



CARDEA  HEALTH

Integrated Health and Housing

*Stabilizing Medically and Socially Unstable Individuals in the Community
Using Medicare- and Medicaid-Funded Home-Based Programs*

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Background

Challenges Associated with Stabilizing High-Needs Medically and Socially Complex Individuals in the Community

Housing High-Needs Individuals in the Community

Individuals with complex chronic illness and personal care needs who have experienced homelessness (PEH) are rarely able to live successfully long-term in the community, due to a high level of medical and social instability

Many PEH prefer not to reside in an institutional setting

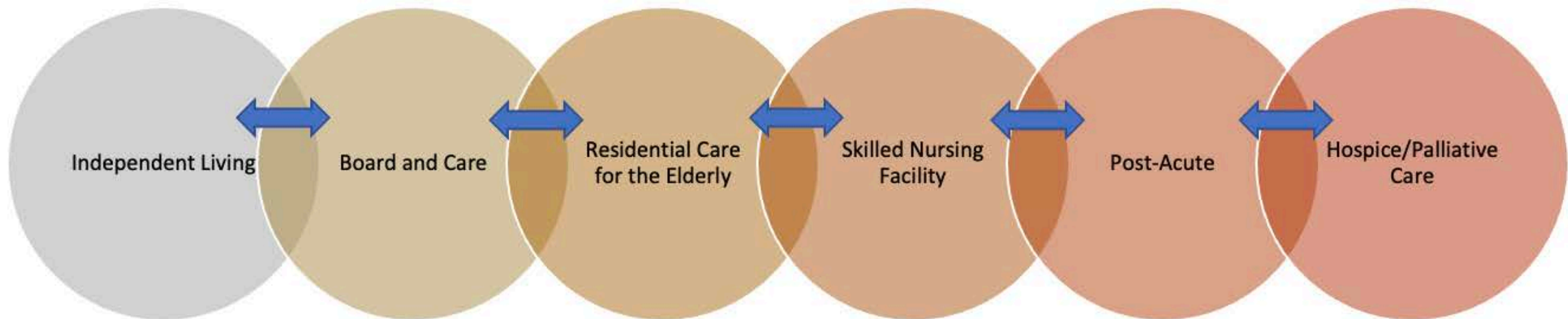
Individuals with a need for intensive, long-term care needs are often unable to reside successfully in Permanent Supportive Housing

Programs designed for individuals with skilled care needs or personal care needs can be difficult for PEH to *access*

Municipalities across the county struggle to successfully support this high-risk, high-needs population



Traditional Care Model



What doesn't work about this system for people who have experienced homelessness?

- People are forced to move through different systems of care as their needs change
- Individuals with behavioral health issues and substance use disorder often struggle in institutional settings
 - Care is difficult to access and coverage may be limited

OakDays Program Model

Care Model, Funding Streams, Impact, and Interest

OakDays Care Model and Population



- Enhanced on-site clinical services at OakDays allow these institutionally-frail residents to *live successfully in a community-based setting through the end of their life, regardless of how their care needs change*
- Eligibility Criteria for Medically Frail Residents (must satisfy all)
 - Currently homeless
 - High healthcare utilization: >7 ED visits or >1 hospital admission in the prior year
 - Functionally compromised
 - Complex chronic illness
- Seed funding provided by Alameda County for 1st year of operation
- Intended as a pilot site to assess feasibility, efficacy, and impact
- OakDays currently houses ~50 SNF-eligible residents and 5 hospice-eligible residents

OakDays Model

Institutional-Level Care

Skilled Nursing

Personal Care

Housing Services

Permanent Housing



Moving Program Streams Around the Client; *Program Enrollment by Level of Care*

	Transportation	Meals	Medical Case Management	Primary Care	Personal Care	Skilled Care	24-hour Personal Care	24-hour Skilled Nursing	Notes
Managed Medicaid plan(s)	Maybe	Maybe	Maybe	Yes	Yes, limited hours	Yes, short term	No	No	Range of services varies widely by state and county
Assisted Living Waiver (ALW) Medi-Cal program	No	No	No	No	Yes	No	Yes	No	California-based Medicaid waiver program, provides RCFE-level care
Home and Community Based Alternatives (HCBA) Medi-Cal waiver program	No	No	Yes	No	Yes	Yes	Yes	Yes	California-based Medicaid program, provides SNF-level care or higher
Program of All Inclusive Care for the Elderly (PACE)	Yes	Yes	Yes	Yes	Yes, limited	Yes, limited	No	No	Medicare/Medicaid program
Multi-Services Senior Program (MSSP)	Yes	Yes	Yes	No	Yes, limited	Yes, limited	No	No	California-based Medicaid waiver program, provides a wide range of flexible services, but only up to moderate intensity

OAKDAYS OPENED

JULY 30, 2020

- **Caters to medically fragile/PSH clients**
- **Currently an SIP site – converting to a PSH site**
- **140 total rooms available**
- **Current occupancy: 83 individuals (as of 11/11/22)
with 47 medically fragile**



STAFFING (Housing)

- **33 Ambassadors splitting 3 shifts**
Day: 6:30 am – 3pm, Swing: 2:30pm – 11pm, Graveyard: 10:30pm – 7am
- **1 Site Director, 1 Property Manager, 4 Housekeeping, 2 Maintenance,
4 Supervisors (splitting 3 shifts)**
- **3 Housing Navigators**

OakDays Model *Impact*

- Residence at the OakDays Alameda County Homekey site was associated with a 78% reduction in ED visits (psychiatric and medical), skilled nursing facility admissions and inpatient admissions among individuals who were housed for 180 days or more
- Estimated \$3,539,060 reduction in healthcare spending for OakDays residents over a 180-day period*
- Estimated 11,796,867 reduction in healthcare utilization for all OakDays residents since project inception, as of 11.20.22*

*Assumptions: 1) Association between OakDays residence and healthcare utilization for residents who lived at OakDays for <6 mos is equivalent to association for PRK residents who remained housed for >6 mos, 2) 1000 residents, 425 bed days per since PRK inception

CARDEA + FIVE KEYS

Integrated Health and Housing in Action

Enhanced medical support services include, but are not limited to:

1. Wound Care – **Cardea Nurses**
2. Home health care services as ordered – **Cardea HHC (Home Health Care)** workers
3. Medication management – **Cardea Nurses**
4. Medical administration – **Cardea Nurses**
5. Coordination with outpatient pharmacies – **Cardea Nurses**
6. Medication reconciliation – **Cardea Nurses**
7. Linkage to medical care and services – **Cardea Nurses** and Housing Navigators (CHR)
8. Wellness Checks – **Five Keys Ambassadors**, **Cardea Nurses**, and HHC Workers
9. Assess and triage guests with acute medical conditions, follow up as needed with guest's medical care team and/or 911 intervention – **Cardea Nurses** and 911: **Five Keys Staff**
10. Establish connection with primary care – **Cardea Nurses**
11. Coordinate care and services with guest medical care teams – **Cardea Nurses**
12. Provide nursing and caregiver services at minimum 7 days a week, 9-5pm – **Cardea Nurses**, Best Living Care, and HHC
13. Obtain durable medical equipment as indicated – **Five Keys Housing Navigators and Director** (for the most part), and **Cardea** on occasion
14. Assess guests for supplemental services Home and Community-based – **Five Keys Housing Navigators** and **Cardea Nurses**, Alternatives (HCBA), Programs of All-inclusive Care for the Elderly (PACE), Assisted Living Waiver (ALW) – **Five Keys Housing Navigators**, EBI (East Bay Innovations), **Cardea Health**
15. Adhere to specified County reporting practices, including but not limited to use of County data platforms (e.g., Salesforce, Community Health Record) to share all health information with HCSA – **Five Keys Director and Housing Navigators**, and **Cardea Nurses**
16. Participate in on-going planning and coordination meetings with County as requested – **Five Keys Director and Housing Navigators**, and **Cardea Medical Directors**

Medi-Cal Funding for OakDays Clinical Services

Care Type	Funding Source	Annual Budget*
Personal care	HCBA waiver	\$1,123,920
Home Health Nursing (RN/LVN)	HCBA waiver	\$194,918
Case management (habilitation)	HCBA waiver	\$647,728
<i>Total</i>		\$1,966,566

*Assumes 50 residents enrolled in the HCBA waiver program

Response to Model

Local, state and national interest in the model

- Model overview presented by invitation at National Association to End Homelessness annual conference in Washington DC
- Model presented to the US Interagency Council on Homelessness
- DHCS endorsed use of this model in Homekey sites, and expressed interest in model expansion
- San Francisco and other counties have expressed interest in building OakDays-type programs
- OakDays program staff and leaders routinely receive calls from all over the state, seeking admission to the program for individuals who have no other options
- DREDF Research Foundation, associated with Brandeis University is developing a qualitative review of the model

Alameda County has been a leader in developing this novel model, which has shown significant successes in an area where there are few other options.

Five Keys

Organizational Overview



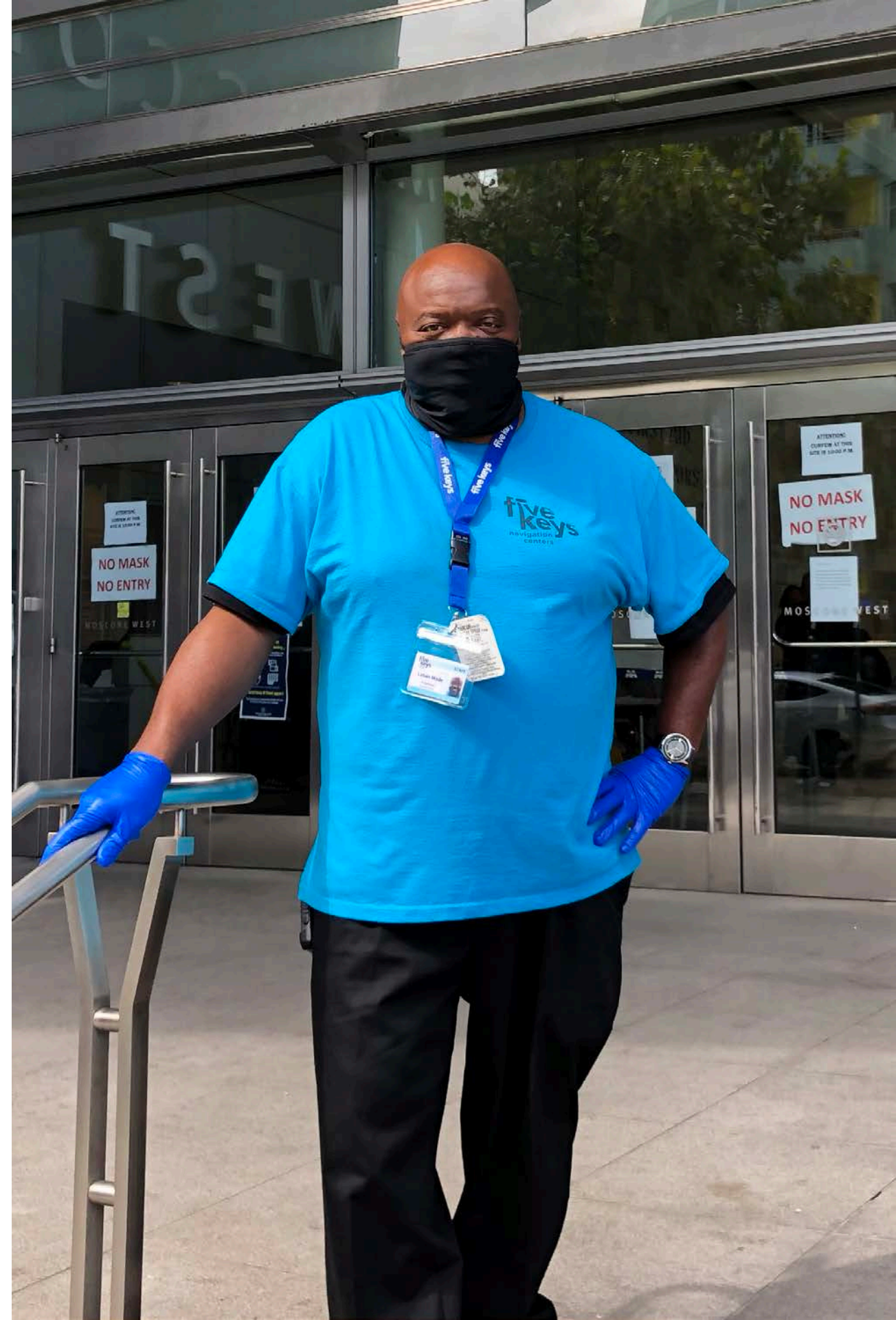
OVERVIEW

Five Keys combats poverty, racism, inequity, and trauma by focusing on the *five keys* of EDUCATION, EMPLOYMENT, COMMUNITY, FAMILY, and RECOVERY. Our mission is to further social justice through (1) Access to Education; (2) Workforce Development; and (3) Building Vibrant Communities.

Five Keys is a nationally recognized non-profit with more than **25** different programs at over **120** locations in **14** counties throughout California with a spectrum of programs that include **high schools, workforce development, reentry, and emergency housing**.

Five Keys' homeless services division is known for its clean, welcoming, compassionate and efficiently run shelter facilities, currently operating with 450 employees and subcontracted vendors in eight shelter locations in San Francisco and Alameda counties. We offer interim housing with comprehensive case management and navigation services leading to placement into short-term, transitional, rapid re-entry, emergency, and permanent housing, as is appropriate to individuals' needs.

Our housing services are known for their trauma-informed, holistic approach that provides a welcoming space, and staff who take pride in providing caring customer service following a harm-reduction model., including de-escalation strategies, administering Narcan for overdoses, training to increase awareness of the needs of transgender and LGBTQ guests, customer service strategies, first aid, CPR, harm reduction philosophy, workplace ethics, and two days shadowing experienced ambassadors.



TODAY

We serve 30,000+ Californians annually at 120 teaching sites, including 25 county jails spanning 14 counties.



Cardea Health

Organizational Overview



Mission and Vision

- Cardea Health is a nonprofit organization founded to connect marginalized populations to the clinical services required to improve health, remain stably housed in their community, and age in place.
- Cardea Health offers integrated medical/social care models and compassionate, culturally competent care
- Cardea Health aims to help our most vulnerable neighbors thrive in the community by closing service gaps, particularly through provision of intensive community-based nursing and personal care services

Cardea Health Programs

OakDays, HK1, and Home Base Trailers; Permanent and Transitional housing with nursing home level care on-site

Fairmont Tiny Homes Respite

Home Health Agency (TLC Homecare Inc.)

Medical Directorship for Healthcare for the Homeless

Substance Use Disorder pilot in partnership with Alameda County HCH, Alameda Health Systems, and California Healthcare Foundation

Lake Merrit Lodge Roomkey site, on-site clinical services

Medical Directorship, Alameda County's Isolation and Quarantine site

Case Study

Meet one of our Residents

A Snapshot

Medical History (prior to Oak Days admission)

37 YO male with end stage kidney disease with no outpatient dialysis, heart failure, opioid use disorder, traumatic brain injury, seizure disorder, chronic pain, developmental disability, homelessness.

Referral Source

Mr. NW was referred to us by Alameda Health System's Complex Care Team. At that time, he was utilizing the Highland ED multiple times a week to receive dialysis.

Interventions

NW was started on methadone through a novel home-based program at the OakDays site and Cardea Health personnel trained to administer home hemodialysis. He now ***runs and plays basketball***, and has not had a hospital admission for almost a year.

Future Opportunities

Increase Medically Frail Bed Capacity



- Model requires a minimum of 25 people at a single site
- Requires funding for ~ 1 year of operations
 - Takes 6-9 months to enroll residents in the HCBA waiver program
- Services can be layered onto permanent or temporary housing

The current number of medically frail units (90 across two Homekey sites) serves about 35% of the unsheltered Alameda County residents who require an OakDays level of care to reside stably in the community (estimated to be ~300)

Expanding Use of Medi-Cal Services for PEH

AB 2483

Prioritizes housing developments for funding that include at least 25% of units set aside for institutionally frail individuals

CaAIM

May create opportunity to have plans fund long term care services in non-institutional settings

This may include short-term funding of services while awaiting HCBA enrollment

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Questions,
Comments?