

March 23, 2022: Supportive Housing Models That Work Learning Community: Session 2 FAQs

The following questions were answered live during Session 2 of the Supportive Housing Models that Work Learning Community.

Community Programs – Community Bridges, Inc. and MercyCare, Phoenix, Arizona

Q: What percentage of Community Bridges, Inc. (CBI) participants are families? Also, would they allow site visits for providers from other places in the country to learn?

A: We do not have the overall data on percentage of families at this time, if you would like to reach out for more data and a site visit, please feel free to reach out - edacosta@cbridges.com

Q: What tips do you have for housing agencies on changing hiring practices such as removing educational barriers for applicants with lived experiences?

A: Starts with a top-down message from CEO on opportunities for advancement on the Peer Opportunity path. Focus on advances in education, promoting from within based on experience. Approaching the need with cultural humility, building out the infrastructure, resources, and training.

Q: Do you offer internships or training for other organizations looking to learn more about implementing similar programming?

A: Please feel free to reach out and we can discuss this request - edacosta@cbridges.com Thank you so much for your interest.

Q: How are you funding your organization's Peer Opportunity path?

A: We applied for a grant and using the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG) we were able to fund the Director of Workforce Development, Peer Mentor, and Peer Educator with these funds.

Q: In Montana, the average rate of pay for Peer Specialist is \$15. How is the Peer Specialist pay structure for your program?

A: Our wages range and a tier system of opportunity is built in. Entry level, Navigator I, Navigator II, Lead Navigator, Case Manager, Supervisor, Manager - all positions come with increase in experience, education, and increased wage.

Q: How many peers, nurses and clinicians do you have in your program?

A: There are currently 15 Peer Navigators, 2 Registered Nurses, and 2 Clinicians supporting this team.

Q: Can SAMHSA help with funding to expand my current program?

A: Speak with your State or Local Behavioral Health Authority to see if SAMHSA Block Grant can be used to cover peer providers. You can also reach out to the Managed Care Organizations in your area to determine if they cover this service.

Peer-Related Positions

Q: Suggestions for how to pair people with peer mentors in small nonprofits?

A: Demonstrate pairing folks who are experienced and trained mentors to assist with a solid orientation. Also, rely on Peer/consumer feedback from a survey to identify gaps in services.

Q: Are grants available to hire Peer Specialists?

A: There are many ways in which to fund peer providers including SAMHSA block grants, managed care funding and state Medicaid funding. It depends on your locale.

Q: How can we elevate the importance of hiring a Peer Specialist from the community, such as BIPOC?

A: It can be difficult to shift the perspective of those in positions of power to uplift the need for there to be diversity of leadership, especially leadership of peer specialists. Keep on advocating for what is right!

Coordinated Entry

Q: How can Coordinated Entry (CE) be improved in my community?

A: Effective CE works to identify folks with the highest vulnerabilities for Permanent Supportive Housing and Rapid Rehousing, but it is important to ensure that multiple partners are working in collaboration to identify folks, including community health and behavioral health partners, managed care organizations, peer advocacy providers, and all other systems that may encounter people experiencing homelessness. The HUD Exchange highlights best practices in CE.

Q: Any referrals I have received were all old and outdated, the CE people do not keep up with the participants on the list.

A: This could speak to challenges with case conferencing, maintaining updated contact information, or the overall experience of folks navigating the processes of CE. Ensuring that people with lived experience of navigating the CE system are connected to the CoC is important. Some resources available on the HUD Exchange include:

<https://www.hudexchange.info/news/snaps-in-focus-integrating-persons-with-lived-experiences-in-our-efforts-to-prevent-and-end-homelessness/>

As well as a SNAPs office hours on the subject:

<https://www.youtube.com/watch?v=2mBUIGsWmro>

General Questions

Q: Is the Implicit Bias Test available on the website?

A: <https://implicit.harvard.edu/implicit/takeatest.html>

Q: Does this session cover supported housing models?

A: Through these sessions we hope to provide some foundational content to uplift some of the best practices of supportive housing models presented by community-based organizations. Our goal is to broaden the perspective of how supportive housing programs can ground themselves in principles of equity. This approach deviates from "traditional" webinar approaches, and we hope you still find the information valuable.

Q: What are the criteria to be identified as a high utilizer?

A: Different systems use different criteria. Washington State uses the following: The Predictive Risk Intelligence System (PRISM), managed by Medicaid and used by contracted managed care organizations (MCOs), identifies patients who could benefit from comprehensive services with care coordination. This is typically determined by your area managed care entity or the state Medicaid division.