Using Medicaid for Family Services in Supportive Housing

Webinar will begin shortly…

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Webinar Overview

**Moderator**
- Alison Harte, CSH Senior Program Manager – Families and Young Adults

**Panel**
- Susan Reyna, LCSW President, Beacon Therapeutic, Inc
- Marguerite Gebhardt, President/CEO Project Samaritan Health Services, Inc.
- Alison Brown, Damien Family Care Center
Role of FQHCs in Providing Integrated Services for Families

Presented by:
Damian Family Care Centers
138-02 Queens Blvd., 2nd Floor
Briarwood, NY 11435
The mission of the Damian Family Care Centers, Inc. is to improve the health status of our patients, provide staff who are culturally sensitive and appropriately credentialed to diagnose and treat our patients, to provide care to underserved populations and to provide safe quality and specialty care services regardless of language, cultural barriers or the ability to pay. (Approved by the Board October 2010)
DFCCs Provides Services at 5 Sites:

- Damian Family Care Center
- Highbridge Clinic
- Starhill Clinic
- 53rd Street Clinic
- Ellenville Clinic
- Soon to open 162nd St., Jamaica, NY
• **FQHCs Good Partners:**
  
  1. Strong Medical Home Component-Level 1 will be Level 3 in 2012;
  2. Family Focused;
  3. Enhanced Services thru PPS rates;
  4. Comprehensive *License-Primary Care, Dental, Mental Health*;
  5. Multiple Services Under One Roof;
  6. Strong Community Ties and Partnerships;
  7. Community Focused Board-51% of the Members are Patients in Health Center;
  8. Coordination of Services and
  9. Electronic Health Records
Our system fosters:

- Coordinated, comprehensive care, preferably in one location;
- Preventative healthcare services: immunizations, lead screenings, asthma prevention, education to foster positive health behaviors;
- Programs sensitive to the needs of the disenfranchised: homeless, MICA, foster care, substance abusers, individuals with histories of incarceration;
- Programs focused on chronic disease management that decreases co-morbid conditions and complications and
- Programs that foster comprehensive health versus episodic or crisis intervention and treatment.
Community Partners: Partners with a shared mission and vision; partners through shared locations and most importantly partners in shared management who receive services from both entities.

- **Palladia**: Comprehensive substance abuse programs; criminal justice programs; domestic violence programs; family services; behavioral health services and supportive housing programs.

- **Current partnership model includes** services in residential drug treatment programs; shelters, permanent supportive housing some of which includes family units and CTI-alternative outpatient treatment program that is an alternative to incarceration.

- Projected-Relocation of Starhill FQHC site within a new permanent supportive housing program.
Starhill Patient Mix—Complex with multiple diagnoses:

200% below FPL; Patient Mix is all adult ranging in ages from 18-60 years; Comprises a majority percent of ethnic and racial minorities; At any given time 35% lack insurance coverage with majority converting to Medicaid; 100% substance abusing in recovery-many of whom are 2nd, 3rd, and 4th generation drug users; 60% mentally ill; 65% histories of incarceration; high history of homelessness; survivors of domestic violence; 10% HIV infected; 30% infected with Hepatitis C; Diabetes, Asthma, Hypertension; Cardiovascular disease and every other adult chronic illness.
Starhill Comprehensive License in 2,200 square feet!

- Adult Primary Care;
- Dental Services including Dental Hygiene;
- Behavioral Health Services;
- GYN;
- Podiatry and
- HIV Counseling
- *Have referral mechanism to the DFCC for GI/Hepatology and Optometry.*
Coordination of Care within Palladia Community:

Within first 30 days, all new clients receive a comprehensive physical exam, behavioral health evaluation and dental screening. Once completed, patients referred to required specialties as indicated in medical record; Weekly conference between DFCC mental health providers and Palladia staff; Bi-weekly meetings with medical staff to discuss complicated patients and possible alternative patient placements; facilitate housing placements through completion of required forms and physical and mental health evaluations; coordinate discharge planning that includes opportunity to remain at Starhill Clinic for ongoing medical care.

Shelter Residents: Formed work group with Palladia staff; engineered Focus Groups for both shelter residents and staff; planning program that will include both transportation and metro-cards to SH site.
Coordination of Care within Palladia Community:

Fox Point/CTI: Formed work group between two organizations; provide community outreach first with staff so they can understand importance of health care and addressing health issues appropriately; introduction of Starhill medical staff who will be providing services; outreach to resident population; provision of transportation including metro-cards. Process includes mapping out logistics of patient referrals, obtaining appointments, completing registration paperwork/documentation prior to medical appointment to reduce time of visit and process for ongoing dialogue with Palladia staff.
Contact Speakers:

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Allison Brown, MSHA, RN-Director of Clinical Services
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Accessing Medicaid for needed services: Beacon Therapeutic Diagnostic & Treatment Center’s approach
• **Beacon’s Mission:**

“Empowering children & families by helping them find their way to a better future by providing accredited educational, mental health, and social services”
• Beacon Therapeutic Diagnostic & Treatment Center
  • Located on Chicago’s south side, city wide outreach services
  • Multi-site special education & supportive services provider
  • Approved by ISBE, Joint Commission, AdvancED, IDHS
  • Philosophy of Care based on Reflective Practice, Harm Reduction Principles, Trauma Informed, Strengths Based
Beacon Programs:

• Private Therapeutic Day School K-12 (171 students)
• Day treatment programs /Intensive Outpatient programming
  o 3-5 homeless & at risk children (37)
  o 6-18 children & youth (33)
  o Outpatient Mental Health Clinic
• Homeless Outreach Services
  Shelter Outreach Services (780 families, 1,668 children)
  Early Head Start (Home-based) (30 slots)
  Health Education, CHIPRA, & FACT
• Family Assertive Community Treatment
  • Based on a modified ACT model
    o Provides comprehensive community based treatment
    o Linkage to housing, jobs, education, healthcare, and financial support
    o Team consists of: Project Director (LCPC); Child Development Specialist (LCSW), Substance Abuse Specialist (LCPC, CADC), Housing Specialist (BA), Sr. Case Manager (BA)
    o Since launch (2008) 70 families and 138 children have received services
FACT: Family Assertive Community Treatment

- **Eligibility Criteria:**
  - Homeless & at risk mothers ages 18-25, with at least one child under the age of 5
  - Mother must have diagnosed mental health disorder or mental illness & have history of substance use &/DV
  - Reside in Chicago, Illinois
FACT: Family Assertive Community Treatment

• Project Goals:
  • Mitigate the impact of homelessness and improve:
    o Mother well being
    o Child development
    o Family functioning

Ultimate goal to stabilize and transition Homeless and at risk young families to permanent housing
FACT: Family Assertive Community Treatment

- Key Features:
  - Systems Integration (changes the landscape for the target population to facilitate lasting impacts)
  - Collaborative effort (Senior Partner: Heartland Alliance)
  - Use of Best Practices: Reflective Practice, Harm Reduction, Trauma Informed, CPP
  - Evaluation for outcomes (UIC) key findings point towards positive & significant outcomes for mothers, children, family & systems
FACT: Family Assertive Community Treatment

- Informing larger system:
  - Chicago’s 10 Year Plan to End Homelessness (Plan 2.0)
  - Vulnerability Index for Families
  - Replicable
- Public/Private Partnership:
  - Private funders (foundations local & national)
  - City of Chicago funding
  - Medicaid funding (FFS)
Beacon Therapeutic: FACT

- **Accessing Medicaid funding:**
  - Viable funding source to support project funding
  - Brings @111k annually to FACT
  - Beacon considered a CMHC — C & A program
  - Qualified staff (LC’s, masters trained, BA, RSA – Rehabilitative services associate) bill for services (therapy, counseling, case management, assessments, group therapy/counseling, etc) under Medicaid rules.
Beacon Therapeutic: FACT

• Compliance features:
  • Approval by IDHS/BALC
  • Subject to rigorous reviews that include review of:
    o Staff credentials, training, supervision, etc
    o Administrative practices, organizational operations, etc
    o Detail review of clinical documentation, assessments, summaries, progress notes etc
    o Review can renew license, disqualify billings etc
Beacon Therapeutic: FACT

- Developing capacity associated with billing for services can prove challenging *(develop systems to monitor service delivery, quality assurance monitoring, utilization review management, PAPER and/or IT collaborative resources — could be concluded as necessary inefficiencies.)*
- Trends towards managed care — C&A system slower in the transition, but coming
- Dilemma in providing evidenced based practices (i.e. CPP) under increasingly capitated system
- For housing providers…building capacity to render billable mental health services might not make sense…..
• **Alternate options:**
  
  • Broker relationships with local CMHC agency to access needed MH services (building system capacity)…either on PSH site or clinic site
  
  • Value of services delivered could be used as leverage for the PSH?
  
  • Identify systems that should be targeting the population and engage (Head Start, EHS, EI)
• Contact information:

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Where to Start? How to Know What Your State Should Do to Improve Medicaid’s Connection with Supportive Housing

October 27 3:00 – 4:00 p.m. ET.
Thank you for participating

Visit our website for a recording of today’s webinar.

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