



# Implementation Board System Planning Subcommittee Meeting Minutes 3/16/23- 3:03pm called to order

## Land Acknowledgement – Chair Chelminiak

### Members Present

- Christopher Ross- Present
- Paula Carvalho- Present
- John Chelminak- Present
- Okesha Brandon- Present
- Simha Reddy- Present
- Juanita Spotted Elk- Present
- Benjamin Maritz- Present

### Notes

#### 5 year plan restructuring- Alexis Mercedes Rinck

- Regardless of method, all numbers indicate that we do not have enough temporary housing/sheltering options for people.
- Current state:
  - Service Provider Organizations: Staffing shortages and Turnover, Training and Expertise to carry out trauma-informed care and person-centered, Capacity Building for new, small, regional and by/for agencies.
  - Network of Homeless Services: Coordination Challenges for client care, Under-Served Sub-Regions, Under-served Sub-populations
  - System to System Connections: Behavioral Health, Schools, Foster Care, Health Care, Carceral System, Warning signs and indicators of Homelessness in other systems, missed opportunities for connection and support, Challenges for people currently accessing services to connect with other systems of care.

- The Ideal System State: Every service provider is able to adequately hire and retain trained staff that can carry out best practices when serving clients. All service providers are coordinated through data, every sub-region has services, and all disproportionately impacted sub-populations are served. No missed opportunities to intercept someone before becoming homeless, Supportive transitions.
- Key Programmatic Initiatives
  - Year 1 priorities

<b>Serving Families Experiencing Homelessness</b>			
<i>Families with children make up 17% of people experiencing homelessness in King County. Additionally, the number of families experiencing homelessness has continued to trend upward since mid-2021. In King County, there are currently 113 programs across 39 provider organizations that serve families with children, accounting for 19% of the units and 30% of the beds in shelters and housing across the region. To learn more about family homelessness and our initiatives across all five years of the plan, <a href="#">click here</a>.</i>			
<i>Key Actions</i>	<i>Level of Change</i>	<i>Funding</i>	<i>Impact</i>
Coordinate across providers and systems to provide long-term support for families transitioning from homelessness to permanent housing	<b>Homelessness Response System</b>	No additional funding needed.	Families experiencing homelessness and accessing services experience improved continuity and support.
Expand outreach and use of diversion resources to reach more families at risk and prevent experiences with homelessness.	<b>Homelessness Response System</b>	\$XXX,XXX	X number of Families will be connected to diversion resources.
Advocate for improvements to state and federal programs that support children and families. Improve connections between the homelessness system and school districts.	<b>System to System Connection</b>	No additional funding needed.	Increased prevention and stabilization resources would decrease inflow of family homelessness.

- Funding Strategy Section
  - Medicaid/Foundational community support payment reform. Specifically, KCRHA will work with CSH has a three-phrase approach to maximizing Medicaid for tenancy support services in King County

## **Health Insurance Coverage for Supportive Housing Services- Debbie Thiele**

- The healthcare system deinstitutionalized mental health. It did not set up a new way to help people with disabilities with housing.
- A lack of affordable housing has been driving people with disabilities and/or complex health challenges into homelessness. This is exacerbated by racism in the housing market for people of color.
- Over the past 35 years, people working to end homelessness created a dignified response to the needs of people with extremely low incomes and people with disabilities via supportive housing.
  - Supportive Housing combines affordable housing with services that help people who face the most complex challenges to live in their own homes and communities.
- Triple aim of healthcare
  - Improving the experience of care, Improving the health of populations, Reducing per capita costs of healthcare.
- Medicaid Overview
  - Medicaid is public health insurance offered by the state. It is a contract between the state and Center for Medicare and Medicaid Services. Washington was the first

state to adopt a benefit after CMS issued guidance to state Medicaid Directors. The state adopted the two foundational community supports benefits of tenancy support and supported employment.

- Current fiscal source scenario
  - It cost approximately \$27,000 in rental subsidies and tenancy support. \$27,000,000 would be able to serve 1000 people.
  - The source of that revenue comes from document recording fees, Vets and Human Services Levy, Seattle Housing Levy, etc.
  - Medicaid coverage would allow \$7,200 to be covered reducing the total cost to serve one person to \$19,800. Resulting in a 36% [1,364] increase in the amount of people that could be served.
- CSH is providing technical assistance to KCRHA in becoming an FCA-eligible entity so that System Advocates can bill Medicaid for their services.
- Systems Change
  - Facilitate system partners to discuss and address what is and isn't working for providers
  - Track health and housing outcomes disaggregated by race.
  - Engage other states and communities involved in this transformation.

**Closing Meeting Adjourned 4:38pm,**