

# Spotlight on MCO-CBO Partnerships

CareOregon and JOIN partnership to offer permanent housing supports and other wraparound services to Medicaid members



Mobile Permanent Supportive Housing (MPSH) Team

**The NORC Medicaid Managed Care Organization (MCO) Learning Hub shares timely and relevant resources to support Medicaid MCOs and other stakeholders in improving the health of their members and increasing advancements in health equity and health care transformation. We encourage you to share your experiences and feedback on future Medicaid MCO Learning Hub work so we can better serve your needs. To start the conversation or join our distribution list, please email us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org).**

The Medicaid MCO Learning Hub “Spotlight Series” highlights key initiatives addressing health equity that are driven by, or in partnership with, MCOs to inform the Robert Wood Johnson Foundation (RWJF) and its grantees. In addition, the series provides MCOs, community-based organizations, states, and other key stakeholders with examples of successful models of organizations working together to advance health equity.

This “Spotlight” focuses on a partnership between a Medicaid MCO in Oregon and a nonprofit organization providing permanent supportive housing supports to Medicaid members. Forthcoming Spotlight Series briefs will center on other existing initiatives and partnerships around health equity.

A key growing social determinants of health (SDOH) concern among Medicaid members is concern about unstable or unsafe housing. Due to the COVID-19 pandemic, an increasing number of individuals are experiencing homelessness or job loss and are therefore more susceptible to experiencing homelessness. Individuals experiencing homelessness or housing

instability are more likely to experience negative health outcomes and health inequities.<sup>1,2,3</sup>

Partnerships between managed care organizations (MCOs) and community-based organizations (CBOs) can help address Medicaid members’ housing needs. CareOregon and JOIN have developed a partnership to provide permanent housing supports and other

<sup>1</sup> Tsai, J., & Wilson, M. (2020). COVID-19: A Potential Public Health Problem for Homeless Populations. *The Lancet Public Health*, 5(4), e186–e187. Elsevier Ltd.

<sup>2</sup> Doran, K. M., Cha, S., Cho, R., DiPietro, B., Gelberg, L., & Kushel, M. (2020). Housing as Health Care During and After the COVID-19 Crisis. *Annals of Family Medicine*, COVID-19 Collection.

<sup>3</sup> National Alliance to End Homelessness. (n.d.). Health. <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/>.

wraparound services to Medicaid members. [CareOregon](#) is a safety net, nonprofit managed care plan for low-income Oregonians. [JOIN](#) is a nonprofit organization that supports individuals and families experiencing homelessness in the Portland Metro area by providing case management and referrals to other needed services, including transitions into permanent housing.

NORC's Medicaid MCO Learning Hub staff spoke with staff from CareOregon and JOIN to discuss their partnership.\*

## Q: How did CareOregon and JOIN come together to offer permanent housing supports and other services to Medicaid members?

**JOIN:** We have known for a long time about the intimate connection between housing and health; housing is an SDOH and individuals experiencing homelessness are more likely to manifest chronic diseases and other negative health outcomes. Individuals who are housed have better chances for recovery and better health outcomes. Leadership at JOIN, CareOregon, and the Multnomah County Joint Office of Homelessness (JOHS) connected directly with one another to discuss what it would look like to bridge housing and health. CareOregon jumped at the opportunity to leverage the JOIN infrastructure, housing expertise, staff support, developer relationship, and funding. JOIN leveraged CareOregon's care coordination and health plan navigation to support clients experiencing chronic homelessness. The initial contract included a matching investment from the Multnomah County JOHS for the first year.

**CareOregon:** Our partnership with JOIN began in 2017. We wanted to explore whether a housing intervention would impact cost utilization and improve health outcomes. We had a need, JOIN had a service, and we made an intentional decision to enter into this partnership. Our role as an MCO is not to be an expert in housing. We partner with organizations like JOIN because of their expertise; they are a better advocate in certain spaces.

**“[CareOregon staff are] not housing experts. We intentionally decided to partner with people and organizations that are [housing experts]. The decision to pivot and build partnerships versus building housing expertise was intentional.”**

## Q: Can you talk a bit about what programs you offer through this partnership?

**JOIN:** We have a large population of individuals experiencing homelessness in the Portland Metro region, often disproportionately people of color. We are a social service organization that provides wraparound services, but we are not a health organization or provider. As an MCO, CareOregon provides health services while we provide housing supports, case management, and community supports. Our clients have experienced major crises, historical trauma, and chronic stress, as well as ongoing fear and mistrust of dealing with doctors and medical treatment, among other issues. Even dealing with health insurance is complex, so we also have an advocate for enrolling clients. This partnership between CareOregon and JOIN allows us to connect clients to needed mental health services and housing.

Our organization has close connections with housing authorities, including Multnomah County JOHS, the local Housing Authority, and the City of Portland Housing Bureau, to help provide not just housing but stable housing. JOIN created different programs ([Mobile Permanent Supportive Housing](#) among them) designed to offer services to zero- and low-income individuals and families. We have received federally funded housing vouchers in partnership with CBOs in the state of Oregon. [These Long-Term Rent Assistance Vouchers](#) are administered by Home Forward with full local funding by Multnomah County, which has its own set of flexible policies. The goal of this project was to create another stream of money for rent subsidies that were separate from Section 8, and though modeled after the Section 8 Program, are significantly simpler to administer and activate.

These vouchers are designated for adults, families, veterans, and individuals with disabling conditions. Thanks to the partnership with CareOregon, the Mobile Permanent Supportive Housing program secured access to long-term rent assistance vouchers for 50 percent of CareOregon referrals. The Mobile Permanent Supportive Housing Programs is a collaboration among six organizations. These include:

- Culturally specific and linguistically appropriate CBOs: Native American Rehabilitation Association (NARA), Urban League of Portland, and El Programa Hispano
- A behavioral health provider: Cascadia Behavioral Healthcare

- A health advocacy organization: Coalition of Community Health Clinics
- A peer support organization: Mental Health & Addiction Association of Oregon

Our partners provide the critical retention services for individuals who are already housed, so that they can maintain their home, e.g., long-term rental assistance. The housing program is embedded in care coordination and we are expanding to other CBO partners.

## Q: How is your contract or partnership set up?

### FUNDING

**JOIN:** CareOregon has experience working with nonprofits and recognizes that milestone payments or pay-as-you-go funding arrangements are challenging funding models for them, given that these arrangements require nonprofits to supply upfront funding. We have a memorandum of understanding (MOU) with CareOregon, which lets CareOregon make referrals to any of our organizations, and we will make sure that their members are on our priority list. In turn, CareOregon provides us with upfront grant funding. That is the scope and limit of the contract. CareOregon is flexible in understanding that we are the housing experts, so they let us take it and run with it. Multnomah County JOHS oversees JOIN's funds and JOIN manages the individual contracts with each CBO.

In addition to funding services, funding staff time is also important. For permanent supportive housing, we try to maintain a staff ratio of 1 provider to 15 participants or 1 provider to 10 families. We need sufficient staff to support our individuals and families' needs. As part of our partnership, CareOregon pays for a full-time employee (FTE) at JOIN.

**“Paying only for services will never be enough. Paying for FTEs is the most important thing. While we are thankful for the partnerships that help provide us with funding for services, we also need to make sure that we have enough staff to provide those services. When we talk about wraparound services, we are talking about connecting our clients to everything they need for access to stable housing, and not just for a few months. That takes money. Having enough FTEs to stay stable is important.”**

### DATA

**JOIN:** We partner with CareOregon as a service provider and they provide us, upon referral, with information on the members' housing and social needs. We then connect clients with different services within our organization or among our partners' organizations. Any health-related information is kept separate and JOIN is the gatekeeper of the SDOH data. Referrals come to JOIN and we connect the client with the full range of services we can provide, including connections to our six partner organizations. We have a general referral sheet to compile information about the client's level of need and vulnerability that allows us to match clients with the appropriate level of services. We use this referral sheet with all CBO partners. As a result, CareOregon uses this form to provide a warm handoff to JOIN.

**“Rather than being a social services organization providing permanent supportive housing services and everything else in one group, we partner with different providers to provide a myriad of services. We are the gatekeepers.”**

## Q: Are there any challenges or lessons learned from your partnership or from this work overall?

### AFFORDABLE HOUSING SHORTAGES

**JOIN:** Obtaining housing vouchers has taken years, yet only half of the individuals referred to us by CareOregon have been able to receive vouchers. For years we have been highlighting the importance of vouchers and affordable housing shortages. The shortage of housing overall is up for debate in our region: on one side of the housing spectrum, we see a growing community of individuals experiencing homelessness across the metro area. On the other side of the spectrum, we see significant construction of higher echelon housing units. One thing that I appreciate about our CareOregon partnership is that we also have an informal alliance in the advocacy space to try to marry these two opposite sides in dealing with our housing crisis.

### BUILDING RELATIONSHIPS AND TRUST

**CareOregon:** During the first year of our partnership with JOIN, we learned about each other and what our partnership looks like in practice. We took the time to build relationships.

**“Meeting in the middle allowed us to get to know each other; then the work started to happen. We were not only learning from each other, but also learning to trust each other. We were not just building trust but earning trust and being accountable.”**

**JOIN:** It is important to be flexible and nimble. Though there is a lot of interconnection between housing and health, relying on these partnerships, especially those centered on a symbiotic relationship, are relatively new in our area.

We have also been doing this for so long that we have great connections with market units, landlords, and property owners. For example, we made connections with market unit owners to house some of our clients while they were waiting to be placed in more permanent affordable housing units. It is never an easy process. If something goes wrong, having these strong relationships allows us to be flexible and nimble to respond accordingly.

## Q: What is next for your partnership?

### CONNECTIONS WITH CULTURALLY COMPETENT PROVIDERS

**JOIN:** This partnership continues to evolve. We have embarked on this partnership and developed a relationship with CareOregon around supportive housing. When great minds come together for brainstorming and problem solving, we get innovative ideas. We are exploring a partnership with CareOregon around expanding access to culturally specific providers throughout the community, so that our members do not lose access to psychiatry, pharmacy, and other critical behavioral health services. In the annual homelessness point-in-time count, there was a steep increase in overall and chronic homelessness for African American and Native American communities in our area. The most recent counts demonstrate that though overall homelessness is on the decline, the number of African Americans and Native Americans experiencing chronic homelessness (low-income, 0-30 percent area median income [AMI], disability condition, experiencing instability or episodic homelessness for over a year) saw a sharp increase. We have been talking for a while about how to better serve our community experiencing chronic homelessness. There are a lot of disparities and over-representation from Black, Indigenous, and People of Color (BIPOC) communities within the population experiencing chronic homelessness.

### ADDITIONAL FUNDING STREAMS AND OPPORTUNITIES

**JOIN:** Something we are talking about and exploring cautiously is a proposed measure to bring an influx of several hundred million dollars a year to supportive housing services. As part of a [ballot measure](#) passed in the 2020 general election, there will be an additional tax on incomes of up to 1 percent for individuals making over \$125,000 and couples making over \$200,000, and a tax of up to 1 percent on business income for agencies or organizations with over \$5 million in revenue. That money could start arriving in 2021 and could reach the full potential of \$100-\$250 million per year by 2023. The money will be allocated proportionately to three Portland Metro counties for a mix of services, including rental subsidy, as a priority. Other services may include vouchers and alternative shelter options; funding will be available for myriad services for economic development paired with supports for permanent supportive housing. The funding stream will be a lot more flexible than funds tied to the federal government or HUD requirements.

## Conclusion

Based on our conversation with CareOregon and JOIN, we learned that there are various considerations for MCOs, CBOs, and other key stakeholders considering potential partnerships:

- MCOs could consider CBO partnerships with experts instead of building their own expertise in SDOH.
- MCOs and CBOs should consider the most appropriate mechanisms for funding their partnership. For many CBOs, milestone payments or payment for services may not account for other additional efforts and services provided by the organization. In addition, helping to fund staff and FTEs may be another consideration for MCOs.
- MCOs and CBOs can work together on advocacy for more structural changes like more affordable housing.
- MCO partnerships with CBOs can help provide more culturally competent services to meet the varied needs of Medicaid members.

\*Interview has been edited for length and clarity.

**ABOUT NORC MEDICAID MCO LEARNING HUB**

The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs.

We want to hear from you. Please contact us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org) to start the conversation or join our distribution list.

[www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx](http://www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx)

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