

Social Determinants of Health and Supportive Housing Opportunities for Accountable Communities of Health

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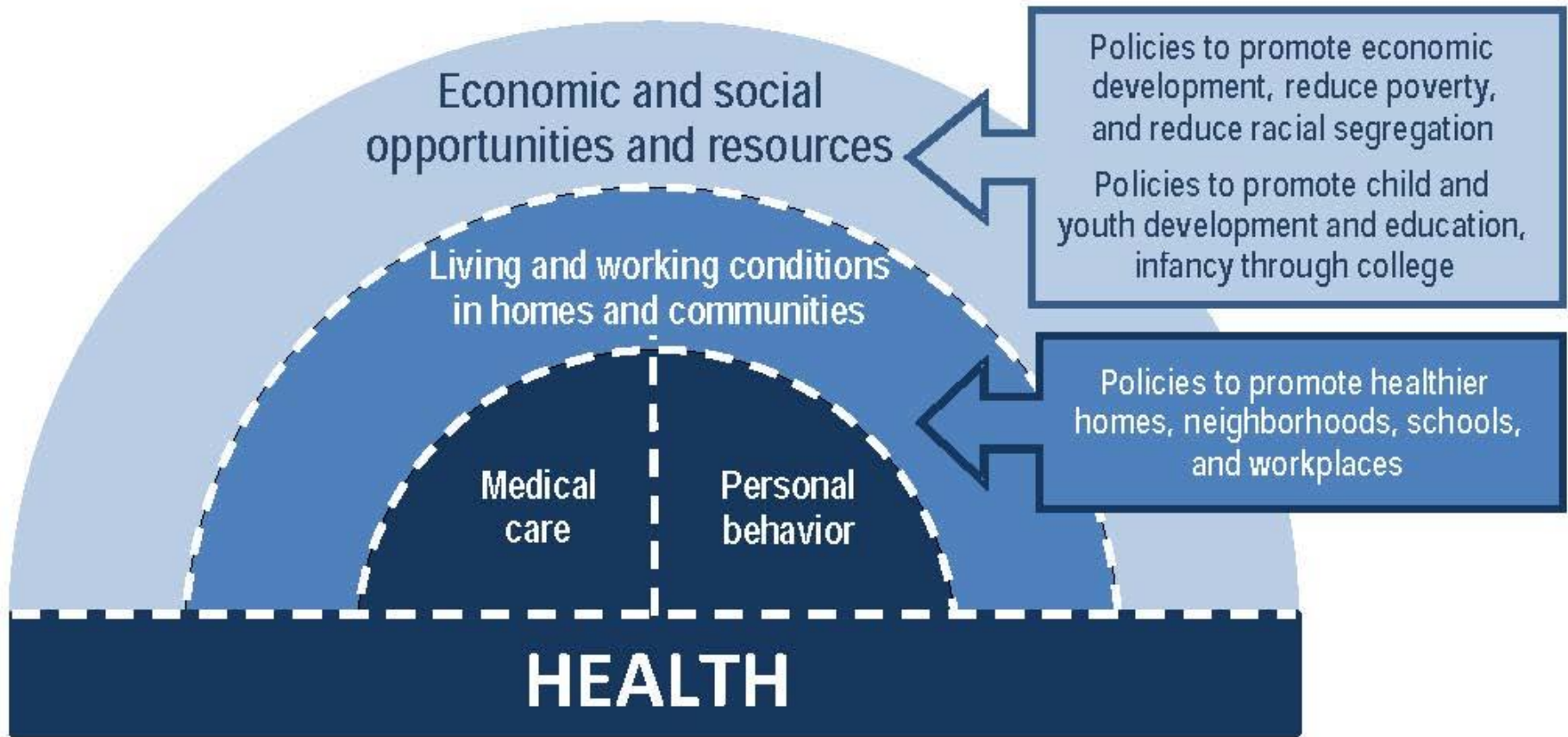
Housing as a Social Determinant of Health

Health begins where we live

...

Safe, decent housing is
a foundation for health





What do we know about homeless Medicaid beneficiaries?

- High rates of chronic and disabling health conditions
- Co-occurring behavioral health disorders and cognitive impairments
- Complex needs and barriers to care
- Growing number of older adults
- High costs for avoidable hospitalizations, emergency room visits, crisis services, nursing homes
- Most Medicaid agencies and managed care organizations have limited experience with best practices for serving these beneficiaries

What do we know about institutionalized Medicaid beneficiaries?

- Lack of affordable housing and transition services are barriers to exit
- People in nursing homes and other group settings can live in the community with the right supports
- Overlaps between institutionalized and homeless population
- Growing issue for seniors who want to stay at home as long as possible

Health consequences of housing instability

- Delayed or interrupted access to appropriate care
- Health plans and providers cannot contact members
- Medications lost or not stored properly
- High risk behavior
- Frequent and avoidable emergency room visits, hospitalizations, and readmissions
- Limited engagement in treatment for mental health or substance use problems
- Exposure to violence, exploitation, victimization
- Stigma, shame, stress, hopelessness
- Increased mortality
- Inappropriate institutionalization
- High rates of incarceration
- Poor nutrition habits, lack of control of diet

What is Supportive Housing?

Supportive Housing - Defined

Targets households with barriers

Is affordable

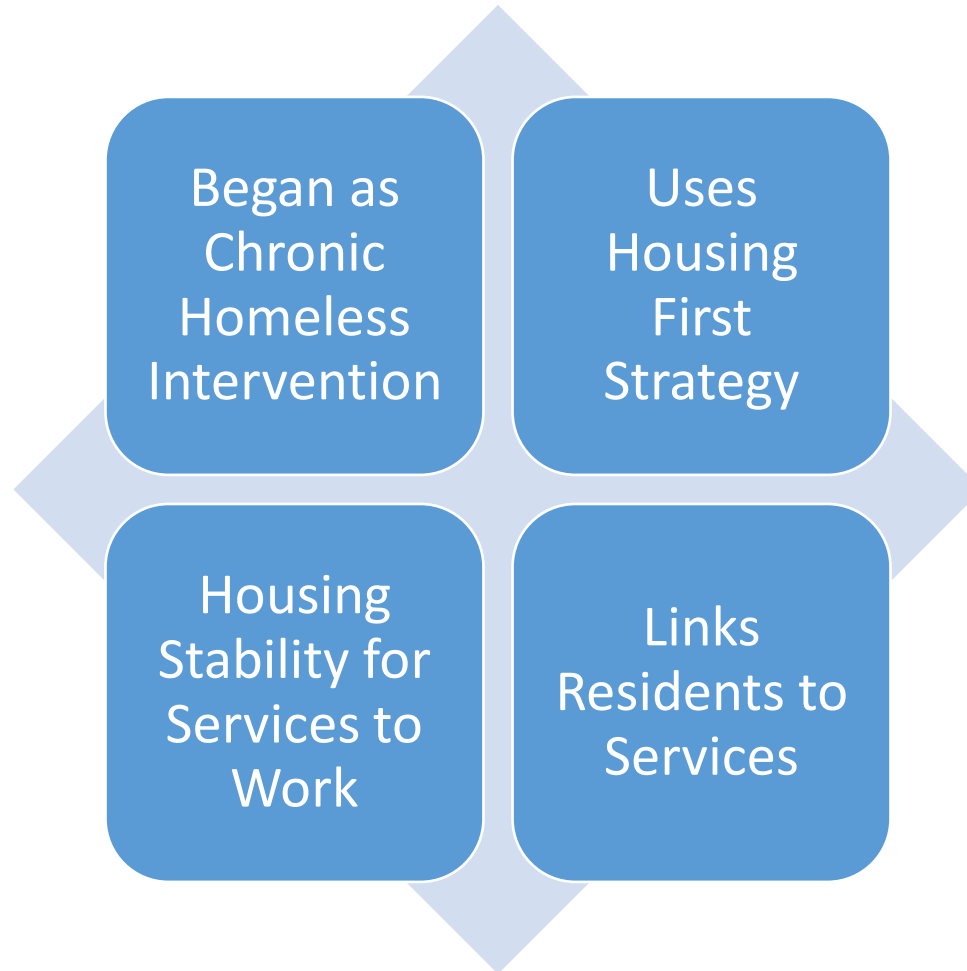
Provides tenants with leases

Engages tenants in voluntary services

Coordinates among key partners

Connects tenants with community

Supportive Housing - History



Supportive Housing - Design

Single Site

- Apartment building
- Maybe 100% dedicated to special needs populations
- Popular in large cities where integration is easy

Mixed Single Site

- Apartment building
- Pre-determined # of set aside units
- May have market rate units

Scattered Site

- Private landlords
- Spread throughout a community
- Reduces capital \$\$ needs, increases need for mobile and flexible services

Supportive Housing - Services

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

* Source: CSH - Corporation for Supportive Housing

Evidence Behind Supportive Housing

Benefits of Supportive Housing

Promising Findings Suggest Supportive Housing May Improve Health

- Best studies: Impact of supportive housing for people with HIV/AIDS
 - Reduces the risk of death
 - Reduces risky behavior (sharing needles, survival sex, etc)
 - Improves viral load levels
- Need better health outcomes data for other illnesses

Promising Evidence

- Substance use - works as well as other treatments, may be better
- Seniors stay housed, live independently longer
- High-needs families involved in the child-welfare system



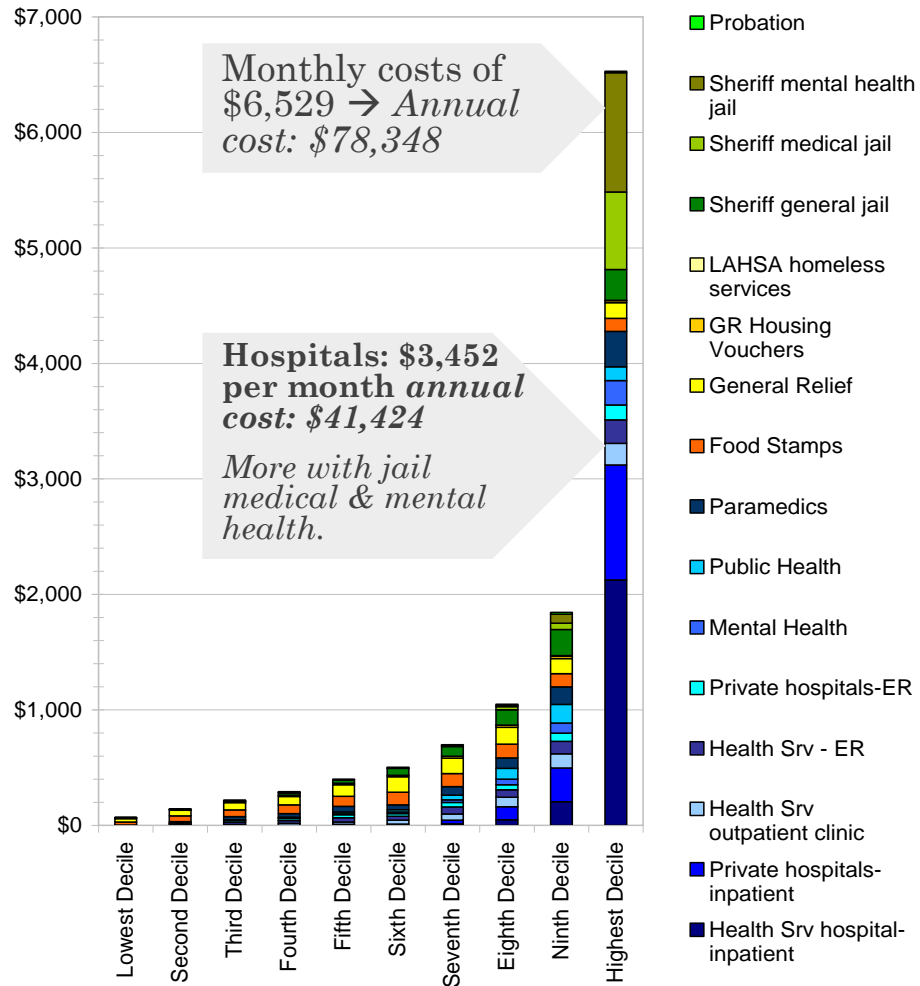
Average Monthly Costs in All Months by Decile for Homeless GR Recipients

Source: 2,907 homeless GR recipients in LA County with Department of Health Services ER or inpatient records.

Reported in:

Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis. Economic Roundtable. 2011.

Where We Sleep: Costs when Homeless and Housed in Los Angeles. Economic Roundtable. 2009.



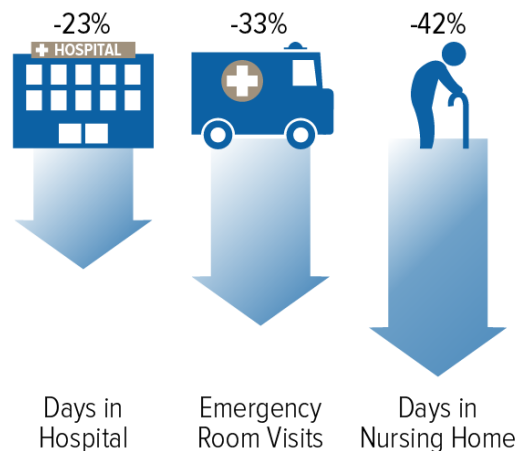
Benefits of Supportive Housing

Supportive Housing Reduces the Use of Other Costly Systems

- Significant savings could be achieved if a very high-cost group is served.

Supportive Housing Can Produce Health Care Savings

Combining affordable housing with intensive services for a high-needs group saved an average of over \$6,000 a year per person in health care



Note: Intensive services include help finding housing, working with a landlord, physical and behavioral health care, assistance finding employment, and others.

Source: Anirban Basu, *et al.*, "Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care," *Health Services Research*, February 2012, Vol. 47, No. 1, Part II, pp. 523-543.

Benefits of Supportive Housing

Supportive Housing Reduces the Use of Other Costly Systems

- Targeting the highest-cost group will likely result in large reductions in costs.

Small Group Accounted for Largest Share of Health Care, Corrections, & Other Costs

Costs of health care, corrections, and homeless services used by people with disabilities who were homeless for a long time



Source: Stephen Poulin *et al.*, "Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study," *Psychiatric Services*, November 2010, Vol. 61, No. 11, pp. 1093-1098.

Reducing the avoidable costs of homelessness

- Seattle: median per person costs for services used by chronically homeless people with severe alcohol problems
 - \$4,066 per month when homeless
 - \$1,492 after 6 months in housing
 - \$958 after 12 months in housing

Aligning Medicaid and Supportive Housing to Improve Outcomes and Lower Costs

How can we pay for the care homeless patients need?

How can Medicaid and other resources in health care system pay for effective care – including the SUPPORT that helps people get and keep housing?



Medicaid and Supportive Housing Innovation

Managed Care

Data Sharing

Packaging Services
(Massachusetts)

Interest in
Reinvestment (PFS,
Shared Savings, etc.)

Local Collaborations

Ft. Worth

Orlando

San Diego

Emerging Pay for
Success Initiatives

State Medicaid Agencies

California

New York

Oregon

Colorado

Why Housing Providers and Residents Need ACHs

- Improve coordination between housing, behavioral health, primary care and social supports for easy access
- Supportive housing developers need assurances that funding for services will be available to create more units
- ACHs bring new providers to put together a more flexible variety of services
- Improve services quality through better outcome measurement

Medicaid for services in supportive housing – current practices

- Most often Medicaid is covering mental health services connected to supportive housing
 - To be eligible, a person must have a serious mental illness
- Some Federally Qualified Health Centers (FQHC) also provide services in supportive housing
 - Payment for visits with doctors (including psychiatrist), mid-level practitioners (NP, PA), LCSW
- Integrated primary care and behavioral health services
 - Often partnerships use both Medicaid payment models
- Funding from federal, state, county, local sources is needed to cover what Medicaid doesn't pay for

Medicaid for services in supportive housing – collaborations with hospitals and health plans

- Capitation creates incentives for hospitals and health plans to coordinate care and pay for services that reduce avoidable costs
- Medicaid managed care plans in some states are paying for services in supportive housing
 - Care coordination delivered face to face by trusted service providers
 - Diversionary services to reduce avoidable hospitalizations by providing community support
 - Case management services linked to housing assistance for homeless plan members
- Some hospitals paying for medical respite / recuperative care and intensive case management for frequent users

Opportunities for integrated delivery systems

- Identify community members who are experiencing chronic homelessness
 - Facilitate engagement with most appropriate service providers
 - Identify those who may be eligible for new services
- Identify patterns of service utilization
 - High cost / frequent users of crisis services
 - Avoidable hospitalizations and readmissions
 - Gaps and barriers to care needed to manage chronic and complex conditions
- Establish and expand partnerships that link health care system with community-based services to improve care and facilitate access to housing
 - Engagement and care management
 - Transitions from hospital / institutions to community
 - Respite / bridge housing
 - Permanent supportive housing providers
 - Coordinated entry systems - evolving
 - Services delivered in PSH / with connections to housing resources

Innovative Practices

- Hospitals and clinics screen for housing needs as a “vital sign”
- Outreach teams assess homeless people who are not engaged in the health and behavioral health system(s) and can determine eligibility for services
- Partnerships align flexible funding, Medicaid reimbursement, and other resources to create integrated teams linking behavioral health and primary care services with housing assistance
- States understand mobile, team models and adopt policies and procedures that support multi-disciplinary teams
- Training for Medicaid reimbursement includes focus on services delivered in housing and other settings outside of clinics
- Mental health providers help consumers navigate managed care enrollment, provider selection, access to care
- Medicaid managed care plans contract with community-based providers for risk assessment and care management

Funding from other sources is needed to cover what Medicaid doesn't pay for through direct reimbursement

Medicaid reimbursement often is not available for some services people may need:

- Outreach and engagement to find people and build trust
- Motivating a person to participate in assessment and treatment planning and to establish recovery goals
- Accompanying a person to medical appointments
- Some services that focus on harms related to substance use for persons with other chronic health conditions
- Home visits by nurses and other health workers for engagement and care coordination, and to monitor health-related needs
- Helping people with basic needs (food, transportation, utilities)
- Some services that focus directly on finding housing, qualifying for housing assistance and other benefits, negotiating with landlords to prevent eviction
- Services delivered by organizations that are not established as qualified providers of Medicaid services

Opportunities for Accountable Communities of Health

Washington's Medicaid Transformation Waiver proposal

Washington State is negotiating with CMS for approval of waiver

- Proposal submitted August 2015
- http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

Three Initiatives

1. Transformation through Accountable Communities of Health
2. Broaden the array of service options that enable individuals to stay at home and delay or avoid the need for more intensive care
3. Provide targeted foundational community supports
 - Supportive housing
 - Supported employment

Initiative 1 – transformation through Accountable Communities of Health

- Affordable and supportive housing providers participate in ACH cross-sector collaboration for planning to address local priority health needs and transformation objectives
- Transformation project ideas to drive health care delivery systems toward better health outcomes
 - Some projects could help participating supportive housing providers build capacity to engage in health sector partnerships and use Medicaid reimbursement
- Supportive housing can make significant contributions to outcomes expected under value-based payment arrangements
- Care delivery redesign can strengthen integrated systems of community support for people who live in supportive housing

Initiative 3– supportive housing *work in progress*

- Defining who is eligible to receive proposed supportive housing benefit
 - Medically necessary
- Defining what types of providers can receive Medicaid reimbursement for proposed supportive housing services
 - What types of organizations and staff skills / credentials?
 - Limited scope license / certification
- Establishing payment mechanisms for supportive housing services
 - Funding to providers through BHOs and MCOs
 - Defining service encounters
 - Rate setting

Supportive Housing Services

DRAFT proposed definition

Includes client-specific services:

- Identifying housing options with focus on choice and preferences
- Assisting with housing & subsidy applications
- Help to prepare for move-in: negotiate lease agreements, get furnishings and household items
- Supporting individual in housing: independent living skills coaching, access to community resources
- Reminders for medications, monitoring symptoms, crisis coping skills, recovery management
- Mediating relationships with landlords, neighbors
- Linkages to education, job skills, employment
- Linkages to health care providers
- Education on rights and responsibilities of tenants

Does NOT include any funds to pay for rent, subsidies, utilities, building housing, room and board

Resources

CBPP's Connecting the Dots project

- Supportive Housing Research Summary and Policy Paper - <http://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>

HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE)

- Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field (2014)
- A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing (2014)

CMS Informational Bulletin (June 2015)

<http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

RWJ Foundation State Health and Value Strategies

- <http://statenetwork.org/resource/improving-care-for-medicaid-beneficiaries-experiencing-homelessness/>
- <http://statenetwork.org/resource/webinar-improving-care-for-medicaid-beneficiaries-experiencing-homelessness/>