

Integrated Stabilization, Recovery & Housing: The VOA Eastern WA Case Study

January 9, 2025 | 1:00 pm – 2:00 pm ET



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Integrating Health and Housing in Spokane:

The Journey towards Whole-Person Care for the Homeless

JANUARY 9, 2025



Who we are

Fawn Schott, President and CEO, Volunteers of America of Eastern Washington and Northern Idaho

- \$17 Million in revenue
- 170 FTEs
- 175 Permanent Supportive Housing Units
- 65 Transitional Housing Units, 50 Rapid Rehousing Units
- 3 Shelters totaling 142 beds, serving Women, Young Adults and Adolescents.
- 12 contracted respite beds (capacity for 20)

A licensed and SAMHSA-Certified Community Behavioral Health Clinic (CCBHC) focused on holistic care to address health and social determinant needs.

Providing housing services, case management, mental health and substance use disorder treatment, peer support, and medical care in shelter and housing settings.

Stephanie Jordan Brown, Independent consultant and proud partner to VOASPOKANE since 2021.

Focused on care delivery and financing innovations at the intersection of health, housing, and human services.

Expertise in publicly funded behavioral health care, Medicaid policy, and managed care.

Prior life:

- Acting Chief of Behavioral Health and Director of the Office of Behavioral Health for Massachusetts Medicaid (MassHealth)
- Head of North America Health Care Payer and Provider Knowledge Team for Boston Consulting Group (BCG)
- VP of Transformation and Integration, Massachusetts Behavioral Health Partnership, a Carelon company

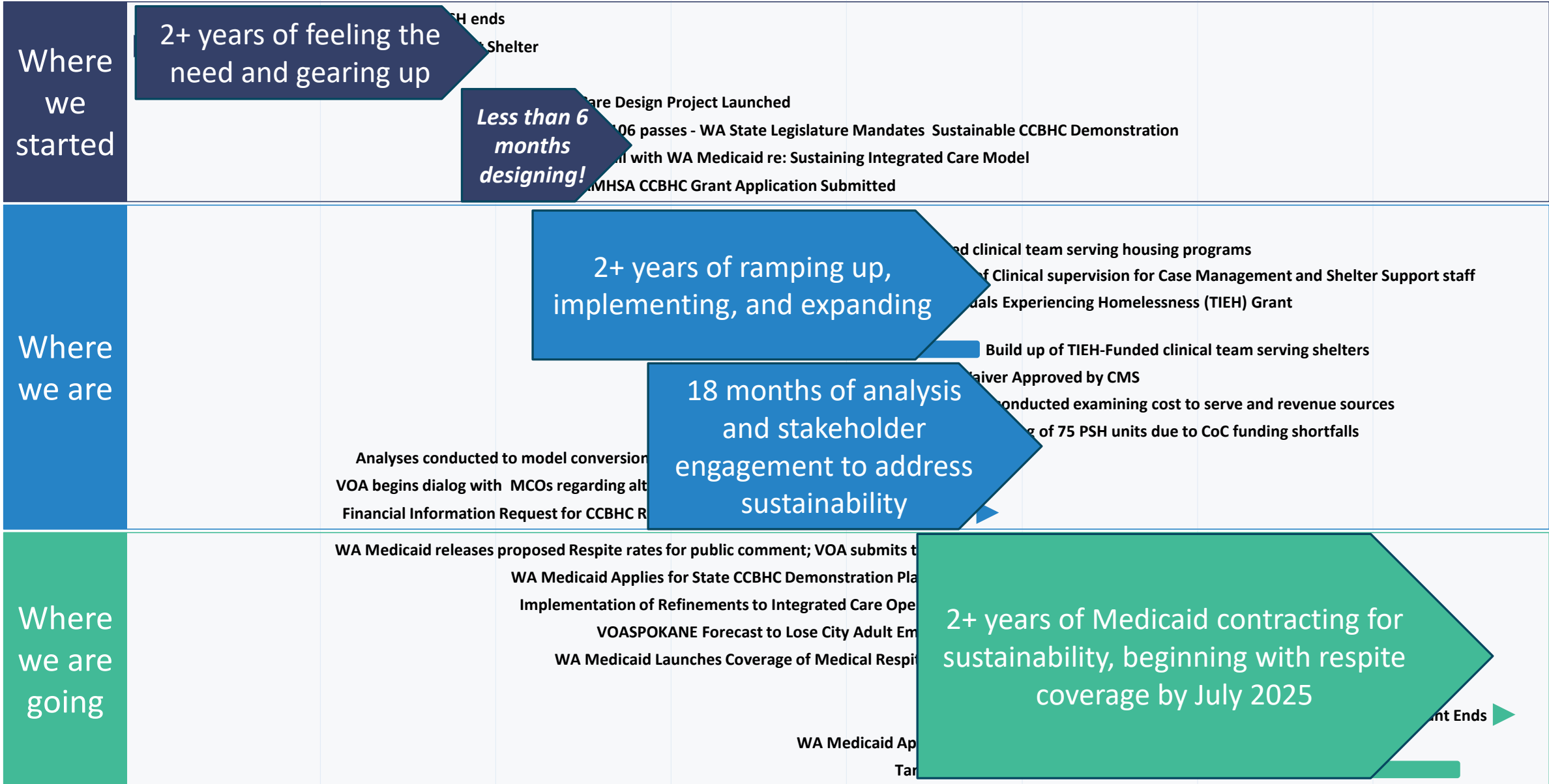
At VOASPOKANE we realized we need to solve for both sides of the health and housing equation.



SHELTER, TRANSITIONAL, AND
SUPPORTIVE HOUSING

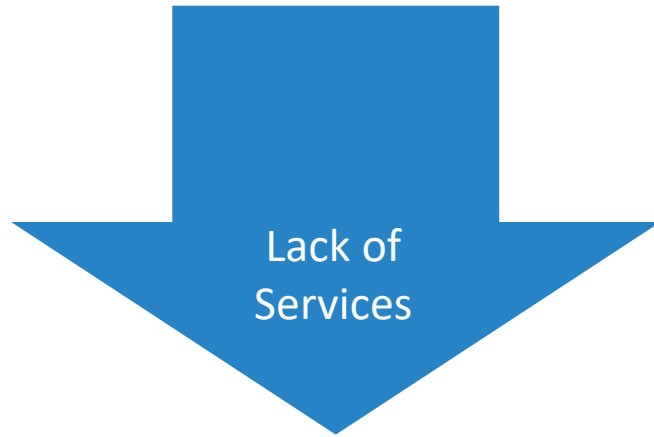
TREATMENT AND RECOVERY
SUPPORT

The Journey Towards Integrated Care...



Where we started...

In Spokane we are experiencing:



INSUFFICIENT CAPACITY TO ADDRESS NEEDS OF HOMELESS

- Insufficient and diminishing emergency shelter capacity
- A Lack of step-down or respite capacity
- A Lack of community-based crisis stabilization capacity in Spokane.
- An inability to access clinic-based care due to long wait list, transportation - and stigma
- Lack of transitional housing and supportive services to prepare individuals with complex needs for independent living

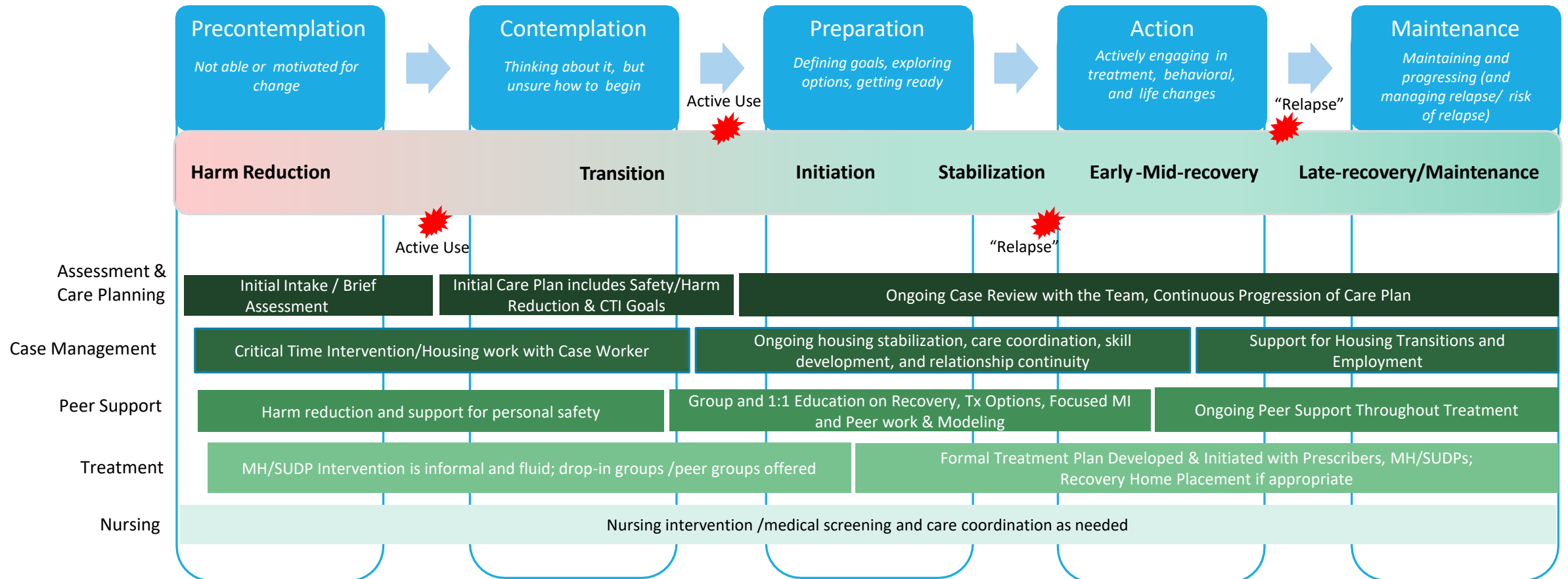


RISING ACUITY AMONG INDIVIDUALS SEEKING SHELTER & HOUSING:

- Individuals presenting in psychiatric crisis, active use, and/or experiencing withdrawal in shelter, transitional, and permanent supportive housing
- Untreated medical needs including wounds, infections, and lapses in chronic condition management and MAT
- Discharges from EDs or Hospitals directly to our shelters without connection to aftercare (11% of discharges according to WHA!)
- Rising number of homeless seniors unable to live independently
- Rising number of homeless Young Adults unprepared to live independently



VOA's Vision for the Participant Journey Thru a Stages of Change Lens: *Adaptation of the Service Model to the Needs and Readiness of Individuals*



Innovation in Shelter Services

Crosswalk Teen Shelter (Licensed 13-17 year old)

Crosswalk is a licensed shelter for teens experiencing homelessness. Age-appropriate behavioral health, GED completion program, recreation, skill building, family reunification and housing placement

Young Adult Shelter (18-24 year old)

Age-appropriate services and supports are provided to unhoused young adults. Includes integrated behavioral health and focuses on education and employment for skill building that leads to livable wage employment.

Hope House Women's Shelter (Over 18 years old)

Women's shelter integrating behavioral health and primary care to address crisis and begin stabilization. Includes clinical behavioral health, skill building and housing case management and placement.



Innovation in Housing



Permanent Supportive Housing

175 housing units for chronically homeless individuals with disabilities offering:

- Peer Support Service
- Primary Care Nursing
- Housing Skill Building
- Integrated Behavioral Health interventions added in 2022

Transitional Housing

(For Homeless Veterans, Young Adults and Foster Youth)

Housing for Young Adults age 18-24. Offering age-appropriate support services:

- Pathways to permanent housing
- Educational pathways
- Employment support
- Integrated Behavioral Health interventions added in 2022

Group Home – Pregnant & Parenting Teens

Congregate living for young mothers and their baby. Age-appropriate services and supports including:

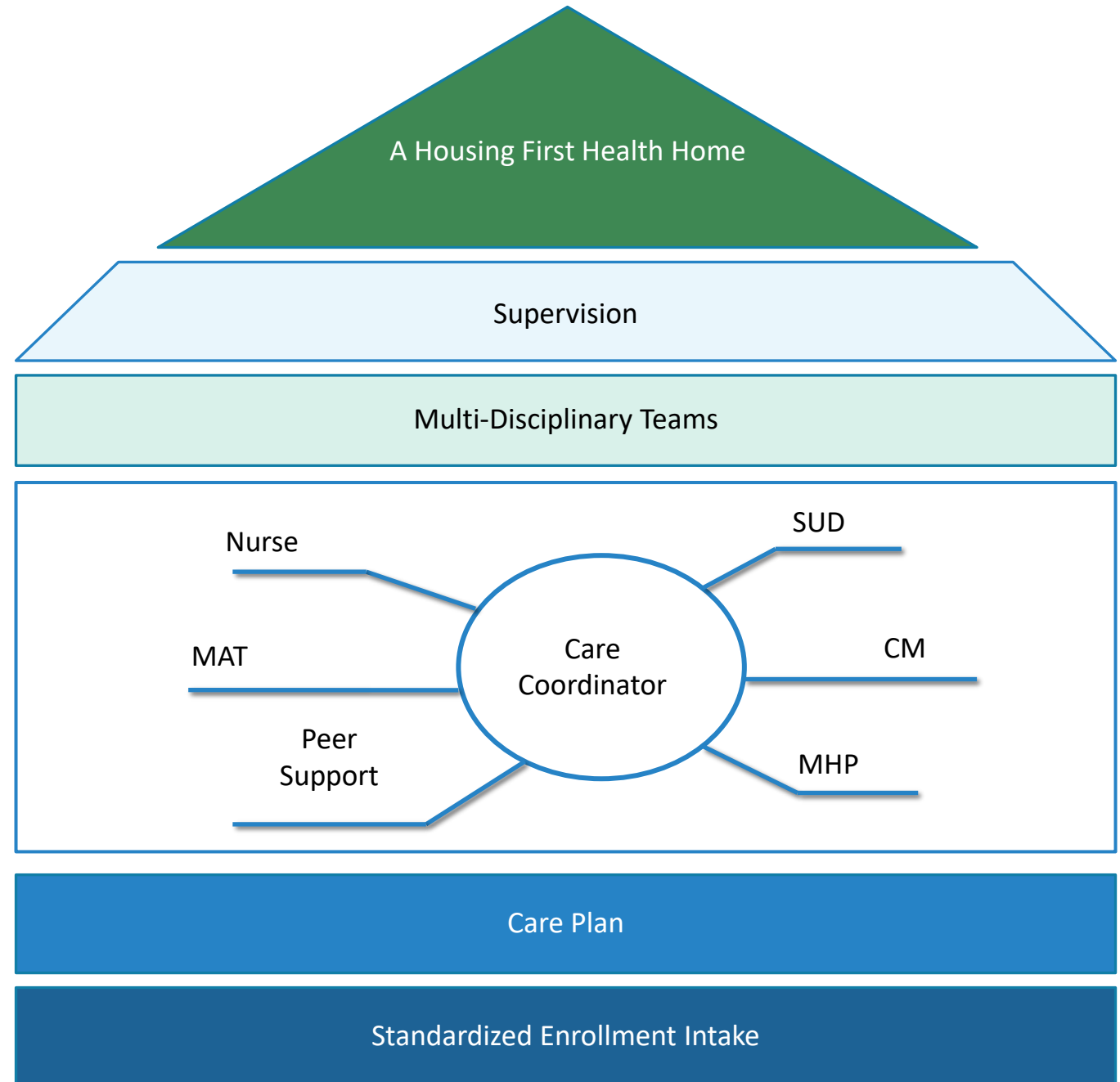
- Parenting skill building
- Attachment and Bonding
- Educational pathways
- Pathways to permanent Housing
- Employment support
- Integrated Behavioral Health interventions added in 2023

Where we are...

Housing-First Health Home: *A SAMHSA-Certified CCBHC*

Ensures Low-Barrier Access to Integrated Clinical and Wrap-around Support Services in PSH and Transitional Housing programs.

Funded through a SAMHSA CCBHC Planning, Development and Implementation Grant since 2022.



In 2023, a Second SAMHSA Grant funded Integrated Care in our Shelters, creating a continuum of Health and Housing services



A Housing First-Behavioral Health Home

- Integrated Behavioral Health Care *within Permanent Supportive Housing and Transitional Housing settings*
- Integrated Team of clinicians, nurse, case workers and peers
- **SAMHSA-funded Certified Community Behavioral Health Center**



Crisis Intervention & Nursing in the Shelter

- Crisis assessment and intervention to respond to needs *right in the shelter*
- Nursing services for basic medical care, triage, and harm reduction
- **SAMHSA-funded Treatment for Individuals Experiencing Homelessness**



Respite Within the Shelter

- For those requiring more around the clock support
- Supporting medically frail individuals accessing shelter, including seniors
- Contracts for 12 Respite Beds (with capacity for 20)



Today in all Shelter and Housing Settings, an Integrated Care Team Provides Harm Reduction, Clinical Intervention, and Wrap-around Services.

VOA BEHAVIORAL HEALTH AND HOUSING STABILIZATION TEAM:

Clinical Supervisor
Behavioral Health Crisis
Specialist
Co-Occurring Disorder
Peer Specialist
Mental Health Co
Case Managers for Housing and Care
Coordination
24/7 Direct Care Staffing

FQHC PARTNER (CHAS) MEDICAL SERVICE TEAM:

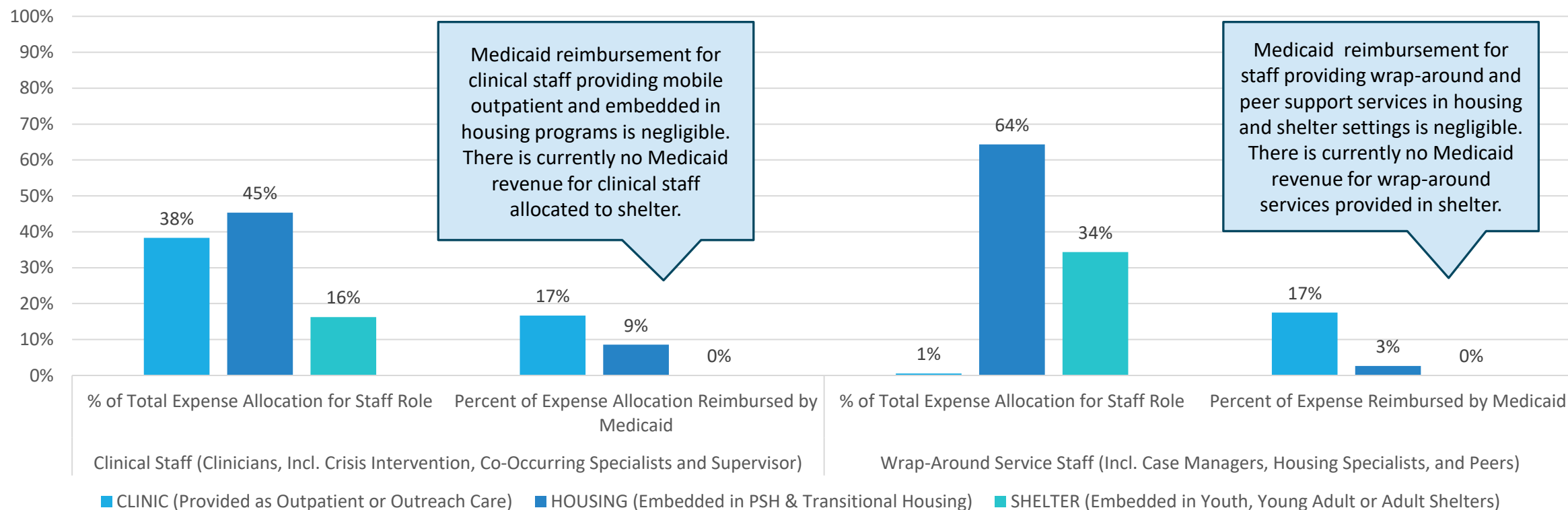
Medical Direction
Nursing provided by the
Outreach Team
Physician Consultation
Psychiatric prescribing
Access to Medications for Opioid and Alcohol
Use Disorders (MOUD/MAUD)

In 2024, with the support of this team, 40% of the women seen in our Hope House shelter were *housed within 90 days.*

And we are just getting started.

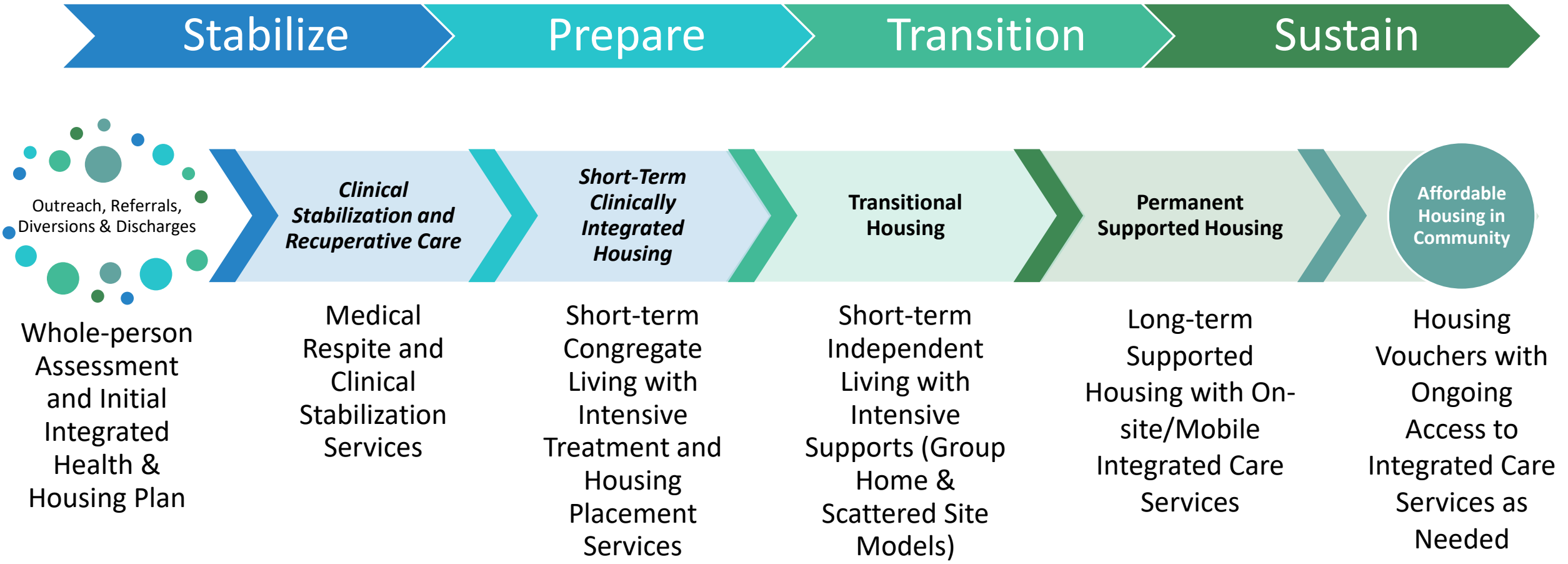
Very little of the cost of this care team is being recovered through Medicaid billing – and our grants are time-limited.

Distribution of Personnel Expense For Clinical and Wrap-Around Services by Setting of Care

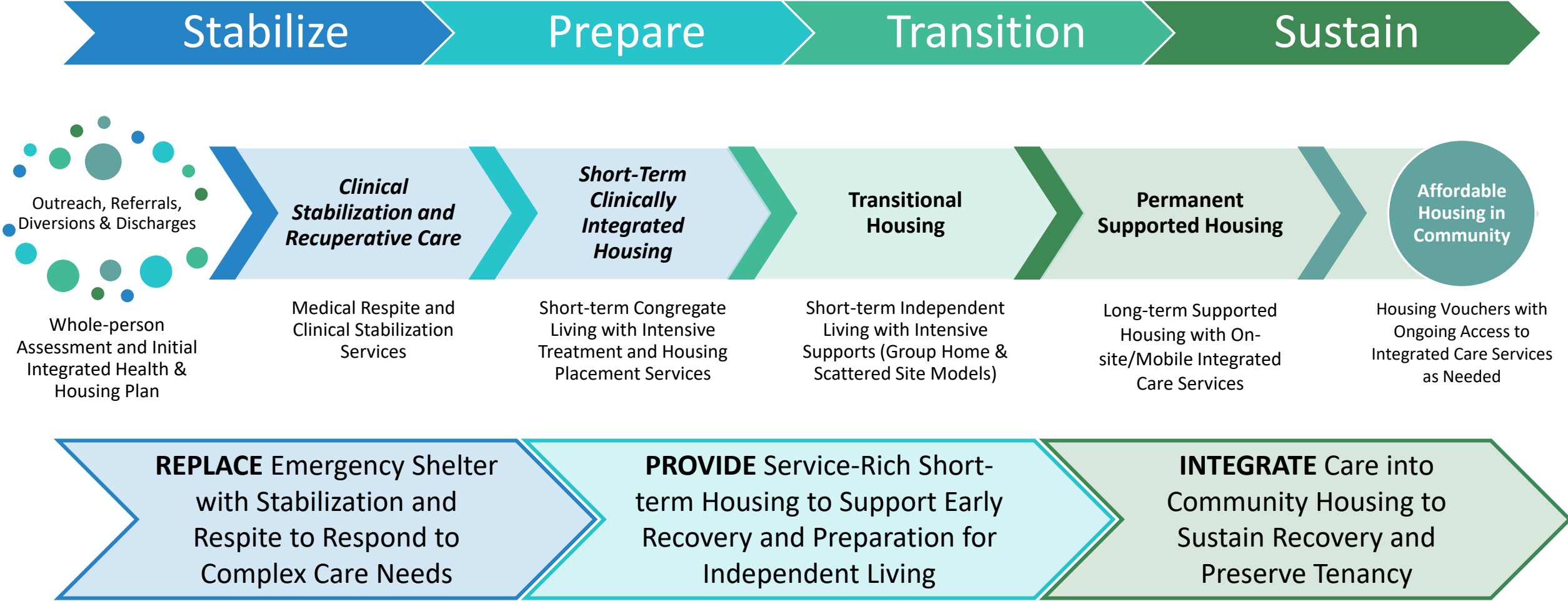


Where we are going...

We Believe We Can Achieve Stabilization, Recovery, *and* an End to Homelessness By Building a Clinically Integrated Continuum of Housing Solutions



A Range of Flexible Housing Options that are More Responsive to Individual Needs Will Create More Successful Paths to Long-term Housing Stability



Washington's 1115 Waiver Creates Opportunity for Medicaid Reimbursement Along the Entire VOASPOKANE Integrated Health and Housing Continuum

Stabilize

Prepare

Transition

Sustain

Respite/ST Housing Per Diem

*Clinical
Stabilization and
Recuperative Care*

*Short-Term
Clinically
Integrated
Housing*

Behavioral Health
Respite and Clinical
Stabilization Services

Short-term Congregate
Living with Intensive
Treatment and Housing
Placement Services

The Bridge Center at Hope House

Outpatient & Housing Support Services

Transitional
Housing

Permanent
Supported Housing

Affordable
Housing in
Community

Short-term Independent
Living with Intensive
Supports (Group Home &
Scattered Site Models)

Long-term Supported
Housing with On-
site/Mobile Integrated
Care Services

Housing Vouchers with
Ongoing Access to
Integrated Care Services
as Needed

Outreach, Referrals,
Diversions & Discharges

Whole-person
Assessment and Initial
Integrated Health &
Housing Plan

**Medicaid HRSN
Reimbursement
Under 1115 Waiver:**

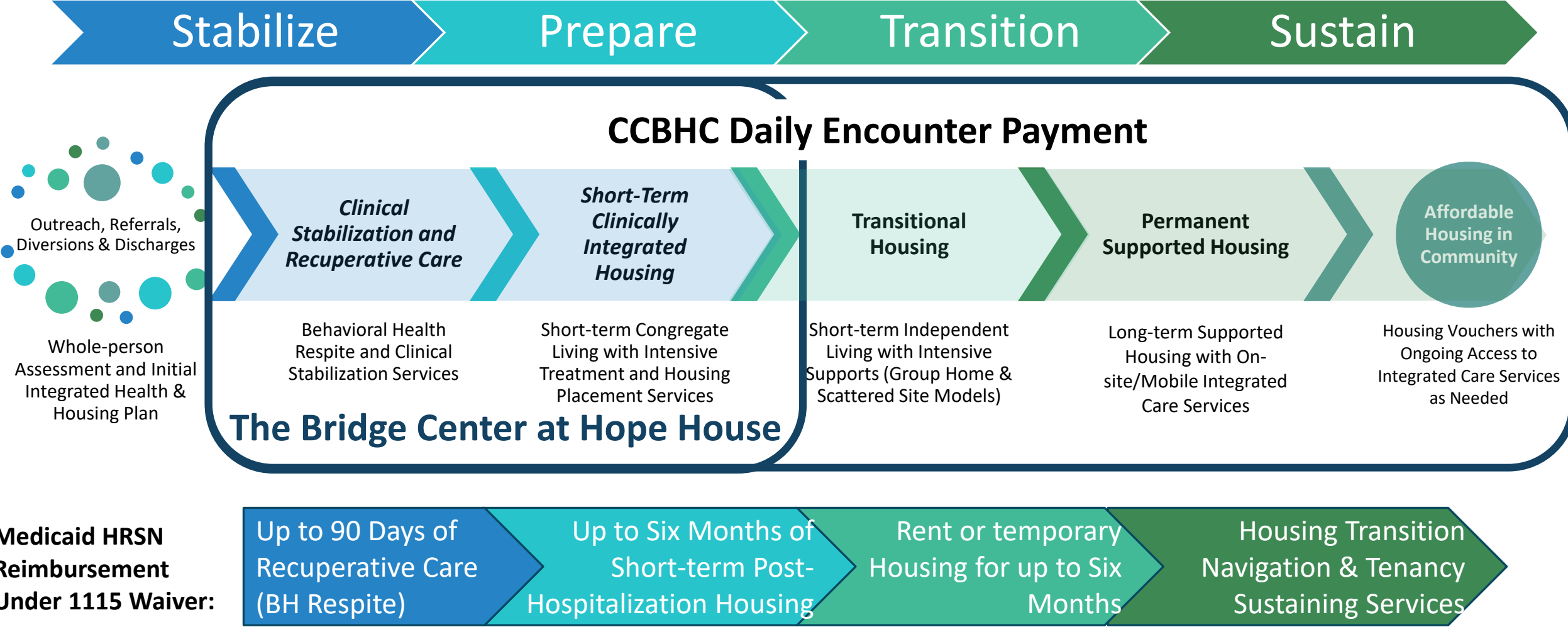
Up to 90 Days of
Recuperative Care
(BH Respite)

Up to Six Months of
Short-term Post-
Hospitalization Housing

Rent or temporary
Housing for up to Six
Months

Housing Transition
Navigation & Tenancy
Sustaining Services

A WA CCBHC Demonstration could further streamline Medicaid reimbursement for the Integrated Care Model across all Settings.



NOTE: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-dmnrtn-aprvl-hrsn-infrtre-prtcl.pdf>

Analyses of Operating Costs and Volumes suggest break-even Medicaid rates for Respite and CCBHC Days are roughly equivalent – and consistent with benchmarks.

| 1115 Waiver Respite and Short-Term Housing Services | TOTAL FOR CENTER | RESPITE BEDS | SHORT-TERM HOUSING BEDS |
|---|------------------|---|-------------------------|
| HOPE HOUSE RESPITE CENTER TOTAL OPERATING COSTS | \$ 2,399,629.71 | \$ 1,108,799.59 | \$ 1,355,199.50 |
| BEDS | 44 | <div>WA Medicaid proposed rate for Medical Respite Care for Homeless Individuals in \$300 per diem.</div> | 24 |
| OCCUPANCY RATE | 0.9 | | 0.95 |
| BILLABLE BED DAYS | 14454 | | 8391.35 |
| % of DAYS MEDICAID BILLABLE | 60% | | 60% |
| REIMBURSED DAYS | 8672.4 | | 5034.81 |
| PER DIEM RATE FOR BREAK EVEN | \$ 276.70 | \$ 300.83 | \$ 269.17 |

| CCBHC Demonstration | TOTAL |
|---|---|
| HOUSING FIRST HEALTH HOME (CCBHC) OPERATING COSTS (excludes RESPITE CENTER) | \$ 3,077,747.87 |
| TOTAL ENCOUNTER DAYS | <div>2018 National Median CCBHC Encounter Rate was \$252 or ~\$292 adjusted for inflation. (Note - CCBHC rates are provider specific and thus may vary widely.)</div> |
| (Encounter day = unique date of service CCBHC services are provided.) | |
| % OF DAYS MEDICAID BILLABLE | |
| REIMBURSED DAYS | |
| CCBHC ENCOUNTER RATE FOR BREAK EVEN | \$ 275.62 |

Some Lessons Learned Along the Way...

For Our Operations

- **Systems:** Shorten time between intake and clinical assessment; streamline and automate workflows for assessment, care planning, and triage
- **Skills:** Train all staff in evidence-based interventions, using OTJ training and mentoring; Develop career pathways for staff to become peer certified
- **Staffing:** Revisit shifts to match clinical coverage to highest intake hours; dedicate consistent clinical presence to PSH; Dedicate a clinical supervisor to each program
- **Structure:** Create matrixed clinical leadership to oversee quality and consistency of implementation across all programs and settings

For Our Partners

- Look at deployment of clinical resources to outside of the clinic as a means of **reaching populations most likely to “no show” in clinic** – and readying them for eventual care in the clinic setting
- Work together to **find efficiencies and avoid redundancies** when implementing new services – e.g. how can we together “level up” the care that is provided in the shelter setting to avoid the need for separate treatment or respite “beds”?
- Find ways to **optimize existing funds flows to cover the cost of care** delivered by partners (eg FQHC services that provided in shelter and PSH are still billed by the FQHC).

For Policy Makers

- Encourage plans to **contract with small volume and specialized providers in alternative payment arrangements**
- **Enable brief clinical assessment of the presenting problem** to be sufficient for initiating outpatient & wrap-around services
- **Avoid narrow medical necessity criteria** or prior authorization requirements that limit the ability of homeless individuals to access newly covered services, such as respite
- Expand covered services – and services allowed under CCBHC bundled payment models - to **include outreach, harm reduction, and low-barrier interventions** to pre-contemplative individuals

Contact Information

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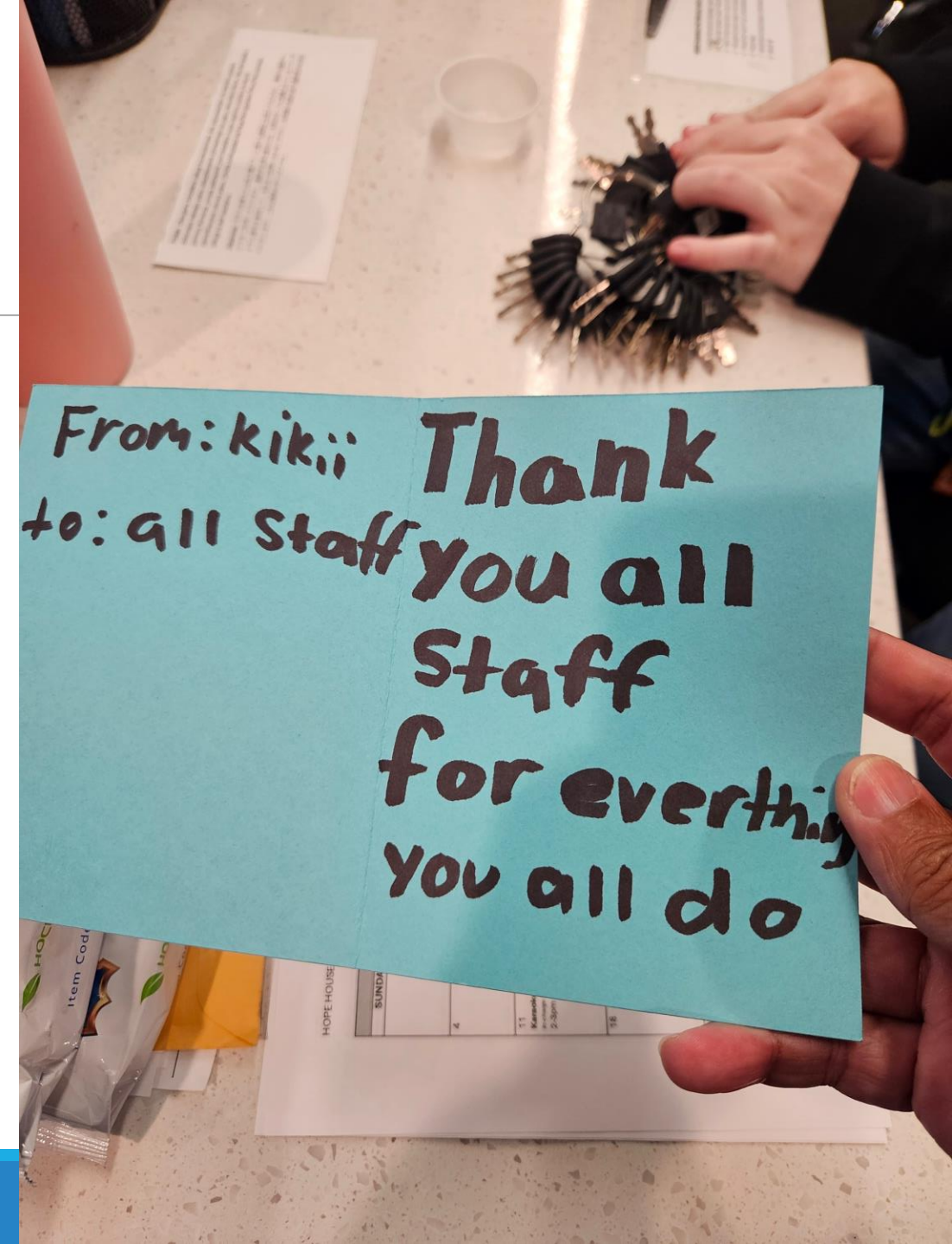
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From: kiki; **Thank**
to: all Staff **You all**
Staff
for everything
You all do

Aligning Technology Strategy With Overall Organizational Strategy: Technology Budgeting & Return On Investment

January 16, 2024 | 1:00 pm – 2:00 pm ET



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