

How Supportive Housing Can Meet Health Care Goals



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Supportive Housing and Health Care

Agenda:

- Connecting the Dots, a new project of CBPP
- Supportive housing evidence
- The need for additional rental assistance
- Making greater use of Medicaid services to provide supportive housing

CONNECTING THE DOTS



Bridging Systems for Better Health

Connecting the Dots: Bridging Systems for Better Health

Better coordination not only improves lives but can save money

Goals:

- Advance policies to improve health care delivery and other services for people with significant physical, mental, and substance use conditions
- Connect health, housing, criminal justice and human services sectors to deliver affordable housing, health care and social supports to those with complex needs

CONNECTING THE DOTS
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Bridging Systems for Better Health

Who Are We Connecting the Dots For?

Mental health
conditions

Substance use
disorders

Need affordable
housing

Need integrated
primary/behavioral
health care

Criminal justice
involved

Need other
humans services
(TANF, SNAP, Child
Welfare, etc)

Supportive Housing

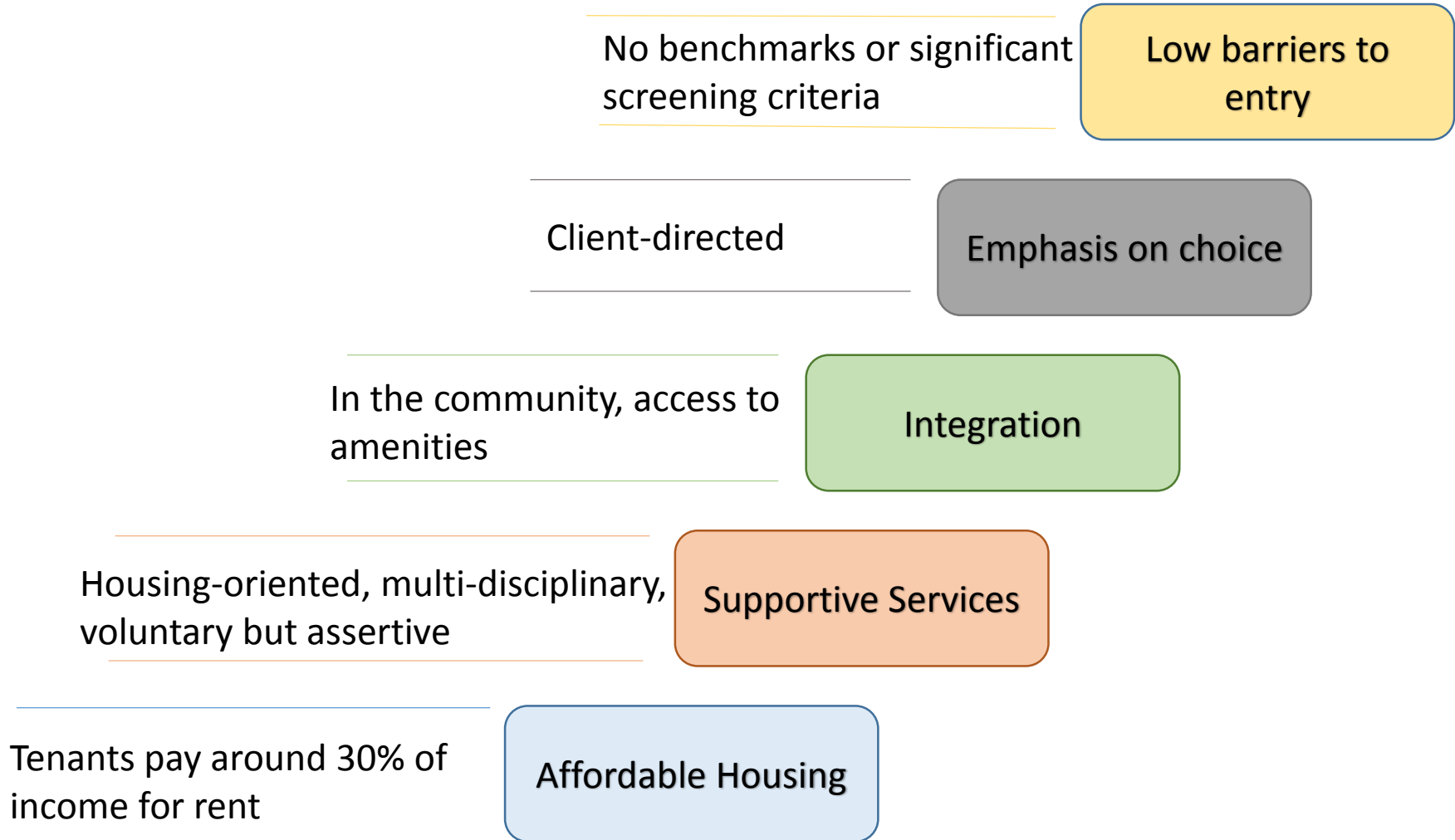
Supportive Housing

- Supportive housing provides affordable housing coupled with intensive coordinated supportive services for people who have difficulty maintaining stable housing without services.

Who Receives Supportive Housing?

- People with severe and persistent mental illness, substance use disorders or chronic physical illness.
- Often homeless.
- Frequent users of emergency health care, health care institutions, and inpatient hospitalizations
- OR not currently receiving any care – at risk of becoming frequent users if conditions worsen.

Building Blocks of Supportive Housing



Evidence for Supportive Housing

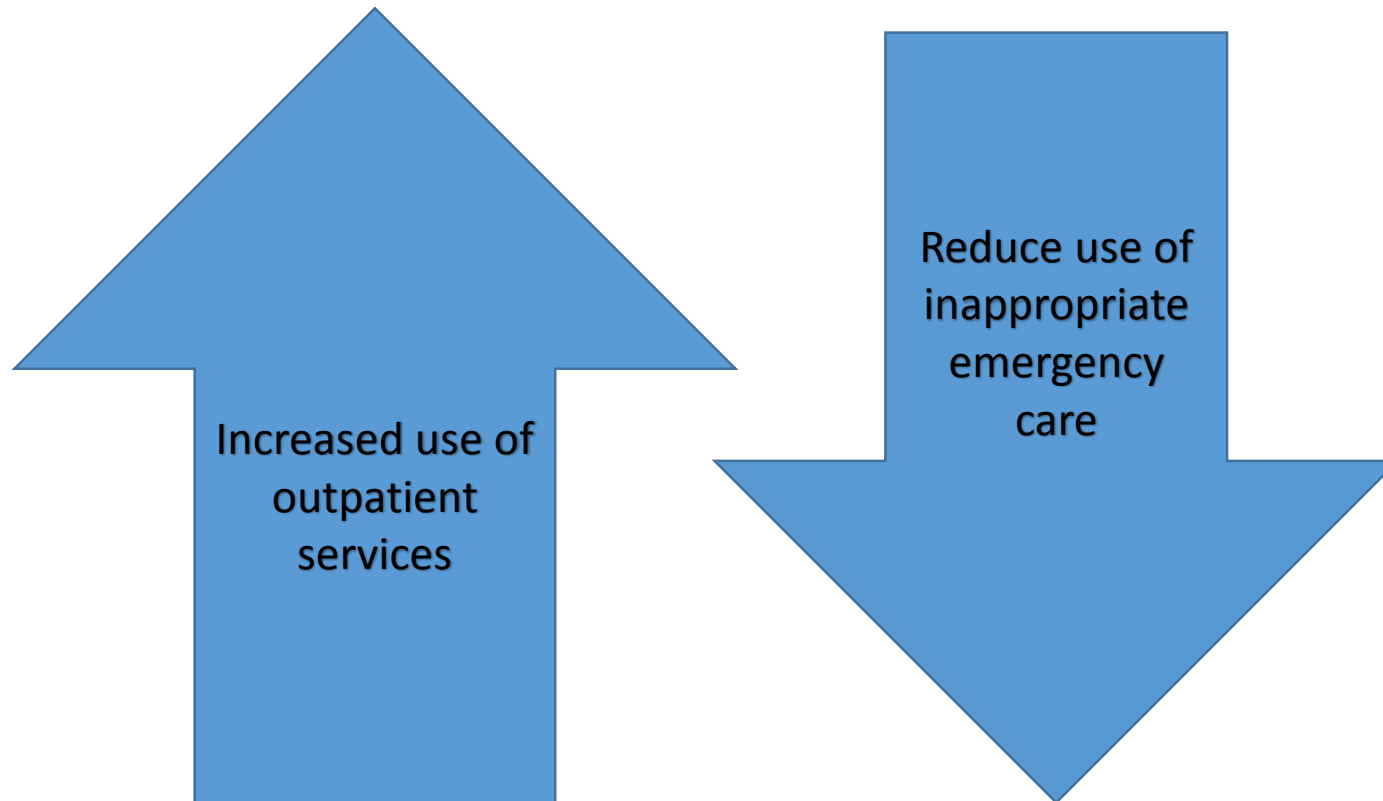
- Strong evidence on housing stability
- Research shows that for people with HIV/AIDS, supportive housing:
 - Reduces the risk of death
 - Reduces risky behavior (sharing needles, survival sex, etc)
 - Improves viral load levels

Evidence for Supportive Housing

- There is promising evidence that supportive housing:
 - Works as well as other treatments and may be better to treat substance use disorders
 - Keeps seniors housed and independent in the community, helps high-needs families involved in the child-welfare system, helps people successfully exit the criminal justice system.
- Need better research on other health outcomes

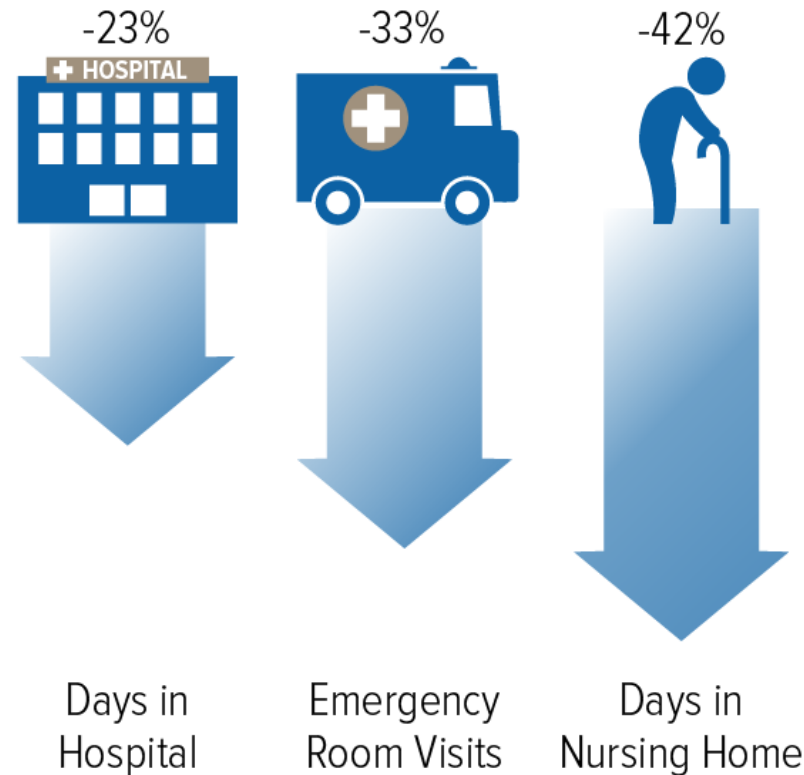
Evidence for Supportive Housing

Supportive Housing Affects Use of the Health Care System



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



Bringing Supportive Housing to Scale

1. **Expand rental assistance**
2. **Make greater use of Medicaid services**
3. Reinvest Savings
4. Target Supportive Housing on Those Who Need It



Focus for Today's
Presentation

Bringing Supportive Housing to Scale

Expanding rental assistance

Rental assistance is necessary to keep supportive housing affordable, but it is very scarce.

- Only 1 in 4 households eligible for federal rental assistance actually receives it.
- CSH recently estimated that about 1.2 million households need supportive housing. www.csh.org/data

Bringing Supportive Housing to Scale

Expanding rental assistance

Federal

- Housing Choice Vouchers (2.2 million households)
 - VASH Vouchers (85,000 vouchers)
- McKinney-Vento Homeless Assistance (170,000)
- Housing Opportunities for People With AIDS (HOPWA) (17,000)
- Section 811 for People With Disabilities (33,000)
- Section 202 for Seniors (121,000)

State/Local

- Many states fund one or more rental assistance programs, though they tend to be very small.

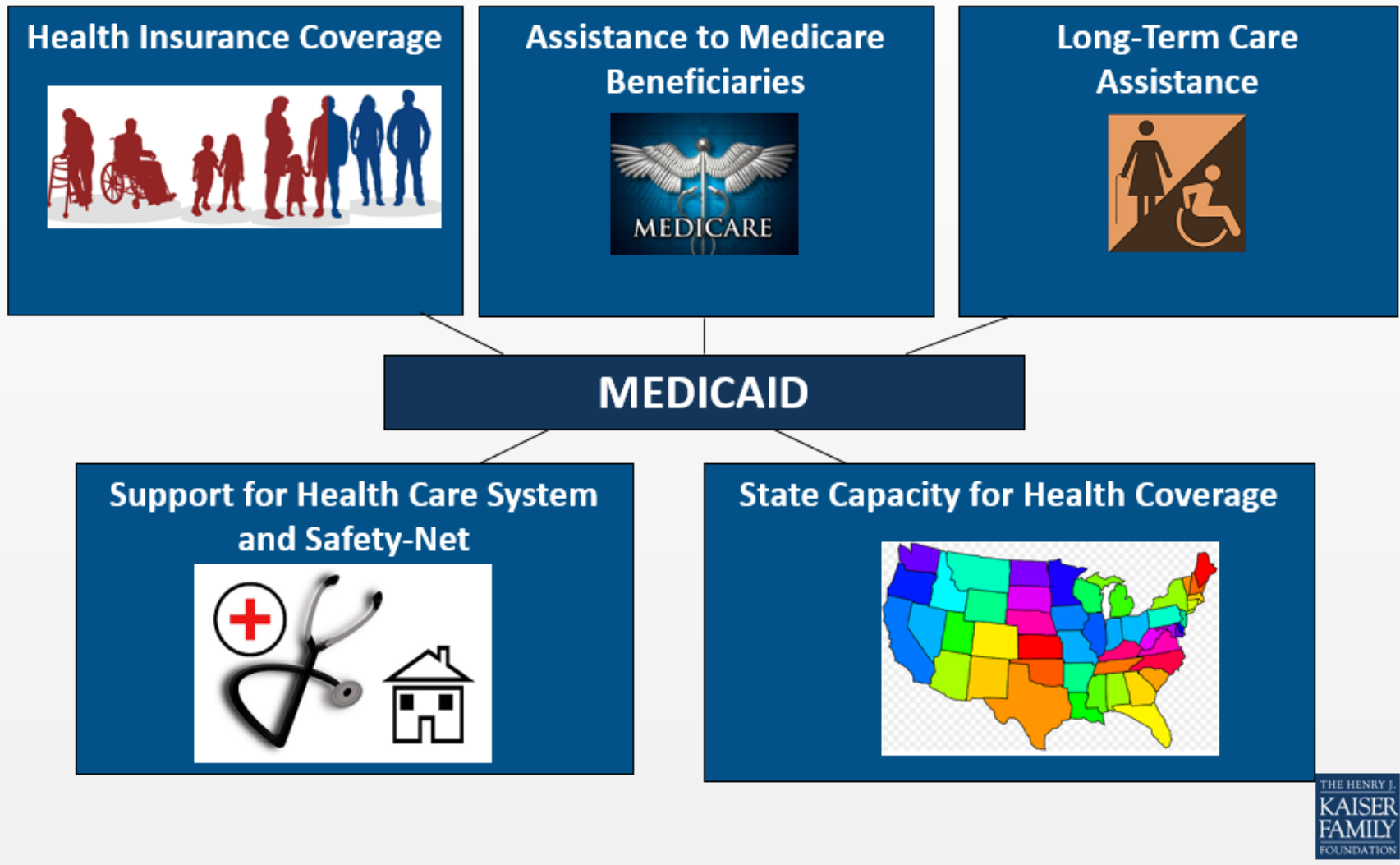
Bringing Supportive Housing to Scale

Expanding rental assistance

Build partnerships

- With PHAs
- With other housing providers (Continuums of Care, HOPWA providers, etc)
- Between state housing and health agencies

The Role of Medicaid



Source: <http://kff.org/slideshow/medicaid-moving-forward/>

The Role of Medicaid

What can Medicaid provide?

- Home and community based services
- Housing-related activities and services
 - Transition-related services
 - Tenancy-sustaining services
 - Housing related collaborative services
- Limited respite care (certain states only)
- Behavioral health services
- Integration with non-Medicaid services

The Role of Medicaid

Promising models of Medicaid/housing integration

Tennessee

- One of 44 states participating in Money Follows the Person
- Relies on managed care plans working with community-based providers, including supportive housing providers
- Provides non-traditional Medicaid services such as:
 - home-delivered meals
 - home modifications
 - support for caregivers

The Role of Medicaid

Promising models of Medicaid/housing integration

Tennessee, cont.

- October 2011 - June 2013, MFP transitioned 620 beneficiaries
 - Average monthly costs in a nursing facility: **\$3,710**
 - Average monthly costs in the community: **\$1,969**

The Role of Medicaid

Promising models of Medicaid/housing integration

Oregon

- Established Coordinated Care Organizations (CCOs): community-run partnerships among health plans, health care providers, and community organizations
- Responsible for providing all health services for their members
- CCOs are able to provide “flexible services” that improve beneficiaries’ health, including housing-related services
- CCOs can also work with supportive housing providers to cover health-related services

The Role of Medicaid

Promising models of Medicaid/housing integration

Oregon

- Recent evaluation found CCOs have reduced members' use of the emergency room by 50 percent since 2011
- CCOs have also increased enrollment in patient-centered primary care homes

Resources

CBPP's Connecting the Dots project:

www.cbpp.org/connecting-the-dots

CBPP's Housing Team:

<http://www.cbpp.org/topics/housing>

CBPP's Health Team:

<http://www.cbpp.org/topics/health>

CMS Informational Bulletin:

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

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