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

- Began as Chronic Homeless Intervention
- Uses Housing First Strategy
- Housing Stability for Services to Work
- Links Residents to Services
## Supportive Housing - Design

<table>
<thead>
<tr>
<th>Single Site</th>
<th>Mixed Single Site</th>
<th>Scattered Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Apartment building</td>
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<td>• Private landlords</td>
</tr>
<tr>
<td>• Maybe 100% dedicated to special needs populations</td>
<td>• Pre-determined # of set aside units</td>
<td>• Spread throughout a community</td>
</tr>
<tr>
<td>• Popular in large cities where integration is easy</td>
<td>• May have market rate units</td>
<td>• Reduces capital $$ needs, increases need for mobile and flexible services</td>
</tr>
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- Single Site: An apartment building that might be 100% dedicated to special needs populations. Often popular in large cities where integration is easy.
- Mixed Single Site: An apartment building with pre-determined number of set aside units. May include market rate units.
- Scattered Site: Managed by private landlords, spread throughout a community, reducing capital needs while increasing the need for mobile and flexible services.
# Supportive Housing - Services

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

* 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:


**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.

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**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.

- Days in Hospital: -23%
- Emergency Room Visits: -33%
- Days in Nursing Home: -42%

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

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.

![Diagram showing that 20% of people account for 60% of service costs.]

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](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 -

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)

RWJ Foundation State Health and Value Strategies