

HOUSING Options for Vulnerable Populations

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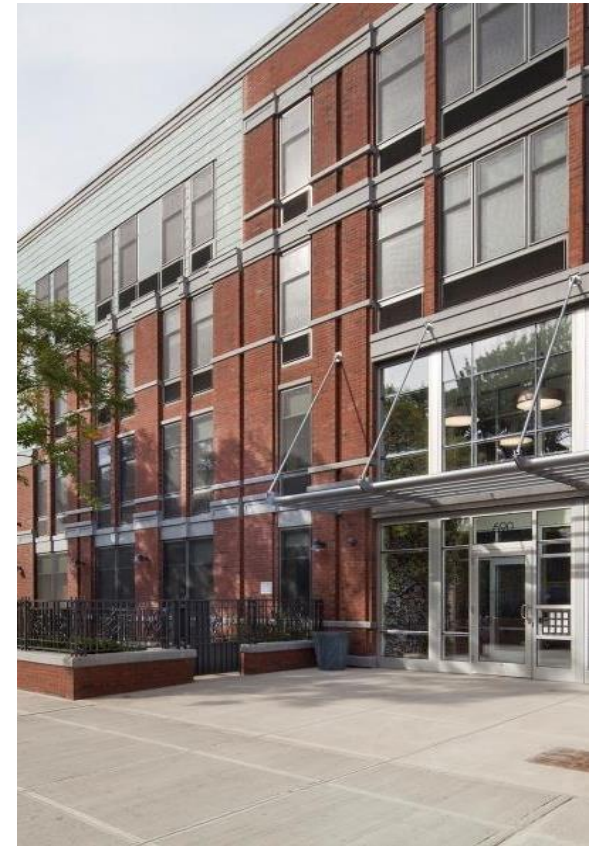
Advancing Housing Solutions That



Improve lives of
vulnerable people



Maximize
public resources



Build strong,
healthy communities

Maximizing Public Resources

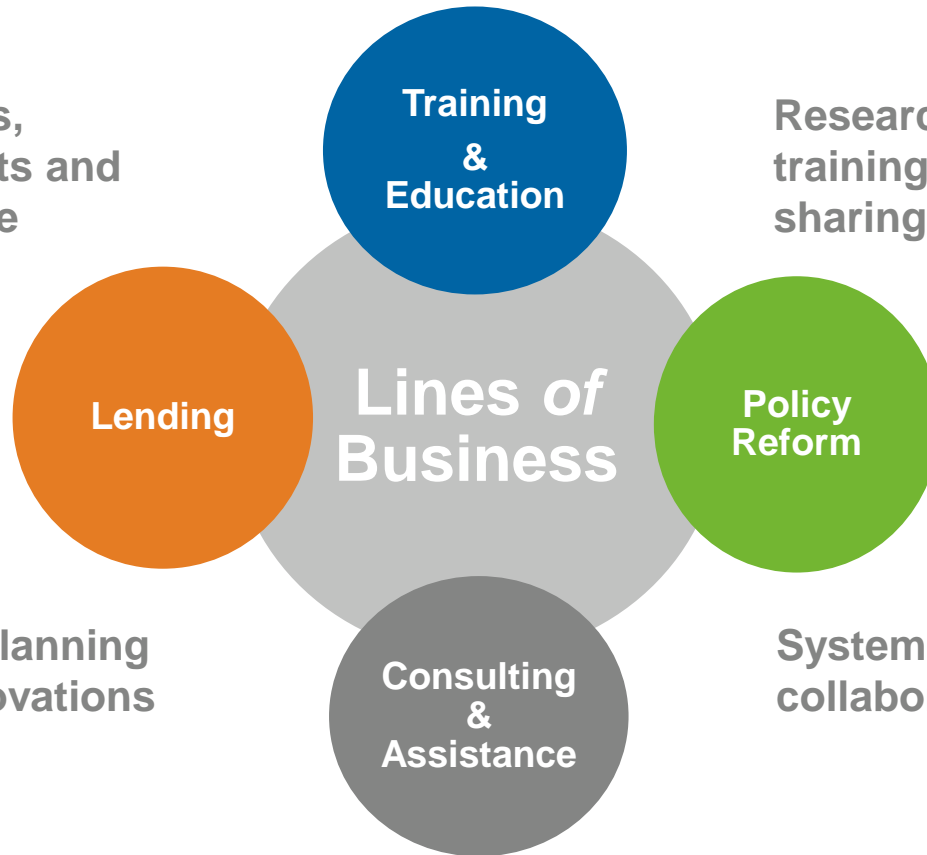
CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.



What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.

Powerful capital funds,
specialty loan products and
development expertise



Research-backed tools,
trainings and knowledge
sharing

Custom community planning
and cutting-edge innovations

Systems reform, policy
collaboration and advocacy

Overview of slides

What is happening in MA

1115 waiver Flex service \$

State strategies

Overview of where other states are with waivers/SPAs

Conceptual approval prior to the Trump administration

Current approval (HI, FL, IL)

Submitted and awaiting approval (CT, NH, ND, MI)

What you need to know:

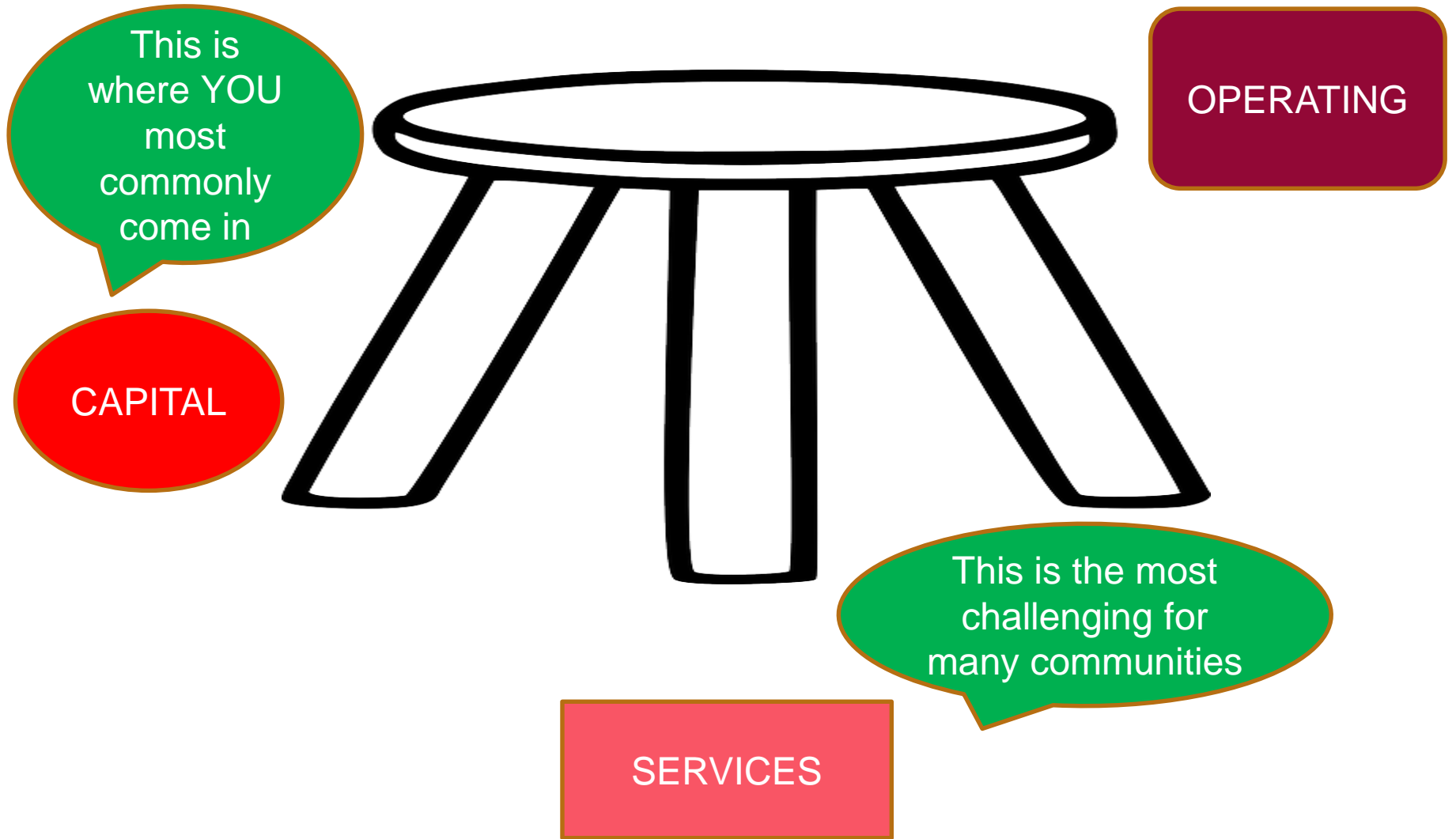
Services ARE coming What are the timeframes? Initial waiver process from conceptualization to implementation – 3-5 years.

Current trends and innovations

Flexible housing subsidy pools – LA, Chicago

NJHFA example

The 3 legged stool of Supportive Housing Financing



FUNDING FOR SERVICES

Medicaid (Historical)

- Targeted Case Management
- Psychiatric Rehabilitative Services
- Peer Supports/Community Health Workers

Medicaid (New)

- Home and Community Based Services
- Waivers and State Plan Amendments
- Commonly run through a Managed Care Delivery System

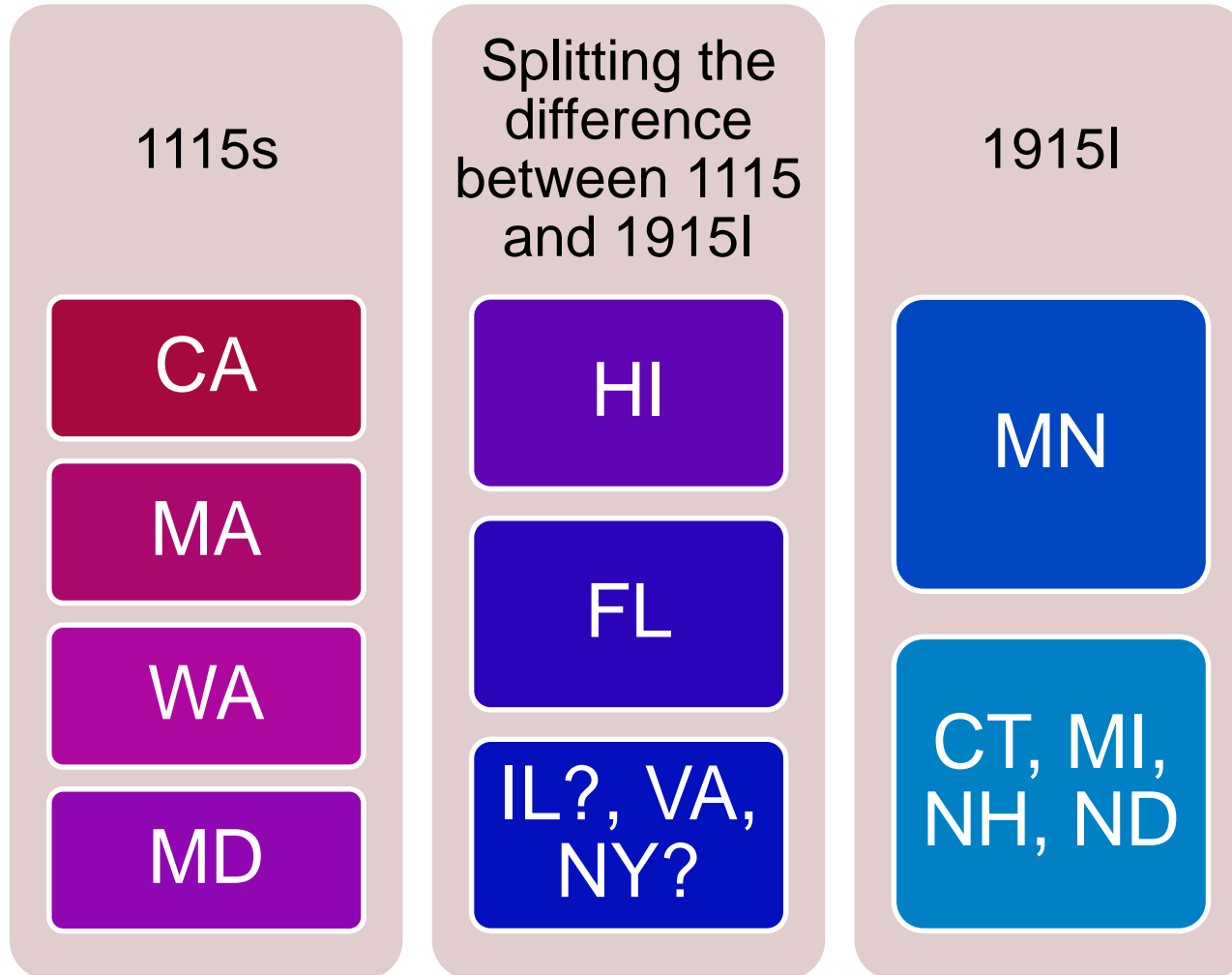
State and Local Funds

- Commonly population based, e.g. MH or SUD, or HIV
- Needs to be aligned with housing funding.
- Ideally covers gaps in Medicaid funding

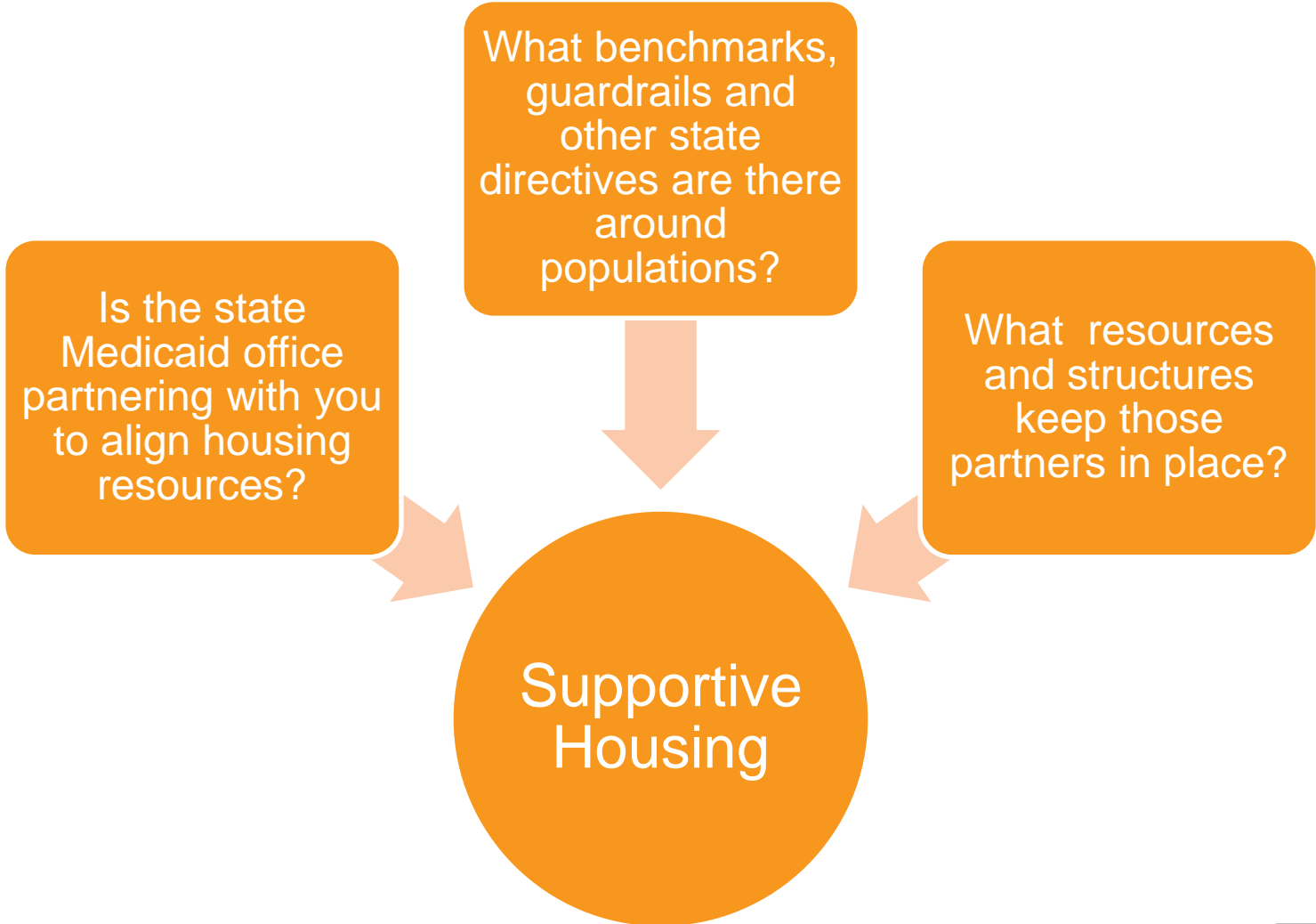
Philanthropy

- Good for start up, seldom long term sustainable.

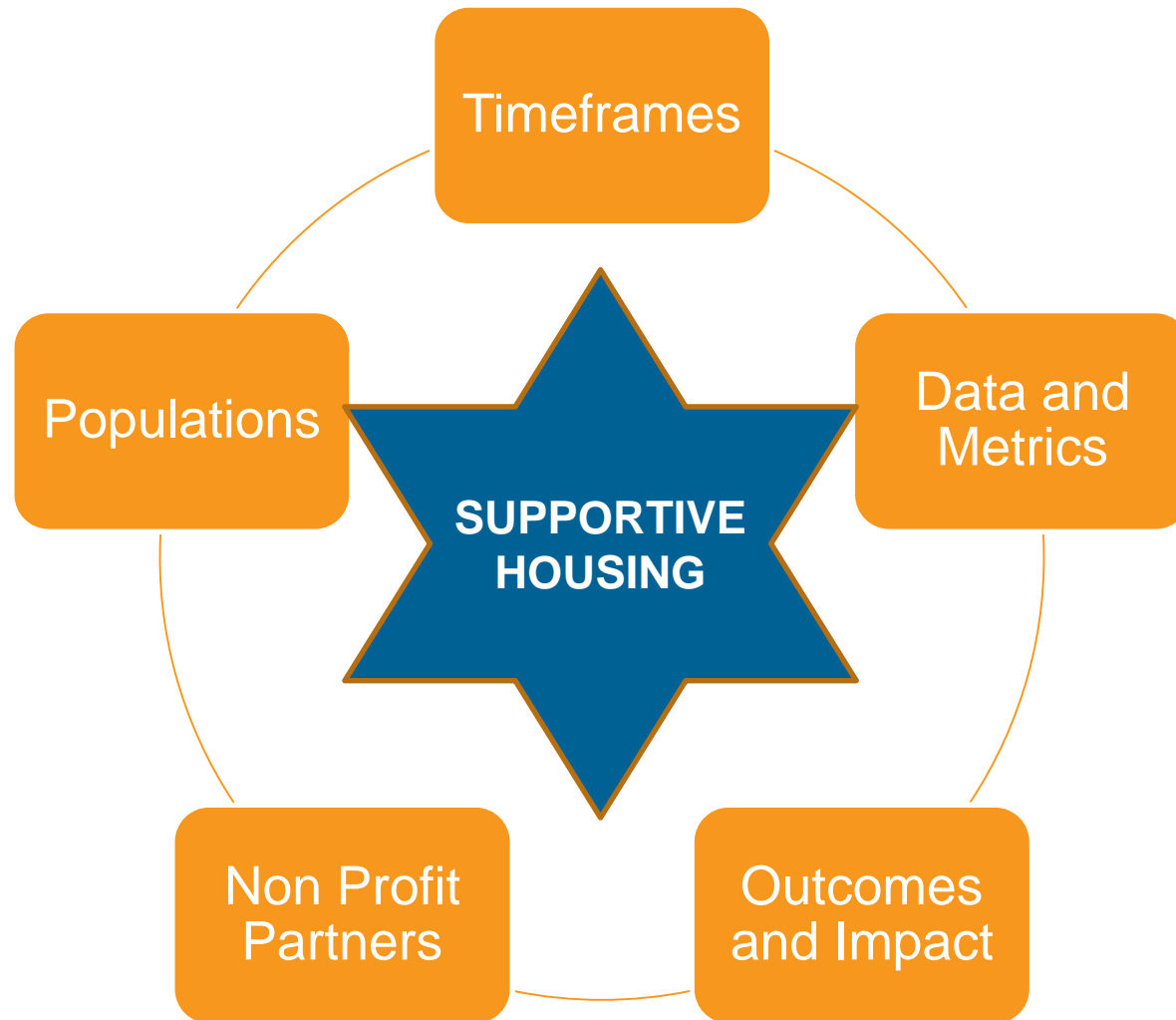
Evolving CMS Policy: States to watch



Question to ask as services come on line



New and Better Questions to ask in the Partnership Process



Rx

PATIENT NAME: _____

ADDRESS: _____

Prescription:

*This patient needs a
safe, stable, permanent
home*

Signature: _____ Date: _____

CountyCare: Our commitment

Access to care for everyone

- From our very founding in 2011, CountyCare has made access to health care our top priority.
- Owned and operated by Cook County Health, we are the only not-for-profit, provider-led Medicaid health plan in the State.
- Our mission and values remain rooted in the charitable legacy of Cook County Health.
 - We have now grown to over 300,000 members - the largest Medicaid plan in Cook County.
 - Our members come from all parts of Cook County and include moms and kids, older seniors, people with disabilities individuals living with mental illness or addiction.

Partnering with our communities

CountyCare recognizes that good health is more than just medical care. That's why we make significant investments to ensure our members and the broader community have access to affordable housing, respite care, and healthy food. These investments include:

- \$1,000,000 to the Chicago and Cook County Flexible Housing Pool to provide access to supportive housing for those living with homelessness

THE FLEXIBLE HOUSING POOL SOLUTION

Modeled on LA County Program



3,000 individuals
successfully
housed in
supportive housing



67.5% ER visits
76.5% inpatient days
59.5% use of mental health
crisis stabilization services

Our Goals

Rapid connections to supportive housing, increase access to needed services

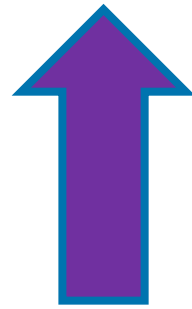
New model to deliver flexible resources, applying best practices in coordination between housing and health care



Goals and Outcomes



Emergency Department (ED) use
Jail stays
Emergency shelter days
Police, fire and ambulance services
Inpatient utilization

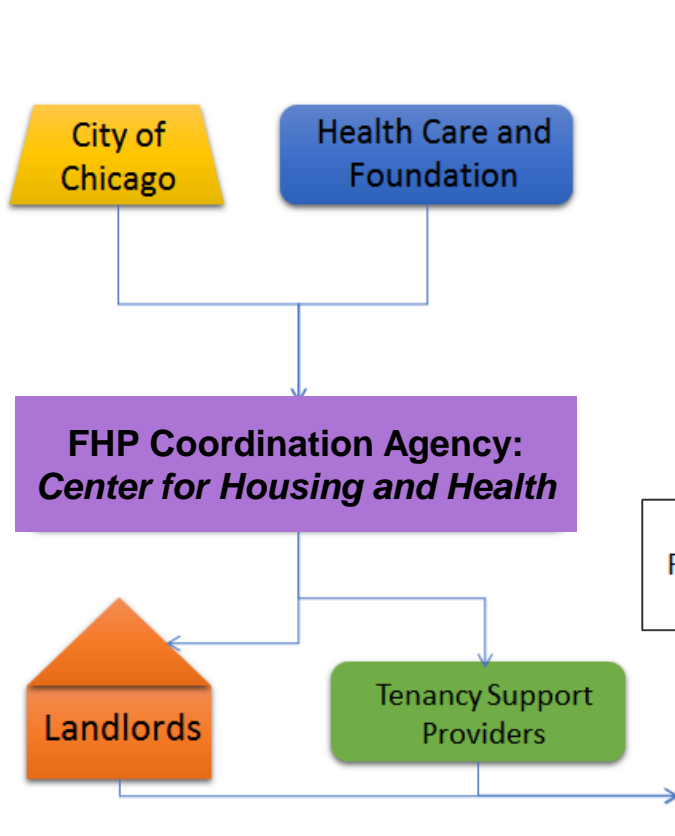


Housing stability
Health outcomes
Outpatient utilization
Affordable housing market capacity

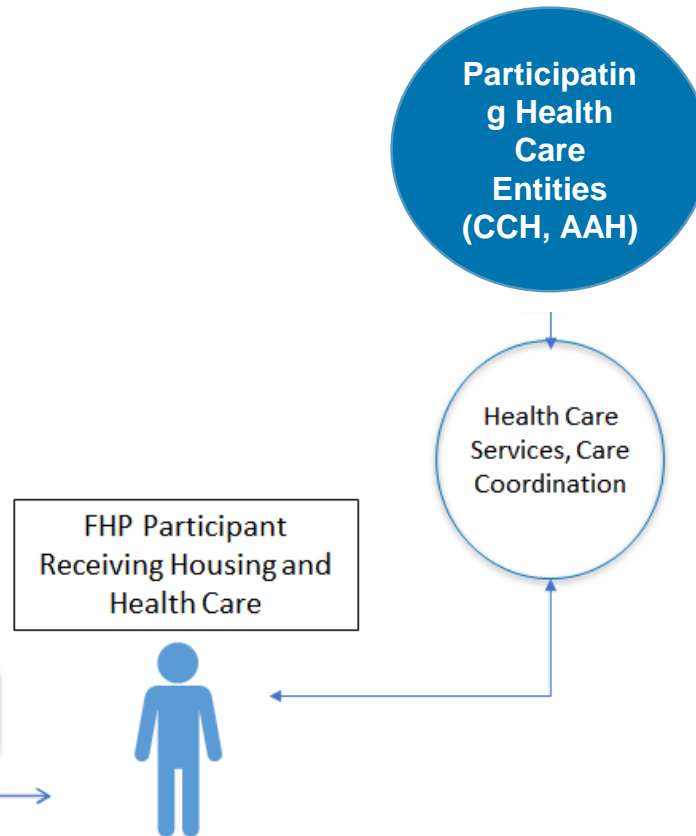
HOW IT WORKS

FLEXIBLE HOUSING POOL INITIAL LAUNCH DESIGN *Contractual & Financial Relationships*

Subsidy & Tenancy Supports



Clinical Services

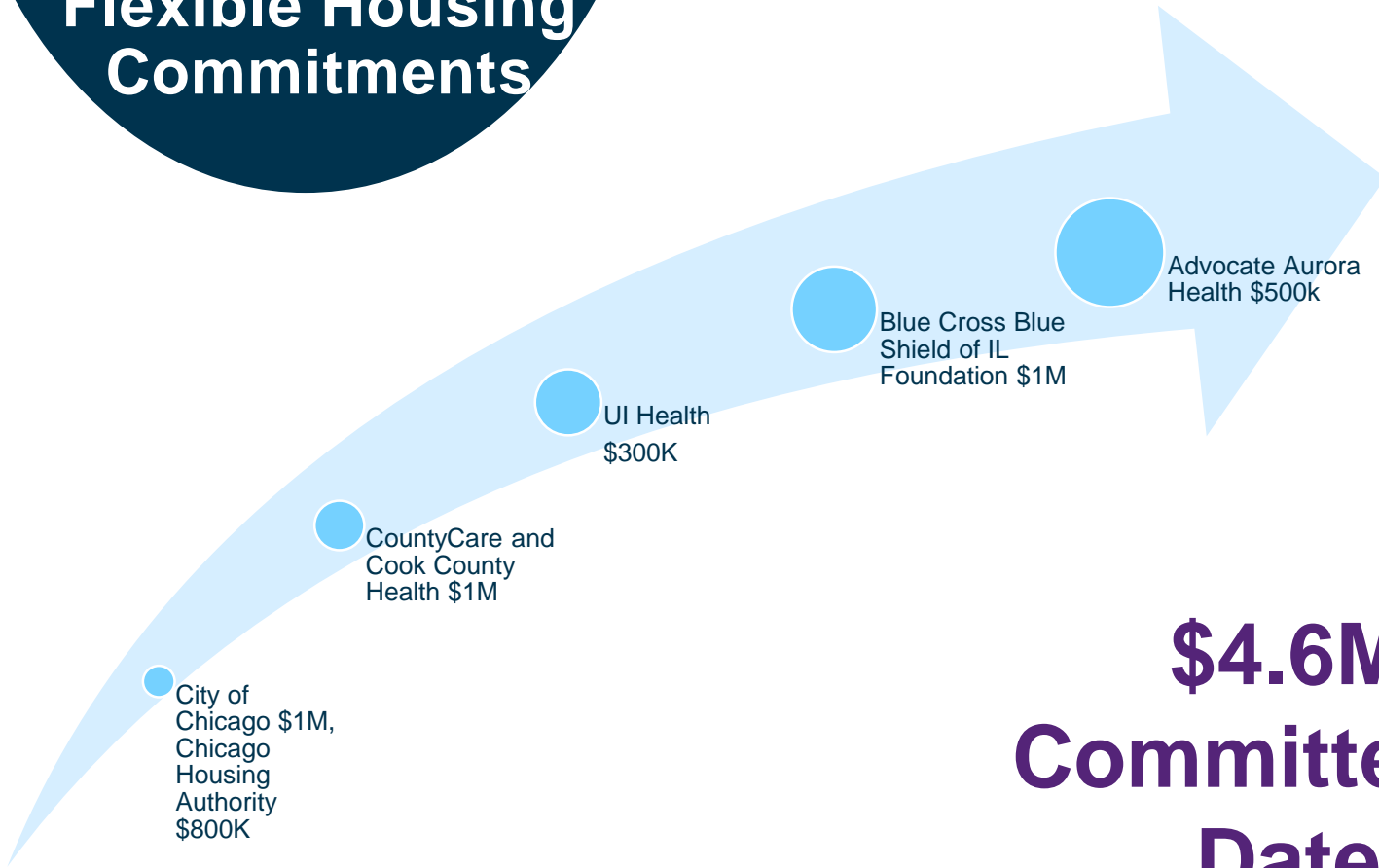


Informed by pilot initiatives from UI Health, Swedish Covenant Hospital, and Cook County Health

Phase 1: House 50-80 people while gathering data and testing processes

Fundraising: \$12 M to serve 750 patients in two to five years

Flexible Housing Commitments



\$4.6M
Committed to
Date

NJ HFA & Hospital Association Partnership Hospital Partnership Subsidy Program



HFA and
Hospital
Associations
matching
contributions
to Supportive
Housing
Projects

Research and Evaluation showing cost savings for Medicaid

- **NY's Medicaid Redesign Team**
 - On an annualized basis, the 2,071 individuals studied saw their Medicaid expenses fall by 15%, from \$85,154,898 to \$72,459,687.
 - Cost decreases were highest for the highest users of care- For enrollees with pre-period expenditures in the top 10% of their program, average Medicaid expenses fell by \$22,814 – \$52,469 per person.
- **Oregon- CORE study from**
 - Health Care costs were lowered
 - Primary Care visits increased, ED visits decreased
 - Residents reported access to care and quality of care improved
- **MA and the Community Support Program for People Experiencing Chronic Homelessness**
 - Within groups decreases of \$2,291 when compare two years pre and post program entry
 - With a matched control group \$7,013 1 year pre/post savings.
 - Increases in Pharmacy costs and LTSS, all other levels of care showed decreases.

Trends in Supportive Housing

- Complex Care Populations
- As part of a Behavioral Health Transformation to Recovery Oriented Systems of Care
- As part of efforts to end Homelessness
- As part of Olmstead or other efforts to close institutions
- As part of re entry initiatives for populations leaving long term incarceration with disabilities.



Not A One-Size-Fits-All Approach to Engaging Health Partners

Health Systems are exploring the myriad of ways they can address social determinants like housing:

1. Hospital Community Benefit
2. Donating Underutilized Hospital Land
3. Financial Investment/ Donation
4. Leveraging LIHTC/ Federal, State & Local Resources
5. Medical Respite

THANK YOU!

AND Stay in Touch

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stay connected



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