSTABLY HOUSED DSHS CLIENTS IN MULTIPLE SERVICE SYSTEMS 6 (2012).

⁵ OFFICE ON SOCIOECONOMIC STATUS, AM. PSYCHOL. ASS'N, HEALTH AND HOMELESSNESS (n.d.).

⁶ OFFICE OF CMTY. PLANNING & DEV., U.S. DEP'T OF HOUSING & URBAN DEV., THE 2010 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS 18 (2011), *available at* <https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport.pdf>. 2010 was the last year for which data on substance abuse and mental illness were reported separately in the annual reports.

⁷ NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL, HOMELESSNESS & HEALTH: WHAT'S THE CONNECTION? (2011), *available at* http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf

⁸ Schanzer et al., *supra* note 1, at 464; DIPIETRO ET AL., *supra* note 3, at 13. OFF. OF DISABILITY, AGING & LONG-TERM CARE POL'Y, U.S. DEP'T OF HEALTH & HUMAN SERVICES, PRIMER ON USING MEDICAID FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS AND TENANTS IN PERMANENT SUPPORTIVE HOUSING 3 (2014) [hereinafter PRIMER], *available at* <https://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>.

⁹ Schanzer et al., *supra* note 1, at 464.

¹⁰ OFFICE ON SOCIOECONOMIC STATUS, *supra* note 5.

¹¹ PRIMER, *supra* note 8, at 3-5.

¹² Mass. Behavioral Health Partnership & Mass. Housing & Shelter Alliance, Containing the Cost of Medicaid by Providing Housing for Homeless Individuals (Jul. 19, 2010), <http://bgc.pioneerinstitute.org/containing-the-cost-of-medicaid-by-providing-housing-for-homeless-individuals/>

¹³ James A. Teufel, et al., *Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-Up Study*, 23 J. HEALTHCARE FOR THE POOR & UNDERSERVED 705, 707-710 (2012).

¹⁴ Jeffrey Martin, Audrey Martin, Catherine Schultz, & Megan Sandel, Embedding Civil Legal Aid Services In Care for High-Utilizing Patients Using Medical-Legal Partnership (Apr. 22, 2015), <http://healthaffairs.org/blog/2015/04/22/embedding-civil-legal-aid-services-in-care-for-high-utilizing-patients-using-medical-legal-partnership/> (last visited Jan. 13, 2016).

¹⁵ Andrew F. Beck, et al., *Identifying and Treating a Substandard Housing Cluster Using a Medical-Legal Partnership*, 130 Pediatrics 831, 834-837 (2012).