

MEDICAID QUALITY FORUM

Agenda:

DBHR's Focus on Housing and Employment

Principles of Evidence-based Practice Supportive Housing

Principles of Evidence-based Practice Supported Employment

1115 Waiver Overview

WHAT IS HEALTH IN ALL POLICIES?

Good health requires policies that actively support health



It requires different sectors working together, for example:



TO ENSURE ALL PEOPLE HAVE EQUAL OPPORTUNITIES TO ACHIEVE THE HIGHEST LEVEL OF HEALTH

Social determinants of health are the economic and social conditions that affect health outcomes and are the underlying, contributing factors of health inequities. Examples include housing, educational attainment, employment and the environment.

Unemployment is bad for your health:

- Higher rates of unemployment cause more illness and premature death.
- As job insecurity continues, it acts as a chronic stressor whose effects grow with the length of exposure; it increases sickness absence and health service use.

http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

REMAINING UNEMPLOYED IS WORSE FOR
YOU THAN BEING EMPLOYED IS GOOD
FOR YOU.

AVOIDING LONG TERM UNEMPLOYMENT IS
A BETTER OPTION THAN WAITING FOR AN
IDEAL OR PERFECT JOB MATCH.

SEE EPIDEMIOLOGICAL HANDOUTS

Joe Marrone

Institute for Community Inclusion

Supportive Housing is the Best Medicine:

Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health.

See more at: <http://www.csh.org/resources/housing-is-the-best-medicine-supportive-housing-and-the-social-determinants-of-health/#sthash.1XhAiVeO.dpuf>

Employment Rate through UI data for adults in outpatient mental health services WA State

Individuals	2013:Q1	2013:Q2	2013:Q3	2013:Q4	2014:Q1
Total with SSNs	50,387	50,834	48,812	47,962	51,165
Employed Clients	4,514	5,183	5,184	4,960	5,142
% Emp	9%	10%	11%	10%	10%
WAGES					
Monthly Wages	\$754	\$764	\$766	\$782	\$788
Wage Rate	\$12.10	\$11.97	\$11.80	\$12.15	\$11.99
HOURS					
Weekly Hours	14	15	15	15	15

Supported Employment

In the 12 months after receiving their first supported employment service, mental health clients were significantly more likely than a closely matched comparison group to experience:

- Increased employment rates.
- Increased use of community-based outpatient mental health services (non-crisis).
- Decreased arrest rates.

Furthermore, these outcomes were strongest among clients who received more hours of supported employment services.

Improving Employment Outcomes for People with Mental Health Disorders in Washington State (2016)
<https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-230.pdf>

Improving Employment Outcomes for People with Mental Health Disorders in Washington State

Joseph Nel, PhD • Barbara A. Lounsbury, PhD • Shantelle Fiske, PhD
 Barbara Eki, Fisher, MEd, MPH • Callie Black, MPH • David Marquis, PhD

In collaboration with Michelle Nash, Behavioral Health Program Administration, Division of Behavioral Health and Recovery, Behavioral Health Administration

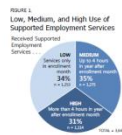
The SUPPORTED EMPLOYMENT program in Washington State provides assistance with choosing, securing, and maintaining employment to individuals for whom competitive employment has not been achieved, has been attempted, or is interrupted due to mental illness. By integrating employment services with mental health treatment, the primary goal of the program is competitive employment, defined as a job that pays at least minimum wage and is not specifically set aside for people with disabilities (Bland et al., 2011). This report examined whether employment and other outcomes were associated with the receipt of supported employment services through the Medicaid Supported Employment Program previously available in Washington State.

Key Findings

In the 12 months after receiving their first supported employment service, mental health clients were significantly more likely than a closely matched comparison group to experience:

- Increased employment rates.
- Increased use of community-based outpatient mental health services (non-crisis).
- Decreased arrest rates.

Furthermore, these outcomes were strongest among clients who received more hours of supported employment services.



APR 2016
 2016 Research and Data Analysis Division
 Olympia, Washington • PHS-000017-1310

King County Department of Community and Human Services November 2015 Fact Sheet | Supported Employment Treatment Effect of Supported Employment on Reducing Hospitalizations and Incarcerations

Description
 The King County Mental Health, Chemical Abuse and Dependency Services Division provides an evidence based model of Supported Employment (SE) services to individuals with serious and persistent mental illness who are enrolled in publicly funded mental health services. In a pre-post data analysis of participants enrolled in the program, data indicates that the provision of supported employment has a significant and positive effect in the reduction of hospitalizations, incarcerations and other county services.

Background
 Since 2008, King County has been providing the Dartmouth Supported Employment Center's evidence based practice model of "Individual Placement and Support," also referred to as supported employment. The SE program currently serves approximately one thousand individuals per year and successfully places approximately 25-50% of participants in competitive, integrated jobs that pay minimum wage or higher. Key components of this program include: rapid job placement vs. pre-vocational activities; non-exclusionary eligibility criteria to anyone who is interested in becoming employed; staff providing employment relationships for job placement via a vocational specialist; and continuous employment support after successful job placement to ensure job retention.

Partners
 The following contracted mental health agencies provide an integrated team that may include a psychiatrist, therapist, case manager, peer specialist, vocational specialist, chemical dependency specialist, housing specialist.

Agency	Service
Asian Counseling and Referral Services	Step House
Community Psychiatric Clinic	Heaven
Downstream Emergency Services Center	Sound Mental Health
Madisonian Mental Health and Addiction Services	Trinity Clinic Counseling and Collaboration

Partners also include: Dartmouth IPS, Washington State Division of Behavioral Health and Recovery, Washington State Division of Vocational Rehabilitation and Washington Institute for Mental Health Research and Training

Funding/Budget Information
 The program is funded by the King County Mental Illness and Drug Dependency (MIDD) Action Plan.

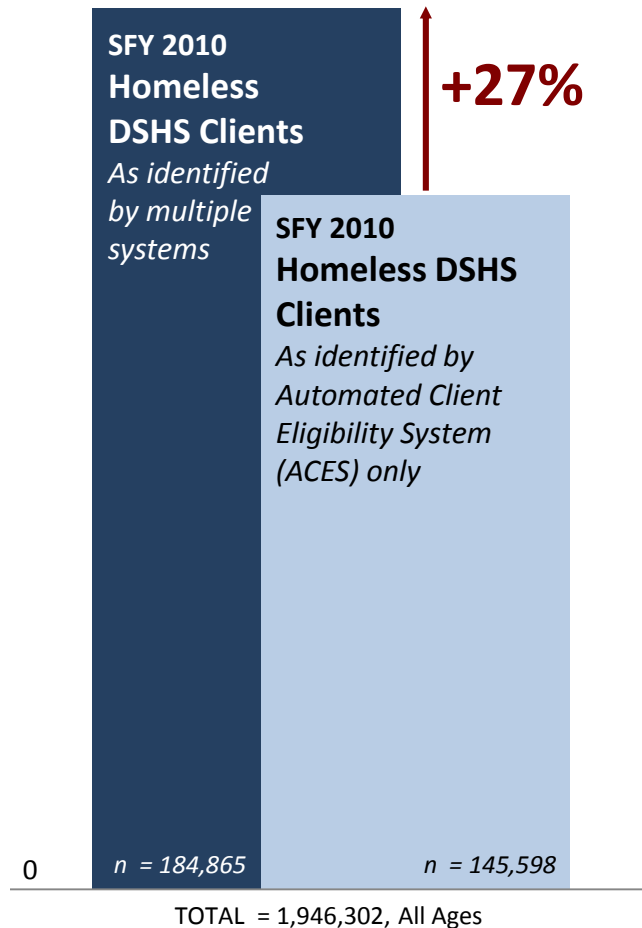
Data/Results
 Data includes all individuals enrolled in supported employment services from January 2010 through March 2014. The pre/post analysis indicates information number of episodes and/or lengths of stay for specific community services in the twelve months prior to the individual receiving SE services and in the first twelve months of receiving SE services.

For more information, please contact Lisa Floyd, King County Mental Health, Chemical Abuse and Dependency Services at lisa.floyd@kingcounty.gov or (206) 263-8954.

Key Findings King County Fact Sheet - Supported Employment Treatment Effect of Supported (2015)

- Reduction in hospitalizations and incarcerations.
- Engagement in outpatient mental health services

Identifying homeless and unstably housed DSHS clients in multiple service systems

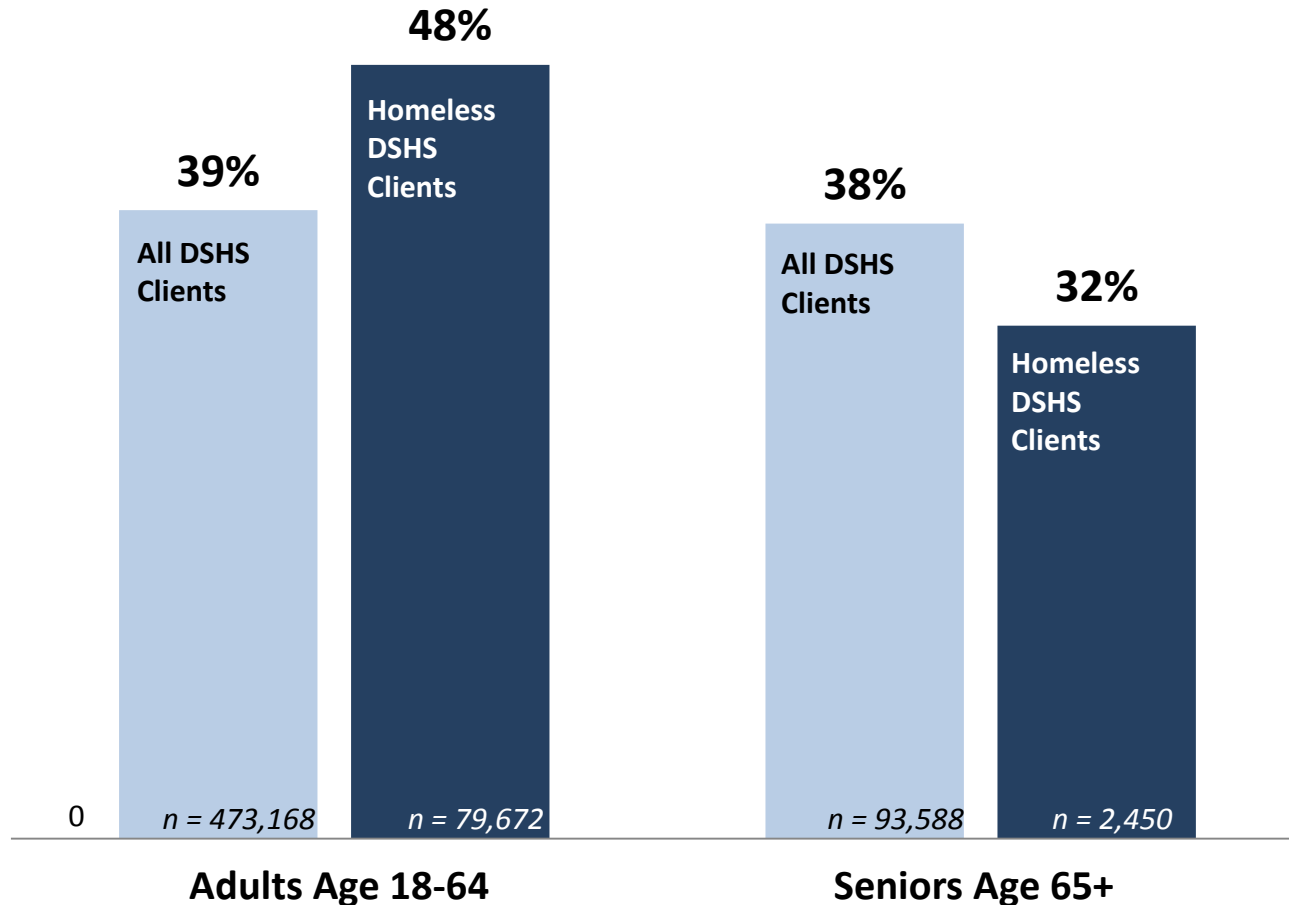


- **DSHS Economic Services Administration caseworkers record homelessness among public assistance clients in ACES**
- **By including information from four other information systems, we improve our ability to identify homelessness**
- ***However*, this measure is imperfect and each data source has its own limitations that can lead us to over or underestimate the number of homeless clients at any given point in time**

Homeless working-age adult clients more likely to have mental health problems

Mental Health Service Need

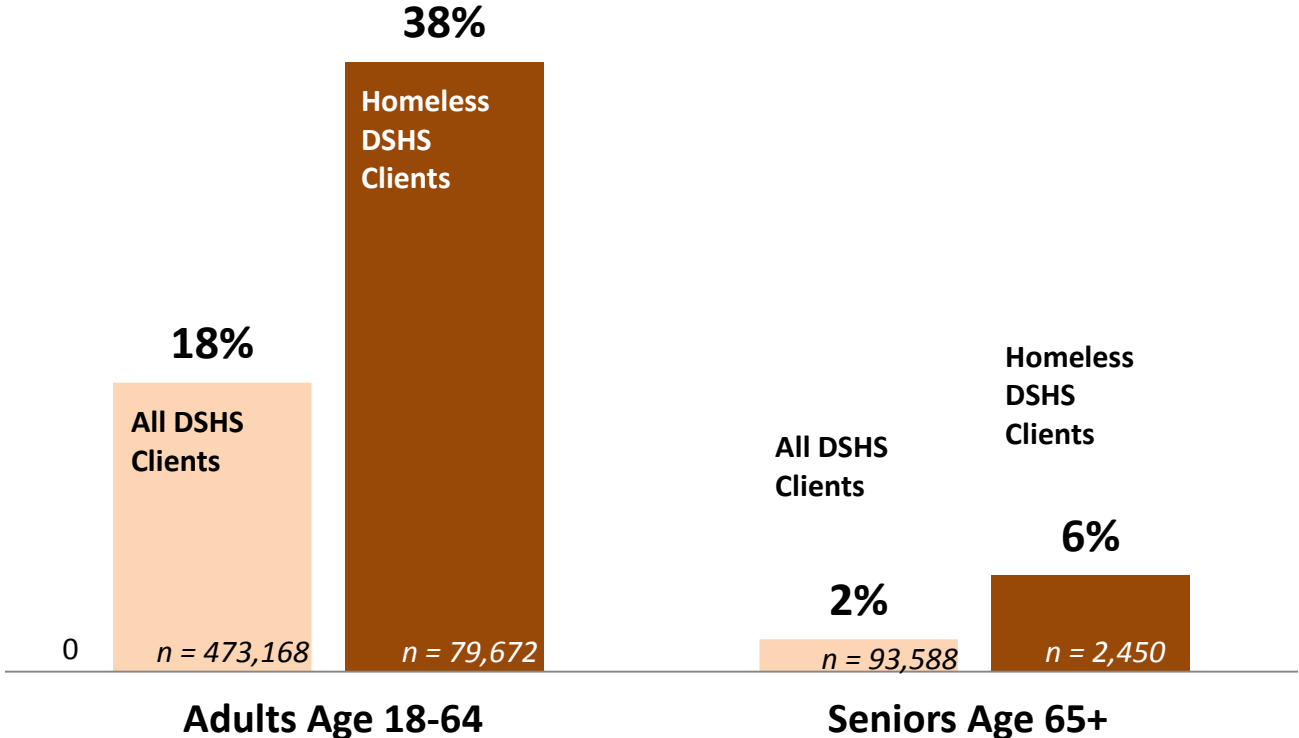
All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group



Homeless DSHS clients more likely to have alcohol or other drug (AOD) treatment need

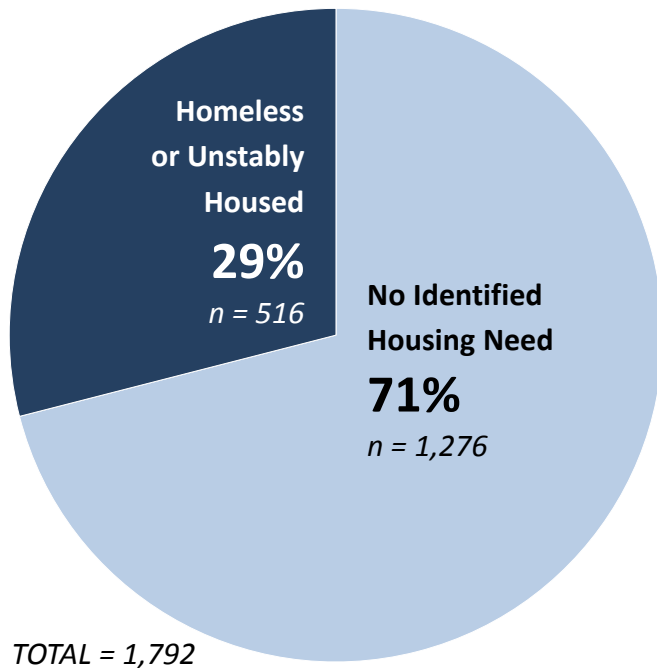
Alcohol or Other Drug Treatment Need

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

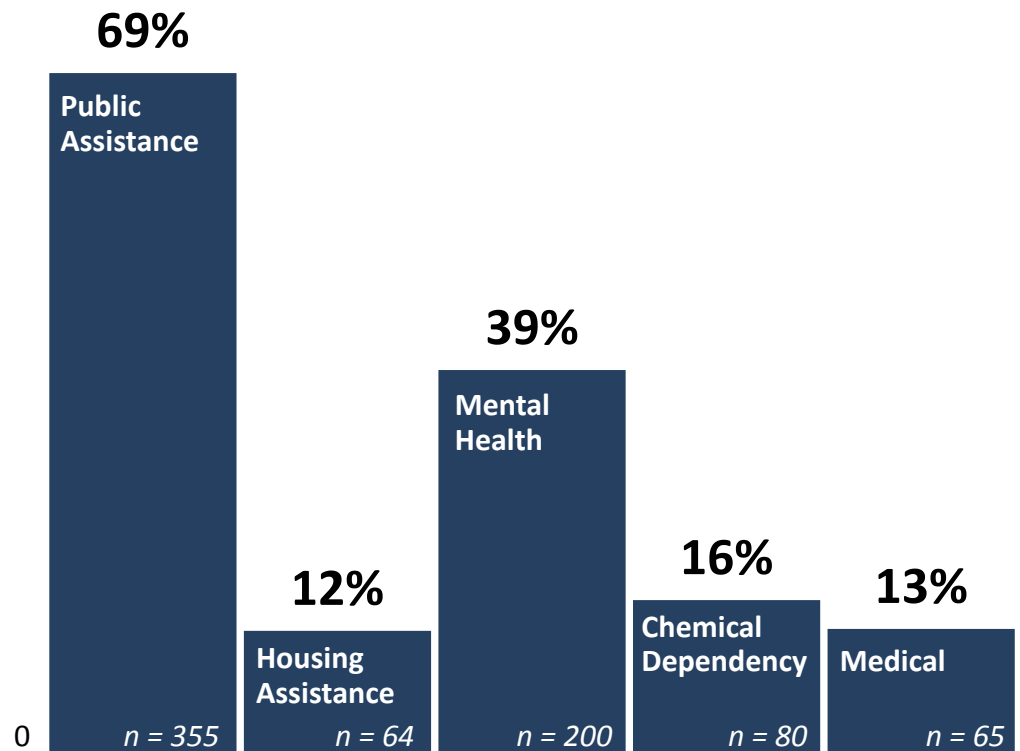


About 30 percent of state mental hospital residents have a housing need in the year after discharge

Housing Status in 12-Month Follow-up Period

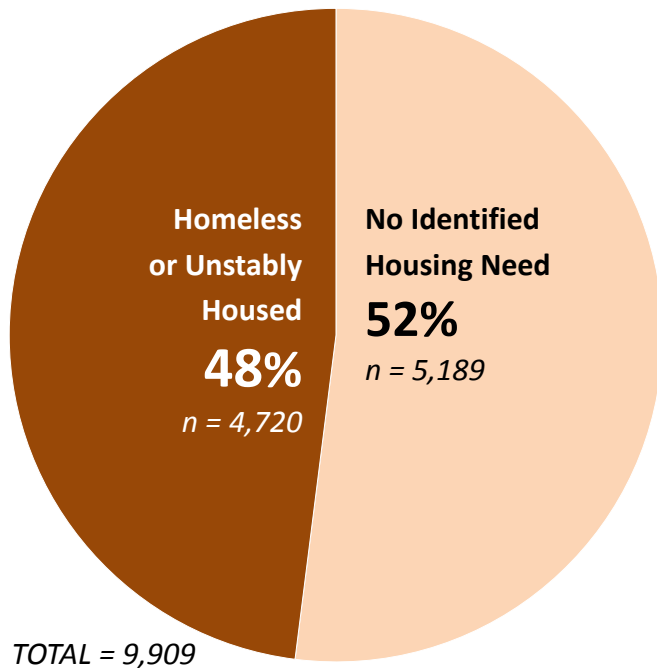


Systems in which Housing Need is Identified Among Leavers with Housing Need (n = 516)

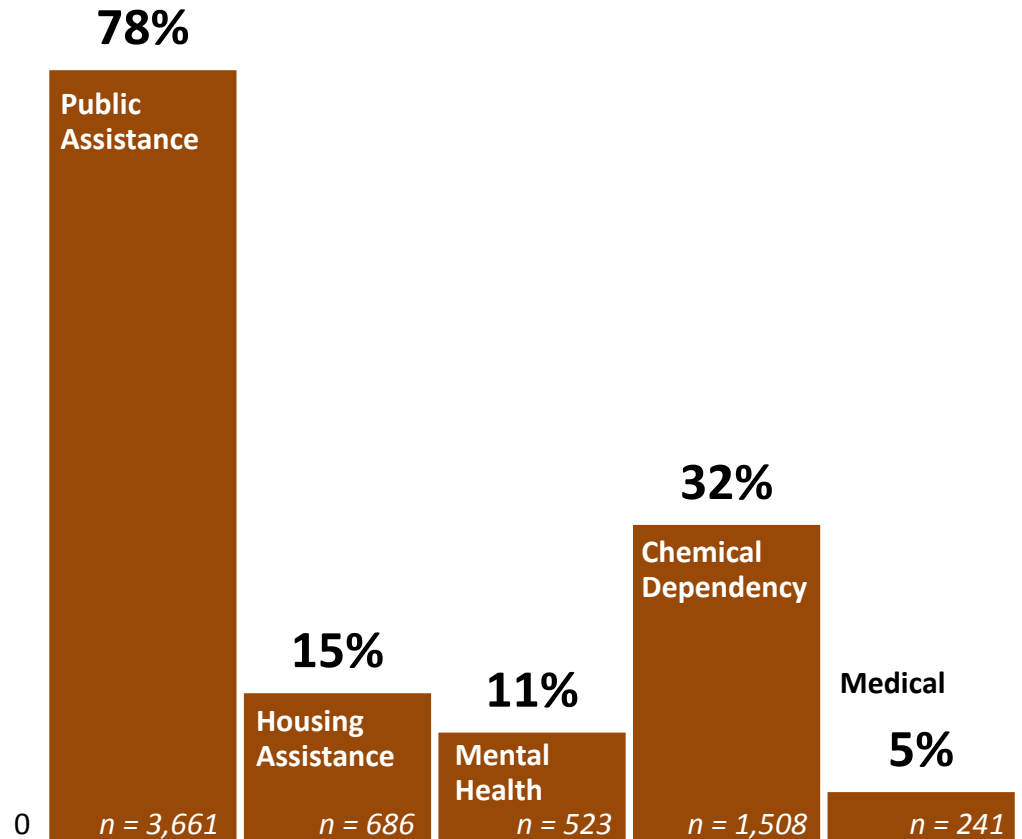


Almost half of residential CD treatment clients have a housing need in the year after discharge

Housing Status in 12-Month Follow-up Period




Systems in which Housing Need is Identified Among Leavers with Housing Need (n = 4,720)



Outcomes for Persons Discharged from Community Psychiatric Hospitals

- One in six persons (16 percent) discharged were identified as homeless or unstably housed in the month prior to their admission. Unstably housed persons have higher readmission risk.



**Quality Indicators
Care Outcomes**

Outcomes for Persons Discharged from Community Psychiatric Hospitals

Findings from Washington State

David Marcus, PhD • Robert Hughes, PhD • Barbara E.M. Feller, MEd, MPA

In collaboration with the Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DBHR)

REDUCING PSYCHIATRIC HOSPITAL READMISSIONS is an important policy objective because readmissions reflect adverse experiences for patients who are hospitalized and put stress on psychiatric inpatient capacity within the public mental health system. This report examines the experiences of persons discharged from community psychiatric hospitals and evaluation and treatment facilities in Washington State, to help identify strategies that might improve post-discharge patient outcomes. This report is a companion to a recent study examining the experiences of persons discharged from non-forensic State Hospital settings.¹

This study examines the relationship between post-discharge patient outcomes and the following post-discharge quality of care indicators:


- Timely post-discharge enrollment in Medicaid coverage.
- Timely post-discharge receipt of outpatient mental health services.
- Timely post-discharge receipt of substance use disorder treatment among patients with co-occurring substance use disorders.
- Post-discharge medication adherence among patients with a history of receiving psychotropic medication prior to their hospitalization.

Analysis focus on the following post-discharge outcomes: homelessness, arrests, mortality and psychiatric hospital readmission (including admissions to community psychiatric, evaluation and treatment facility and state hospital settings). We examined 32,999 discharges from community psychiatric hospitals and evaluation and treatment facilities from July 1, 2009 to June 30, 2012, tracking patient outcomes for up to 540 days after discharge.

Key Findings

1. A third (31 percent) of persons discharged from a community psychiatric hospital or evaluation and treatment facility setting were rehospitalized in a comparable setting within 365 days. Extending the readmission metric to include admissions to a State Hospital, 34 percent of persons discharged from a community psychiatric hospital or evaluation and treatment facility setting were readmitted to a psychiatric inpatient setting within 365 days.
2. As was observed in a previous study of discharges from State Hospital settings, timely post-discharge access to outpatient mental health care is not associated with lower psychiatric readmission rates, but is associated with better client outcomes in other measurement areas.

<https://www.dsh.wa.gov/behavioralhealth/recovery/health-indicators-and-outcomes-reports/discharge-outcomes-report>

 WASHINGTON STATE
Department of Social & Health Services
Transforming lives

APRIL 2016
DSHS Research and Data Analysis Division
Olympia, Washington • RDA REPORT 142

PAGE 1

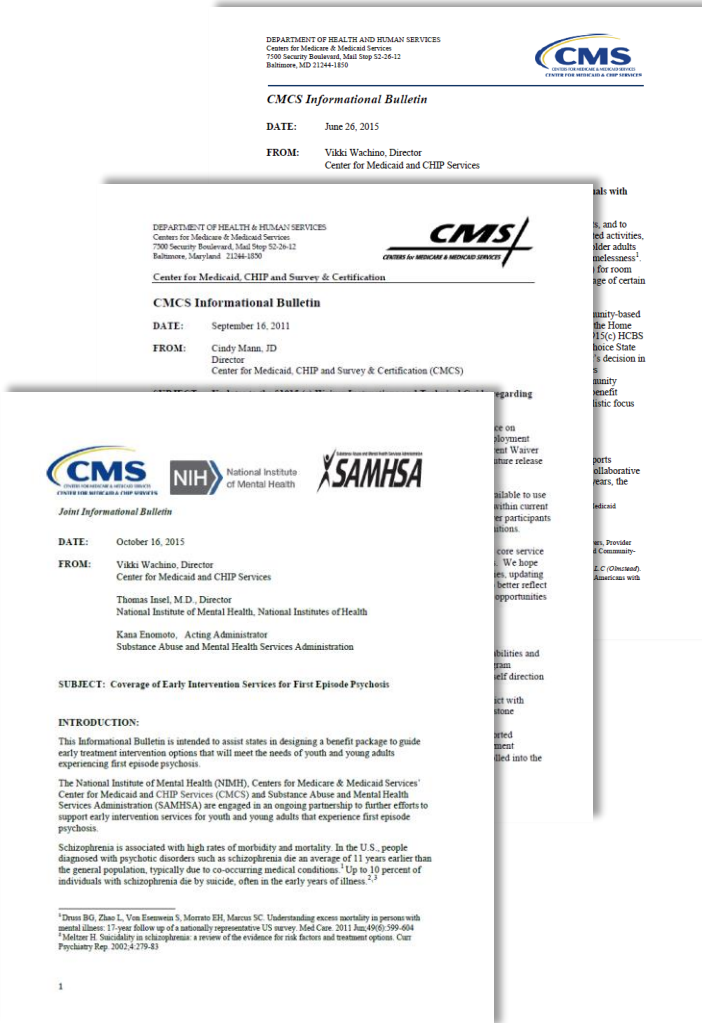
Building on Opportunities – Housing & Employment:

- Legislative direction to improve client outcomes (Employment and Housing) and use **Evidence-based, Research-based, and Promising Practices – SB5732-HB1519** (2013)
- Nationally Recognized Policy Academies (Housing 3000: Chronic Homeless Policy Academy & Olmstead Policy Academy)
- Supportive Housing and Supported Employment services authorized in SB 6312 (2014)
- Healthier Washington SIM Grant - CMMI

Centers for Medicaid & Medicare Services (CMS)

- Policy Bulletins

- Housing-Related Activities and Services (2015)
- Technical Guide regarding employment and employment related services (2011)
- First Episode Psychosis – Supported Employment Services for young adults (2015)



Core Elements of PSH

Principles of the PSH Fidelity Scale (SAMHSA KIT)

- Flexible Voluntary Supports
 - Help people choose/keep housing that meets their needs
- Quality Housing
 - Meets standards for safety and quality
- Rental Assistance
 - Affordable = 30% of their income
- Standard Lease
 - Full rights of tenancy
- Functional Separation of housing and Supports
 - Housing is not contingent on receiving services
- Integration
 - Full inclusion in the community

BHA-DBHR Efforts to Address Homelessness

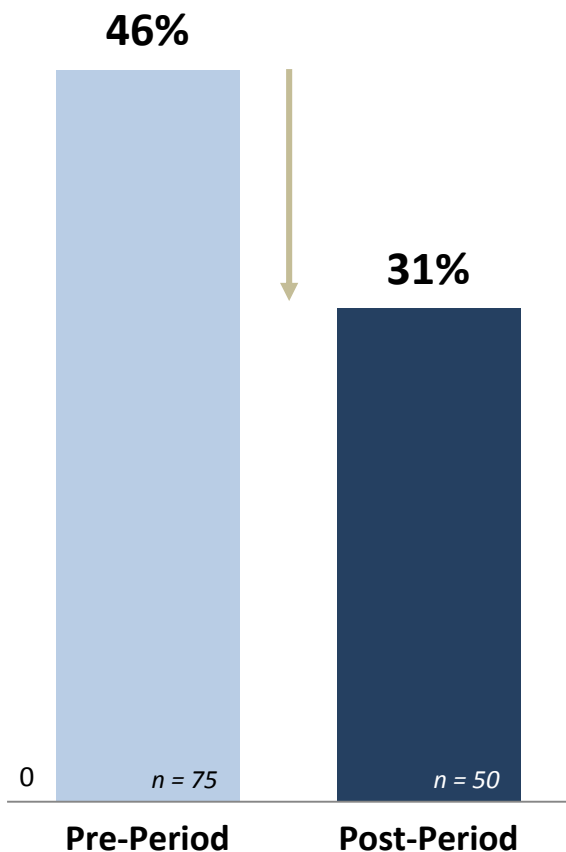
- *Permanent Options for Recovery Centered Housing (PORCH)*



Preliminary results among PORCH participants suggest Permanent Supportive Housing may reduce Emergency Department use

Emergency Room Visit Rates

*Participants enrolled in the first two years
(May 2011 to June 2013)*



- Nearly half (46 percent) of participants utilized the emergency room in the year prior to enrollment, which dropped to 31 percent in the year following enrollment.

NOTE: These measures are descriptive and do not yet control for other sources of variation that will be addressed in the year five outcome analysis.



1 in 3 Pierce County PORCH participants were admitted to a community psychiatric inpatient facility in the year prior to PORCH enrollment, this decreased to 1 in 10 the year after enrollment

Inpatient Psychiatric Admissions

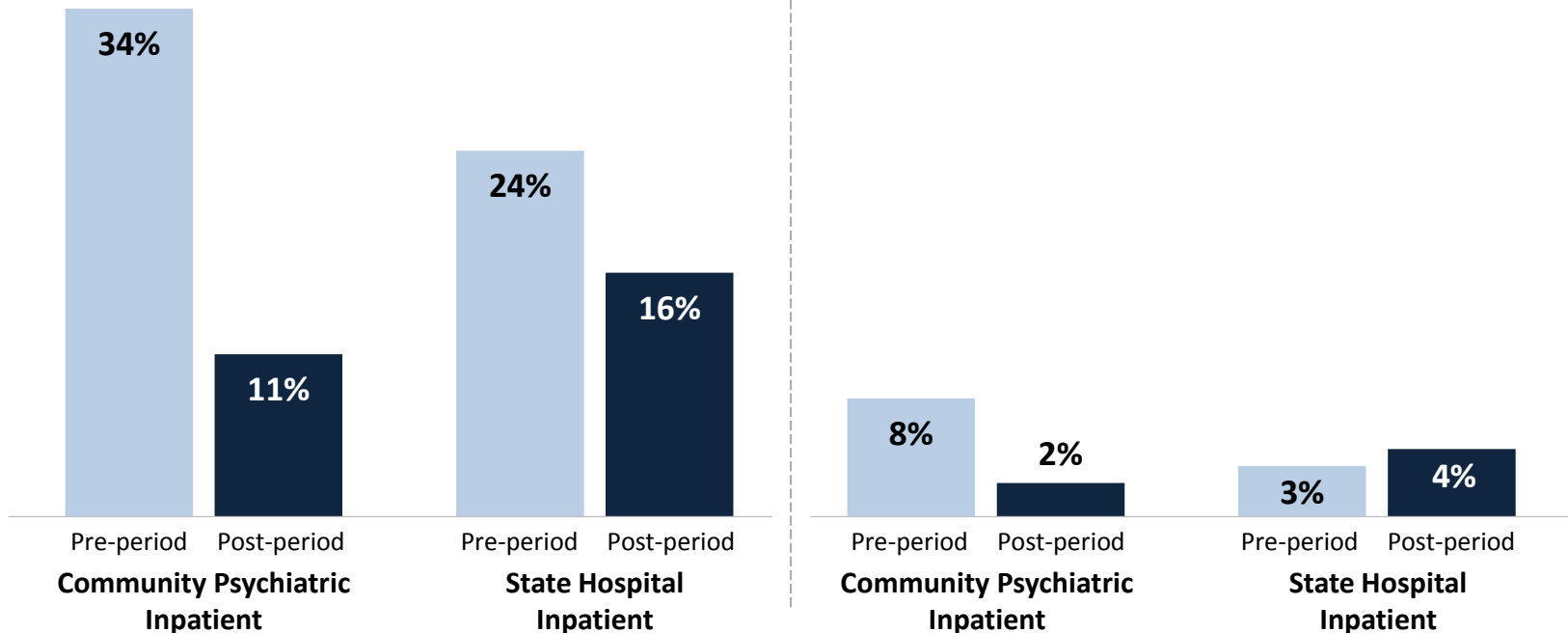
Participants enrolled the first two years (May 2011 to June 2013)

Pierce County

n = 74

Chelan/Douglas

n = 89



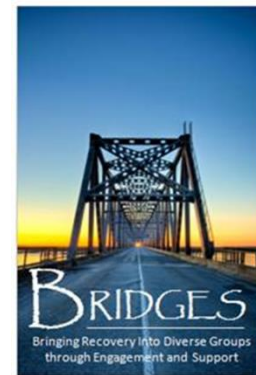
SOURCE: Integrated Client Database, ICDB.

NOTE: These measures are descriptive and do not yet control for other sources of variation that will be addressed in the year five outcome analysis.



BHA-DBHR Efforts to Address Homelessness

- *Bringing Recovery into Diverse Groups through Engagement and Support (BRIDGES)*
- *BRIDGES Supplemental Grant*
- *Housing and Recovery through Peer Services (HARPS)*



Individualized Placement and Support (IPS)

- Evidence-based approach to supported employment for individuals living with mental illness (as well as other populations)
- 23 Randomized Controlled Trials have been conducted on the model

Principles of Supported Employment (IPS):

- Open to anyone who wants to work
- Focus on competitive employment
- Rapid job search
- Systematic job development
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling included

BHA-DBHR Efforts to Address Employment

- *Becoming Employed Starts Today (BEST)*
- *TANF Supported Employment Pilot*



Getty Images, iStock

BEST and TANF SE Pilot Participating sites

Sunrise Community Mental Health

North Sound RSN
Snohomish and Skagit Counties

TANF
SE Site

TANF
SE Site

Grant Mental Healthcare

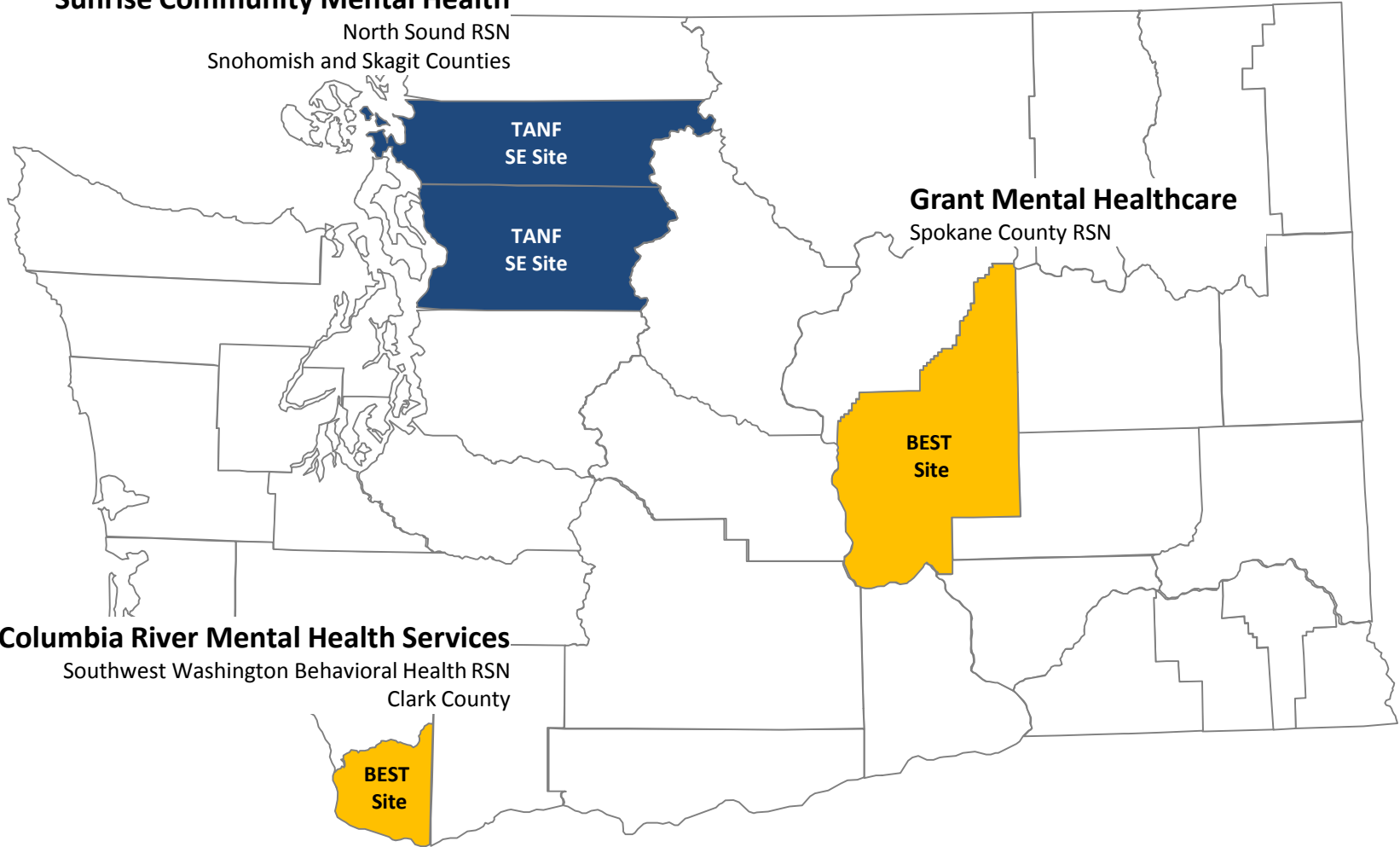
Spokane County RSN

BEST
Site

Columbia River Mental Health Services

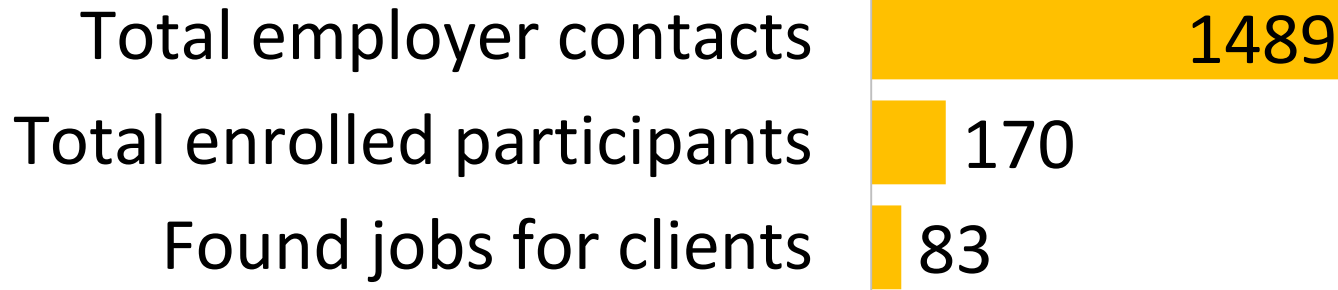
Southwest Washington Behavioral Health RSN
Clark County

BEST
Site



Systematic Job Development & Time-Unlimited Support

■ **BEST** (March 2015 to September 2016)



*20 participants had 2nd job placement;
6 participants had 3rd job placement;
1 participant had 4th job placement*

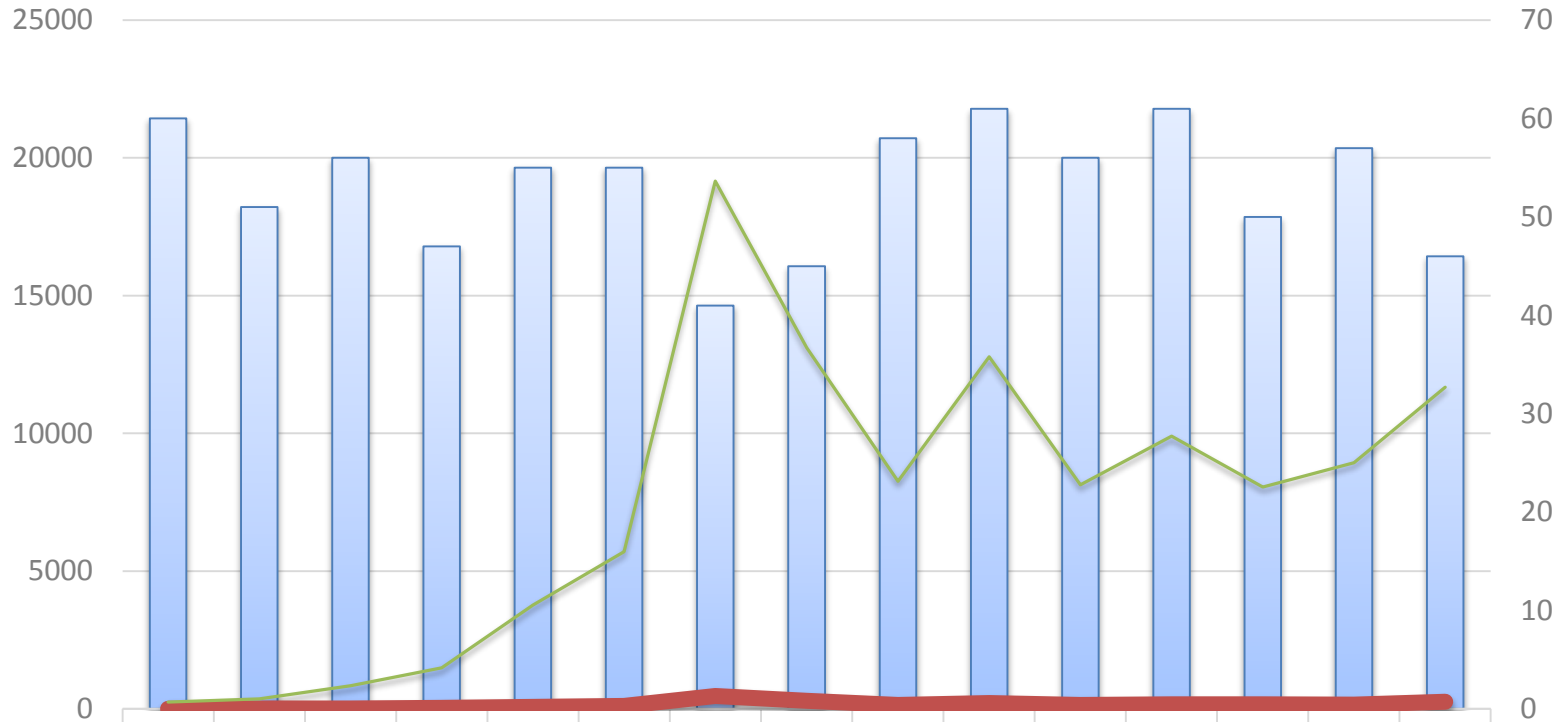


Getty Images, iStock



SAMHSA Grant Participants Enrolled as of September 2016

Service Encounters



	service month	01/01/15	02/01/15	03/01/15	04/01/15	05/01/15	06/01/15	07/01/15	08/01/15	09/01/15	10/01/15	11/01/15	12/01/15	01/01/16	02/01/16
Average Service Minutes	60	51	56	47	55	55	41	45	58	61	56	61	50	57	46
Number of ENC Records	4	7	15	32	69	103	464	291	142	209	145	163	162	156	253
Total Service Minutes	240	360	840	1492	3769	5705	19163	13107	8262	12778	8135	9897	8057	8937	11675



Systematic Job Development and Time-Unlimited Support

TANF Support Employment Pilot

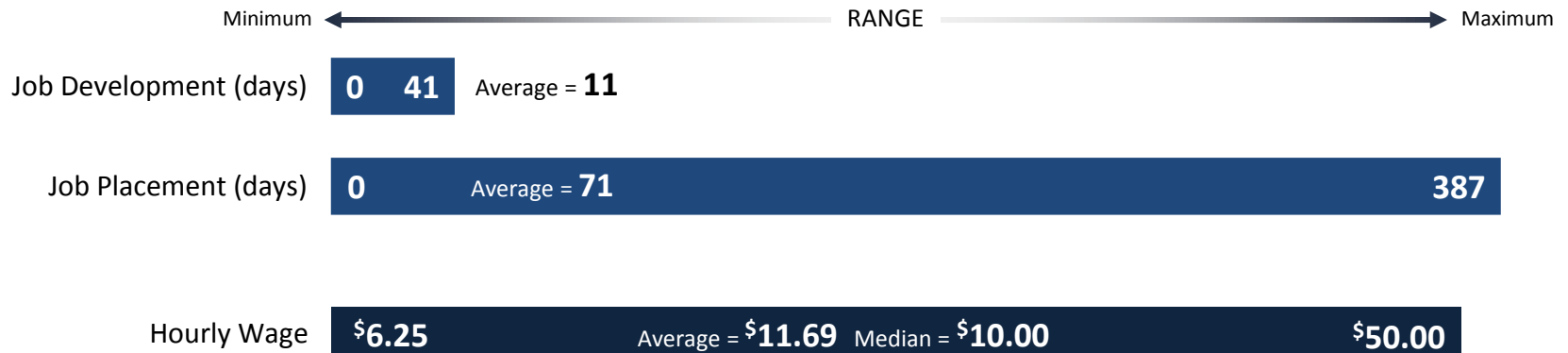
April 2015 – March 2016



Timely Job Development and Job Placement and Competitive Wages

TANF Support Employment Pilot

April 2015 – March 2016



SOURCE: Job data supplied via participant logs by Sunrise Mental Health Services. Job Development days calculated as the time from first contact to Job Development Start. Job Placement days calculated as the time from Job Development start to Job Placement.



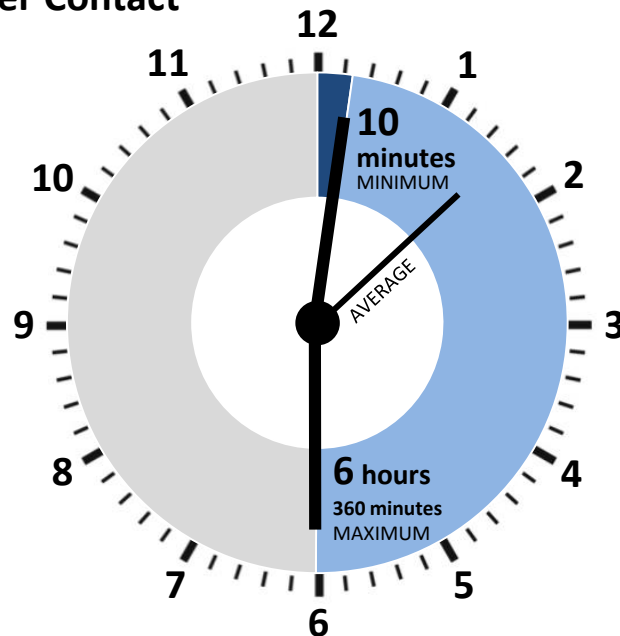
TANF SE Pilot Supported Employment Service Encounters

119 of **120** clients had reported SE services



These **119** clients who were enrolled in TANF SE Pilot
... had a total of **1,470** SE services
... for an average of **94** minutes per service

Service Time per Contact





Medicaid Transformation Demonstration

Medicaid transformation— *taking the vision to scale...*



1 in 4

Washington
Apple Health

Washington's Medicaid Transformation Goals

Achieving the Triple Aim

- Reduce avoidable use of intensive services and settings
- Improve population health
- Accelerate the transition to value-based payment
- Ensure that Medicaid per-capita cost growth is below national trends



Where to find more information

http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

Sample resources available:

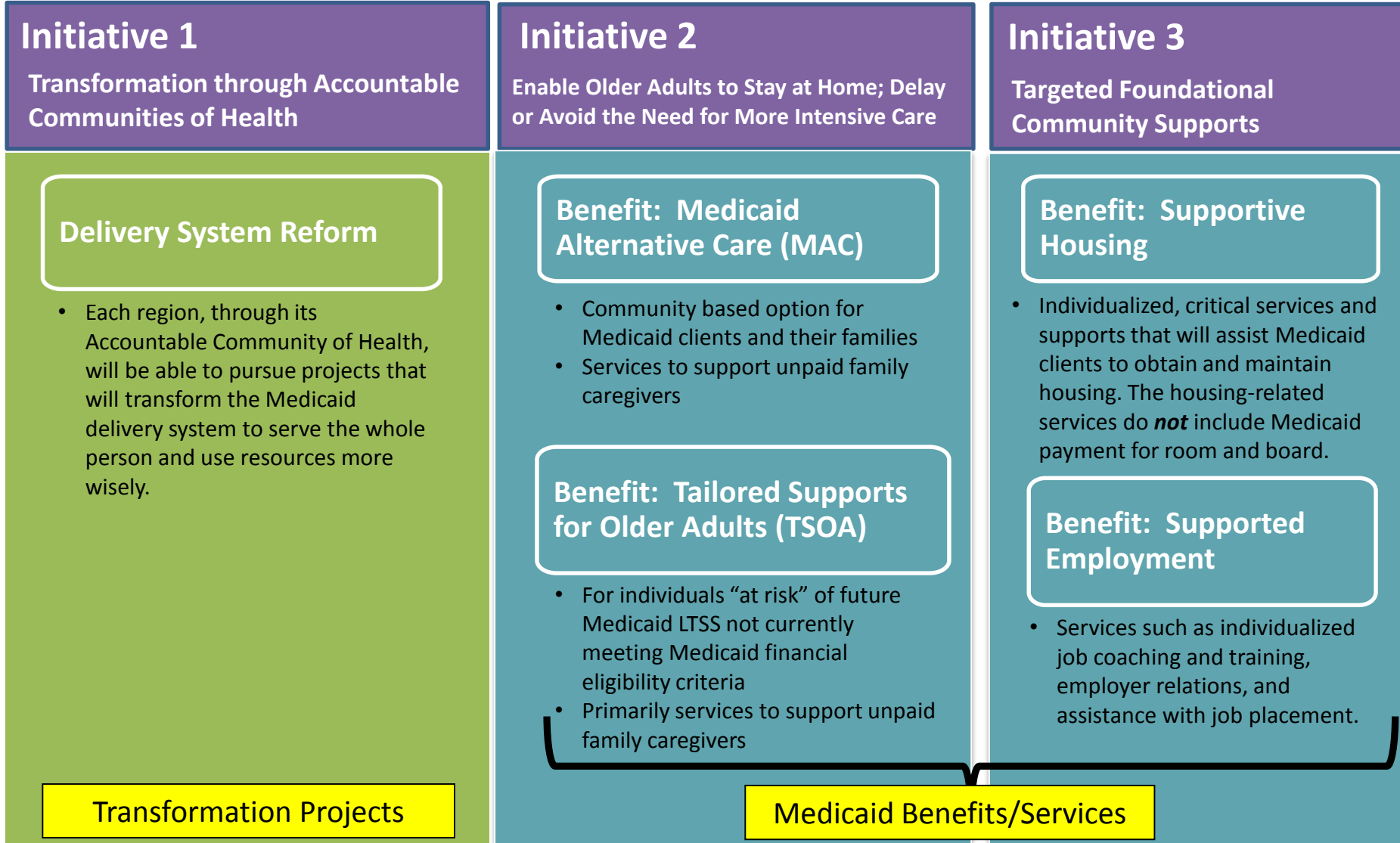
- Stakeholder and tribal input – waiver application & specific ideas for transformation projects
- Fact Sheets
- Waiver Application
- Previous webinar presentations (slides & recordings)
- Updates on workgroup activities

Send questions and comments to:

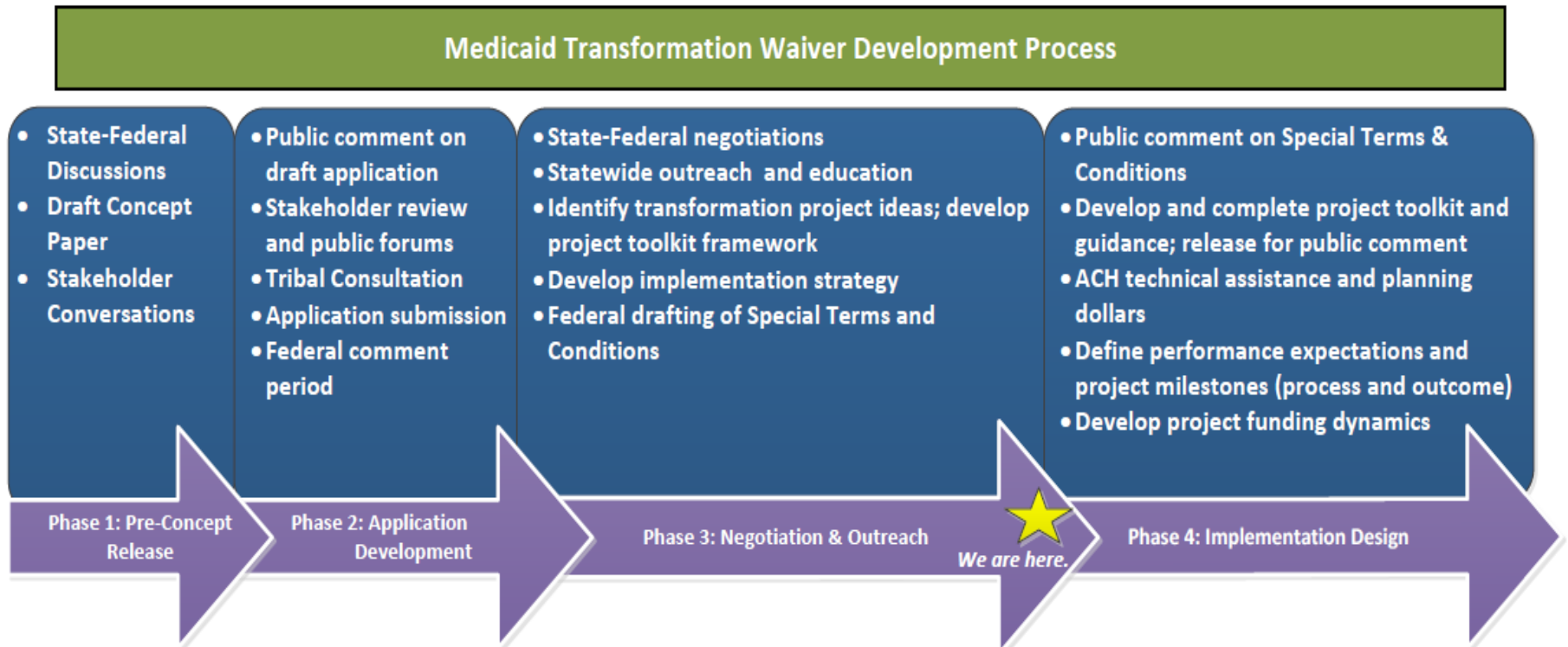
Medicaidtransformation@hca.wa.gov

Update on Medicaid Transformation Demonstration

Waiver Initiatives



Medicaid Transformation Demonstration: *Timeline*



Medicaid Transformation Demonstration: *Negotiations with CMS*

- Principled agreement reached October 3rd, 2016
 - Budget neutrality terms and agreement
 - Preliminary agreement, not approval
- Goal: Final approval this winter
 - Special Terms and Conditions (STCs)

Initiative 1: Transformation through Accountable Communities of Health

Transformation Framework

High-level overview of the Medicaid Transformation investment areas.

Health Systems Capacity Building

- Workforce and non-conventional service sites
- Primary care models
- Data collection and analytic capacity

Care Delivery Redesign

- Bi-directional integration of care
- Care coordination
- Care transitions

Prevention and Health Promotion

- Chronic disease prevention and/or management
- Maternal and child health

Initiative 2: Long-term services and supports

Services Designed to Delay & Divert Need for More Intensive Interventions

- **Medicaid Alternative Care (MAC)**
 - A new choice designed to support unpaid caregivers in continuing to provide quality care
- **Tailored Supports for Older Adults (TSOA)**
 - A new eligibility group to support individuals who need Long-Term Services and Supports and are at risk of spending down to impoverishment

Initiative 3: Supportive housing and supported employment

Initiative 3: Supported Employment

Individual Placement and Support (IPS) Model

- An evidence-based approach to supported employment for individuals with significant barriers to employment
 - *23 randomized controlled trials (Dartmouth, 2015)*
- Principles of Supported Employment:
 - Open to anyone who wants to work
 - Focus on competitive employment
 - Rapid job search
 - Systematic job development
 - Client preferences guide decisions
 - Individualized long-term supports
 - Integrated with treatment
 - Benefits counseling included

Supported Employment Target Population

- Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)
- Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring
- Working age youth with behavioral health conditions
- Individuals eligible for long-term care services who have a traumatic brain injury

Initiative 3: Supportive Housing— Eligible Services

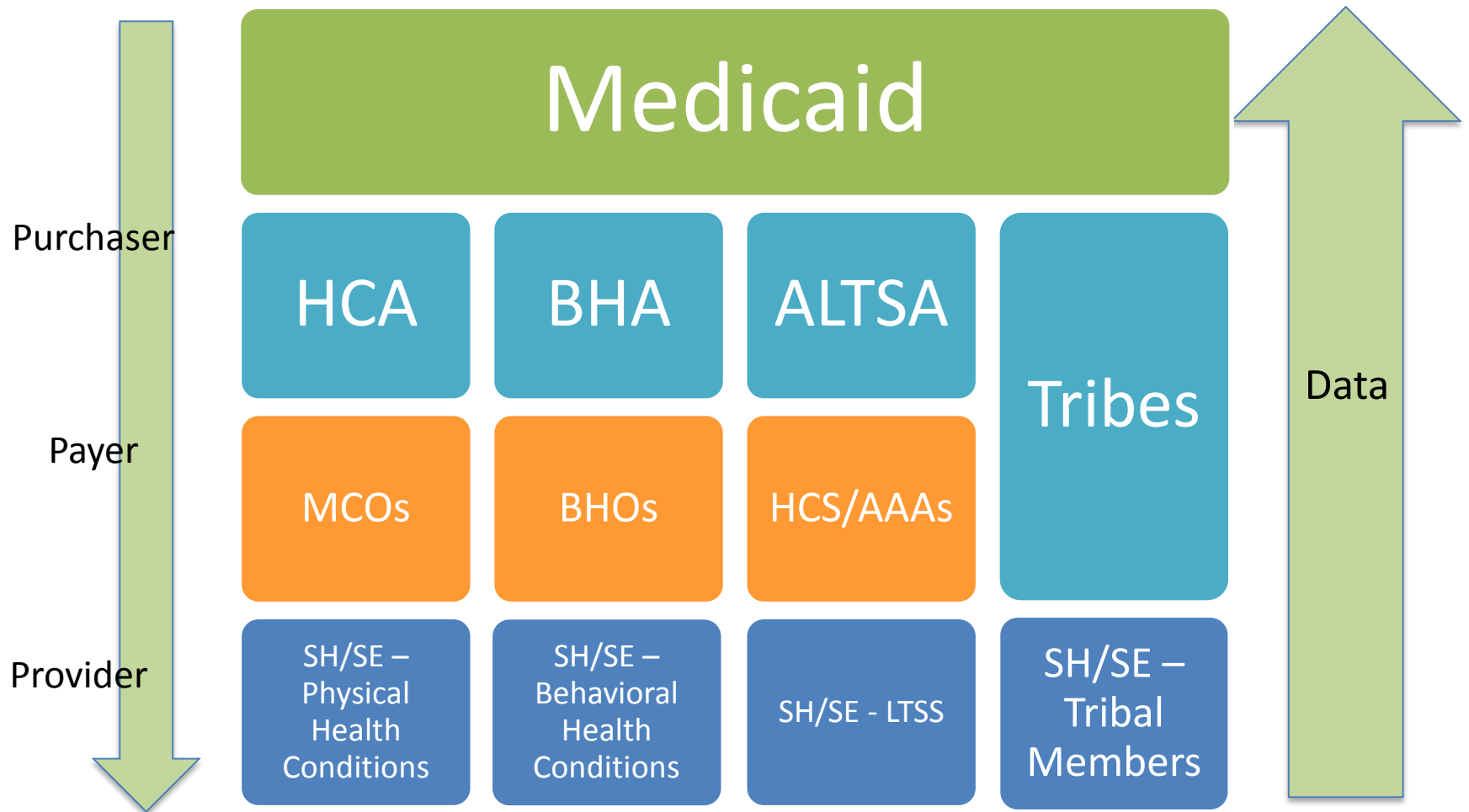
- Housing transition services that provide direct support to help individuals obtain housing, including:
 - Housing assessment and development of a plan to address barriers.
 - Assistance with applications, community resources, and outreach to landlords.
- Housing tenancy sustaining services that help individuals maintain their housing, including:
 - Education, training, coaching, resolving disputes, and advocacy.
- Activities that help providers identify and secure housing resources.

*Supportive housing services **do not** include funds for room and board or the development of housing.*

Supportive Housing Target Population

- Chronically Homeless (HUD Definition)
- Frequent/Lengthy Institutional Contact
- Frequent/Lengthy Adult Residential Care Stays
- Frequent turnover of in-home caregivers (LTSS)
- PRISM Score 1.5+

Initiative 3: Medicaid Funds Flow



Preparing for Implementation

Refining critical policy design elements:

- Continuous Quality Improvement planning strategies
- Draft SE & SH Service encounter definitions
- Information Technology preparation
- Planning strategies between Medicaid benefit and other federally funded programs (DVR)
- Defining outcome measurements (SB5732-HB1519 measurements)
- Cross system/agency collaborations

Preparing for Implementation

Education, Training and Capacity Building

- Partnership with WLIHA – ‘Medicaid Academies’
 - Webinar Series - <http://wliha.org/medicaid-benefit-resources>
 - Training Events
 - Cross-system Events
- Co-Occurring Disorders Conference: October 3rd-4th
- SH & SE Webinars for ACHs featuring nationally recognized experts
- Conference presentations (State, Regional and Local)
- Ongoing monthly topical webinars on SE & SH

Questions?

Join the Healthier Washington
Feedback Network:
healthierwa@hca.wa.gov

Learn more:
www.hca.wa.gov/hw

Questions:
medicaidtransformation@hca.wa.gov



Thank You!

Transforming
Lives

Melodie Pazolt

Jon Brumbach

SE/SH Program Administrator

Senior Health Policy Analyst

DBHR

Healthier Washington

Department of Social and

Health Care Authority

Health Services

Jon.Brumbach@hca.wa.gov

Melodie.pazolt@dshs.wa.gov

(O) 360-725- 1535

(O) 360-725-0487



Transforming lives