

1/4/2017: Scaling Supportive Housing: State Medicaid-Housing Agency Partnerships

Presenter:

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Relevant Attachments:

- Presentation on Scaling Supportive Housing; State Medicaid-Housing Agency Partnerships

Key Takeaways: Medicaid expansion provides the opportunity to extend health services to formerly homeless individuals who are now in supportive housing. Providing health and other supportive services improves individual health outcomes and reduces health costs, including fewer emergency room visits, fewer hospital admissions and stays and fewer psychiatric hospitalizations.

The United States Interagency Council on Homelessness (USICH) is the federal agency responsible for coordinating the federal response to homelessness. The agency works on the premise that homelessness cannot be addressed by any one department, system or sector but needs the expertise, resources and cooperation of all stakeholders. USICH works with 19 other federal agency partners to maximize effectiveness. Through this partnership they share best practices and collaborative solutions with partners at the federal, state and local level.

USICH's work is guided by a plan to end homelessness through the Opening Doors Program. Opening Doors has four goals, including: (1) to prevent and end homelessness among veterans by 2015; (2) to end chronic homelessness by 2017; (3) to prevent and end homelessness for families, youth and children by 2020; and (4) to set a path to ending all types of homelessness. Overall there has been a 27 percent decline nationwide in homelessness.

One solution to end chronic homeless is through supportive housing that combines affordable housing with a range of supportive services to help individuals with complex needs live stable and independent lives. Supportive housing works because it brings together the expertise of the housing and community development sector with the social, behavioral health, and the services sectors.

Medicaid expansion provided the opportunity to cover nearly 100 percent of people experiencing homelessness. Traditional supportive housing can be enhanced to maintain health care enrollment. Often, it is more beneficial to adopt a supportive housing model and then add health care interventions. Data analysis can help jurisdictions define and identify the target population for health interventions and assertive targeting, outreach and recruitment works to locate and engage the target population. Forming clinical partnership with health care providers improves the delivery and coordination of health interventions for the target population in supportive housing.

Scaling supportive housing for high-utilizers is a challenge. The affordable housing needs are not always available or targeted to the need of high-utilizers. Additionally, Medicaid does not

cover or provide housing directly. Finally, high-utilizers may not be able to obtain and maintain housing without supportive services. To address the issues of scaling supportive housing, jurisdictions can leverage housing resources and work to cover housing related services under Medicaid. Medicaid offers incentives, tools and options to shift focus of health care from volume to value. For example, services such as case management, services coordination, crisis intervention and behavioral health may be covered by Medicaid. A final solution to scaling housing for high-utilizers is to integrate care with housing by aligning health care and housing delivery systems. Jurisdictions may be able to offer beneficiaries a package of housing, services and health care.

Questions and Answers

Q. What recommendations do you have for supportive housing programs for registered sex offenders?

A. There are communities that are serving sex offenders through supportive housing. Many communities are struggling with this because of the restrictions placed on sex offenders.

Q. Can you provide an example of how data was used to align the needs of the 8 jurisdictions?

A. The states that participated looked at their HMIS data, and the Corporation for Supportive Housing was very helpful in identifying the target population.

Q. What role did the counties and local have in implementing state projects?

A. They were focused on engaging state level leadership, because of the changes that happen at the state level. Only from there were they able to drill down to the local level to determine how to then divide up things. In the months that come they hope to see more taking place at the county and local level.

Q. What are some of the things that counties and locals can do motivate their state leaders to leverage Medicaid in supportive housing policies and practices?

A. Being aware of the options available, being part of the conversation and engaging the state leaders on the topic. There is a wealth of information out there that outlines what can be implemented. Becoming familiar with the changes and the opportunities that are available and the conversations that are taking place makes it easier for counties to serve those populations. Once the changes are implemented that is when the local players will really see change.

Q. Were their partnerships from the private sector on this project?

A. There were some national partners, such as CSH, the National Alliance to End Homelessness and the National Governors Association. There also some private partners that put money on the table, such as the Kresge Foundation. There were also people involved on the data matching side who were essential to making the effort a success.