HOMELESS & HOUSING RESOURCE CENTER

Funding Supportive Housing Services for People with Behavioral Health Needs

Key Federal Resources

June 29, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer

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ASL Interpretation and Transcription

- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
  - **Kim Morreale**
  - **Meagan Thorp**
- Live transcription is available
  - Click Live Transcript CC and then select Show Subtitle
  - Subtitles can be moved within the window and re-sized
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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Questions**: Please submit your questions using the Q&A feature
- **Slides**: Available now on HHRC website: https://hhrctraining.org/events-webinars
- **Recording**: Will be available on the HHRC website in 1 week
- **Evaluation**: Link will be shared at the end and browser should redirect you
- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed

Panelists

- **Rachel Post**, MSSW, Senior Associate, Technical Assistance Collaborative
- **Sherry Lerch**, Director, Technical Assistance Collaborative

Funding Supportive Housing Services for People with Behavioral Health Needs: Key Federal Resources

AGENDA:

- Refresher: High-quality supportive services produce results
- Defining Housing-Related Services and Supports
- Tips to identify available funding and funding gaps
- Medicaid Basics and funding
- SAMHSA Basics and funding
- Helpful Strategies for Partnerships to secure Medicaid and SAMHSA funding

Poll Question

- What is your current role?
  - Direct service/Care coordinator
  - Program manager
  - Funder
  - Grant writer/Development
  - Benefits Specialist
  - Other

Poll Question

What federal resources do you use to cover supportive housing services?

A. I don't know
B. We don't currently use federal resources to cover services
C. Medicaid
D. SAMHSA grants
E. HUD Continuum of Care
F. Other

Impact of Supportive Housing on Health and Housing Outcomes

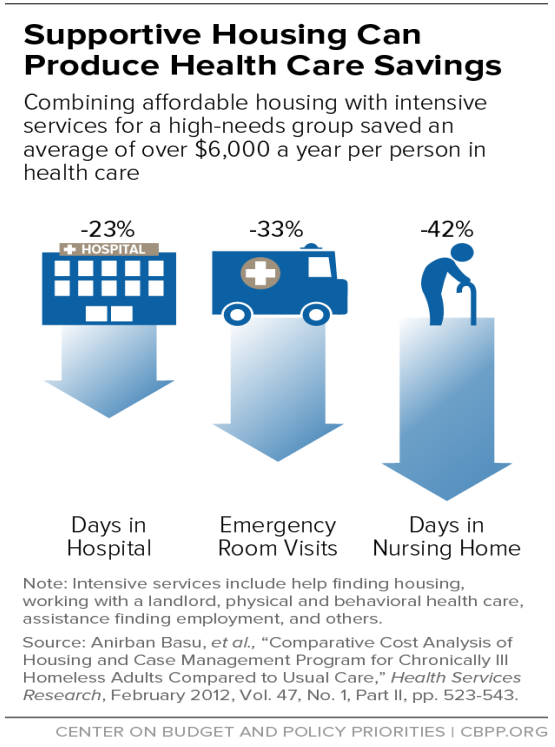
ECONOMIC POLICY

Want to keep people out of the hospital? Make sure they have a place to live.

By Harold Pollack

November 2, 2013 at 11:00 a.m. EDT

"That study found that placing homeless people with chronic illnesses in supportive housing reduces emergency department visits, residential substance abuse treatment, hospital inpatient admissions and nursing home use. Researchers also observed average annual cost savings of $6,307, with greater average savings among the chronically homeless ($6,607) and among those living with HIV ($9,809)."



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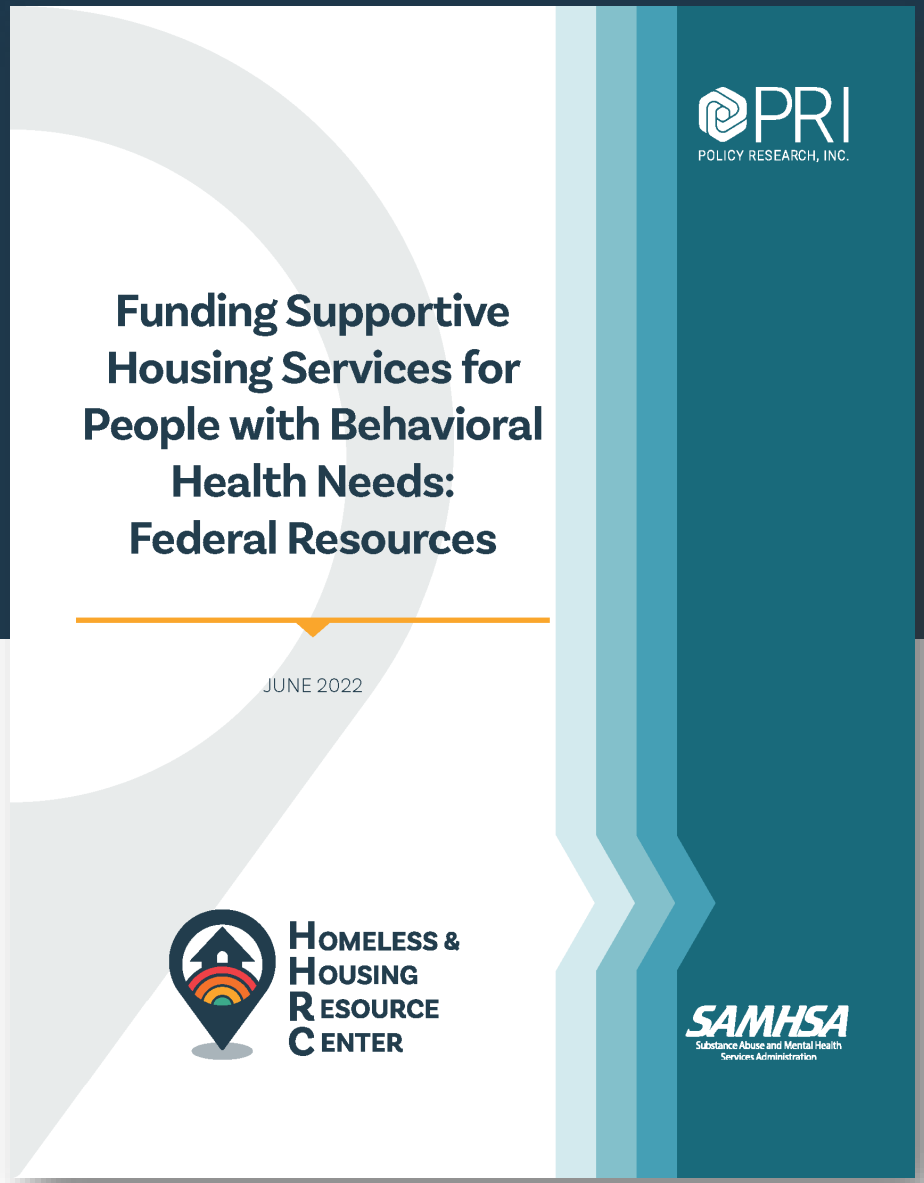

- New Resource!
- Housing-Related Services and Supports
- Understanding Funding Needs and Options
- Exploring Partnerships to Maximize Available Resources

Download the Resource

Understanding Funding Needs

- No one funding stream covers all required high-quality supportive services.
- Braiding various sources including federal, state, and local funding is required.
- Work with your Behavioral Health Authority, HUD Continuums of Care and State Medicaid Authority to identify current availability of supportive services and the identified gap.
- Work to understand the basics of key federal resources.

Medicaid:
Centers for Medicare and Medicaid Services (CMS)

- Medicaid can cover many, but not all, of the services and supports that people with BH may want and need to live in the community.
- The Affordable Care Act (2010) allowed states to expand Medicaid to those with very low incomes.
- As of Feb. 2022, 38 states and D.C. have adopted Medicaid expansion. This has resulted in a much larger population of people experiencing homelessness being Medicaid eligible.
- Learn what's in your state Medicaid plan (posted online).

Housing-Related Services & Supports (HRSS): CMS- defined *pre-tenancy services*

Assists individuals to prepare for and transition into housing, such as:

- Conducting individualized screening and assessment to highlight an individual's preferences for and barriers to community residence.
- Developing a community integration plan based on the individualized screening.
- Assisting with locating housing and area amenities needed to promote community tenure. Determining safety and quality of the housing unit prior to move-in.
- Supporting the move into a housing unit (including securing moving expenses).
- Connecting individuals to community-based resources that are required to secure documents and fees needed to apply for housing and/or making any reasonable accommodation requests that are related to individual's disability.

Housing-Related Services & Supports (HRSS): CMS- defined *tenancy sustaining services*

Provided once a person is housed to promote their housing tenure, such as:

- Providing services that identify and intervene with behaviors that may jeopardize housing (e.g. lease violations).
- Education or training on the role, rights, and responsibilities of the tenant and landlord.
- Connecting individuals to community resources to maintain housing stability.
- Individualized case management and care coordination that connects an individual with needed service providers and resources.

Examples of Medicaid Authorities Used:
Find Your State Profile here

Medicaid Authority	Description	Sample HRSSs That Can Be Covered	State Example
Section 1915(i) State Plan Services	Allows states to cover home- and community-based services, including HRSSs, to individuals with mental and/or substance use disorders. Services cannot be "capped"; instead, they are an entitlement for any Medicaid recipient that meets eligibility criteria. Recipients are not required to meet institutional level-of-care criteria. Services must be based on an individualized assessment conducted by an entity not delivering the services prescribed.	Housing assessment; housing search; assistance with applying for benefits, understanding and negotiating a lease, and move-in.	Minnesota is authorized to provide HRSSs under a 1915(i) state plan amendment. Eligible individuals must meet needs-based criteria resulting from the presence of a disability and/or a long-term/ indefinite condition and must be experiencing housing instability, which is evidenced by experiencing or being at risk of homelessness.

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Examples of Medicaid Authorities Used:
Find Your State Profile here

Medicaid Authority	Description	Sample HRSSs That Can Be Covered	State Example
Section 1115 Research and Demonstration Waiver	Provides states with maximum flexibility so they can test policy approaches and payment mechanisms to better serve Medicaid recipients. States can extend coverage to additional populations not defined in law, require enrollees to use a specified provider network, or deliver Medicaid long-term services and supports through capitated managed care. This authority is often used as states attempt to address social determinants of health, including helping enrollees to access and live successfully in stable housing.	The full array of pre-tenancy and tenancy-sustaining services listed in "Housing-Related Services and Supports" on page 1.	Washington State is authorized to provide HRSSs under a Medicaid 1115 demonstration waiver. Recipients must be at least 18 years old and eligible for Medicaid, must have a functional impairment resulting from a mental illness or SUD, and must meet the criteria related to individually assessed need for assistance with activities of daily living and/or complex physical health need. Eligible individuals also must have at least one of the following risk factors: chronic homelessness (as defined by HUD); frequent or lengthy institutional contacts; frequent or lengthy residential-care stays; frequent turnover of in-home caregivers; or an elevated Predictive Risk Intelligence System (PRISM) risk score.

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How is Medicaid organized in your state?

- Managed Care Entities?
  - ✓ As of July 2021, 40 states and D.C. contracted with comprehensive, risk-based managed care plans to provide care to some of their Medicaid beneficiaries, including people with mental illness and substance use disorders.
- Accountable Care Organizations (ACOs)?
  - ✓ As of 2022, 9 states operate Medicaid ACOs, a group of health care providers or a regional entity that contracts with providers and/or health plans and share responsibility for the health care delivery and outcomes for a defined population.

What is the role of your state Behavioral Health Authority (BHA)?

- BHAs typically administer resources to fund services that are not covered by a state's Medicaid program.
- These resources may include SAMHSA Block Grants and State obligated funds.
- Familiarize yourself with SAMHSA Grant Awards by State here
- For a more detailed review of SAMHSA grant programs, find details in HHRC's new resource: Funding Supportive Housing Services for People with Behavioral Health Needs: Key Federal Resources

SAMHSA HRSS Defined

- **Outreach/Engagement/Referral services** that help identify and refer people experiencing homelessness to coordinated entry in order to access housing assistance provided by Continuums of Care and Public Housing Agencies

- **Pre-tenancy services** that assist people with housing access, such as housing search assistance; landlord engagement and housing navigation; security deposits; rent/utility arrears; help obtaining documentation to verify eligibility; move-in assistance; and home furnishings

SAMHSA HRSS Defined

- **Housing stabilization services and service coordination** to help people stabilize in housing and connect with community-based services

- **Ongoing tenancy sustaining supports and wraparound services (i.e. services in PSH)** that assist people in being successful tenants, such as ongoing individualized case management; help with activities of daily living and maintaining one's home; support to prevent lease violations; and care coordination with health and behavioral health systems

Building Partnerships to Maximize Available Resources for HRSS

Understand Levers that Incentivize Collaboration:

- ✓The systems that administer the resources we've covered are responsible for the maintenance of health and behavioral health of the total population they serve.
- ✓Providers can reduce healthcare spending substantially when they connect people to services that address their housing needs. As a provider, you bring valuable capacities to systems responsible for improving health and reducing costs of care.

Building Partnerships to Maximize Available Resources cont.

Define your Options for Filling Gaps in Service Coverage if your state Medicaid Plan and SAMHSA grants cover HRSS

- ✓ Determine whether there is capacity within your agency to integrate these funds into your supportive housing program. By consulting with your state Medicaid and/or BHA, you can learn what is required to become an HRSS provider.
- ✓ If you are not an enrolled Medicaid provider, you may want to partner with another provider that is and orient them to the benefits of such a partnership. Potential partners that are enrolled as Medicaid providers include:
  - Federally Qualified Health Centers
  - Hospital Systems
  - Community Mental Health Agencies

Building Partnerships to Maximize Available Resources cont.

Define your Options for Filling Gaps in Service Coverage if your state Medicaid Plan and SAMHSA grants do not cover HRSS

- ✓Work with your state Medicaid agency or regional/local healthcare authority or BHA to explore using these funding stream for HRSS.
  - ➢ BHAs have flexibility in how SAMSHA Block Grants are used and states are required to include stakeholder input in the plans that are submitted for SAMHSA approval.
  - ➢ Making the business case on how HRSS will improve the BHA and/or State Medicaid plan's outcomes can be a useful engagement strategy.
  - ➢ For more information on gathering system partners to advocate with Medicaid and health care systems, consult this publication.

Building Partnerships to Maximize Available Resources cont.

Define your Options for Filling Gaps in Service Coverage if your state Medicaid Plan and SAMHSA grants do not cover HRSS

- ✓Pursue partnerships with entities that control other sources of revenue that can be used to pay for non-Medicaid-eligible HRSS (state general funds, county or local funds, other public and private funding sources) that can fill gaps in service coverage.

Questions and Answers

Please type in the Q&A box

Evaluation and Certificate of Participation

https://lanitek.com/P?s=118326

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Reminder!
Office Hours
July 7, 3:00-4:00pm ET

Registration Link

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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

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