Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders
Targeted Learning Opportunities (TLO)

TLO 11: Understanding the Continuum of Recovery Housing & Strategies to Aid Supportive Housing
Logistics

• Please mute your line and do not put the line on hold

• Use the chat box on your screen to ask a question or leave comment
  – Note: chat box will not be seen if you are in “full screen” mode
  – Please also exit out of “full screen” mode to participate in polling questions

• Moderated Q&A will be held periodically throughout the webinar

• Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience
• Cathy Fullerton, MD, MPH
• Senior Research Leader, Truven Health Analytics
Speakers (1/3)

- Lori Criss, MSW, LSW
- Associate Director, The Ohio Council
- Board Member, National Alliance of Recovery Residences
Speakers (2/3)

- Ann Marie Oliva
- Deputy Assistant Secretary for Special Needs, US Department of Housing and Urban Development
Speakers (3/3)

• Robin Wagner
• Deputy Assistant Secretary, Office of Aging and Adult Services, Louisiana Department of Health and Hospitals
Agenda (Overall)

• Continuum of Recovery Housing
• State Experience: Ohio
  – Break for Discussion
• HUD-Funded Programs Serving Individuals with SUDs
  – Break for Discussion
• State Experience: Louisiana
  – Break for Discussion
• Wrap Up & Sharing of Resources
Purpose and Learning Objectives

• States will discuss including recovery housing and supportive housing in the continuum of care for individuals with SUDs

• States will identify different types of recovery home and housing support options that exists

• States will discuss real and perceived barriers to connecting individuals with SUDs to supportive housing and identify ways to overcome those barriers
Continuum of Recovery Housing
State Experience: Ohio

Lori Criss, MSW, LSW
Assistant Director, The Ohio Council
Agenda (Ohio)

- Creating Opportunities for Choice
- Types of Recovery Housing
- Benefits of Recovery Housing
- Government Regulations
- Real & Perceived Barriers to Housing
- State Experience: Ohio
Creating Opportunities for Choice

Affordable, mainstream housing where people can be safely housed & motivated toward recovery at their own pace

Recovery-focused housing where people who are actively seeking sobriety can find safety in an alcohol & drug-free setting
Creating Opportunities for Choice Cont’d

**Housing First**
- Sobriety not required
- Person-driven length of stay
- Integrated setting & services optional

**Recovery Housing**
- Abstinence-based
- Person-driven length of stay
- Community of recovery & supports
Types of Recovery Housing

National Alliance for Recovery Residences Levels of Support

1. Peer Run
   - Democratically run
   - Drug screening
   - House meetings
   - Self-help meetings encouraged

2. Peer Monitored
   - House manager
   - House rules
   - Drug screening
   - House meetings
   - Involvement in treatment services

3. Supervised
   - Organizational hierarchy & administrative oversight
   - Licensing varies by state
   - Certified staff/CM
   - Life skill development
   - Involvement in clinical services

4. Service Provider
   - Organizational hierarchy & administrative oversight
   - Licensing varies by state
   - Credentialed staff
   - In house clinical services
   - Life skill development
Benefits of Recovery Housing

Recovery homes are associated with increased:

- Employment & income
- Family & social functioning
- Quality of life measures
- Psychological & emotional well being

Factors that positively impact recovery outcomes:
- Length of stay
  - Tipping point at 6 months
- Social support
  - Peer support provides motivation & responsibility
- Self-efficacy

Recovery homes are associated with decreases in:
- Substance use
- Incarceration rates
Government Regulations

**Regulation of Housing**
- **Federal**
  - Fair Housing Act
  - Fair Housing Law
  - Americans with Disabilities Act
  - Public Housing Policies
- **State**
  - Landlord-Tenant Law
- **Local**
  - Notice & permit requirements
  - Occupancy
  - Dispersal requirements
  - Requirement for permanent residency

**Regulation of Residential Treatment**
- **Federal**
  - IMD Rule
  - HIPAA
  - HITECH
  - 42 CFR Part 2
- **State**
  - Certification
Real & Perceived Barriers to Housing

- Networking / referrals
- Technical assistance
- Resident stability
- Financing
- Community planning

Real & perceived barriers pose significant challenges to planning for and operating recovery housing.
Barriers for Individuals & Families

- Low or no income
  - Unemployment and poor work history
- Incomplete or minimal education
- Back payments
  - Child support
  - Utility payments
  - Garnished wages
  - Poor credit history
- Criminal convictions
- Evictions
- Poor history with public housing authorities
- Lack of access
  - To affordable housing
  - To rent & utility subsidies
  - To behavioral health and medical services
- Symptomology
- Lack of supportive family/friend network
State Experience: Ohio (1/3)

2012: Planning for policies & recovery resources begins
- Ohio Council
- OhioMHAS
- ATR providers
- Treatment providers
- Housing partners
- Local government
- Peers

2013: Ohio Council publishes Environmental Scan of Recovery Housing in Ohio

2014: Changes to state law & funding
- Revised Code includes recovery housing
- ADAMHS Boards required to plan for recovery housing throughout Ohio
- State & local funding provided
- Ohio Recovery Housing founded as Ohio’s NARR affiliate

2015: ORH begins inspecting and certifying Ohio recovery housing as meeting national quality standards
Common definition published in the Ohio Revised Code

“Recovery Housing” means housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining recovery services, and other recovery assistance.
State Experience: Ohio (3/3)

• Ohio state law (June 2014)
  – Recovery Housing is a required element in all planning for local SUD response
  – Must be owned and operated by community addiction services providers or other nongovernmental organizations
  – Requires protocol for administrative oversight, quality standards, policies and procedures including house rules which residents must agree to
  – State must plan for a resource hub on recovery housing in Ohio
  – New investment in capital & operating
State Experience: Ohio

- Ohio Recovery Housing Certified
  - Peer Elected
  - Peer Monitored

- Ohio Recovery Housing Certified
  - Staff Supervised

- Ohio Recovery Housing Certified
  - Staff Operated

- OhioMHAS Licensed
Polling Question 1

- Which types of recovery houses does your state support? Select all that apply.
  - Peer run (Oxford Houses)
  - Peer monitored
  - Supervised
  - Service provider
Using the “raise your hand” option in ReadyTalk, please raise your hand if your state has developed programs to support recovery housing for individuals with SUDs.
Discussion and Questions 1
HUD-Funded Programs Serving Individuals with SUDs

Ann Marie Oliva
Deputy Assistant Secretary for Special Needs, US Department of Housing and Urban Development
Agenda (HUD)

- Overview of HUD Funds & Programs
- Setting Standards
- Core Elements of Recovery Housing
Overview of HUD Funds & Programs

Dispelling some misconceptions about HUD funds:

- Having an SUD does not disqualify you from HUD funding
- In some programs (i.e. permanent supportive housing), SUDs are considered a qualifying disability
Overview of HUD Funds & Programs
Cont’d

Special Needs Assistance Programs (SNAPS)

600 SNAPS programs exclusively focused on:

- Individuals experiencing homelessness
- Individuals experiencing SUDs
- Variety of housing models & levels of care
- Transitional Housing
- Permanent Supportive Care

SNAPS funds over 1,600 projects across the US
## Setting Standards: Systems Level

<table>
<thead>
<tr>
<th>Homeless service systems receiving HUD funds are strongly encouraged to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on <strong>client choice</strong> when providing housing/services</td>
<td>Implement <strong>evidence-based</strong> models</td>
</tr>
<tr>
<td>Have a <strong>housing first</strong> orientation</td>
<td><strong>Minimize barriers</strong> faced by those seeking housing &amp; services</td>
</tr>
<tr>
<td>Perform well at <strong>systems &amp; program levels</strong></td>
<td>Leverage <strong>mainstream resources</strong> whenever possible</td>
</tr>
<tr>
<td>Move persons <strong>out of homelessness</strong> as quickly as possible</td>
<td></td>
</tr>
</tbody>
</table>
Coordinated entry and other systems- and program-level practices must be accomplished to meet standards.

Recovery housing can and should be an integral part of the system for those who want an abstinence-focused, peer-supported community.
## Setting Standards: Program Level

<table>
<thead>
<tr>
<th>HUD aims to ensure that SUD population focused programs funded by SNAPS meet the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program is properly <strong>licensed &amp; accredited</strong> according to state law</td>
<td></td>
</tr>
<tr>
<td><strong>Low-barrier &amp; evidence-based</strong> practices</td>
<td></td>
</tr>
<tr>
<td>Program emphasizes <strong>personal recovery goals &amp; housing stability</strong> as core outcomes</td>
<td></td>
</tr>
<tr>
<td>Optimize <strong>autonomy &amp; independence</strong> while preserving <strong>privacy, dignity &amp; respect</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Leverage resources</strong> through mainstream systems (SAMHSA, HRSA, CMS)</td>
<td></td>
</tr>
<tr>
<td>Program is of <strong>high quality &amp; performance</strong>. Performance measures are used to identity needs/challenges of population</td>
<td></td>
</tr>
</tbody>
</table>
Core Elements of Recovery Housing

- Self-initiated based on client choice
- Minimal barriers to entry
- Appropriate housing configuration
- Holistic services
- Peer-based recovery supports
- Relapse is not treated as automatic cause for eviction
- Alternative housing offered when Recovery Housing is not desired
- Permanent housing abides by landlord-tenant laws
Polling Question 2

Which major barriers exist to your state Medicaid agency aiding supportive housing efforts for individuals with SUDs. Select all that apply.

– Political support
– Interagency support
– Funding for services
– Community planning
– Unsure where to start
– Other barriers
Raise Your Hand 2

• Using the ‘Raise your hand’ option on ReadyTalk, please let us know if your state supports permanent supportive housing options for individuals with SUDs.
Discussion and Questions 2
State Experience: Louisiana Permanent Supportive Housing

Robin Wagner
Deputy Assistant Secretary, Office of Aging and Adult Services, Louisiana Department of Health and Hospitals
Agenda (Louisiana)

• Overview of PSH
• Housing Strategy
• Service Strategy
• Results
• Closing Observations
Overview of Louisiana PSH

• Statewide
• Cross-disability in focus
  – 70% of tenants have more than one disability
  – 40% have 3 or more disabling conditions
• Planning started late 2005
• First household housed 2008
• Currently housing 2,655 households
• 398 households receiving pre-tenancy services
• On target to house 3,545 households based on rental subsidies obtained so far
What is Permanent Supportive Housing?

Deeply Affordable Rental Housing + Voluntary Flexible Tenancy Supports = Permanent Supportive Housing
Policy Goals & Principles

• Dual Policy Goals
  – Prevent and reduce homelessness among people with disabilities
  – Prevent and reduce unnecessary institutionalization of people with disabilities

• Principle
  – Separation of housing provision and service provision
A Partnership Between Agencies

LA Department of Health & Hospitals

- Single State Medicaid agency
- Provides/manages services funding Medicaid & non-Medicaid
- Works internally & with community partners to identify individuals in need of PSH housing & services

LA Housing Corporation / Housing Authority

- Works to recruit & identify housing providers through Low-Income Housing Tax Credit Program
- Rental subsidy administrator for Louisiana PSH
## Housing Strategy

### Low Income Housing Tax Credit Program

- Incentives for developers to “set aside” 5-15% of units for PSH within mixed-income, multi-family projects

### Rental Subsidy

- Makes the unit affordable at 30% of household income

<table>
<thead>
<tr>
<th>Subsidy Type</th>
<th>Occupied</th>
<th>Pipeline/Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Based Voucher</td>
<td>1,488</td>
<td>512</td>
</tr>
<tr>
<td>Shelter Plus Care</td>
<td>969</td>
<td>62</td>
</tr>
<tr>
<td>811 PRA Demonstration</td>
<td>8</td>
<td>191</td>
</tr>
<tr>
<td>Section 8 Match for PRA Demo</td>
<td>--</td>
<td>125</td>
</tr>
<tr>
<td>Other Rental Subsidy</td>
<td>190</td>
<td>--</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,655</strong></td>
<td><strong>890</strong></td>
</tr>
</tbody>
</table>

*Data as of January 2016*
Results: Mainstream, High Quality, Community Integrated

- To date, over 90% of units are in large, multi-family projects with no more than 15% of units set aside for PSH
- 230 S+C vouchers set aside for “Common Ground” model
  - As many as 50% of units may be PSH
  - Option of an on-site tenancy supports provider
Service Strategy: Tenancy Supports

Pre-Tenancy:
- Housing application
- Eligibility requirements & addressing housing barriers
- Understanding the role of tenant
- Engagement & planning for support needs
- Housing search & choosing a unit

Move-In:
- Arrangement for actual move
- Ensuring unit & individual are ready for move in date
- Initial adjustment to new home & neighborhood

On-going Tenancy:
- Sustained, successful tenancy
- Personal satisfaction: relationships, employment, education
- Flexing the type, intensity, frequency & duration of services based on needs & preferences
Funding Tenancy Supports:
Use of Medicaid Authorities

- Medicaid 1915(i) authority
  Mental Health Rehabilitation

- Medicaid State Plan authority
  Mental Health Rehabilitation

- Medicaid 1915(c) Home & Community Based Waiver authority

- Other Funding Sources
## Tenancy Supports Financing in LA

<table>
<thead>
<tr>
<th>Services Funding</th>
<th>Households Housed</th>
<th>Pre-Tenancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Mental Health Rehab</td>
<td>1,276 (34% w/ SUD)</td>
<td>175 (40% w/ SUD)</td>
</tr>
<tr>
<td>Medicaid 1915 (c) Aged/Disabled</td>
<td>58</td>
<td>12</td>
</tr>
<tr>
<td>Medicaid 1915 (c) ID/DD</td>
<td>41</td>
<td>4</td>
</tr>
<tr>
<td>Ryan White</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>CAHBI</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>VA</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>CDBG</td>
<td>847</td>
<td>n/a</td>
</tr>
<tr>
<td>Funding not identified</td>
<td>312</td>
<td>186</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,549 (32% w/ SUD)</strong></td>
<td><strong>398 (35% w/ SUD)</strong></td>
</tr>
</tbody>
</table>

*Data as of December 2015*
Reimbursement of Tenancy Supports

1915(c) Waivers

- Z0648 Pre-Tenancy &/or Tenancy Crisis
- Z0649 Tenancy Maintenance
- Billing not limited to time spent face-to-face

Mental Health Rehabilitation

- H0036\textsuperscript{TG} Community Psychiatric Supportive Treatment (CPST)
- H2017\textsuperscript{TG} Psychosocial Rehabilitation (PSR)
- \textsuperscript{TG} modifier pays a higher rate
- Billing limited to time spent face-to-face
PSH Providers

• 14 provider agencies around the state
• Receive specialized training, technical assistance, and monitoring to provide tenancy supports
• Must be accredited and credentialed as Mental Health Rehabilitation providers, but
• Must work with all disabilities and enroll/contract to be reimbursed under all funding streams
Program Results

Population

- 48% of households were homeless
  - 10% chronic homeless
- 10% of individuals/households served were in institutions
- 37% of households in tenancy & pre-tenancy have 1 or more members with a SUD

Services

- 96% retention rate (only 4% with negative outcome)
- 61% of New Orleans households have improved income

Costs

- Initial 24% reduction in Medicaid acute care costs
Closing Thoughts on Services Funding

• Financing tenancy supports for individuals with SUDs
  – MHR under 1915(i) or other non-waiver state plan authority
  – Pros and cons of using CABHI grants
  – Options under Managed Care?
Polling Question 3

• Is your state currently offering any of the following tenancy supports through a Medicaid supportive services benefit? Select all that apply.
  – Housing selection/voucher assistance
  – Budget planning
  – Tenant rights education
  – Recovery assistant/CM
  – Referral to behavioral health services
  – Crisis stabilization
  – Other supports
  – Not sure
  – No benefit is offered
Polling Question 4

• Which funding streams does your state use to support tenancy services for individuals with SUDs? Select all that apply.
  – Medicaid services benefit
  – 1915 waivers
  – CABHI grants
  – Block grants
  – Other sources
  – None of the above
Discussion and Questions 3
Polling Question 5

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today’s webinar?
  - Yes
  - No
Resources


- *State Strategies for Coordinating Medicaid Services and Housing for Adults with Behavioral Health Conditions.* Office of the Assistant Secretary for Planning and Evaluation.

• *Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan*. The Ohio Council.

• *Convening Report from the Substance Use and Housing National Leadership Forum*. Corporation for Supportive Housing and the National Council for Behavioral Health.
HUD Specific Resources

• HUD Exchange
  – General website for updates on McKinney-Vento Act programs & technical assistance materials
  – Ask a question about reporting systems, program implementation, housing assistance
  – Join a mailing list for future notifications
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Thank You!

Thank you for joining us for this Targeted Learning Opportunity!

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