

Expanding Coverage to The Homeless: The Sacramento Healthcare Access Program

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May 2010

SUMMARY

This case study describes the role of the Capitol Community Health Network (CCHN) in planning and implementing the Sacramento Healthcare Access Program. A public/private initiative, the Healthcare Access Program enrolls homeless individuals in benefit programs, particularly the Social Security Administration's Supplemental Security Income (SSI) program and Medi-Cal. The benefits of the initiative include increased access to safety net services and reduced use of more expensive emergency room services. The following are key findings that emerge from the analysis of this initiative:

- A public/private collaboration greatly facilitates community-based coverage expansions on behalf of populations with physical and/or mental disabilities;
- Combining advocacy expertise in developing allies in new arenas with technical expertise in program planning and management facilitated the launch of the Healthcare Access Program; and
- CCHN's involvement in SSI enrollment has broader applications, such as increased integration of the local safety net, as well as tangible benefits to primary care clinics and their target populations

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities.

To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California's safety net, such as averting cuts to statewide and local public funding.

Capitol Community Health Network (CCHN), a clinic consortium located in Sacramento, CA, is a network of 12 community clinics, health centers, and health education agencies. Member clinics operate 27 sites in Sacramento County, El Dorado County, and Yolo County. In 2008, CCHN member clinics provided over 180,000 visits for nearly 77,000 patients, about 30 percent of the Medi-Cal population in Sacramento County.

CCHN's participation in a community-based collaborative to enroll homeless individuals in SSI in Sacramento County is an example of a successful systems change. It has resulted in an increase in the number of adults who have immediate access to primary care and mental health services.

METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations.

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

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FINDINGS

ISSUE: LIMITED ACCESS TO SAFETY NET SERVICES BY SACRAMENTO'S HOMELESS POPULATION

Enrollment in health insurance programs, such as Medicaid, improves the health of underserved populations because it increases their access to health care services. The first step toward enrolling the homeless in Medi-Cal, California's Medicaid program, is enrolling eligible people in Supplemental Security Income or SSI. However, a very low percentage of the homeless population (11 percent) in the U.S. receives SSI (a). In 2008, an estimated 1,100 homeless adults were eligible but not enrolled in SSI in Sacramento County. Many homeless individuals are unable to navigate the difficult SSI enrollment process. Homeless individuals have access to limited health care services in Sacramento County, including hospital emergency rooms and a non-profit clinic, Loaves and Fishes, which is a collaborative of the County and Mercy Hospital. Consequently, homeless people account for a disproportionate share of health care costs because they are often chronically ill.

PROMISING SOLUTION: A PUBLIC/PRIVATE PARTNERSHIP

Launched in January 2009, the Sacramento Healthcare Access Program provides SSI enrollment assistance to providers that then enroll individuals with special needs. CCHN is the lead agency of the initiative, providing centralized training and coordinating all SSI enrollment activities in Sacramento. As of mid-2009, five Benefits Advocates were enrolling eligible individuals, most of whom were referred to them by The Guest House, a county homeless services site operated by El Hogar.

MAJOR MILESTONES:

Designing and launching a SSI enrollment initiative was no small feat, requiring advance planning and agreement among stakeholders, including:

- CCHN spent considerable time assembling a public/private collaborative that includes the County Department of Human Assistance (DHA) and the County Department of Health and Human Services (DHHS), as well as agencies that provide medical, mental health, and housing services to the homeless community.
- CCHN staff met with stakeholders at monthly meetings and was involved in other planning activities such as drafting the initial proposal to the agencies involved in this arena. A representative from the state Disability Determination Services, which provides the final approval for individual applications, also attends the monthly meetings.

In addition, there is a Working Group of Executive Directors from every agency that works with the homeless. CCHN reports to this working group, now called Sacramento Steps Forward. The Group includes the Mayor, county executives, and CEOs from major hospital systems.

CCHN provides 1 – 2 staff to coordinate the initiative. It is responsible for recruiting the staff to run the Program, including an Outreach Coordinator who is responsible for training and coordinating the Benefits Advocates. In addition to steering clients through the lengthy SSI enrollment process, such as collecting life history data and obtaining medical assessments, Benefits Advocates have access to case management services that connect clients with other services, such as transportation.

Partnerships and collaborations: Early on, there was broad-based commitment to expanding coverage for homeless individuals. For example, two dozen agencies that focus on housing championed the program. Additionally, the Healthcare Access Program relies heavily on in-kind support from the community partners to train and support Benefits Advocates. The key partners that assisted with planning and implementing the Program include:

CCHN Member Clinics: CCHN member clinics are an important component of the health care safety net. They treat a significant percent of the region's Medi-Cal population and prevent unnecessary use of higher cost emergency room services. One clinic, The Effort, provides mental health and substance abuse and other social support services to the homeless population at the MLK Housing Project. The Effort was a champion of the initiative from the beginning.

The Sacramento County Department of Human Assistance (DHA): The DHA provides significant in-kind contributions; particularly staffing that saves the homeless community hundreds of thousands of dollars. It was able to dedicate one position (a social worker) to work with the SSI team, as well as facilitate adoption of the SSI/SSDI Outreach, Access, and Recovery (SOAR) training module, which is client-centered and flexible.

The Sacramento County Department of Health and Human Services (DHHS): DHHS has assigned 1-2 people to the program and has made it a major priority in the reform of the CMISP, a program for the medically indigent. It determined that a large percent of the medically indigent are eligible for SSI.

The regional office of the Federal Social Security Administration (SSA): This office has been very supportive and has modified the SSI application process. It has provided a dedicated contact person that CCHN and partners can contact for information, and has provided advice about navigating the system.

Last, there are other *community partners* (such as El Hogar) that identify and enroll homeless individuals in SSI. They do most of the case management and have a full-time Benefits Advocates, as well as Supervisors who assist with program operations.

Overcoming challenges: Securing higher-level county support of the Health Care Access Program required champions at different levels and different stages. There were a couple of points in the process where the initiative could have failed but key people helped move the initiative along. Second, the enrollment process, albeit greatly improved, is still cumbersome. Completing an application routinely takes two days of staff time. And if an application was started and not completed then legal expertise is sometimes required to restart these applications. Additionally, the rise in the number of homeless compounds the problem and increases the backlog. The Social Security Administration nationally has been overwhelmed by applications in the face of the economic downturn, which has clogged the system. State furloughs have slowed final approval of applications. Sacramento County has experienced drastic cuts and must struggle to maintain its in-kind commitment of a dedicated staff position. Also, the non-profit community based organizations struggle to provide services in the face of growing unemployment and cutbacks at the state level. The availability of private and public funding continues to decline.

Additional Challenges: Partner roles and responsibilities required some finessing during implementation, such as member clinic level of involvement and resolving technical details in determining eligibility

ACCOMPLISHMENTS AND BENEFITS

Through their participation in the Healthcare Access Program, CCHN and its partners have been able to achieve some early successes benefiting the homeless, member clinics, and the broader community. As of December 2009, 14 people have been trained using a modified version of the SOAR model. Out of these, five are dedicated to the project and the remainder use some or all of the training in their agencies. Application services were provided to 101 people since the beginning of the project in 2009. Of these, 24 applications received a final determination and 50 percent were approved (down from 75 percent in 2008). Second, there are more opportunities for CCHN to become a player in the community safety net. For example, CCHN has a grant application pending to provide health navigator services for the homeless. Lastly, CCHN and its partners have forged an enduring partnership that is able to tackle complex problems with great success, such as pursuing joint grants that focus on the root causes of homelessness.

The short and long-term outcomes of the Healthcare Access Program for safety net providers and underserved populations in Sacramento County include:

Expanded CCHN advocacy capacity: In addition to expanding its advocacy base to the homeless arena, CCHN also was able to provide information from the clinic and consumer perspectives.

Increased policymaker awareness of safety net and clinic policy issues: Working with the homeless community and advocates positions CCHN more squarely in the community and in a policy area that has high visibility among decision makers. It is more involved in the decision-making infrastructure in the homeless community.

Increased policymaker support of safety net and clinic policy issues: The reforms to the SSI enrollment process provide a timely and tangible message: there are cost effective ways to provide services to the poor. This message resonates with the County during economic hard times, making it more amenable to pursuing public/private partnerships with CCHN and member clinics.

Strengthened clinic operations: Although this initiative is outside their purview, clinics are likely to serve those enrolled in SSI since they are automatically eligible for Medi-Cal. The participating clinic, The Effort, works with the CCHN Coordinator who provided application services. Having a trained person who is an internal point of contact is more efficient than having multiple contact persons outside the clinic. Additionally, this person can work with clinic case managers in completing individual applications.

Clinic Experience: The Effort Medical Clinic

The Effort Medical Clinic has been a key part of the healthcare safety net in Sacramento County since 1970. A Federally Qualified Health Center (FQHC), The Effort focuses on Medi-Cal patients, the working poor, and other uninsured/underinsured populations. The clinic provides services to 5,000 low income, uninsured, and underinsured patients annually. It provides comprehensive primary care as well as behavioral health services, including mental health services and substance abuse treatment. The Sacramento Healthcare Access Program provided a Benefits Advocate (a CCHN employee) to do the SSI application process at the MLK Housing Project. This person is a resource to clinic staff. While the number of homeless individuals who have been successfully processed (20 people) is small, the benefits to the individuals and the clinic are considerable. Newly enrolled individuals have access to many more services, such as preventive care, routine medical care, and behavioral health services, and the clinic receives quicker payment for medical services. The Effort sees this activity as an integral component and is considering hiring and training additional staff to perform this function.

Increased services for the underserved and uninsured: Upon enrollment in SSI, individuals have quick access to a variety of services as well as regular medical care under Medi-Cal and are likely to get preventive care and routine medical care.

Improved health outcomes for targeted communities and populations: The Healthcare Access Program and SOAR training module have streamlined and improved the SSI enrollment process. For example, it now takes 60 days (compared to 90 to 120 days) to get a determination of eligibility from the State Disability Determination Services and approximately two thirds of applications are approved. The savings from shifting these individuals to Medi-cal greatly benefit the health care system overall.

FACTORS FOR SUCCESS:

One key factor contributing to its success was collaborating with stakeholders from the homeless community, which is already a model of collaboration. Second, pursuing a public/private partnership with the county to expand coverage for homeless individuals reduced the barriers to accomplishing tasks that an individual agency could not do on its own. Also, people skills are a must for achieving cross-agency and stakeholder partnering as well as being involved in the day-to-day operations with street level agencies that work with this population. Last, timing and availability of resources are critical. Homeless services are reasonably well funded, such as federal and local housing assistance.

LESSONS LEARNED:

CCHN parlayed its partnership expertise into increased policymaker and community support for coverage expansions. It also mobilized member clinics and greatly expanded their role in expanding outreach and enrollment in coverage programs. Last, CCHN was part of the decision-making infrastructure, versus trying to influence coverage expansions from the outside.

THE FUTURE:

CCHN anticipates being involved in expanding SSI enrollment and linking the homeless to services for as long as it is funded. Funding for the Sacramento Healthcare Access Program is projected to last through 2011. In the face of dramatic budget cuts, the County has maintained its commitment to the program. Last, CCHN will focus more on expanding the involvement of homeless agencies and solidifying a coordinated role to sustain this function.

CONCLUSIONS

Targeting and expanding organizational involvement in a new arena is no small feat and it requires developing new relationships to make it happen. Involvement with the homeless community has greatly benefited CCHN and resulted in new opportunities. More broadly, CCHN's involvement with the Healthcare Access Program moved it squarely into the coverage arena where it can pursue other initiatives on behalf of the homeless and other vulnerable populations.

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