

# **Supportive Housing**

## **From Pilot Program to Systemic Solution**

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Technical Assistance Collaborative, Inc.

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# TAC

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TAC is a national, non-profit firm that provides consulting and technical assistance to federal, state, and local government, providers and other stakeholders on human services and affordable housing issues for people with disabilities, the homeless, and Veterans. Services include:

- Policy development
- Program design and implementation
- Financing
- Outcomes and performance evaluation
- Workforce training

# Who is Supportive Housing for?

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Supportive Housing has evolved from being just for “high functioning” individuals to those with complex behavioral health disorders coming from institutional settings (i.e. state hospitals, nursing homes and jails/prisons) and for those who are chronically homeless.

Housing is part of the overall system change strategy. It is a primary intervention and not an add-on.

# Housing is a Determinant of Health

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- As a *social* determinant of health, residential segregation can have a negative impact on one's health.
- As a *physical* determinant of health, access to safe, decent, affordable housing will impact health, functioning and quality of life.

Healthy People 2020.

<http://www.healthypeople.gov/2020/about/DOHAbout.aspx#socialfactors>

# *Priced Out in 2014*

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- There is not one housing market in the country where a person on SSI can afford housing at the Fair Market Rent.
- The national average rent for a modest one-bedroom rental unit was \$780, equal to 104% of the national average monthly income of a one-person SSI household.

*TAC, Priced Out in 2014*

# CMS Innovation Accelerator Program

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Track 1: Tenancy Support Services

Track 2: Medicaid-Housing Agency Partnerships (8 states)

- 8 states (CA, CT, HI, IL, KY, NJ, NV, OR)
- Technical assistance to improve Medicaid, services and housing coordination

# Making the Case - Policy Alignment

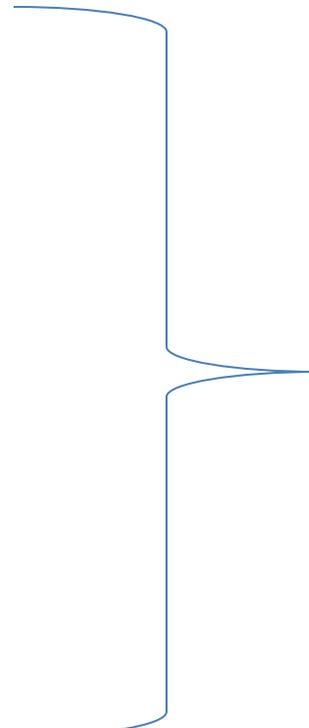
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## Key Policy Issues

Homelessness  
Community Integration  
Disabilities  
Health Integration  
High Utilizers  
Affordable Housing  
Corrections

## Intervention

Supportive  
Housing



# OLMSTEAD AND INTEGRATION

# Community Integration Defined

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- “Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual’s choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings.”

U.S. Department of Justice. *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.*

# Community Integration Defined

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- “By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.”

# Evolution of Olmstead

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- CRIPA
- Deinstitutionalization – State Psychiatric Hospitals, State Developmental Centers
- Nursing Homes
- Board and Care Facilities (Adult Homes, Assisted Living Facilities, Residential Care Homes, Boarding Homes)
- Homeless and at-risk of institutionalization
- Employment
- What's next?

# Implementing Olmstead

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- In its decision, the Supreme Court stated that if a state had a, “....**comprehensive, effectively working plan** for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the state’s endeavors to keep its institutions fully populated, the reasonable modification standard [of the ADA] would be met.”
- For an *Olmstead* Plan to serve as a reasonable defense against legal action it must include, “...**concrete and reliable commitments to expand integrated opportunities....and there must be funding to support the plan.**”

# Approaches to Olmstead and Community Integration

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- Proactive planning and implementation
- Planning with some implementation activity
- Reactive planning and implementation
- There's a plan sitting on a shelf somewhere
- Litigation/Settlement Agreements
- No Planning

# Cautions

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- A plan to plan is not a plan;
- Just because it's in the community doesn't mean it's integrated;
- Just because it's integrated doesn't mean there is inclusion;
- “Choice” may have different meanings;
- Budget cuts and bureaucracy do not trump civil rights;
- Beliefs and opinions regarding whether a person/population is ready for more independent living or what an integrated setting is may conflict with what the Courts decide

# OLMSTEAD – BARRIER OR OPPORTUNITY?

# Olmstead settlement remedies and implementation trends

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- Target populations
- Expansion of community services
  - ACT, Community Support Teams, Supported Employment, Peer and Family Supports, Crisis Services
- New and/or re-allocated resources
  - Cost savings for services or subsidies
- Expansion of integrated housing
  - Permanent housing, Housing First, Affordable, Set-aside units in larger housing developments, choice
- Medicaid opportunities
  - HCBS waivers, MFP, Medicaid expansion, improved authorities (1915(i))

# What do integrated settings look like in your system?

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- Consider [USDOJ statement on integration/segregation](#).
- Review Title II of the ADA and Section 504 of the Rehabilitation Act of 1973
- Review Settlement Agreements
- Review the [CMS HCBS Rule](#)
- Review the [HUD Statement on Community Integration](#) (January, 2013)

What does “choice” mean in your system?

# Medicaid HCBS Settings Rule

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- How does this apply to your state and the people that you serve?
- What does this mean for our existing housing?
- What does this mean for future development?

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

# PLANNING TO SCALE

What is the strategy?

# Paying for Supportive Housing

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Services

Operating

Capital

# Funding Services

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- How much of your General Appropriation pays for services in home-based or supportive housing settings?
- How much of your General Appropriation pays for rental assistance and related housing supports?
- How much of your General Appropriation or Medicaid funding pays for group homes or board and care facilities because integrated housing and service options do not exist?
- Does Medicaid pay for housing-related support?  
[CMS Informational Bulletin: https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf](https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf)

# Housing Programs and Olmstead

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- HUD Section 811 PRA (29 states)
- National Housing Trust Fund
- HUD CoC
- Low Income Housing Tax Credits
- State capital assistance programs (i.e. HTFs)
- Public Housing Authorities
- HOME Program (HOME TBRA)
- State-funded Housing Assistance (30+ states with programs)

# System Level Strategies

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Policy Alignment = Active involvement of state Housing, Medicaid and Human Services Agencies

## Housing:

- HUD 811 PRA Demonstration (e.g. MOA between HFA + Medicaid + Behavioral Health)
- Olmstead Preference\*
- *Bridge* Rental Subsidies
- LIHTC, others

## Services:

- Medicaid approaches = 1915(i); 1915(c); 1115; Rehab Option; Health Homes
- Role of State or County General Funds
- MFP and MFP-like Strategies, Balancing Incentives
- Managed Care role (e.g. Oregon Olmstead performance indicators/data metrics in CCO contracts; incentives)
- Training

**Reference: Statement of the Department of Housing and Urban Development on the Role of Housing in Accomplishing the Goals of *Olmstead***

# Role Assignment

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Role  
Assignment



Housing



Services

# Key Services and Supports

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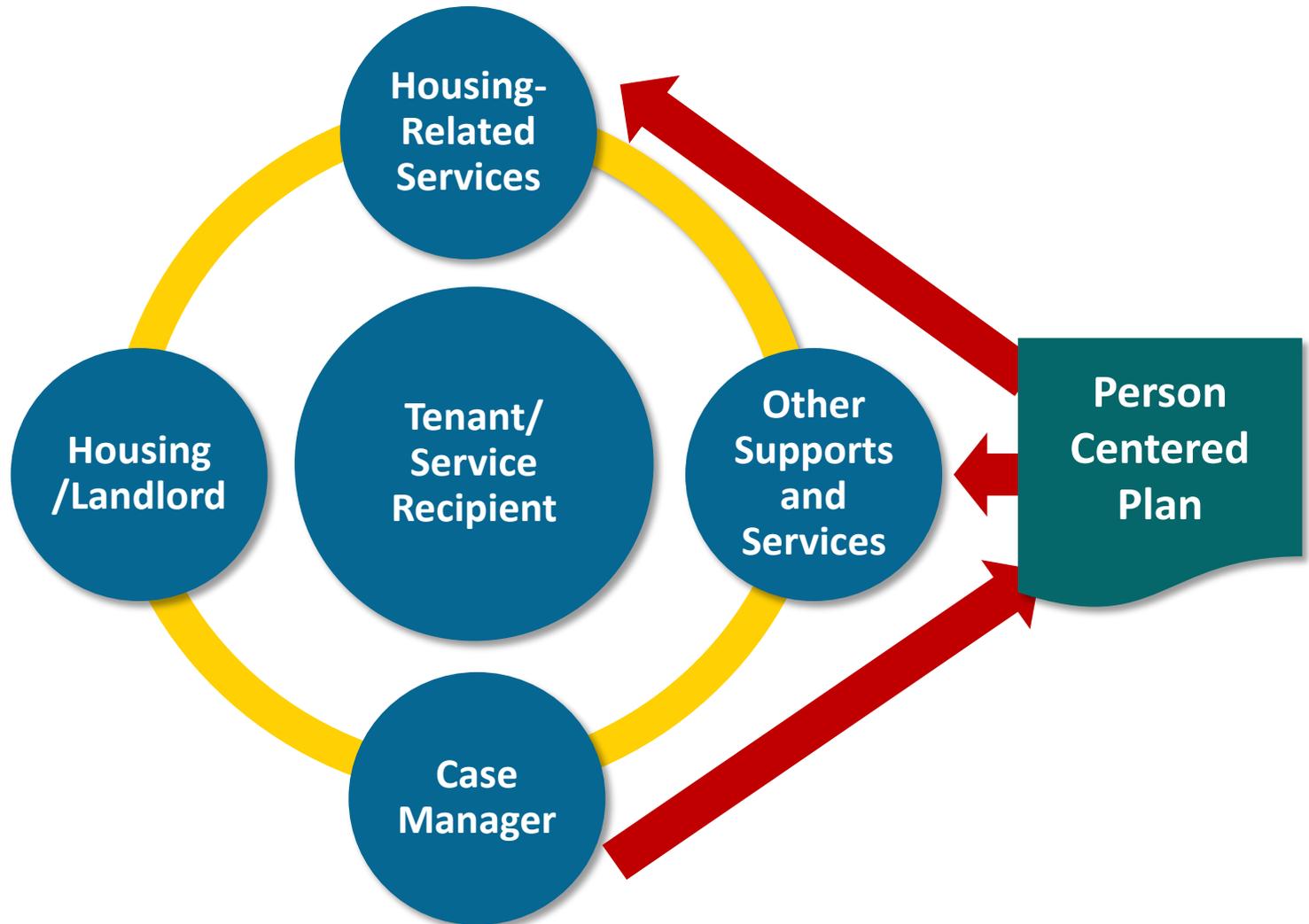
## Housing-related:

- Referral and Linkage functions
- Transition Coordinator/Relocation Specialist role to locate, secure and set up appropriate housing
- One-time expenses associated with the move to or preservation of community-based housing
- Landlord/Property Manager relations
- “Home visits”

## Services-related:

- Person-centered planning and Choice
- Flexibility and intensity; 24/7/365
- ACT can't be everywhere
- Crisis system role
- Caution against “drive-by” case management
- Staff training

# Role Assignment

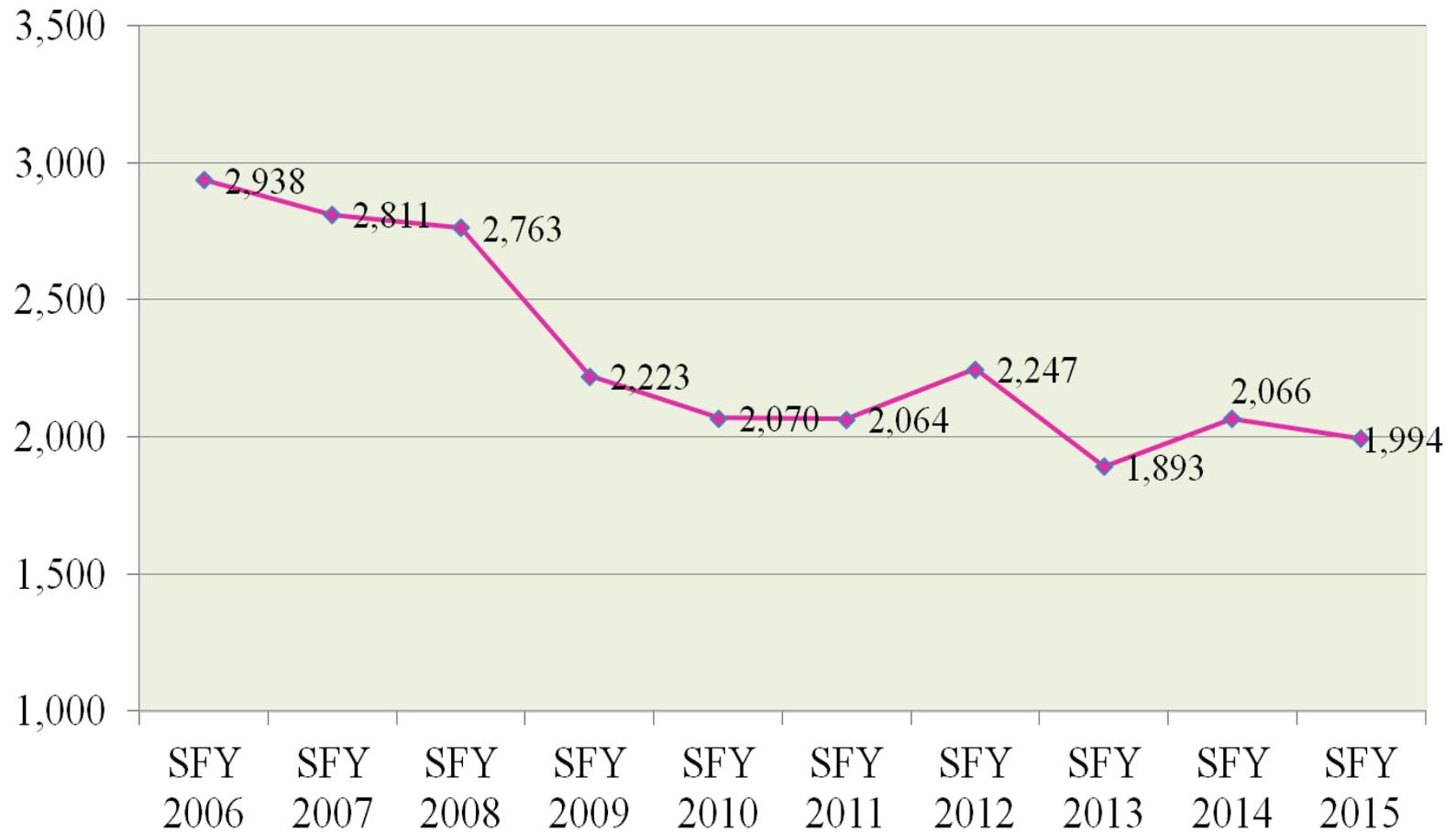


**"Presence without participation can be more isolating than no presence at all."**

Quass & Fraser "Beyond the Ramp" report 1994, p 44.

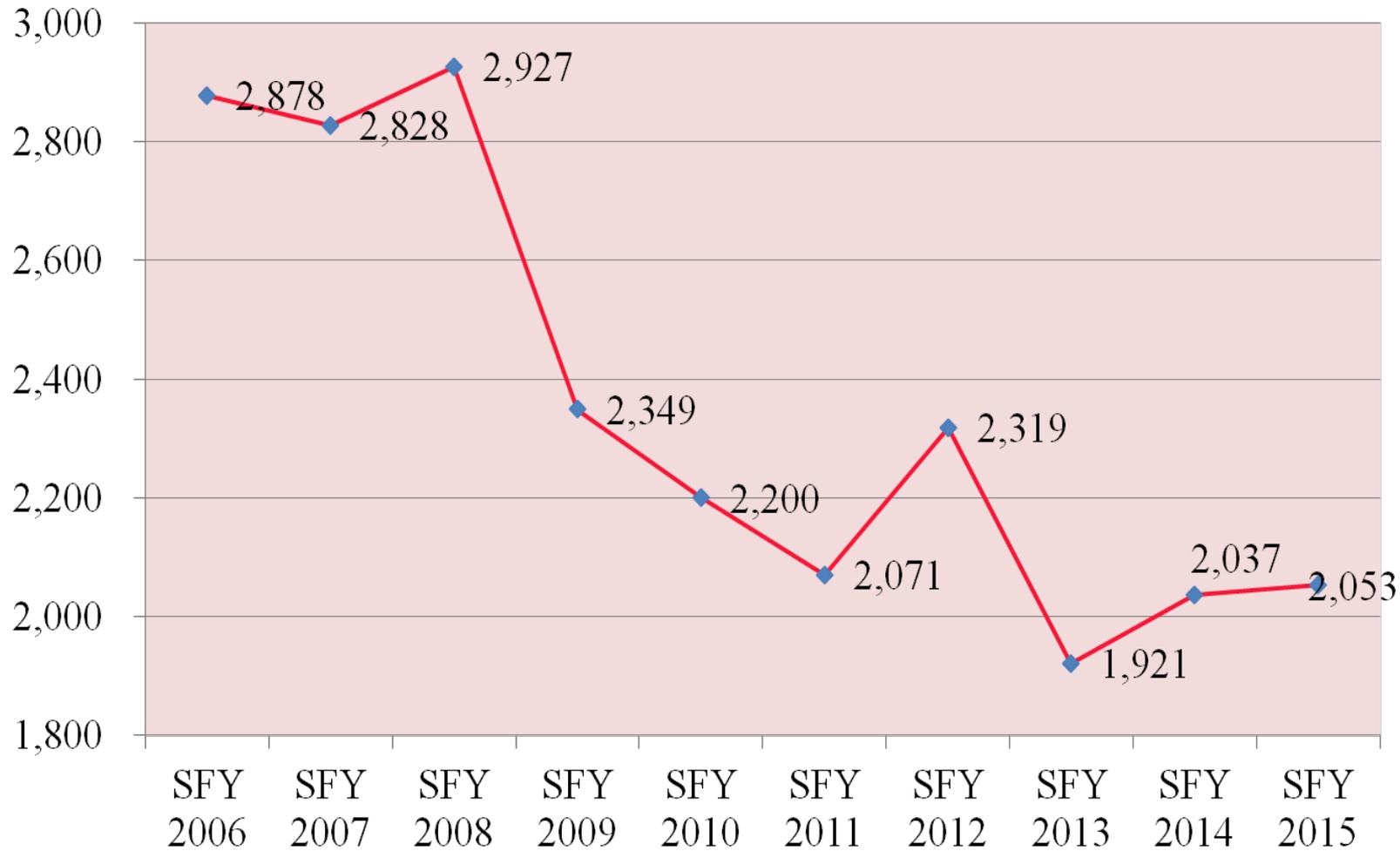
# **POSITIVE RESULTS: HOUSING AS A PLATFORM AND OLMSTEAD AS LEVERAGE**

**Figure 1: Admissions to NJ State Psychiatric Hospitals:  
SFY 2006-2015**  
(Excluding Ann Klein Forensic Center)



## Figure 2: Total Discharges from NJ State Psychiatric Hospitals

(excl. AKFC): SFY 2006 - 2015



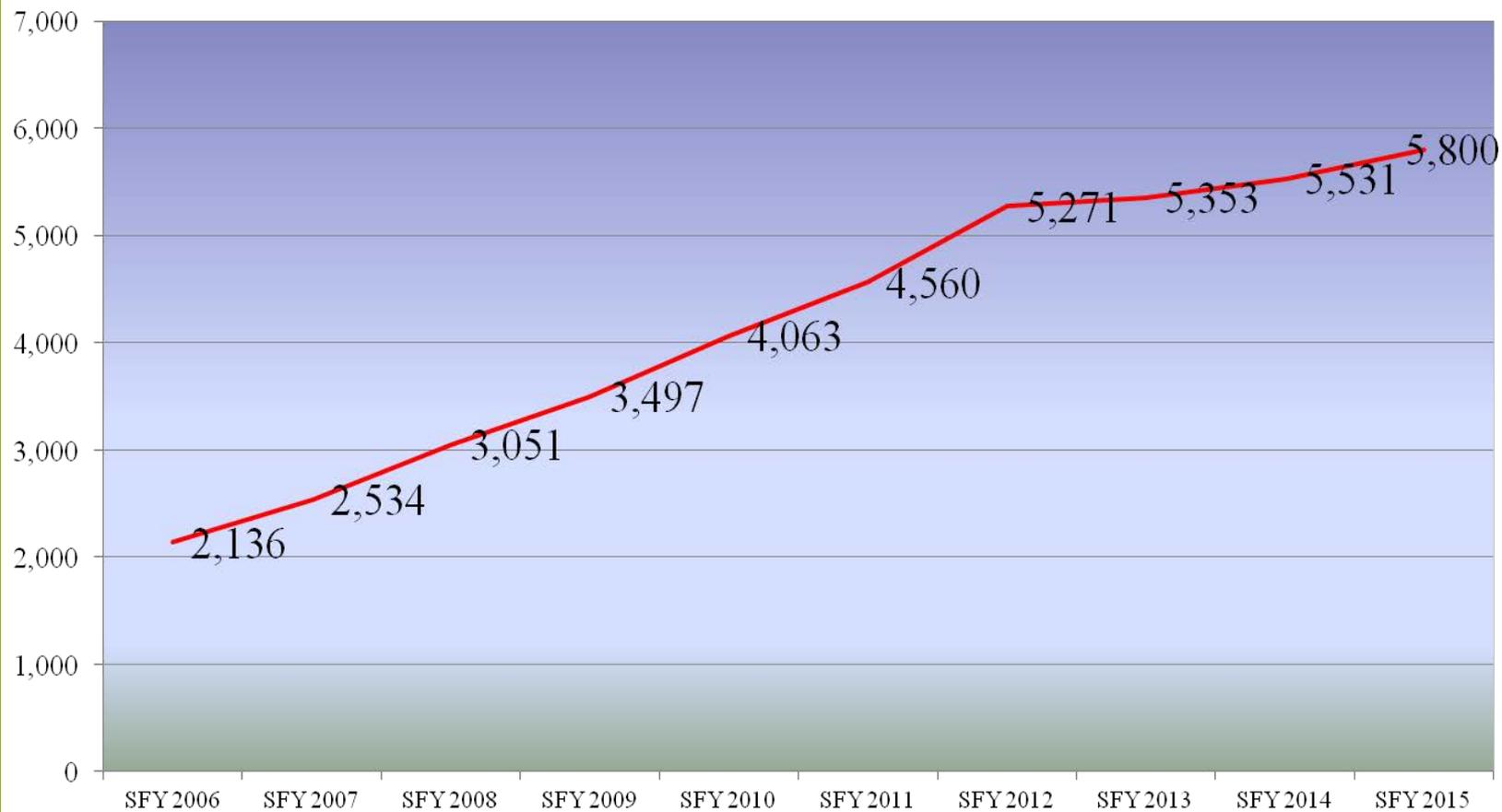
# Figure 3: Total Average Census at NJ State Psychiatric Hospitals

(excl. AKFC): SFY 2006 - 2015



NJ Division of Mental Health and Addictions Services, Office of Olmstead, Compliance, Planning & Evaluation, June 2015.

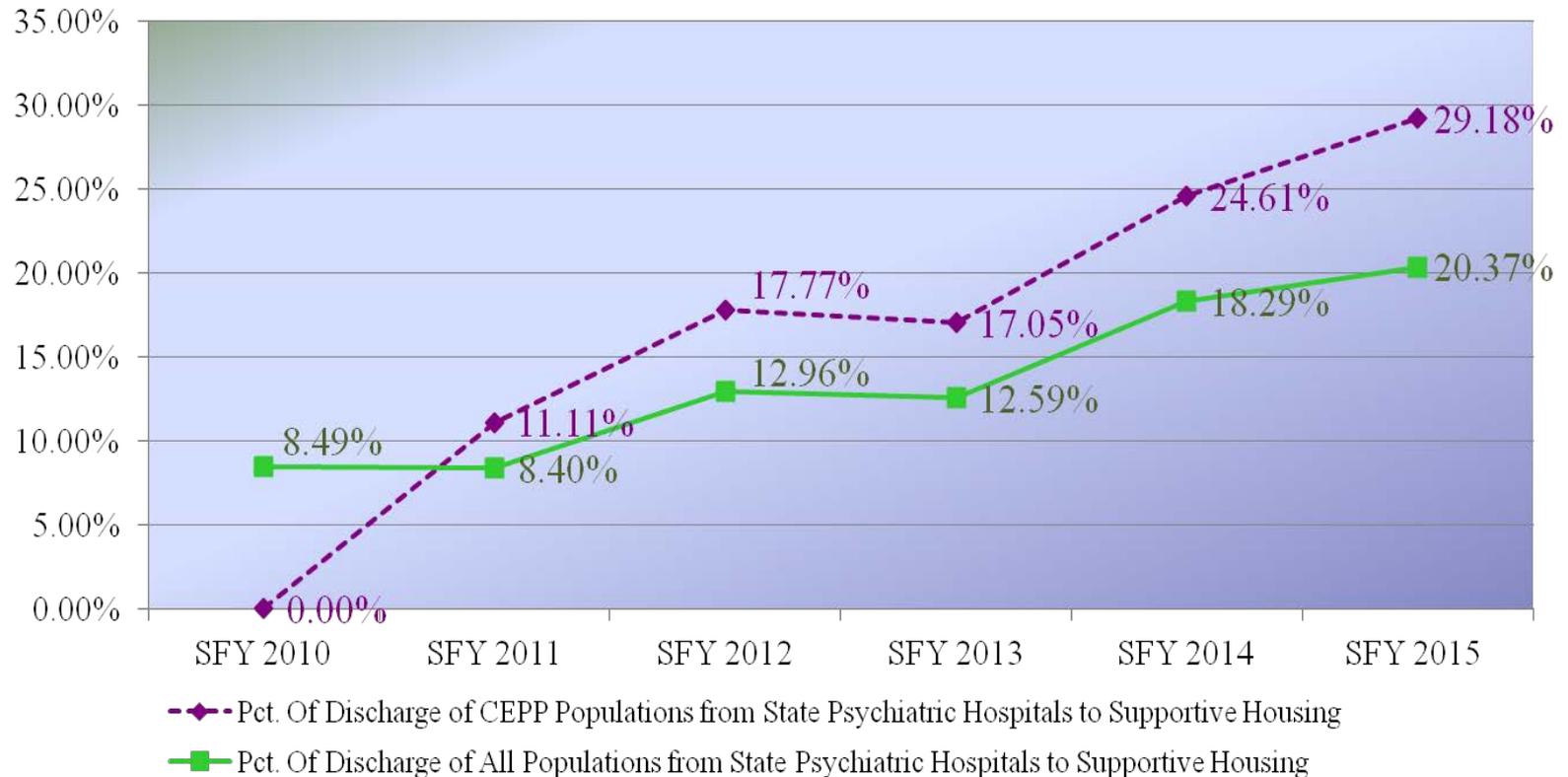
Figure 4: Clients Served by the SMHA in Supportive Housing  
(duplicated) SFY 2006 – SFY 2015\*



\* - The values for SFY 2015 is an estimate, based on a projection of QCMR data, quarters 1 – 3, SFY 2015.

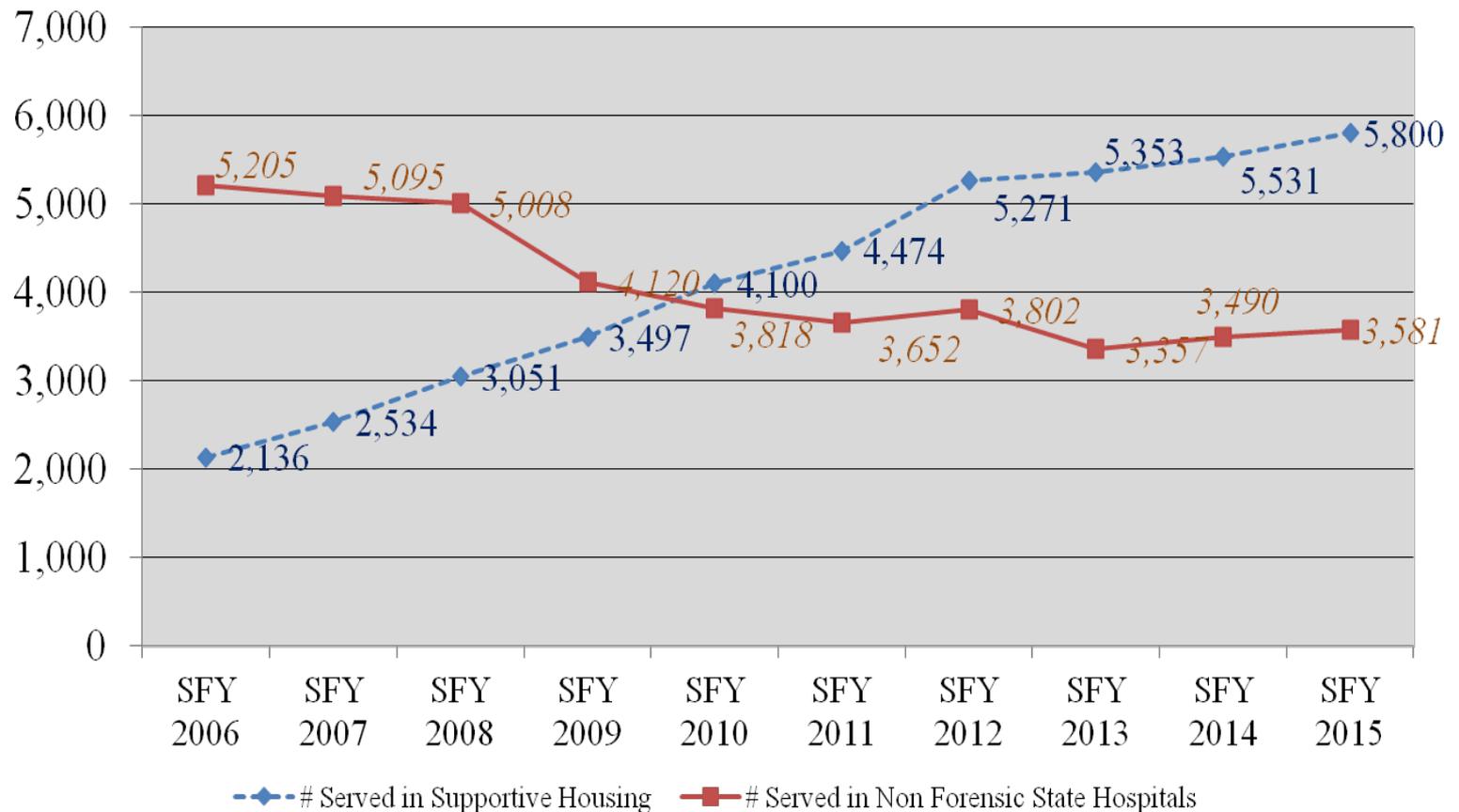
NJ Division of Mental Health and Addictions Services, Office of Olmstead, Compliance,  
Planning & Evaluation, June 2015.

Figure 5: Percent of Discharges from NJ State Psychiatric Hospitals (excl. AKFC) to Supportive Housing (SH): CEPP Population and All Populations, SFY 2010 – 2015\*



\* - The values for SFY 2015 are based on only 3 quarters of hospital Oracle census data, quarters 1 – 3, SFY 2015.

**Figure 6: Clients Served by the SMHA in Supportive Housing (duplicated) and in the Non Forensic State Hospitals SFY 2006 – SFY 2015\***



\* - SFY 2015 data is estimation, based on available QCMR data from Q1 – Q3 SFY 2015.

NJ Division of Mental Health and Addictions Services, Office of Olmstead, Compliance, Planning & Evaluation, June 2015.

# Contact Information

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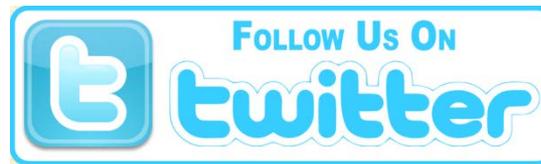
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# Contact Us

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