



# HOMELESSNESS AND URBAN SUSTAINABILITY

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# About Central City Concern

- **Who we serve** – yearly, more than 15,000 individuals (single adults, older adults, teens, parents and children throughout the tri-county metro area.)
- **Who we are** – 46% of our over 700 employees self-identify as in recovery; 25% have experienced Central City Concern's programs first hand.
- **What we believe** – every person we serve has unique skills & talents that can enrich the health, security, sustainability, and quality of life for us all.

# Four Dimensions to Fulfilling Mission



Housing – 1,600 units



Integrated Care – 159,360 visits



Peer Support



Employment – 509 jobs

# Complex care programs

Program	Target	Caseloads	% Outreach	Staff
ACT: Assertive Community Treatment	Patients with psychosis, high crisis system utilization	1:10	90%	Mental health counselors, A&D counselors, peers, psychiatrist
IDDT: Intensive Dual Diagnosis Treatment	Chronically Homeless, dual diagnosis patients	1:15	75%	Mental health counselors, A&D counselors
RCP: Recuperative Care Program	Homeless needing complex care coordination post hospitalization housing	1:10	90% (services provided in RCP housing)	Mental health counselor, peer, EMT, A&D counselor

# Medicaid and intensive evidence based practice programs

- ACT: can bill Medicaid (in Oregon); IDDT: can bill for treatment component only
- Respite Care: hospitals contract with CCC for beds
- Supported Employment: Can bill nominal fee in Oregon for those with mental health diagnosis
- Limitations with billing Medicaid for these services depending on State waiver, FQHC status
- Recommendation: Expand Medicaid's ability to pay for the services required to end homelessness and support health in this high acuity population including 1) Global financing for peer mentors and wellness specialists and 2) case management

# Housing Choice:

## Different Housing for Different Needs

Housing First Scattered Site with  
intensive resident services and  
access to health services

AND

Peer delivered Recovery Housing



# Transitional Recovery Housing

- Singles and families with primary addiction disorders
- Self-initiated Substance use treatment
- Peer Recovery Mentor 1:30 ratio
- Community (congregate) housing  
6- 9 months and exit to permanent housing
- 24/7 front desk
- Supported Employment





# Housing Choice Recommendations



- State of Washington considering changes to policy so Medicaid can pay for some resident services in housing
- Need to better align housing models/funding with SAMHSA recognized best practices for recovery like recovery community supports
- Great need for capital housing funding at the national level; rent assistance can only go so far



# HUD transitional housing recommendations

- ❑ HUD recognize transitional recovery housing as an effective model for ending homelessness for people with primary addiction disorders and funds new housing using this model
- ❑ HUD allows chronically homeless to live in transitional housing and still meet chronic homeless definition so they can access PSH or other HUD supports for chronically homeless



# System Recommendations

- ❑ Those experiencing homelessness come into contact with multiple federally funded systems.
- ❑ Recommendation: Align with and encourage innovation in systems like Corrections, TANF and Education which can contribute towards housing, employment, treatment, other supports to help end homelessness