

ACH Learning Collaborative

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

Rachel Post, LCSW
Senior Associate
TAC

Jon Brumbach, MPA
Senior Health Policy Analyst
WA- HCA

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What is Foundational Community Supports (FCS)?

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

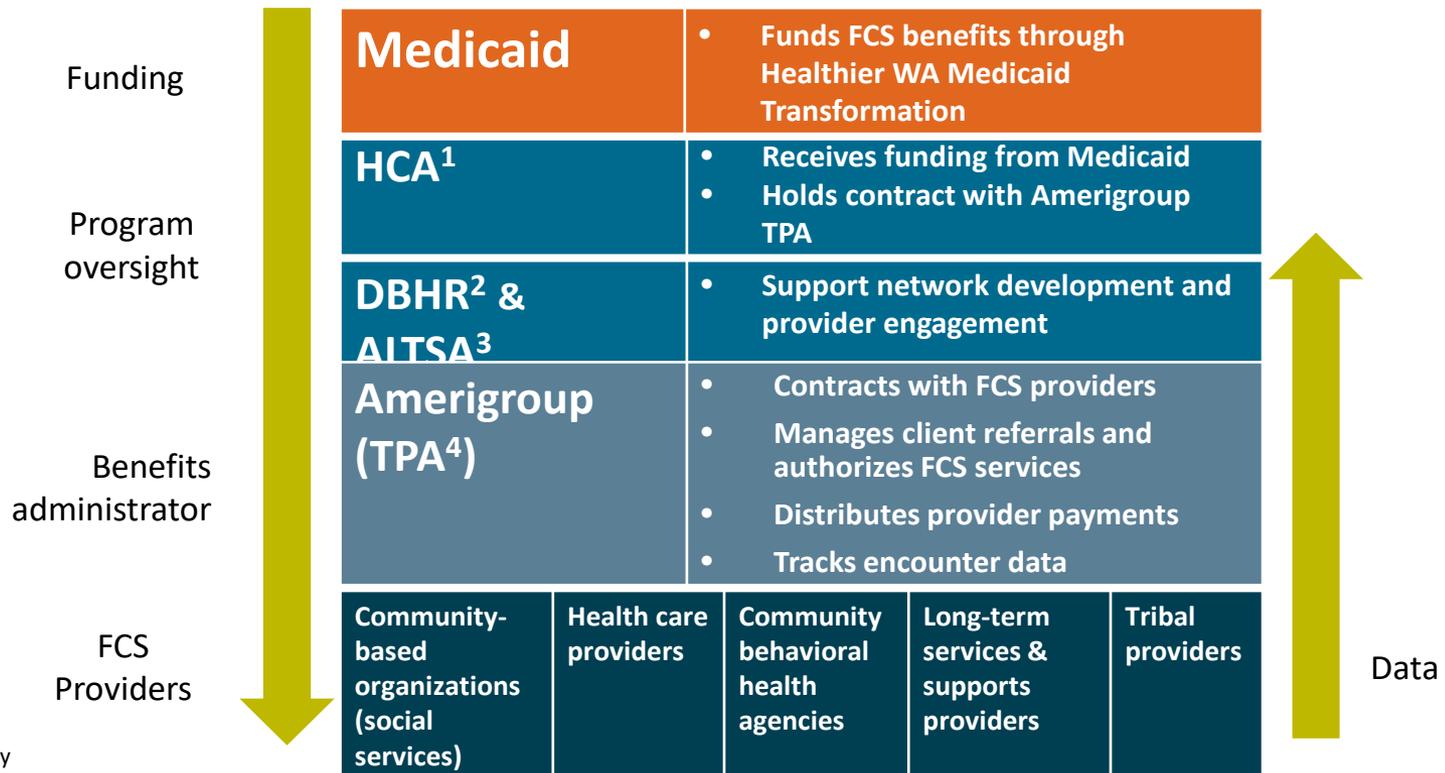


It isn't...

- 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?

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?

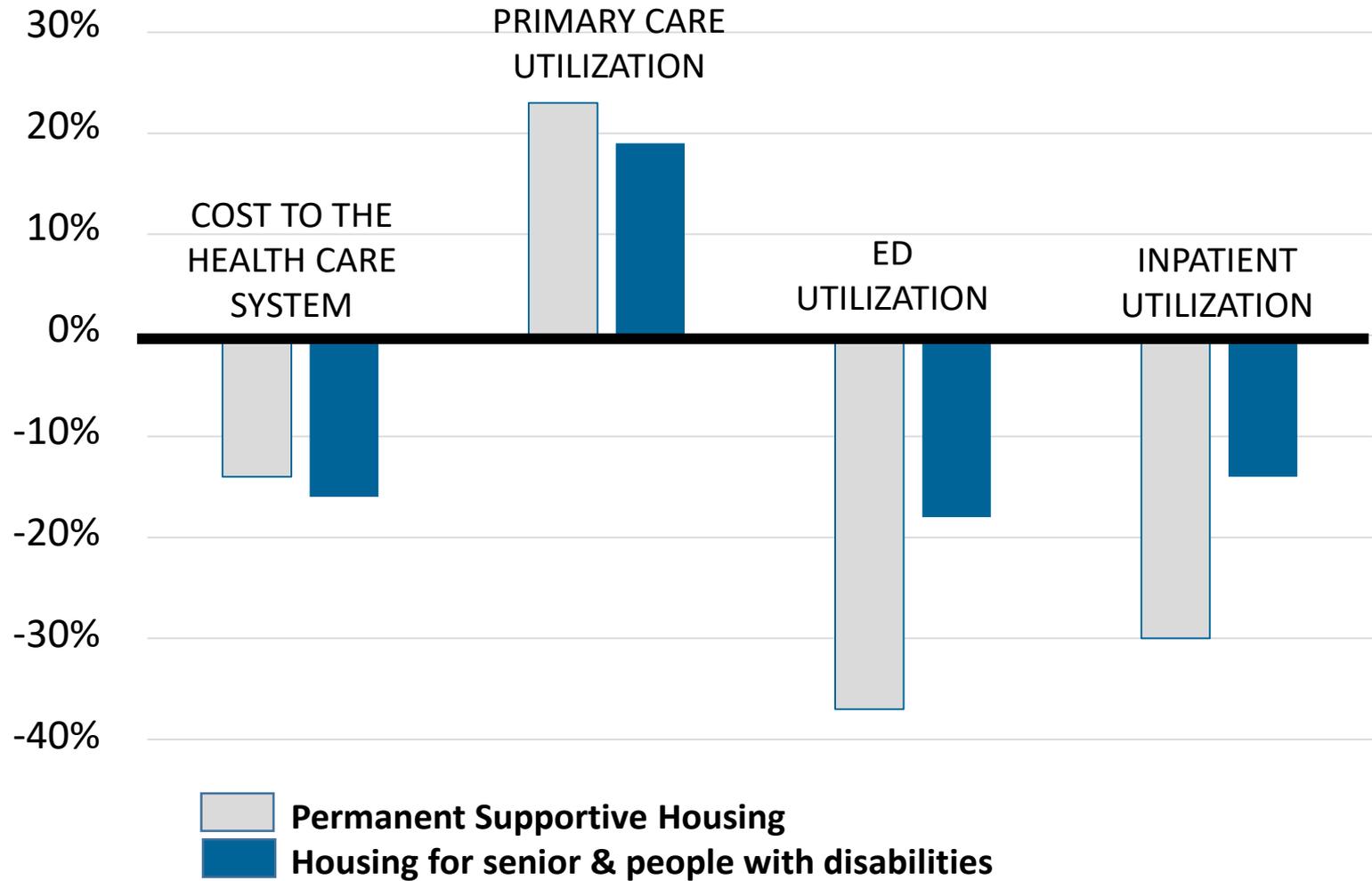
Supportive Housing risk factors <i>One or more</i>	Supported Employment risk factors <i>One or more</i>
<ul style="list-style-type: none">✓ Chronic homelessness✓ Frequent or lengthy stays in an institutional setting (e.g. skilled nursing, inpatient hospital, psychiatric institution, prison or jail)✓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

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

EVIDENCE BASED PRACTICE PSH PRINCIPLES

- 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 SYSTEM³



SUPPORTIVE HOUSING SIGNIFICANTLY REDUCES USE OF MORE EXPENSIVE INTERVENTIONS

Emergency room visits declined by **57%**⁴

Emergency detoxification use declined by **87%**⁵

Rate of incarceration declined by **52%**⁶

+83% of individuals stay housed for at least 1 year⁷

EBP SUPPORTED EMPLOYMENT PRINCIPLES

- **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

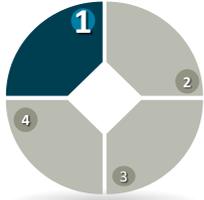
Studies have found that clients who obtain competitive employment through supported employment services show improved clinical outcomes, including:

- 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

- 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



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

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

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

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

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

- **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

- **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)

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