

Washington State Department of Social and Health Services

Transforming
Lives

Housing and Employment for Clients with Behavioral Healthcare Needs



PO Box 45115, Olympia, WA 98504 | www.dshs.wa.gov

Washington State Department of Social and Health Services

Today's Presenters

Melodie Pazolt

SE/SH Program Administrator
Division of Behavioral Health
and Recovery (DBHR)
Behavioral Health
Administration (BHA)
Washington State Department
of Social and Health Services

Jeff Spring

Consolidated Homeless Grant
Program Manager
Washington State Department
of Commerce

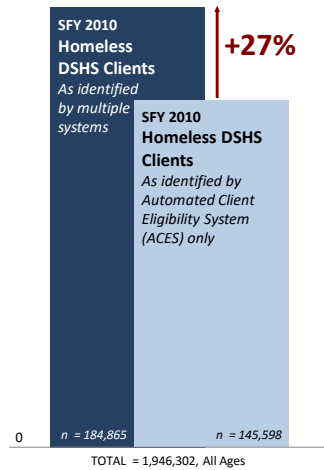
Building an architectural plan in the middle of a hurricane while traveling in a foreign land



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WHY THE FOCUS ON HOUSING AND EMPLOYMENT?

Identifying homeless and unstably housed DSHS clients in multiple service systems



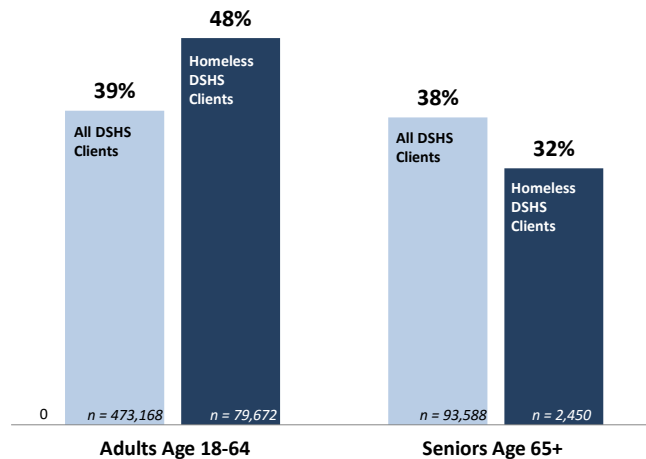
- DSHS Economic Services Administration caseworkers record homelessness among public assistance clients in ACES
- By including information from four other information systems, we improve our ability to identify homelessness
- *However*, this measure is imperfect and each data source has its own limitations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

Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems, DSHS Research and Data Analysis April 2012, <http://publications.rda.dshs.wa.gov/1457/>

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

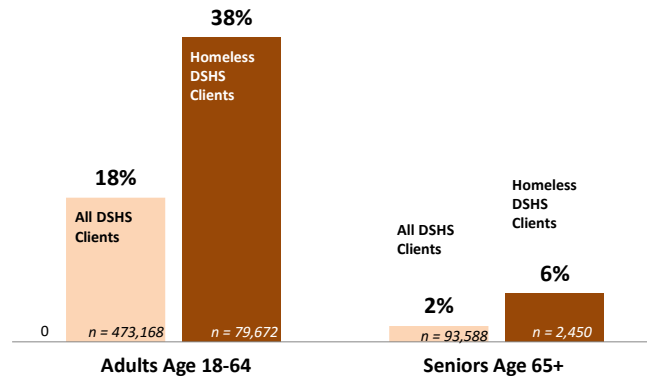


Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems, DSHS Research and Data Analysis April 2012, <http://publications.rda.dshs.wa.gov/1457/>

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

Alcohol or Other Drug Treatment Need

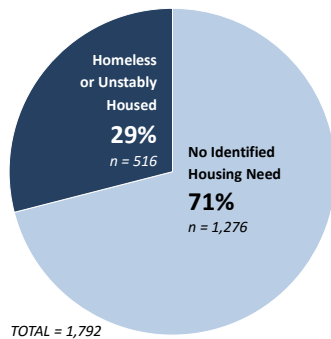
All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group



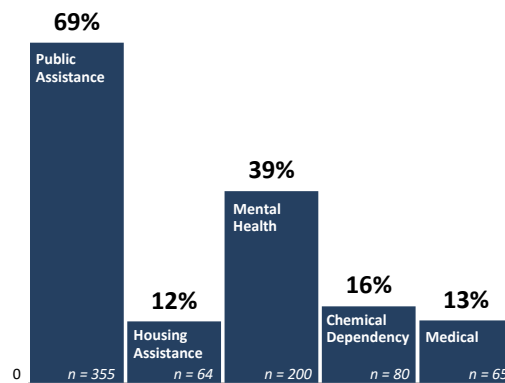
Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems, DSHS Research and Data Analysis April 2012, <http://publications.rda.dshs.wa.gov/1457/>

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

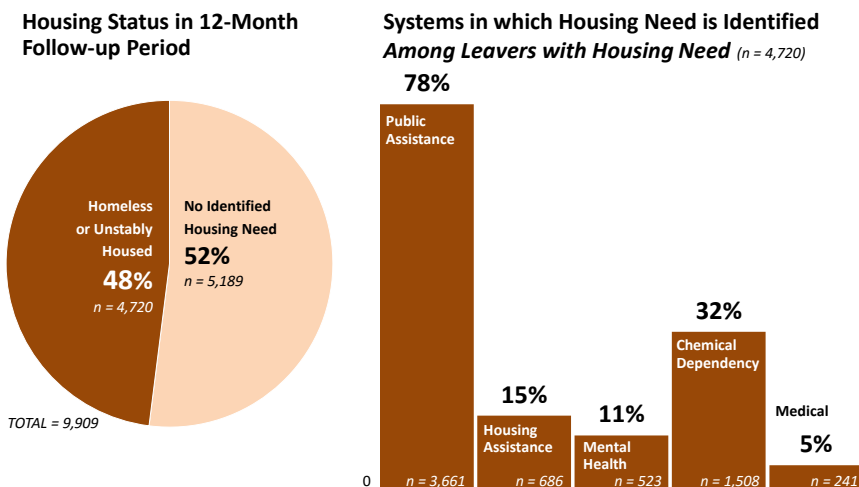


Systems in which Housing Need is Identified Among Leavers with Housing Need (n = 516)



The Housing Status of Individuals Discharged from Behavioral Health Treatment Facilities, DSHS Research and Data Analysis, July 2012, <http://publications.rda.dshs.wa.gov/1460/>

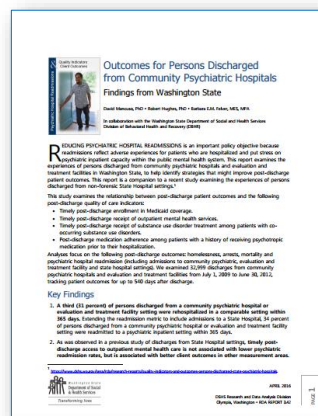
Almost half of residential CD treatment clients have a housing need in the year after discharge



The Housing Status of Individuals Discharged from Behavioral Health Treatment Facilities, DSHS Research and Data Analysis, July 2012, <http://publications.rda.dshs.wa.gov/1460/>

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.



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

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History of DBHR's Housing Focus

- In October 2007, DBHR completed a Mental Health Housing Action Plan that assessed the need for community-based housing
- Co-funded a Supportive Housing Institute
- Mental Health Housing Consortium (MHHC)
- PACT teams address housing issues
- Olmstead plan and support services
- RSN's (now called BHOs) have funded special housing projects
- Projects to Assist in Transition from Homelessness (PATH)
- Offender Re-Entry Community Safety Services
- Oxford Houses – Revolving Account and Outreach services

WHAT IS HEALTH IN ALL POLICIES?  World Health Organization

Good health requires policies that actively support health 

It requires different sectors working together, for example:



HEALTH TRANSPORT HOUSING WORK NUTRITION WATER & SANITATION

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.

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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

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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

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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>

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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

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Substance Abuse and Mental Health Services Administration (SAMHSA)

- Evidence-based Practice Toolkits



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)



Supported Employment IPS Projects

– **Becoming Employed Starts Today (BEST)**

- Provides IPS Supported Employment services within two mental health agencies and serves individuals with behavioral health and employment needs



– **TANF Supported Employment Pilot (TANF SE Pilot)**

- Provides IPS Supported Employment Services to TANF participants with behavioral health and employment needs

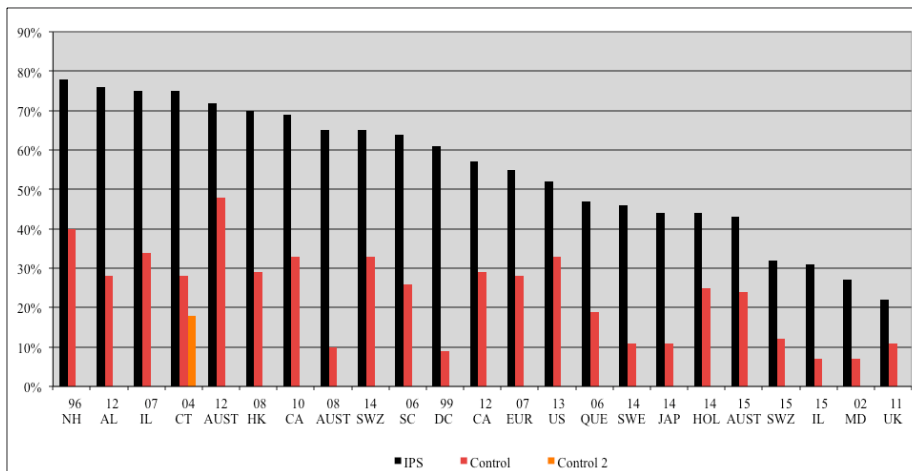
Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment

Updated 10-21-15 by Gary Bond

23 Randomized Controlled Trials of Individual Placement and Support (IPS)

- Best evidence available on effectiveness
- RCTs are gold standard in medical research

Competitive Employment Rates in 23 Randomized Controlled Trials of IPS



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Overall Findings for 23 RCTs

- All 23 studies showed a significant advantage for IPS
- Mean competitive employment rates for the 23 studies:
 - 55% for IPS
 - 23% for controls

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>



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

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

Transforming Lives

BHA-DBHR Efforts to Address Homelessness

Permanent Options for Recovery Centered Housing (PORCH)

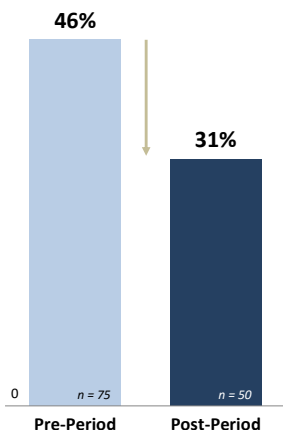


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Preliminary results among PORCH participants suggest Permanent Supportive Housing may reduce Emergency Department use

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.

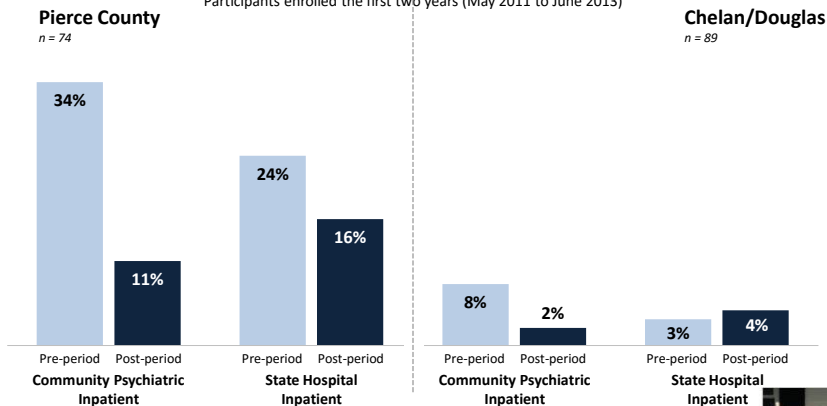
NOTE: These measures are descriptive and do not yet control for other sources of variation that will be addressed in the year five outcome analysis.



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)



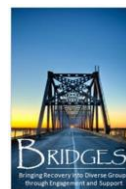
SOURCE: Integrated Client Database, ICDB.

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.



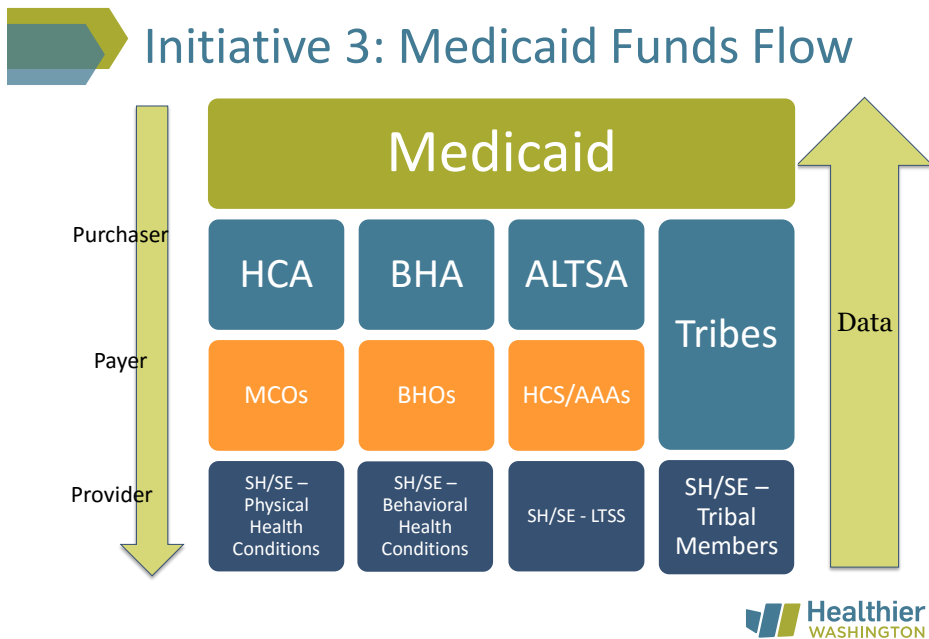
BHA-DBHR Efforts to Address Homelessness

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



1115 Medicaid Waiver Initiatives

Initiative 1 Transformation through Accountable Communities of Health	Initiative 2 Enable Older Adults to Stay at Home; Delay or Avoid the Need for More Intensive Care	Initiative 3 Targeted Foundational Community Supports
<p>Delivery System Transformation</p> <ul style="list-style-type: none"> • Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely. • Also known as Delivery System Reform Incentive Payments (DSRIP). <p>Pay for Performance Projects</p>	<p>Benefit: Medicaid Alternative Care (MAC)</p> <ul style="list-style-type: none"> • Community-based option for Medicaid clients and their families. • Services to support unpaid family caregivers. <p>Benefit: Tailored Supports for Older Adults (TSOA)</p> <ul style="list-style-type: none"> • For individuals "at risk" of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria. • Primarily services to support unpaid family caregivers. <p>Medicaid Benefits/Services</p>	<p>Benefit: Supportive Housing</p> <ul style="list-style-type: none"> • Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do not include Medicaid payment for room and board. <p>Benefit: Supportive Employment</p> <ul style="list-style-type: none"> • Services such as individualized job coaching and training, employer relations, and assistance with job placement.



Supportive Housing Target Populations

- Chronically Homeless
- Individuals with frequent or lengthy institutional contacts
- Individuals with frequent or lengthy adult residential care stays
- Individuals with frequent turnover of in-home caregivers
- Those at highest risk for expensive care and negative outcomes—PRISM Risk Score of 1.5 or above

Supported Employment Target Populations

- Enrollees in Aged, Blind and Disabled (ABD) program or potential to enroll in Housing and Essential Needs (HEN)
- Individuals with:
 - Severe & Persistent Mental Illness
 - Multiple episodes of Substance Use Treatment
 - Co-occurring Disorders
- Youth in transition with behavioral health diagnosis

An individual may be eligible for supported employment *and* supportive housing if he or she falls within eligible populations for both benefits and exhibits a medical/functional need for both.

ALISA: Supported employment services will be implemented concurrently for individuals eligible for long-term support services, including those with traumatic brain injuries (TBI).



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We are not in Kansas...
Do you speak Acroneeze?



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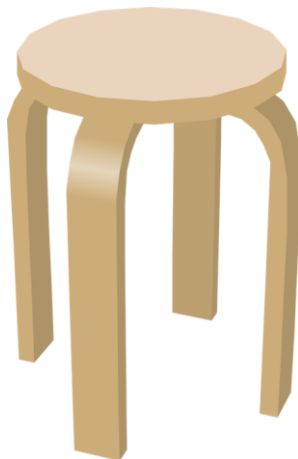
Housing = Four Legs of the Stool

M & O:

Consolidated
Homeless Grant

Subsidies:

HEN
Section 8 Vouchers
NED Vouchers
TBRA
HOME
Consolidated
Homeless Grant
HARPS
VASH Vouchers



Bricks and mortar:

Housing Trust Fund
WA Families Fund
Tax Credits
PHAs

Services:

Shelter + Care
1115 Waiver –
supportive housing
services

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Thank you!

Melodie Pazolt
SE/SH Program Administrator
Division of Behavioral Health and Recovery
Behavioral Health Administration
Washington State Department of Social and
Health Services
(O) 360-725-0487/
melodie.pazolt@dshs.wa.gov



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Innovation is in our nature.



Coordinated Entry

September 2016

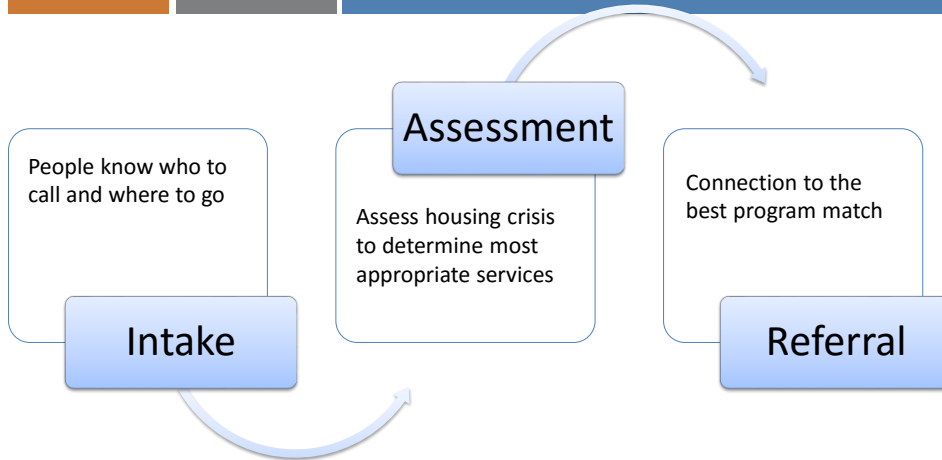
What is Coordinated Entry (CE)?

Coordinated system of
intake, assessment, and referral
that gets households with a housing
crisis to the
most appropriate services
quickly



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What is Coordinated Entry?




What Problems Can Coordinated Entry Solve?

- Eliminates repeated attempts at assistance by homeless individuals
- Guarantees consistent assessments to ensure best match possible
- Eliminates duplicative processes of siloed providers and minimizes length of time homeless
- Frees up homeless case managers to do what they do best—house people!




One More Reason



Required by state and federal homeless assistance funding



Coordinated Entry System Design



Centralized: One location where every household can go to for intake, assessment and referral to the best program match

Decentralized: Multiple sites where households can go for the same intake, assessment and referral process

Virtual / Phone- based: One phone number households can call for intake, assessment and referral.



Coordinated Entry System Design

Or...be creative! What works in your community?

- Centralized Coordinated Entry location with a ‘back-door’ location for households fleeing domestic violence
- Phone- Based Coordinated Entry with a mobile housing crisis response team



Coordinated Entry System Design

Whatever the design, remember the goal:

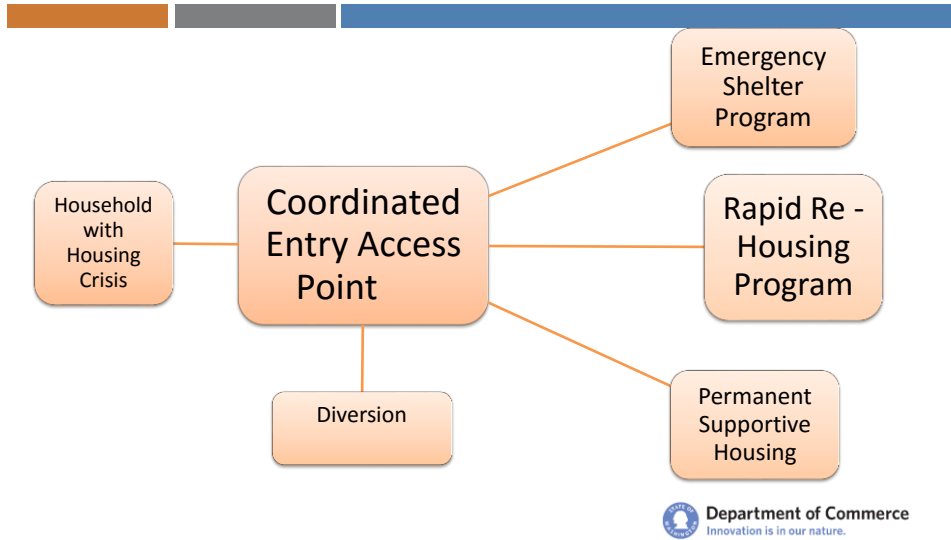
Get households with a housing crisis to the most appropriate services quickly



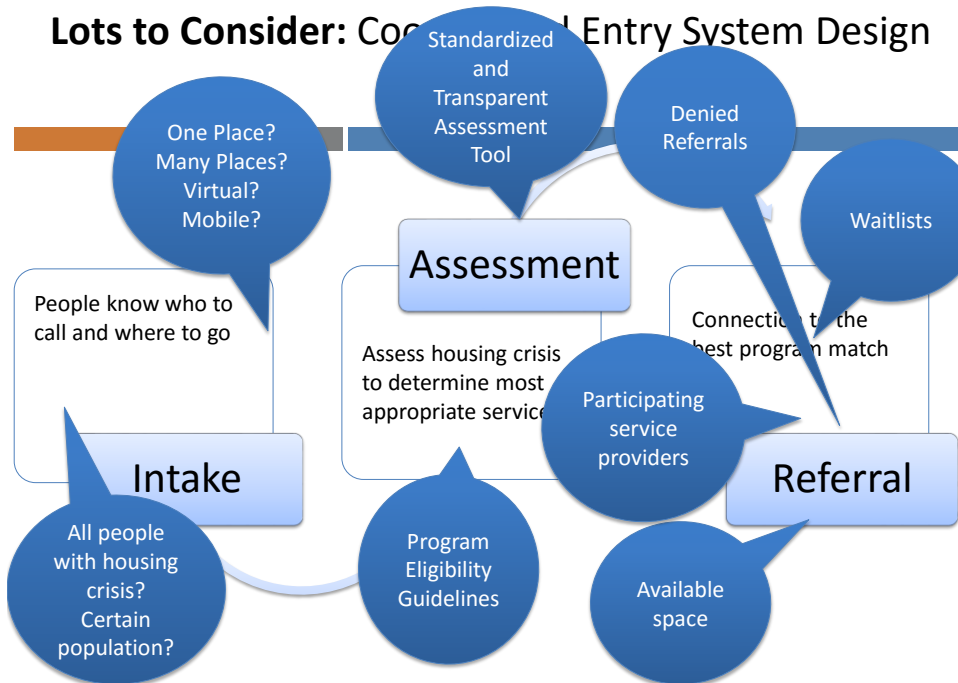
Housing Stability in the community - Get people housed!



Client Flow Through CE



Lots to Consider: Coordinated Entry System Design



Common Challenges

- ✓ Side Doors - Agencies won't let go of their intake process
- ✓ Unwritten Requirements – Subjective Eligibility
- ✓ Waiting Lists
- ✓ Providers without contractual mandate opt out



Innovative Ideas

- No refused referrals or a cap on refusals
- Policies requiring people with high barriers to be served
- Require provider participation
- Eliminate all non-funder-driven eligibility requirements
- Question funder eligibility requirements that don't make sense
- No waiting lists



Coordinated Entry Minimum Requirements

1. Have a CE lead agency or governing body
2. Identify and advertise coordinated entry access points
3. Common assessment tool that matches households with services that help them exit homelessness AND prioritizes households with greatest need
4. Maintain housing inventory that includes capacity (beds) and eligibility criteria
5. Written policies and procedures



Coordinated Entry Minimum Requirements

Required Written Policies and Procedures:

1. How households are referred to programs
2. Decision-making process for using assessment to prioritize households for programs
3. Protocol for rejecting referrals
4. Obtaining client consent to share information among partner agencies



Not Requirements

- ✓ How your system is designed
- ✓ That your system never change
- ✓ Using the Housing Management Information System (HMIS) to track your Coordinated Entry system

Note!

- ✓ CE for all populations will be required in next contract cycle



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Thanks for attending!

Jeff Spring
jeff.spring@commerce.wa.gov
 360-725-2991

Talia Scott
talia.scott@commerce.wa.gov
 360-725-2989

For more information on Coordinated Entry, please visit:

www.naeh.org
www.buildingchanges.org
www.usich.gov



Certificate of Completion

Housing and Employment for Clients with Behavioral Healthcare Needs

Presented by Melodie Pazolt
Behavioral Health Administration
Washington State Department of Social and Health Services
and
Jeff Spring
Consolidated Homeless Grant
Washington State Department of Commerce

*Webinar aired on: September 8, 2016 in Lacey, Washington
for Health Home Care Coordinators and Allied Staff*

Training Credit of 1 Hour

Please sign and date to attest that you have reviewed this PowerPoint

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Your Signature	Date
_____	_____
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