

# ACH Learning Collaborative

## Social Financing Strategies to Leverage Foundational Community Supports & Meet the Goals of ACHs

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October 24, 2018

# What is Foundational Community Supports (FCS)?

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## It is...

- Medicaid benefits for help finding **housing** and **jobs**:
  - Supportive Housing to find a home or stay in your home
  - Supported Employment to find the right job, right now

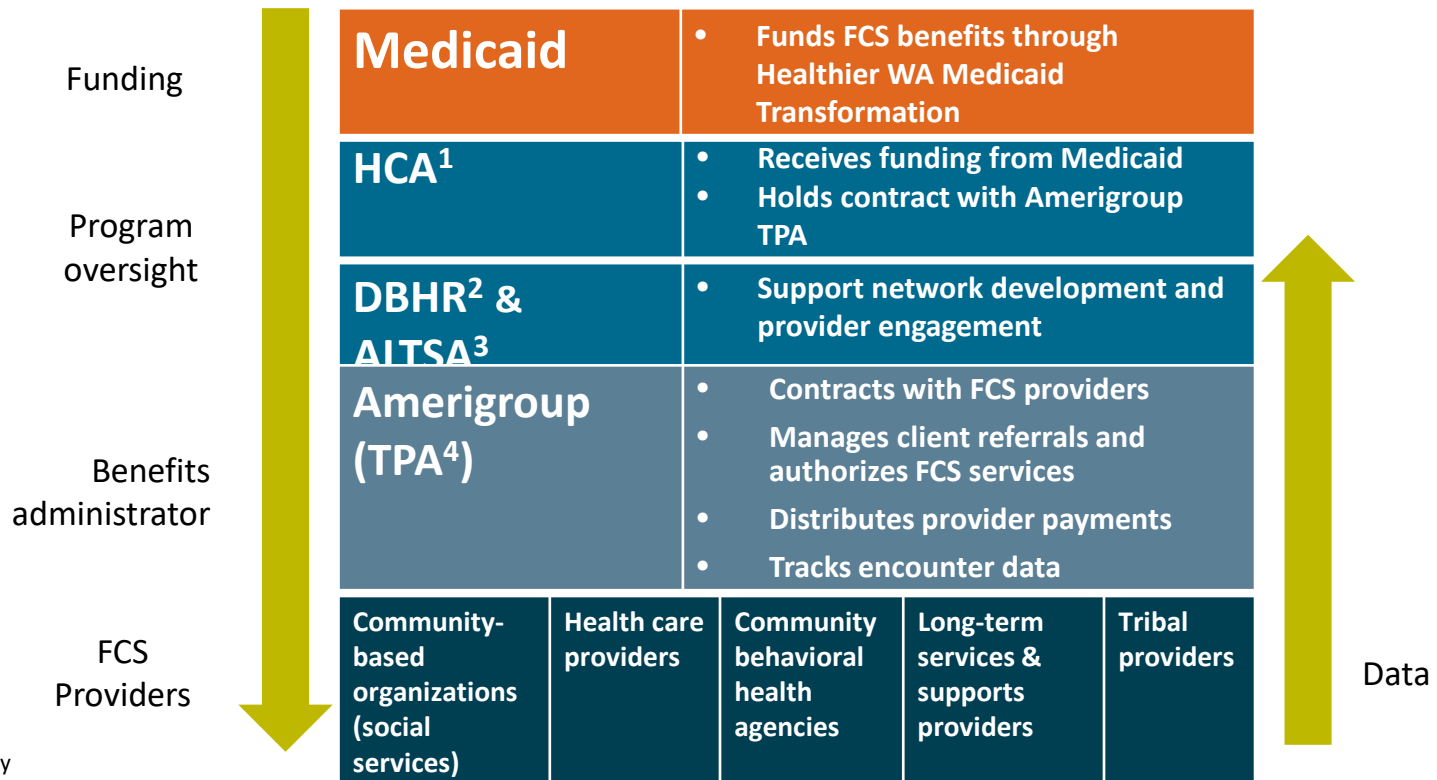


## It isn't...

- Subsidy for wages or room & board
- For all Medicaid-eligible people



# What is Foundational Community Supports (FCS)?



1. Health Care Authority
2. Division of Behavioral Health & Recovery
3. Aging and Long-term Support Administration
4. Third Party Administrator

# Who is eligible to receive FCS benefits?

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FCS benefits are reserved for people with the greatest need. To qualify, you must:

- 1 Be enrolled in Medicaid
- 2 Be at least 18 years old (Supportive Housing) or 16 years old (Supported Employment)
- 3 Meet the requirements for **complex needs**
  - You have a **medical necessity** related to mental health, substance use disorder (SUD), activities of daily living, or complex physical health need(s) that prevents you from functioning successfully or living independently.
  - You meet specific **risk factors** that prevent you from finding or keeping a job or a safe home.

# Who is eligible to receive FCS benefits?

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<b>Supportive Housing risk factors</b> <i>One or more</i>	<b>Supported Employment risk factors</b> <i>One or more</i>
<ul style="list-style-type: none"><li>✓ Chronic homelessness</li><li>✓ Frequent or lengthy stays in an institutional setting (e.g. skilled nursing, inpatient hospital, psychiatric institution, prison or jail)</li><li>✓ Frequent stays in residential care settings</li><li>✓ Frequent turnover of in-home caregivers</li><li>✓ Predictive Risk Intelligence System (PRISM)<sup>1</sup> score of 1.5 or above</li></ul>	<ul style="list-style-type: none"><li>✓ Housing &amp; Essential Needs (HEN) and Aged Blind or Disabled (ABD) enrollees</li><li>✓ Difficulty obtaining or maintaining employment due to age, physical or mental impairment, or traumatic brain injury</li><li>✓ SUD with a history of multiple treatments</li><li>✓ Serious Mental Illness (SMI) or co-occurring mental and substance use disorders</li></ul>

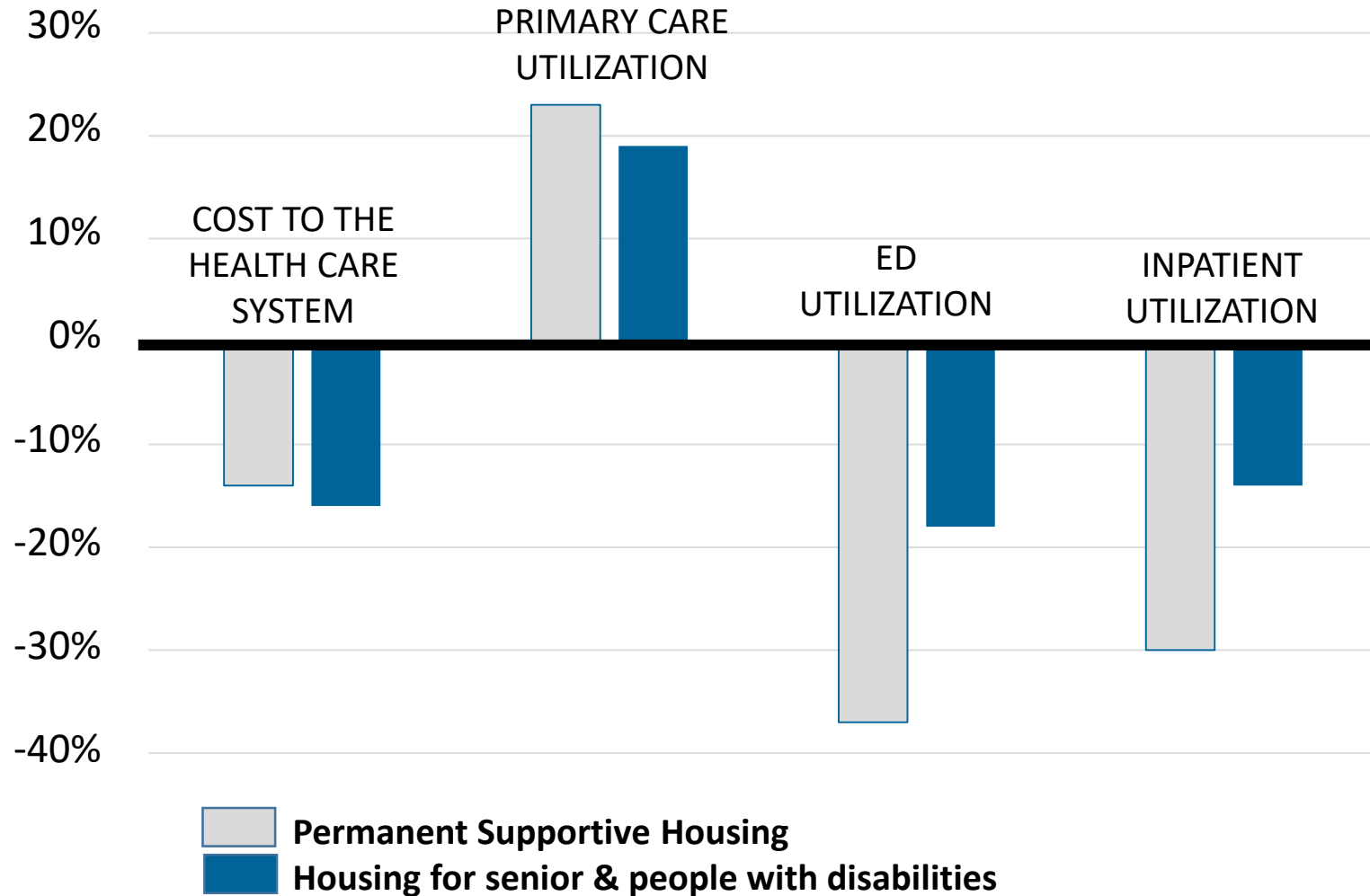
1. PRISM measures how much you use medical, social service, behavioral health and long-term care services.

# EVIDENCE BASED PRACTICE PSH PRINCIPLES

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- Individually tailored and flexible supportive services available 24 hours a day/7 days a week, and are not a condition of ongoing tenancy.
- Individuals served can accept or refuse treatment or other services, but staff must continue to offer support and use flexible engagement strategies.
- Type, location, intensity, and frequency of services adjust to meet tenants' changing needs.
- Housing is affordable with tenants paying no more than 30% of their income for rent/utilities.
- Leases are held by the tenants without limits on length of stay and at a location of choice.
- Ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise.

# THE IMPACT OF HOUSING ON THE HEALTH CARE SYSTEM<sup>3</sup>



# SUPPORTIVE HOUSING SIGNIFICANTLY REDUCES USE OF MORE EXPENSIVE INTERVENTIONS

Emergency room visits declined by **57%**<sup>4</sup>

Emergency detoxification use declined by **87%**<sup>5</sup>

Rate of incarceration declined by **52%**<sup>6</sup>

**+83%** of individuals stay housed for at least 1 year<sup>7</sup>



# EBP SUPPORTED EMPLOYMENT PRINCIPLES

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- **Rapid job search:** Participants interview for jobs within 30 days of enrollment.
- **Attention to interests:** Clients supported to work in fields that are of interest to them.
- **Competitive employment:** Real jobs that anyone can compete for/ that pay full wages.
- **Zero Exclusion:** Eligibility for SE program is based on clients' desire to work, regardless of client's history of illness or substance use.
- **Service integration:** SE specialists work in partnership with behavioral health and housing providers to coordinated care.
- **Benefits Counseling:** SE specialist and client review the impact employment earnings will have on SSI, SSDI, SNAP, TANF and other benefits and entitlements.
- **Long term individualized support:** Clients receive ongoing supports to assist with their successful maintenance of jobs, accommodations, departures and career advancements.

# Impact of Evidence Based Supported Employment

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Studies have found that clients who obtain competitive employment through supported employment services show improved clinical outcomes, including:

- Significant improvement in mental health status;
- Reductions in the number of admissions and lengths of stays for inpatient hospital use, both medical and psychiatric;
- Decreased number of psychiatric crisis visits;
- Increased attendance at regularly scheduled mental health visits; and
- Significant improvement in quality of life.

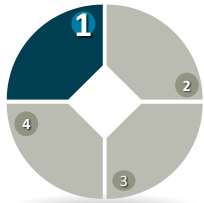
# Impact of Evidence Based Supported Employment

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- One longitudinal study in New Hampshire found that individuals cost savings in annual medical and service costs for those people working averaged \$16,000 per person per year.
- A recent multi-year, multi-site study by SSA of people with mental health conditions found that reduced hospitalizations for those receiving SE averaged \$1,800 per person per year.
- SE services also help increase individuals' economic self-sufficiency and reduce their need for other benefits, like cash subsidies or rental subsidies for housing.
- Studies indicate that SE costs less than other types of employment-services, such as pre-vocational training in sheltered workshops and day treatment programs. Agencies converting day treatment programs to SE have reduced costs by >25 %.

# FCS complements transformation projects

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## FCS is a tool that can enhance ACH transformation projects

- ✓ Project 2B: Community-based Care Coordination
- ✓ Project 2C: Transitional Care
- ✓ Project 2D: Diversion Interventions
- ✓ Project 3A: Addressing the Opioid Use Public Health Crisis

# Partnering with FCS and Other Organizations

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Develop a local planning and implementation strategy for FCS services in the region. This could include:

- Identifying the characteristics and need of their Medicaid beneficiaries that need housing and employment within their ACH areas;
- Determining the current availability of PSH and Supported Employment Services within the ACH area;
- Sizing the potential investment based on gap between need and availability of FCS services;
- Assessing the strength of the relationships between ACH and housing funders (local housing authorities and developers);
- Leveraging ACH resources with other housing resources (e.g. Housing Choice Vouchers, tax credits, WA State Housing Trust Fund).

# Possible ACH Investments to Spread/Sustain FCS

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## Workforce Considerations:

- FCS providers will need continued technical assistance or “tune ups” to continue to offer PSH and Supported Employment Services:
  - Ongoing training regarding philosophy and critical service activities
  - Methods for providers to continuously assess fidelity to service models
  - Identifying and recruiting local providers to enroll in FCS to increase the availability of PSH and Supported Employment

# Possible ACH Investments to Spread/Sustain FCS

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Assist FCS providers with critical outreach and development activities:

- Consider underwriting Regional Housing Coordinators to develop and sustain partnerships with:
  - Local Public Housing Authorities;
  - Community Development Agencies; and
  - Continua of Care
- AHCs could develop strategies by which existing and new public housing, federal homeless and affordable housing resources can be targeted to create and maximize new PSH opportunities.
- Provide resources or facilitate local linkages of FCS providers to potential employers to increase employment opportunities for Medicaid beneficiaries.

## Short Term Investment Opportunities

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Consider strategies that support of housing costs to beneficiaries that cannot be underwritten by the FCS, including:

- Payment of rent or other room and board costs;
- Possible FCS expenditures for individuals that churn off of Medicaid for a limited period of time;
- Expenses for utilities or other regularly occurring bills; or
- Goods or services intended for leisure or recreation.



# Longer Term Investment Opportunities

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- **Increase the availability of housing for individuals that are participating in FCS. This could include:**
  - Predevelopment funding to cover some of the costs of starting a project such as an option on land or property, hiring an architect etc.
  - Provide developers with short term, low-interest loans to create affordable housing opportunities for FCS participants.
  - Establish a capital fund for grants/deferred payment loans to fill gaps in the acquisition or rehabilitation of new affordable housing. FCS providers can invest individually or pool funds.
  - Fund regional housing coordinators/housing specialist positions that focus on securing affordable housing for Medicaid beneficiaries and maintaining relationships with owners and property managers.
  - Provide a housing navigator agency with funds that can be used for “bridge” rental assistance while Medicaid beneficiaries participating in the FCS wait for a HCV or another rental subsidy.
  - Build the capacity of mainstream and/or mission-driven developers to develop PSH.

# Next Steps

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- **Providing Further Information Regarding PSH**
  - Webinar Health Care Stakeholders – Housing Development and Financing Tuesday, November 6, 10am – 11am
  - Webinar ACH Stakeholders - Housing Development and Financing: Monday, November 12 from 8:30am – 10:00am
- **Individualized/Small Group Initial Planning**
  - Developing key partnerships for potential investments (e.g MCOs)
  - Feasibility of possible investment strategies
  - Timing for potential investments
  - Process for making investments (identifying priorities based on feasibility)

## Keep in touch with TAC!

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