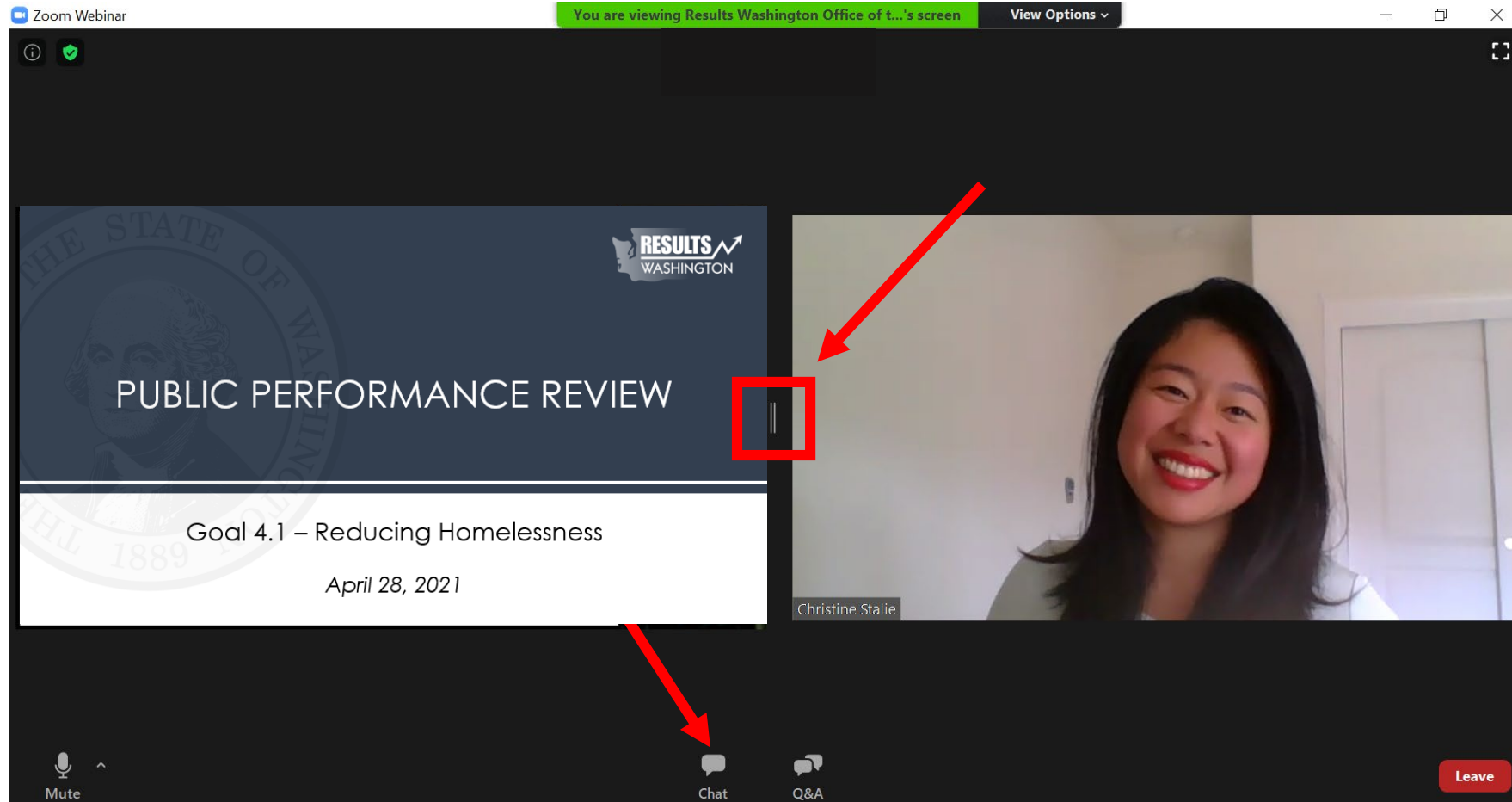


PUBLIC PERFORMANCE REVIEW

Goal 4.1 – Reducing Homelessness

April 28, 2021

Zoom Overview



Public Performance Review Purpose

The Public Performance Review is our monthly meeting with the Governor, leaders, agency experts, and community members designed to:

- Focus on a cross-agency project tied to the Governor's priorities
- Hear from those impacted by the project – those with lived experiences and those who are customers and process partners in the community
- Engage in discussions and problem-solving on these complex topics

Public Performance Review Project Selection



1. Held agency meetings to finalize improvement project recommendations for each Goal area topic.
2. Agencies self-selected their participation and designated subject matter experts (SMEs) for each improvement project based on RASCI criteria.
3. Facilitated agency meetings to finalize improvement project focus for each Goal area.
4. RW and agency SMEs have been actively working to define project scope and develop charters and project plans.

Project Focus

The purpose of this project is to develop, implement, and pilot an adaptable, dynamic, real-time discharge planner's toolkit.

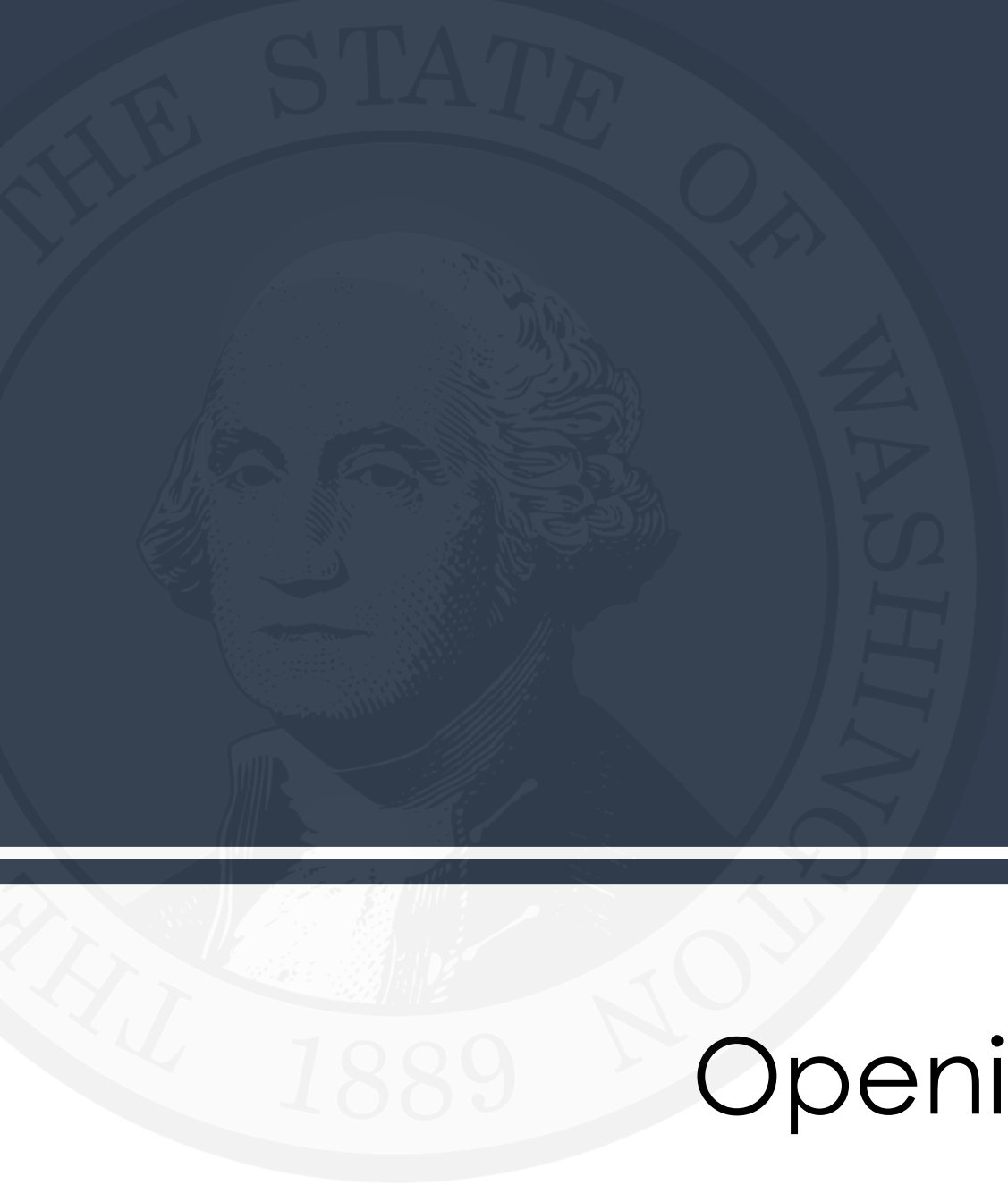
Project Team

Sponsoring Agencies

Department of Commerce, Department of Corrections, Health Care Authority

Support, Consulted, and Informed Agencies

- Department of Children, Youth and Families
- Department of Financial Institutions
- Department of Health
- Department of Social and Health Services
- Office of the Governor
- Office of Financial Management
- Washington State Department of Transportation
- Washington State Patrol



Opening Remarks



OPPORTUNITY AND PROJECT OVERVIEW

PRESENTED BY (IN ORDER OF PRESENTATION):

- SUE BIRCH, HEALTH CARE AUTHORITY
- MELODIE PAZOLT, HEALTH CARE AUTHORITY
- WANDA JOHNS, HEALTH CARE AUTHORITY
- CRAIG PADGETT, MANAGER OF RESIDENTIAL SERVICES
- SARAH TAYLOR, DISCHARGE PLANNER/CM

Results WA 4.1 – Reducing Homelessness

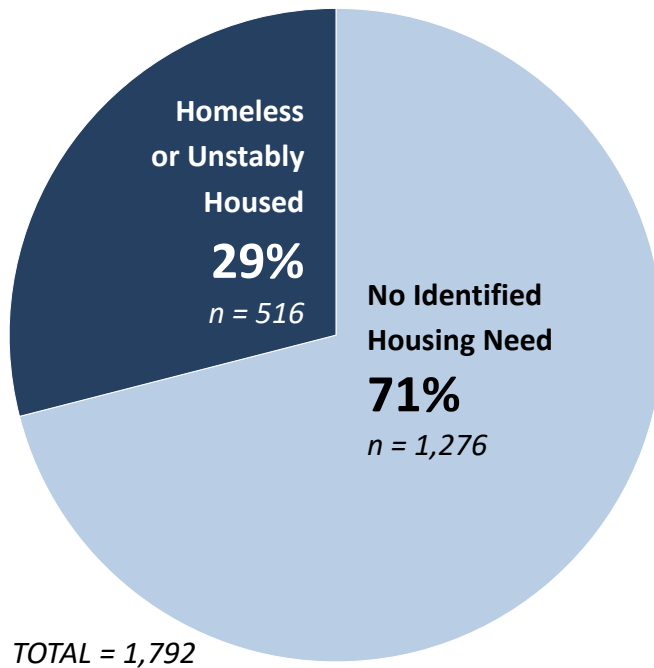
Discharge Planner's Toolkit

Wanda's story

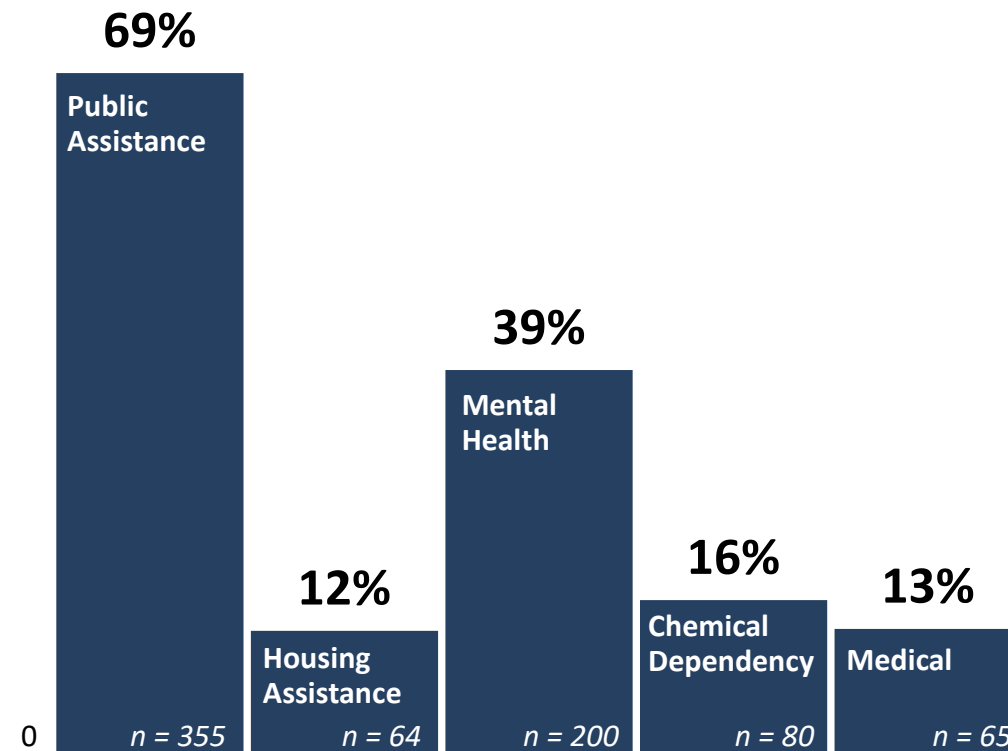


About 30 percent of state mental hospital residents have a housing need in the year after discharge

Housing Status in 12-Month Follow-up Period



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

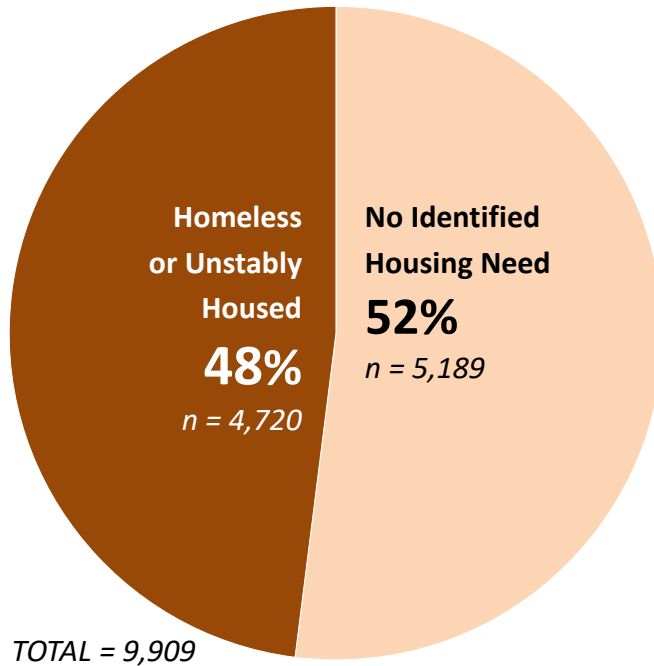




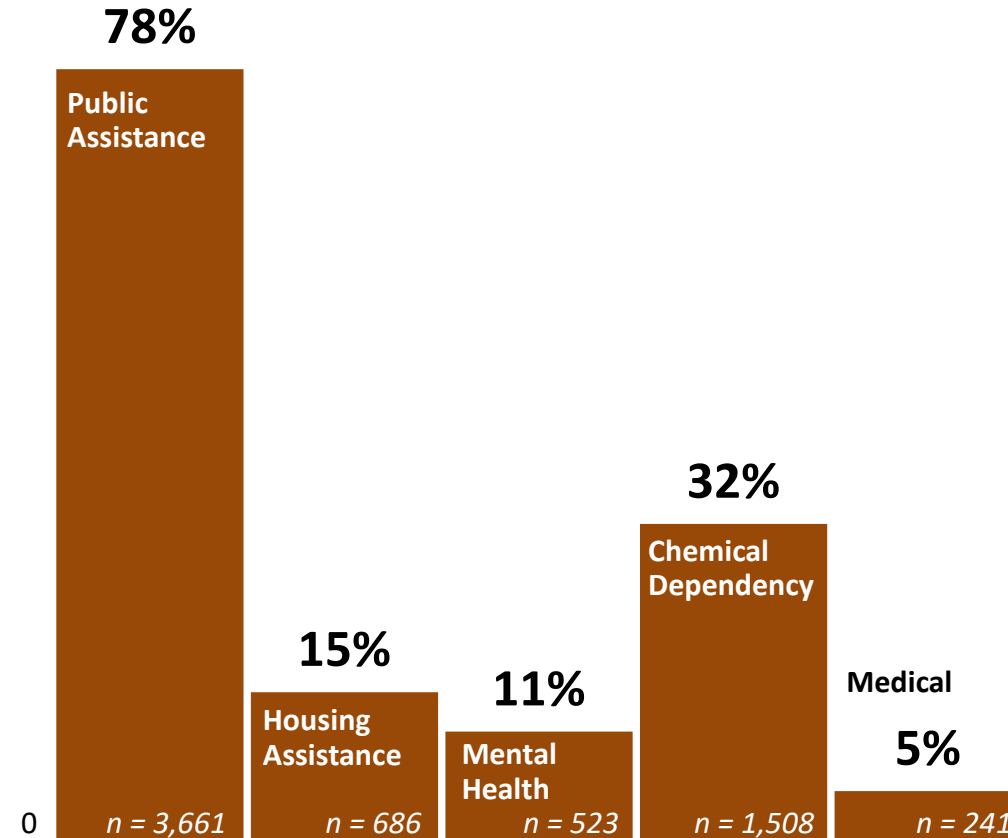
Governor Q&A

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

Housing Status in 12-Month Follow-up Period

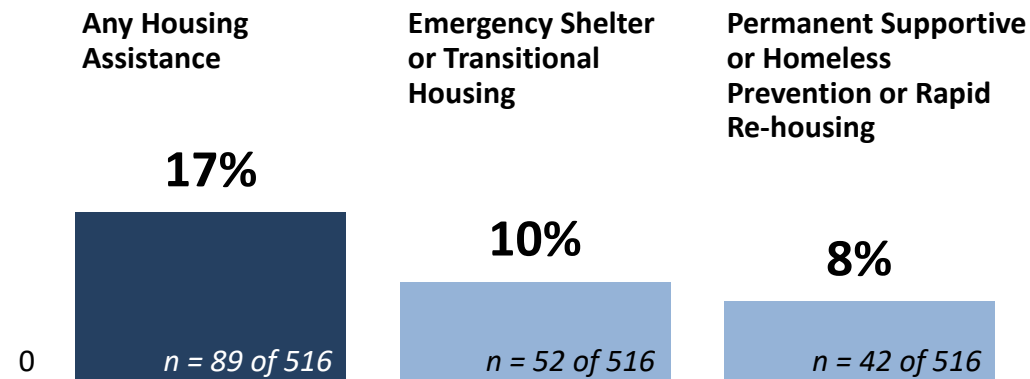


Systems in which Housing Need is Identified Among Leavers with Housing Need (n = 4,720)



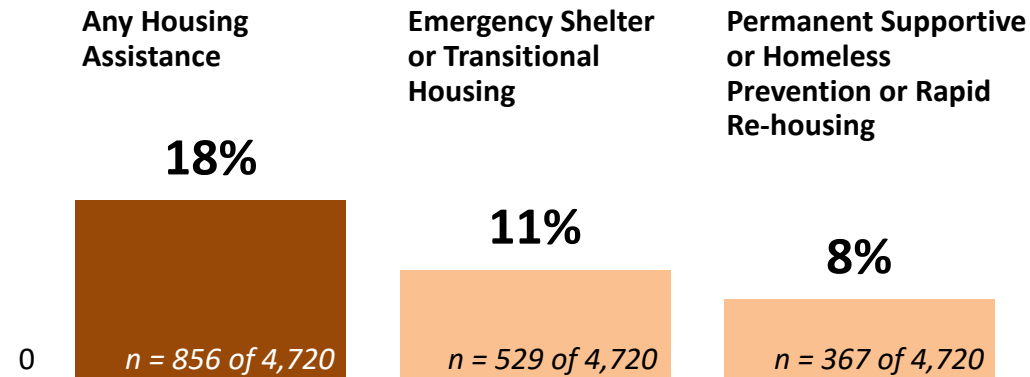
Only 17 percent of state mental hospital leavers with a housing need received housing assistance in HMIS

HMIS-Recorded Housing Assistance Penetration Rates *Among Leavers with Housing Need* (n = 516)



Only 18 percent of residential CD treatment leavers with a housing need received housing assistance in HMIS

HMIS-Recorded Housing Assistance Penetration Rates *Among Leavers with Housing Need* (n = 4,720)



Housing is a Social Determinant of Health

Downtown Emergency Service Center (DESC) housing saves taxpayers millions

In the first outcomes paper from DESC's 1811 Eastlake Housing First program for chronically homeless people with severe alcohol problems, University of Washington researchers show that **providing housing and on-site services without requirements of abstinence or treatment is significantly more cost-effective than allowing them to remain homeless.**

Larimer, M.E., et al., (2009). *Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems*. The Journal of the American Medical Association, v. 301(2).

Affordable housing reduces health care costs

A study conducted by the Center for Outcomes Research and Education (CORE) and sponsored by Enterprise Community Partners found **affordable housing reduced overall health care expenditures by 12% for Medicaid recipients.**

Wright, B., et al., (2016). Health in Housing: Exploring the Intersection Between Housing & Health Care. Center for Outcomes Research and Education and Enterprise Community Partners, Inc.



Housing First reduces use of Emergency Medical Services

University of Washington researchers found **an average reduction of 54% in the number of contacts with EMS in the two years after obtaining housing.**

Mackelprang, J.L., et al., (2014). *Housing First reduces use of Emergency Medical Services*. Prehospital Emergency Care, v. 18(4).

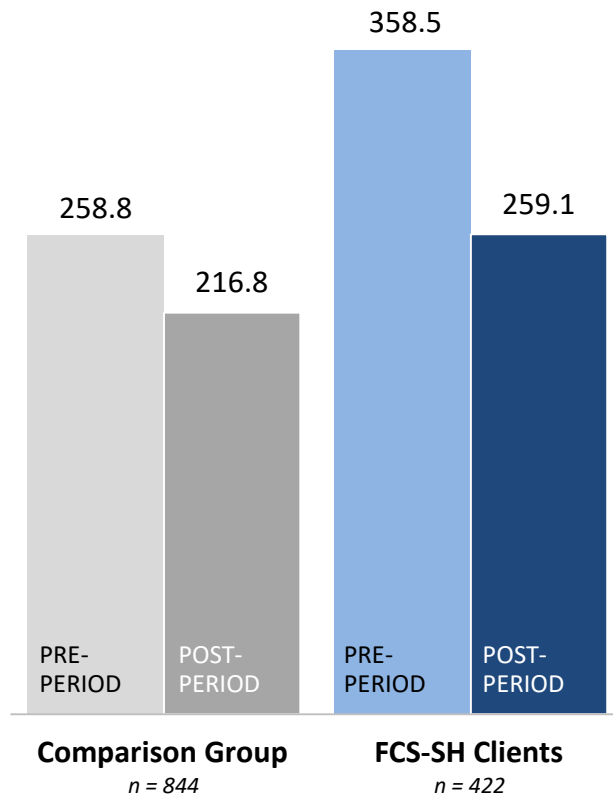
HCA Supportive Housing Outcomes: Healthcare Utilization per 1,000 Member Months

Comparison of outcomes 6 months prior to and 6 months following enrollment month • Data is limited to individuals who entered the program as of September 30, 2018

Outpatient ED Visits, per 1000 Member Months

Adjusted DID = -45.9

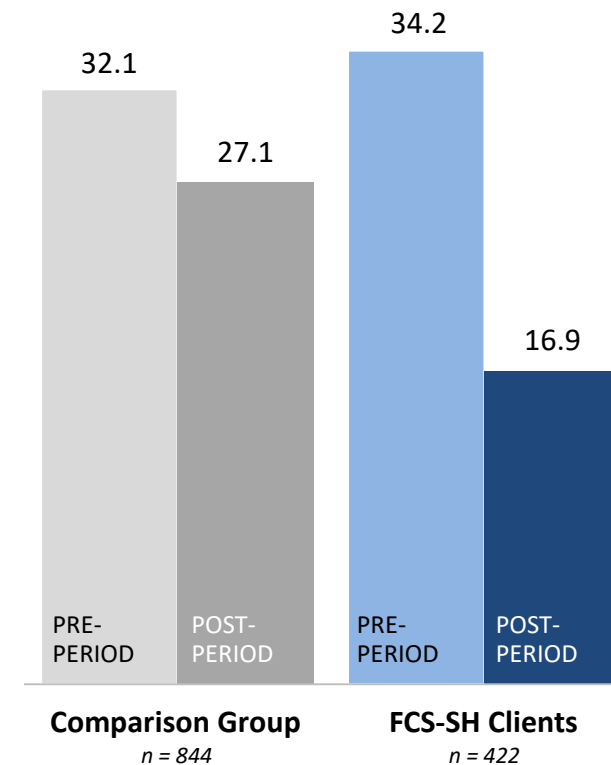
$P = 0.14$



Inpatient Hospitalizations, per 1000 Member Months

Adjusted DID = -12.4

$P = 0.06$





Governor Q&A

Challenges from a discharge planner's perspective



The Importance of Successful Discharge Planning

Presented by: Sarah Taylor & Craig Padgett



Introduction to Columbia River Mental Health

- Mission Statement:

- Providing behavioral health and recovery services that transform the lives of children, adults, and families in the communities of SW Washington.

- Services:

- Adult Outpatient Services
 - SUD Services for Young Adults & Adults
 - Children and Family Services
 - Residential Mental Health Treatment
 - Crisis Stabilization Unit



Elahan Place

- Residential Mental Health Treatment & Crisis Stabilization
 - Therapeutic Environment
 - Comprehensive Curriculum
 - Implementation of Evidence Based Practices
- Peer Support Services
 - Shared Experiences
 - Insight
- Case Management Services
 - Teaching Independence
 - Aiding with Community Supports
 - Planning for Successful Discharge



Planning for Successful Discharge

- Being a Case Manager has many hurdles, barriers and limitations that have to be navigated in order to ensure successful discharges for the population we serve.
- Examples of Barriers
 - Individual smokes
 - Low daily rate
 - Individual has pets
 - AFH Discrimination
 - Income Limitations, limits options for renting
 - Individual unwilling to accept anything besides Independent Housing



Statistics Surrounding the Cycle of Homelessness

- According to The National Alliance to End Homelessness (2020):
 - Chronic homelessness is defined as; people who have experienced homelessness for at least one year or repeatedly, while struggling with a disabling condition. These conditions can be physical limitations, severe and persistent mental illness or substance use.
 - In January 2020, there were at least 110,528 homeless individuals with a history that qualifies under the definition for chronically homeless (NAEH, 2020).
 - Between the years of 2019 and 2020 this number increased by 15% (NAED, 2020).
 - It is extremely difficult for individuals to exit homelessness after the initial stint. This often leads to extended periods of time stuck in the cycle of homelessness.



The Connection Between Mental Illness and Homelessness

- According to New Horizons Behavioral Health (2021), the relationship between mental illness and chronic homelessness is a two-way relationship.
 - Mental illness often times leads to cognitive and behavioral issues that hinder the individuals ability to gain and maintain employment.
 - It has also been shown that homelessness can exacerbate mental illness and substance abuse exponentially. This is largely due to the traumatic experiences that come with homelessness.
 - With the proper care options and attention, individuals experiencing mental illness and homelessness can finally break the cycle.



Breaking the Cycle

- Resources are HUGE!!
 - As a Case Manager, I know that the more resources that I have at my disposal, the better I can serve my clients.
 - This means all-inclusive, wrap-around resources for individuals suffering from a variety of diagnoses.
 - Without the proper resources, we will continue to see the following
 - High utilization of ER and Crisis Stabilization Units
 - Revolving Door Syndrome
 - Continued Substance Use



Resources for Success

- In order to break the cycle, the right avenue and platform for resources needs to be created and distributed. Discharge resources are limited, have barriers present, and are scattered requiring increased time for coordination and implementation.
- How can the Discharge Planners Toolkit help us???
- Allows for a more streamline resource search.
- Less time spent looking for and connecting residents to limited resources.
- More time available for discharge implementation/follow-ups.



Governor Q&A



CURRENT WORK AND FUTURE COMMITMENTS

PRESENTED BY
MELODIE PAZOLT, HEALTH CARE AUTHORITY

Housing is complicated

Types of housing

- Own home
- Shared housing
- SRO
- Shelter
- Project based housing
- Cottages/Tiny Home
- Transitional Housing
- Master lease
- ADU
- Scattered site

Types of SH services

- FCS
- HARPS
- GOSH
- Shelter + Care

Housing subsidies

- HEN
- HARPS - FHARPS
- GOSH
- Section 8
- HOPWA
- 811
- VASH
- CHG
- ESG
- HOME
- TBRA
- Deed Recording Fees
- AREN
- City levy funding
- 1/10th of 1% - HB1406

Publicly-funded housing

- Project based
- Set asides
- Tax credit properties
- 811
- 202

Residential-type facilities

- ADFH
- ARCF
- ALF
- SOA
- Recovery Houses
- Step down facilities
- Grant per diem

Why a discharge planner's toolkit?

- Use the limited resources in an efficient manner
- ▶ Increase coordination between discharge planners in state institutions, hospitals, and treatment facilities with local housing networks/programs with the goal of decreasing the number of people becoming chronically homeless
- ▶ Assist discharge planners to:
 - ▶ Provide people choice, power, and control over their lives through information and resources
 - ▶ Document an individual's homelessness and chronic homeless status to meet HUD requirements
 - ▶ Warm handoff of individuals to homeless assistance programs/housing networks e.g. Coordinated entry

3-prong approach to the toolkit

- ▶ Electronic decision tree
 - ▶ Produce a paper version as a minimum viable product to test concept
 - ▶ Convert to virtual toolkit as a more dynamic long-term solution
 - ▶ Develop the content and training 'SUD IMD' and crisis stabilization providers
- ▶ Develop a resource list for individuals on choices, options, and resources for distribution within facilities
- ▶ Prepare, train, educate the housing and homeless service providers to receive the referrals coming from discharge planners
 - ▶ Develop stronger relationships/warm handoffs



Pilot Discharge Planners Toolkit

- ▶ 5 Mental Health Crisis Stabilization facilities
 - ▶ Wraparound services coupled with emergency vouchers
 - ▶ Facilitated introductions with homeless assistance programs/housing networks
- ▶ SUD residential treatment facilities
 - ▶ Beginning Foundational Community Support Services prior to discharge

Success measures

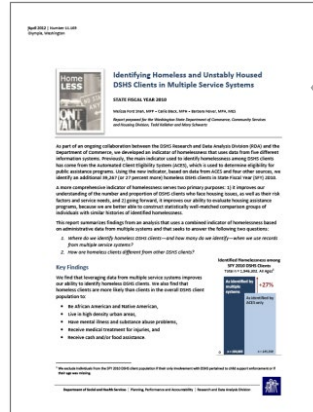
- ▶ Development of products for discharge planners, individuals, and community programs
- ▶ Number of events to train staff and community providers
- ▶ Surveys prior to and after training to measure awareness
- ▶ Survey discharge planners to identify toolkit usage (goal TBD for usage)
- ▶ Increased referrals to appropriate transition services and successful attainment of the service (e.g., Foundational Community Supports and Housing and Recovery Through Peer Services)
- ▶ # of hits to virtual decision tree

Project Milestones

- ▶ Identify target population – Complete
- ▶ Develop paper toolkit for indented population – June 30, 2021
- ▶ Implement pilot for intended population including a web-based decision tree – September 30, 2021
- ▶ Analyze results of pilot – March 31, 2022
- ▶ Determine if adjusting and further piloting is necessary or if ready to expand implementation – December 31, 2022

Related DSHS Research and Data Analysis (RDA) publications

In collaboration with the Washington State Department of Commerce



Identifying Homeless and Unstably Housed DSHS individuals in Multiple Service Systems

APRIL 2012 • Shah, Black, Felver

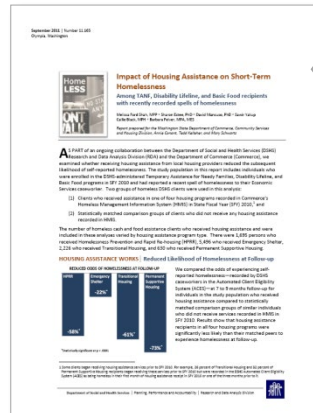
<http://publications.rda.dshs.wa.gov/1457/>



The Housing Status of Individuals Discharged from Behavioral Health Treatment Facilities

JULY 2012 • Shah, Black, Felver

<http://publications.rda.dshs.wa.gov/1460/>



Impact of Housing Assistance on Short-Term Homelessness

Among TANF, Disability Lifeline, and Basic Food recipients with recently recorded spells of homelessness

SEPTEMBER 2011 • Shah, Estee, Mancuso, Black, Felver

<http://publications.rda.dshs.wa.gov/1443/>



A Profile of Housing Assistance Recipients in Washington State: History of Arrests, Employment, and Social and Health Service Use

MARCH 2011 • Shah, Estee, Albrecht, Yette, Felver

<http://publications.rda.dshs.wa.gov/1438/>



Governor Q&A



ENSURING LINKAGES TO HOUSING PROGRAMS


PRESENTED BY
EMILY GROSSMAN, DEPARTMENT OF COMMERCE

Washington State Department of Commerce Housing Assistance Unit

- Coordinated Entry/Crisis Response System
 - Housing Navigation
 - Rapid Rehousing
 - Transitional Housing
 - Permanent Supportive Housing
- Office of Homeless Youth
- Office of Supportive Housing
- Landlord Mitigation Program



Governor Q&A

The background of the slide features a large, faint, circular seal of the State of Washington. It contains a portrait of George Washington and the text "THE STATE OF WASHINGTON" and "1889".

CONNECTING INDIVIDUALS TO HOUSING PRIOR TO RELEASE

PRESENTED BY

- DANIELLE ARMBRUSTER, DEPARTMENT OF CORRECTIONS
- ANGIE SAUER, DEPARTMENT OF CORRECTIONS
- STEVE DALTON, DEPARTMENT OF CORRECTIONS

Connecting Individuals to Housing Prior to Release

Public Performance Review
Results Washington – Goal 4.1 Reduce Homelessness

April 2021

Mission, Vision, and Values

DOC Mission

To improve public safety by positively changing lives

DOC Vision

Working together for safer communities

DOC Values

Cultivate an environment of integrity and trust

Respectful and inclusive interactions

People's safety

Positivity in words and actions

Supporting people's success

Relevant Data

Figure 1.
Percent of Inmates Releasing Homeless

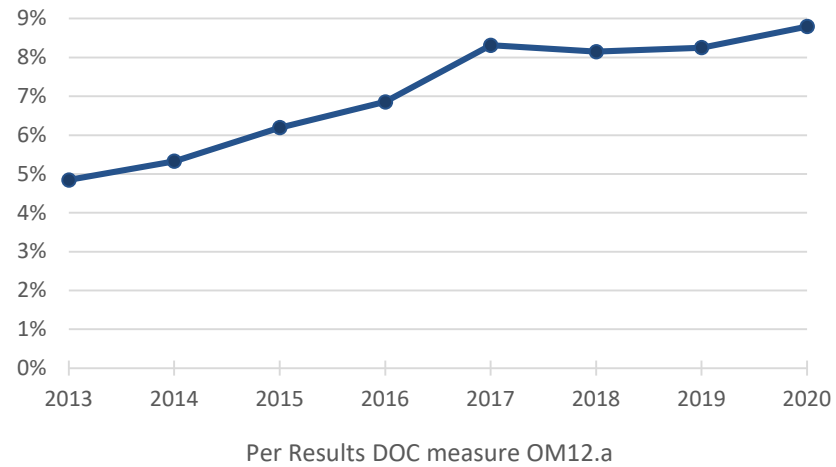
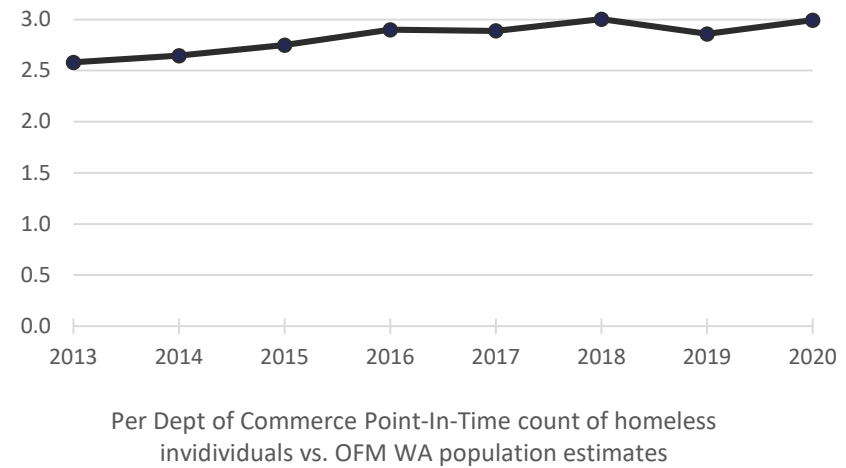


Figure 2.
WA Homeless Rate per 1000 Individuals



Current Work – Health Services Reentry

- Multiple programs with focus on reentry needs for those who have medical and behavioral health needs
 - **Offender Reentry Community Safety Program (ORCS)** for individuals identified with significant mental illness and risk to community or self (collaboration with Health Care Authority)
 - **State Opioid Response (SOR) II Grant** for individuals identified as having an Opioid Use Disorder
 - **Department of Health (DOH)/King County Public Health** for individuals living with HIV
 - **Completion of Medicaid applications** prior to release, as well as documentation and application for disability benefits
 - **Providing release medications** to bridge access to care in the community
 - **Social Work staff collaboration** with facility Case Managers and Reentry to identify potential housing options for individuals with behavioral health needs

Challenges – Health Services Reentry

- **Identification of housing resources**
 - For those who do not fit into an existing program/funding source
- **Connecting individuals with behavioral health in the community prior to release**

Current Work – Housing Program

Earned Release Date (ERD) Voucher Program

- 7 Regional Housing Specialists support each region statewide
 - Specialists assist Community Corrections Officers (CCO), Classification Counselors, and facility Social Workers in identifying appropriate housing for individuals
- Statewide Housing Directory/Housing Vendors
 - A list of housing providers by county who accept the DOC housing voucher
 - Specialists identify potential vendors and assist them in becoming part of the Statewide Housing Directory
 - Specialists assist the vendors in determining what populations they will serve
- Regional Housing Specialists complete a monthly review of individuals at or past their earned release date ERD
 - Identifies individuals at risk to release homeless

Challenges – Housing Program

- **Funding and housing resources** for individuals who do not fit the voucher criteria
 - Including releases from jails, monetary releases to tolled causes, releases on max date
- **Lack of housing vendors or vacancies**
- **Release planning process navigation**
 - Completing applications to vendors
 - Due to behavior issues, voucher benefits may be denied or revoked
 - Transportation
- **Housing stability post release**
 - Voucher is for three months
 - Tracking homelessness post release

Toolkit will support DOC efforts by...

- Providing additional housing resources to Case Managers, Navigators, and Housing Specialists
 - For individuals who are releasing without voucher benefits
 - For individuals whose housing voucher benefits have expired
 - For individuals previously housed in the community who are now experiencing homelessness
- Providing an additional resource to staff working with individuals with behavioral health needs

Thank You



Governor Q&A



Closing Remarks