State Strategies for Integrating Health Care and Housing for Homeless Individuals and Families

Monday, September 14th, 2015
12:30 - 2:00pm ET

For audio, please listen through your speakers or call:
1-844-302-6774, conference ID # 98896667

Generously supported by the Robert Wood Johnson Foundation
## Agenda

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<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<td>12:30 – 12:35 pm ET</td>
<td><strong>Welcome and Introductions</strong></td>
<td>Trish Riley, <em>NASHP Executive Director</em></td>
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<td>12:40 – 12:50 pm ET</td>
<td><strong>Overview</strong></td>
<td>Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing</td>
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| 12:50 - 1:35 pm ET   | **Panel Discussion**                    | Chris DeMars, *Director of Systems Innovation, Transformation Center, Oregon Health Authority*  
                        | • Elewechi Ndukwe, *Program Policy Manager, Texas Medicaid*                   |
| 1:35 - 2:00 pm ET    | **Questions and Answers**               | Trish Riley, *NASHP Executive Director*                                       |
Housing is Healthcare

- Poor health puts one at risk for homelessness
- Homelessness puts one at risk for poor health
- Homelessness complicates efforts to treat illnesses and injuries

Source: National Healthcare for the Homeless Council, “Housing is Health Care”, 2011
Supportive Housing IS ...

- Targets households with barriers
- Provides tenants with leases
- Engages tenants in voluntary services
- Connects tenants with community
- Is affordable
- Coordinates among key partners
## Supportive Housing Services

<table>
<thead>
<tr>
<th>Tenancy Supports</th>
<th>Housing Case Management</th>
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<tr>
<td>Outreach and engagement</td>
<td>Service plan development</td>
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<tr>
<td>Housing search assistance</td>
<td>Coordination with primary care and health homes</td>
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<td>Collecting documents to apply for housing</td>
<td>Coordination with substance use treatment providers</td>
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<td>Completing housing applications</td>
<td>Coordination with mental health providers</td>
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<td>Subsidy applications and recertifications</td>
<td>Coordination of vision and dental providers</td>
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<td>Advocacy with landlords to rent units</td>
<td>Coordination with hospitals/emergency departments</td>
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<td>Master-lease negotiations</td>
<td>Crisis interventions and Critical Time Intervention</td>
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<td>Acquiring furnishings</td>
<td>Motivational interviewing</td>
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<td>Purchasing cleaning supplies, dishes, linens, etc.</td>
<td>Trauma Informed Care</td>
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<td>Moving assistance if first or second housing situation does not work out</td>
<td>Transportation to appointments</td>
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<td>Tenancy rights and responsibilities education</td>
<td>Entitlement assistance</td>
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<tr>
<td>Eviction prevention (paying rent on time)</td>
<td>Independent living skills coaching</td>
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<td>Eviction prevention (conflict resolution)</td>
<td>Individual counseling and de-escalation</td>
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<td>Eviction prevention (lease behavior requirements)</td>
<td>Linkages to education, job skills training, and employment</td>
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<td>Eviction prevention (utilities management)</td>
<td>Support groups</td>
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<td>Landlord relationship maintenance</td>
<td>End-of-life planning</td>
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<td>Subsidy provider relationship maintenance</td>
<td>Re-engagement</td>
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Housing as a Social Determinant

- Usual means:
  - Location (no grocery store, lack other neighborhood supports)
  - Age of the house (lead paint, mold, unsafe water pipes, etc)
  - Housing overcrowding, etc

- For homeless, chronically ill populations - the lack of housing itself dictates health outcomes
  - This lack of community based housing has impact on health and the health system than a typical social determinant
Supportive Housing is the Foundation for Health

- Prevents onset of new illness and injury
- Improves access to high-quality, coordinated health/behavioral health care and other critical social services
- Promotes lifestyle behaviors that lead to good health
It Works: CSH FUSE Initiatives

CSH designs and implements Frequent User Initiatives (FUSE) across the country, targeting highest utilizers

<table>
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<tr>
<th>Program</th>
<th>Selected Outcomes</th>
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<tr>
<td>1. FUHSI</td>
<td>ED visits/charges, inpatient admits/days/charges all decrease by 60% or more after 2 years in program</td>
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<td>2. NYC FUSE</td>
<td>40% fewer jail days, 50% fewer psychiatric hospitalizations; $15k savings per tenant</td>
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<td>6. San Diego Project 25</td>
<td>Cost savings over $1.4 million in reduced emergency services (ER and ambulance trans.) after 12 months</td>
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<td>7. LA County FUSE/10th Decile Project</td>
<td>81% average decrease in costs per tenant; ER utilization down 71%; hospital readmits and inpatient stays down by more than 80%</td>
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Services Financing

- Medicaid
  - Medicaid Rehab Option
  - Targeted Case Management
  - Waivers and SPAs (1115 and 1915 authorities)
  - ACA initiatives (Health Homes, ACOs, Managed Care)
- State General Fund Resources
- Behavioral Health (State and Local)
- Public Health and Social Services
- Philanthropy
Housing Capital Funding Sources

501(c) 3Bond Financing
Private Foundations
New Markets Tax Credits
Neighborhood Stabilization Program (NSP)
Section 202
Federal Home Loan Bank (FHLB)
Community Development Block Grant (CDBG)
HOME Housing Investment Partnership Program
HUD Supportive Housing Program (SHP)
Housing Opportunities for Persons with AIDS (HOPWA)

Low Income Housing Tax Credits
Housing Trust Funds
Social Venture Funds
Social Impact Bonds

Organizations that Help
CSH
Local Initiatives Support Corporation (LISC)
Enterprise Community Partners
Private Investors
NeighborWorks
National Equity Fund
Other Community Development Financial Institutions (CDFI)
CMS Support for Housing Services

- CMS Informational Bulletin - Released June 26, 2015
  - Focus on Long Term Care population

- Service Categories Covered
  - Individual Housing Transition Services
    - Tenant assessment
    - Individualized support plans
  - Individual Housing & Tenancy Sustaining Services
    - Crisis intervention
    - Eviction prevention
  - State-level Related Collaborative Activities
    - Developing formal and informal relationships with state and local housing entities
    - Assisting housing agencies and informing on housing demand
Other Federal Support

- SAMHSA grants for homeless services in housing
- H2 Initiative – HUD Technical Assistance
- U. S. Dept. of Health and Human Services - Resources on Medicaid and Supportive Housing
Question 1

Please describe the impact of Medicaid innovations and health system transformation efforts in your state on the needs of the homeless population.
States Using Medicaid

New York 1115
- Asked to Re-invest federal and state savings
- The 1115 was approved but w/o federal re-investment proposal

California 1115
- Creates Regional Housing Partnerships
- Establishes Incentives for MCOs, county mental health, etc., to pay for tenancy supports
- Under Review

Louisiana HCBS
- Waivers and State Plan Amendment
- Includes housing support services
- Couples housing and services resources for providers

Managed Care
- Demonstrations and Pilots to determine ROI, target population, services cost
- Helping understand difference b/t MCO care coordination and needs of most vulnerable
**Oregon’s Coordinated Care Organizations**

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<tr>
<th>Before CCOs</th>
<th>With CCOs</th>
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<td>Fragmented care</td>
<td>Coordinated, patient-centered care</td>
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<td>Disconnected funding streams with unsustainable rates of growth</td>
<td>One global budget with a fixed rate of growth</td>
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<td>No incentives for improving health (payment for volume, not value)</td>
<td>Metrics with incentives to improve quality and access</td>
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<td>Health care services paid for</td>
<td>Flexible services beyond traditional medical care may be provided to improve health</td>
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<td>Health care delivery disconnected from population health</td>
<td>Community health assessments and improvement plans</td>
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<td>Limited community voice and local area partnerships</td>
<td>Local accountability and governance, including a community advisory council</td>
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Medicaid Innovation

- The Texas Medicaid Program contracts with five MCOs to provide comprehensive services to individuals with disabilities through the STAR PLUS program.
- Texas has spent years refining the service coordination benefit to help ensure even the hardest-to-reach members are outreached and served.
- MCOs are required to coordinate with housing services and supports.
- In addition, Texas’ 1115 waiver funds a number of local initiatives designed for the needs of the homeless population.
Question 2

What kinds of financing mechanisms does your state currently use to address housing and health? What have been your challenges and successes with existing funding streams?
Oregon Financing: Flexible Services

- Oregon’s waiver gives CCOs flexibility to provide non-medical services that result in better health/lower costs, such as:
  - Home and living environment improvements
  - Housing supports related to social determinants of health (shelter, utilities, critical repairs)

- CCOs have used flexible services to fund:
  - Rental assistance, utilities, moving expenses, deposits
Oregon Financing: Grants

- **Transformation Fund Grants:**
  - $30M in one-time general funds awarded by the legislature to CCOs to support innovation and further CCOs’ efforts to transform health care delivery in Oregon
    - Example: CCO supported chronic disease management program in supported housing

- **Rental Assistance Program Grants:**
  - State funding to create new rental assistance programs for individuals with serious mental illness
    - Available for: CCOs, housing providers, community mental health programs, mental health service providers
Funding Mechanisms

- Capitated managed care models provide opportunity for innovation and flexibility
- Housing location and support services must comply with federal CMS requirements
- Mental health targeted case management and rehabilitation services can often be tailored for flexible supports to meet individual needs
- States can create incentives and disincentives to motivate health plans to focus outreach and services on hard-to-serve populations
- In addition, Texas’ 1115 waiver is providing funding for housing and homeless support services that have not been previously possible
Question 3

What kind of leadership, partnerships and stakeholder relationships have been the most important to your initiatives?
Partnerships: the Key Ingredient

- Housing: drives collaboration with health
- Health system transformation
  - Greater interest in moving upstream/housing
  - New tables/partners
    - Community Advisory Councils/Community Health Improvement Plans
  - Movement from referral to collaborative relationships
- Challenges remain
  - Silos, language
Housing with Services (HWS) LLC

- Unique formal partnership:
  - Housing, health insurers and service providers serving 1400 low-income seniors and people with disabilities in Portland, Oregon
  - Nine equity partners (health partner is a 30% shareholder); 12 other partners
    - State Innovation Model grant (operations), health partners (health navigators, mental health staff, social worker, food program, Give2Get), culturally specific services

- Lessons learned:
  - Formal agreements; resident involvement; coordination model
Partnerships

• There’s a convergence underway of housing and healthcare interests because of common goals

• The real work is at the community level. The list of partnerships is wide and varied

• Mental health centers are natural partners. Ways to support more non-traditional health care providers must be creatively crafted

• State Medicaid Programs must figure out ways to support local efforts. The Texas Medicaid Program is advocating and supporting these collaborations
Question 4

What kinds of data are essential to your housing and health care initiatives?
Data: Essential to Tell the Story

- **Data successes**
  - Building in data sharing agreements and evaluation from the beginning
    - Housing with Services evaluation => sustainability?
  - Data collection essential to demonstrate ROI
    - Bud Clark Commons/45% reduction in health care costs

- **Data challenges**
  - Sharing between systems/fear of violating confidentiality
  - Relying on housing staff for health data
  - What data necessary for health system investments?
Data Needs

- The Texas Medicaid Program is still learning and exploring ways to support individuals that are homeless or in need of supported housing.

- Health plans are beginning to exchange data with local Continuum of Care organizations. These organizations may be hesitant because of federal HIPAA requirements that restrict the exchange of personal health information.

- ICD-10 diagnosis codes offer promise in better data analysis on health care issues with this population.
Question and Answer

Please use the chat box at the bottom of your screen to ask a question.

Webinar slides and recording will be posted to both the NASHP and State Refor(u)m sites in the coming days.
Resources

NASHP Resources

- NASHP State Refor(u)m chart: State Strategies to Improve Health Through Housing Services
- NASHP Preconference: Improving Health, Lowering Costs: Translating Population Health into Effective State Policy
- NASHP Conference: Blazing New Trails: Innovations in State Health Policy

Other Resources

- CMCS Informational bulletin on coverage of housing-related activities and services for individuals with disabilities
- Corporation for Supportive Housing paper: Housing is the Best Medicine, Supportive Housing and the Social Determinants of Health
- Corporation for Supportive Housing paper: Creating a Medicaid Supportive Housing Services Benefit, A Framework for Washington and Other States
Thank you!

Please complete our evaluation.