Medicaid Funding for Critical Time Intervention: A Scalable Solution to Crisis Homelessness?

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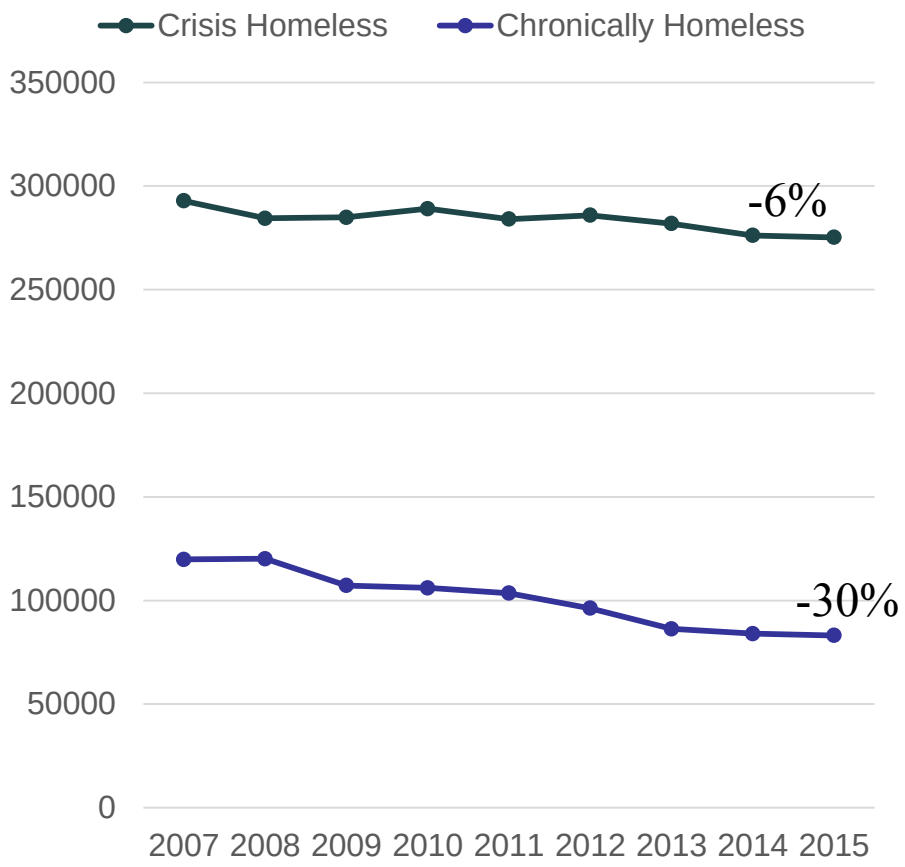
May 10, 2016

Reckoning with Homelessness, New York, NY

BU School of Social Work

The Problem: Crisis Homelessness

- Policy emphasis on chronic homelessness & PSH
- BUT ~ 85% of homeless population (1.3 million people/year) experiences crisis homelessness
- Alternatives to PSH that are equally effective and less resource intensive needed



Emerging responses to crisis homelessness

- New focus on “housing stabilization”
- Diversion and rapid re-housing as emerging approaches
  - HPRP
  - HEARTH Act and new Emergency Solutions Grant
  - SSVF Program
- Evidence base still very thin for single adults who are bulk of crisis homeless population

The Proposal: Use Medicaid to Scale-Up CTI/Rapid re-housing

- Adapt CTI into a rapid re-housing intervention to assist those experiencing crisis homelessness
  - Has been implemented in practice (e.g. Project Hope in Charlotte, NC during HPRP)

- Use Medicaid funds to scale-up the availability of CTI/rapid re-housing model for addressing crisis homelessness

Rationale

1. CTI & rapid re-housing models align nearly perfectly

2. Strong evidence base underpinning CTI

3. Medicaid guidance suggests that services at core of CTI/rapid re-housing program would be reimbursable

1. Alignment of CTI & RRH

	Critical Time Intervention	Rapid Re-housing
Target Population	• Persons in periods of transition including those exiting: ○ Emergency Shelter ○ Psychiatric hospitalization ○ Incarceration ○ Transition out of foster care	• Those experiencing "crisis homelessness" including those whose homelessness is trigged by: ○ Discharge from prison/jail ○ Discharge from detox /psychiatric hospitalization ○ Eviction ○ Exit from foster care ○ Dissolution of relationship

1. Alignment of CTI & RRH

	Critical Time Intervention	Rapid Re-housing
Program Structure	• Time-limited, flexible intervention focused on assisting persons forge connections to supports during period of transition • 3 phases of decreasing intensity: 1. Transition phase: Establish connections to community-based supports 2. Try-out phase: Monitor strength of network of supports and adjust as necessary 3. Transfer of care: Complete transfer of care to community base supports & end services	• Time-limited, flexible intervention focused on helping households exit homeless and stabilize in housing • 3 categories of activities: 1. Obtain & move into housing 2. Support stabilization in housing through connections to community-based supports 3. Close the case once risk of homelessness is no longer imminent

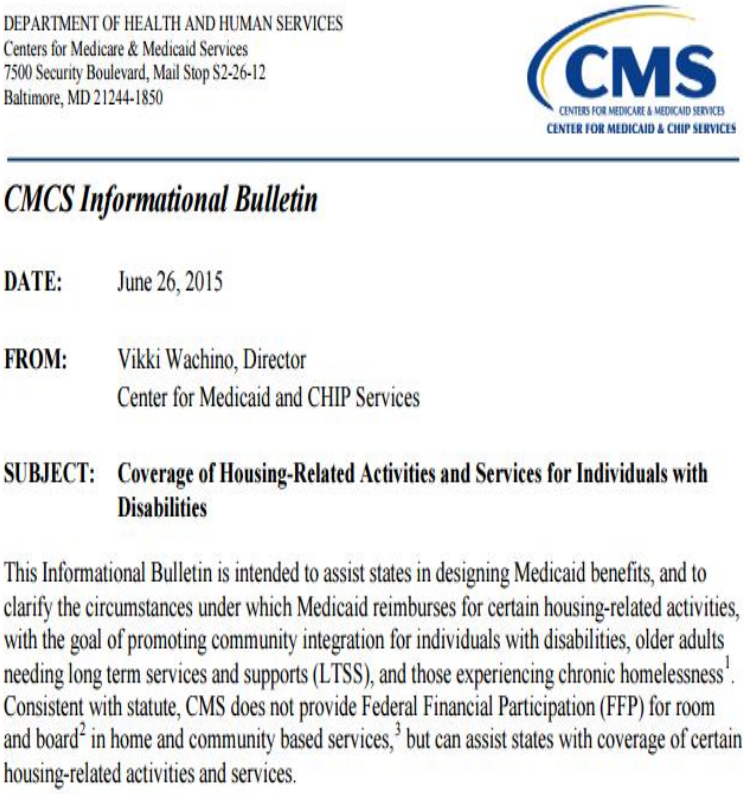
1. Alignment of CTI & RRH

	Critical Time Intervention	Rapid Re-housing
Key Activities /Services	• Case management providing flexible forms of assistance including: ○ Develop & implement plan to link client to family/friends, service providers and other supports ○ Mediate conflicts between client & family/other supports ○ Give support and advice to client and supports	• 3 key activities: ○ Housing identification (e.g. landlord recruitment & mediation, housing search assistance ○ Case management focused on connection to community supports ○ Financial assistance for housing costs (e.g. security deposits, short-term rent, move-in costs)

2. CTI evidence base

- Several randomized controlled trials have demonstrated that CTI is effective at reducing homelessness among persons with serious mental illness
- Listed in SAMHSA's National Registry of Evidence-based Programs and Practices
- Designated by Coalition for Evidence Based Policy as meeting "Top Tier" standard for social programs that work

3. Medicaid guidance



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CMS
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CMCS Informational Bulletin

DATE: June 26, 2015

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: **Coverage of Housing-Related Activities and Services for Individuals with Disabilities**

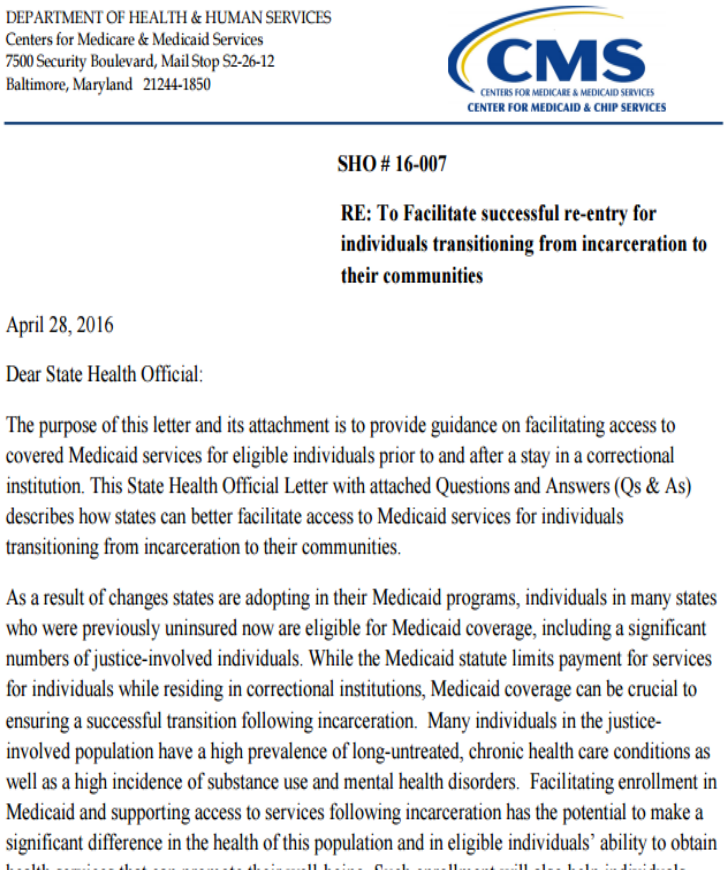
This Informational Bulletin is intended to assist states in designing Medicaid benefits, and to clarify the circumstances under which Medicaid reimburses for certain housing-related activities, with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness[1]. Consistent with statute, CMS does not provide Federal Financial Participation (FFP) for room and board[2] in home and community based services,[3] but can assist states with coverage of certain housing-related activities and services.

- Focus on two types of reimbursable activities:
  - 1) Individual housing transition services
  - 2) Individual housing & tenancy sustaining services
- Only applies to older adults & those with disabilities

3. Medicaid guidance

Housing Transition Services	Housing and Tenancy Sustaining Services
• Tenant screening and housing assessment. • Developing an individualized housing support plan. • Assisting with the housing search and application process. • Identifying resources to cover expenses such as security deposit, moving costs, furnishings, moving costs and other one-time expenses. • Ensuring that the living environment is safe and ready for move-in. • Assisting in arranging for and supporting the details of the move.	• Providing early identification and intervention for behaviors that may jeopardize housing. • Education and training on the role, rights and responsibilities of the tenant and landlord. • Coaching on developing and maintaining key relationships with landlords/property managers • Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action. • Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.

3. Medicaid guidance



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SHO # 16-007

RE: To Facilitate successful re-entry for individuals transitioning from incarceration to their communities

April 28, 2016

Dear State Health Official:

The purpose of this letter and its attachment is to provide guidance on facilitating access to covered Medicaid services for eligible individuals prior to and after a stay in a correctional institution. This State Health Official Letter with attached Questions and Answers (Qs & As) describes how states can better facilitate access to Medicaid services for individuals transitioning from incarceration to their communities.

As a result of changes states are adopting in their Medicaid programs, individuals in many states who were previously uninsured now are eligible for Medicaid coverage, including a significant numbers of justice-involved individuals. While the Medicaid statute limits payment for services for individuals while residing in correctional institutions, Medicaid coverage can be crucial to ensuring a successful transition following incarceration. Many individuals in the justice-involved population have a high prevalence of long-untreated, chronic health care conditions as well as a high incidence of substance use and mental health disorders. Facilitating enrollment in Medicaid and supporting access to services following incarceration has the potential to make a significant difference in the health of this population and in eligible individuals' ability to obtain

- New guidance on persons incarcerated & exiting incarceration
- Clarifies eligibility and receipt of services

Challenges & Future Directions

- Key Challenges to address
  - CMS guidelines & disability
    - Could apply to broader group including those exiting residential treatment, those with less permanent mental illness, those with PTSD from domestic violence or childhood exposure to trauma
  - Need to fine tune the CTI model to tailor it to persons experiencing chronic homelessness
    - Young adults w/emphasis on employment/education/training
    - Persons exiting residential substance abuse treatment w/emphasis on continued treatment in the community

Challenges and Future Directions

- Ensure that CTI is a covered service in all states
  - Maximize FFP rate to incentive adoption
- Train the workforce to provide CTI at scale
- Funding for temporary financial assistance component of RRH
- Rigorous impact evaluation to identify populations for whom approach is best suited and to inform program modifications

The Opportunity

Housing stability + linkages to community supports	→	Improved outcomes and quality of life for individuals
Reduced length of homelessness and prevention of recurrent episodes	→	Substantial reductions in overall homelessness
Reductions in emergency shelter, acute health/ behavioral health, criminal justice and other public services	→	More efficient use of public resources