

Oregon Health Authority narrows focus on housing as health care

BY CORINNE ELLIS
STAFF WRITER

In a report released in late October, Oregon Health Authority examined the role of housing as a social determinant of health.

The report, which surveyed 15 of the state's 16 coordinated care organizations, or CCOs, showed CCOs offer a variety of housing-related services and have an eagerness to invest and expand upon what already exists.

A CCO is a network of different types of health care providers working together to serve people in their community insured under the Oregon Health Plan.

The report found all 15 networks provide some type of housing service, ranging from transitional housing support to integrated housing and health services. The depth of services provided varies greatly, and many reported that they were offered on a

case-by-case basis.

Increased investment has begun in Portland with a newly announced health and housing alliance.

In September, Central City Concern unveiled its plan for a \$21.5 million affordable-housing donation it received from a coalition of six health organizations including Oregon Health & Science University and CareOregon.

The donations will help fund three new housing and health care centers that will provide 382 new units: The Eastside Health Center will provide housing with on-site addiction and mental health services for 176 people, the Stark Street Apartments will provide 155 units of workforce housing, and the Interstate Apartments will offer 51 units for families.

Gov. Kate Brown met with Centers for Medicaid & Medicare Services, Oregon Health Authority and Central City Concern to discuss the important role that this project would play in providing a well-rounded vision of health care.

The proposed sites would provide safe and secure housing, on-site health programs and improved coordination between patients and their health care providers.

According to a Providence Health & Services study released in February, there is a significant correlation between housing and improved health. The study found that

access to affordable and stable housing resulted in a 20 percent increase in use of primary care, an 18 percent decrease in emergency room visits and a 12 percent decrease in spending on medical services.

Of the 1,625 survey participants, the average person's health expenditures decreased by \$48 per month after one year in permanent housing, saving participants a total of \$936,000 over the course of a year.

Getting health providers on board with transitional housing was crucial, Central City Concern Executive Director Ed Blackburn said, because of the assistance that many people need to address physical or mental illness.

"People are completely capable if they could just get off the streets for six to eight months and get their health issues in check," Blackburn said.

Oregon Health Authority's report echoed Blackburn's call for more health-centric housing. When asked for their top reason for providing housing support, most CCOs reported a high need from their patients.

One common thread throughout the report was that despite the enthusiasm of CCOs to help get people housed, it often comes with a financial burden.

Under Oregon's current Medicaid waiver, services such as this health and housing initiative fall outside of the scope of health-related services despite the direct impact housing status has on an individual's health.

Instead, these services are called "flexible services." A flexible service can be anything from assistance in paying an overdue utility bill to offering healthy cooking classes. These extra services can factor into the overall health and wellbeing

of a person.

Flexible services are considered administrative costs, so they aren't included in a CCO's rate setting.

Under Oregon's current Medicaid waiver, CCOs can use Medicaid dollars on services such as housing support, but many have expressed a need to expand upon what already exists.

Of Oregon's 16 CCOs, 12 report they use flexible services to cover housing-related services. Two-thirds say they would likely participate in a collaborative learning with other CCOs to explore the relationship between housing and health.

Oregon Health Authority recently submitted a new Medicaid waiver that, if approved, would redefine flexible services, making housing-related costs much easier to fund. This change would give CCOs much more flexibility when it comes to providing services that aren't inherently health related but have a positive effect on health and wellbeing.

In the meantime, there are still many other barriers to health care access.

Lynne Saxton, director of Oregon Health Authority, said one of the ways to increase effectiveness of health care is through improved communication.

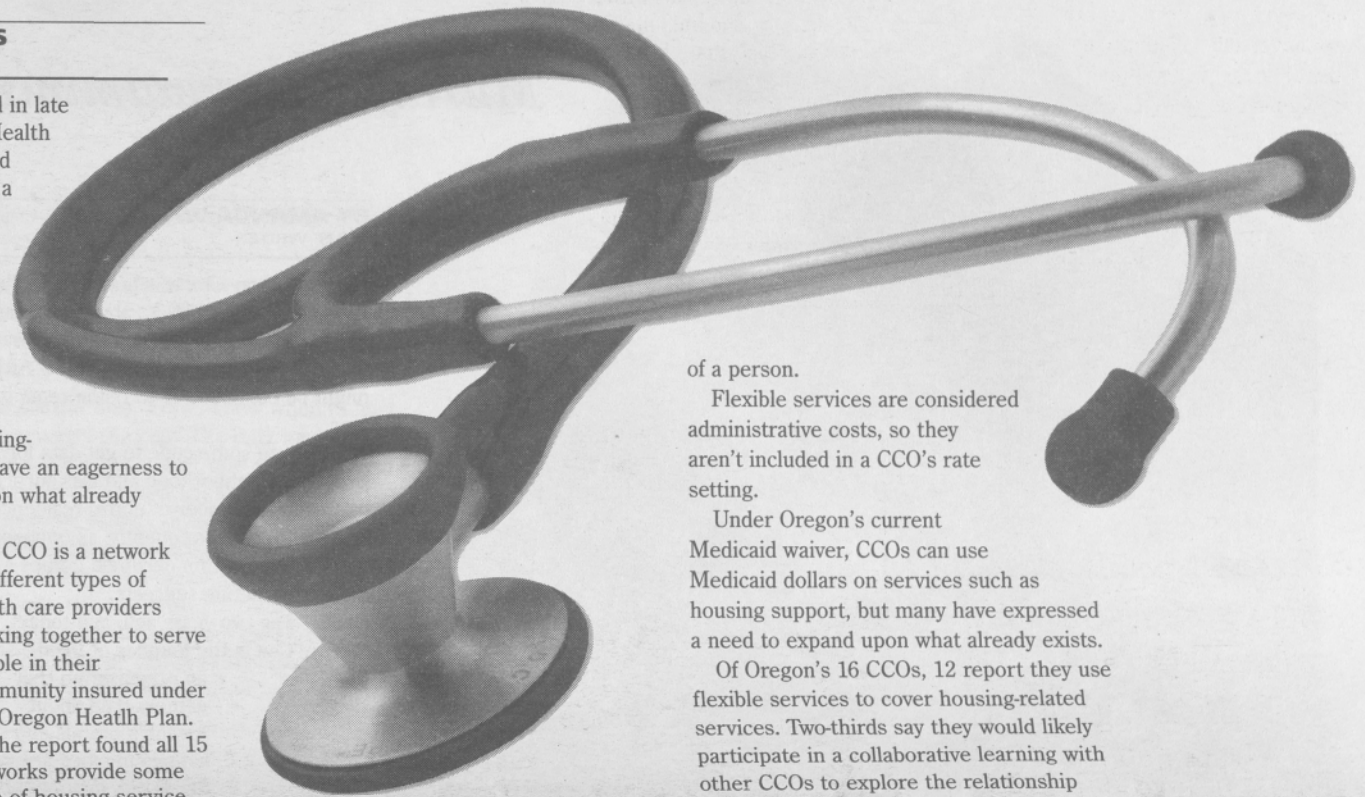
"Health care access is, in part, about communication and education. So I think we're already on that path to having access be dependent on that education, and that clarity," Saxton said.

With an application coming in at a whopping 25 pages, signing up for Oregon Health Plan can be daunting. If we are to break down barriers to health care access, we must first be willing meet the people where they are, Saxton said.

"To have informed consumers, you have to simplify, you have to focus, and you have to do the outreach in a way that they are prepared to receive," she said.

Blackburn, of Central City Concern, said he's interested in ways this project can inspire more progress and hopes to see similar collaborations in the future.

"Can we inspire other health care entities and businesses to invest in stuff like this if they really want to do something about homelessness?" he asked.



Health organizations donated \$21.5M for affordable housing including on-site health programs for Oregon's most vulnerable residents