



CONSIDERING PARTNERSHIP
OPPORTUNITIES IN HEALTH /
HCBS & AFFORDABLE
HOUSING

INTRODUCTIONS

- Robin Wagner, Deputy Assistant Director - Louisiana Department of Health – Office of Aging and Adult Services
- Mandi Carter, Program Manager for Quality and Analytics - Louisiana Department of Health – Office of Aging and Adult Services
- Vivian Vasallo, Director of Partnerships and Innovation – Fannie Mae
- **Facilitator:** Jason Gerling, Associate Director – Navigant Consulting

SESSION OBJECTIVES



Learn about Louisiana's Permanent Supportive Housing Program

Discuss Louisiana's lessons learned, outcomes and explore future program direction

Discuss how these types of programs are sparking the interest of the housing industry with Fannie Mae



Evolution of Louisiana Permanent Supportive Housing

Robin Wagner, Deputy Assistant Secretary

Mandi Carter, Program Manager for Quality and Analytics

Office of Aging & Adult Services
Louisiana Department of Health

Presentation Outline

- ▶ What is PSH
- ▶ Overview of Louisiana PSH
 - Scope
 - Structure
 - History
 - Evolution
- ▶ What's worked
- ▶ Outcomes and ROI
- ▶ Some Future Directions

What is Permanent Supportive Housing?



Decent, safe and affordable community housing providing occupants with rights of tenancy under landlord/tenant law and linked to voluntary, flexible services.

Emphasis on

- Choice
- Affordability
- Quality
- Consumer control of housing
- Normal and integrated housing settings (apartments)

Louisiana PSH

- ▶ Statewide & Cross-Disability in Focus
- ▶ Currently housing nearly 2,900 households of over 4,800 individuals
- ▶ Over 7,500 individuals housed since 2009

A Partnership Between Agencies

LA Department of Health

- 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

Policy Goals

► Dual Policy Goals:

- Prevent and reduce homelessness among people with disabilities
- Prevent and reduce unnecessary institutionalization of people with disabilities

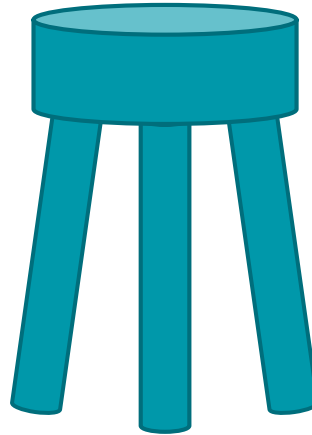
Eligibility & Priorities

- ▶ Very low-income
- ▶ Substantial, long-term disability *of any type*
- ▶ Priority given to
 - Individuals transitioning from institutions
 - Homeless individuals/households

Louisiana PSH - Braided Funding Model

Capital

- Low Income Housing Tax Credit (LIHTC)
- Home Investment Partnership Program (HOME)
- National Housing Trust Fund (HTF)
- Community Development Block Grant (CDBG)



Tenancy and Other Supports

- Medicaid State Plan
- Medicaid Waivers
- Ryan White
- Veteran's Affairs
- Community Development Block Grant (CDBG)

Rental Assistance

- Project-Based Vouchers (2,000)
- 811 Project Rental Assistance (200)
- Continuum of Care (CoC) PSH Rental Assistance (1,000)
- Section 8 (50)
- LIHTC 20-30% AMI
- State-funded rental assistance for SMI (100)
- Non-Elderly Disabled Mainstream Vouchers (50)

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. Units affordable at 20% AMI.

Rental Subsidy

- Makes the unit affordable at 30% of household income.

Housing Strategy

	Low Income Housing Tax Credit (2006)	Project Based Voucher (200?)	Section 811 Project-based Rental Assistance (PRA) (20??)	Continuum of Care (CoC) (200?)	Non-Elderly Disabled (NED) (2018/2019)	State Rental Assistance (2019)
Type of Subsidy	Project-based	Project-based	Project-Based	Tenant-based	Tenant-based	Tenant-based
Who is eligible	Depends on QAP AMI & population requirement & property management criteria	Disabled	Disabled, age 18-62	HUD homeless category 1&4, disabled	Disabled, age 18-62	Persons covered under agreement with DoJ
Geography	Statewide	Primarily south Louisiana	Can be statewide, currently focused on north and central Louisiana	South Louisiana	Statewide	Statewide

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

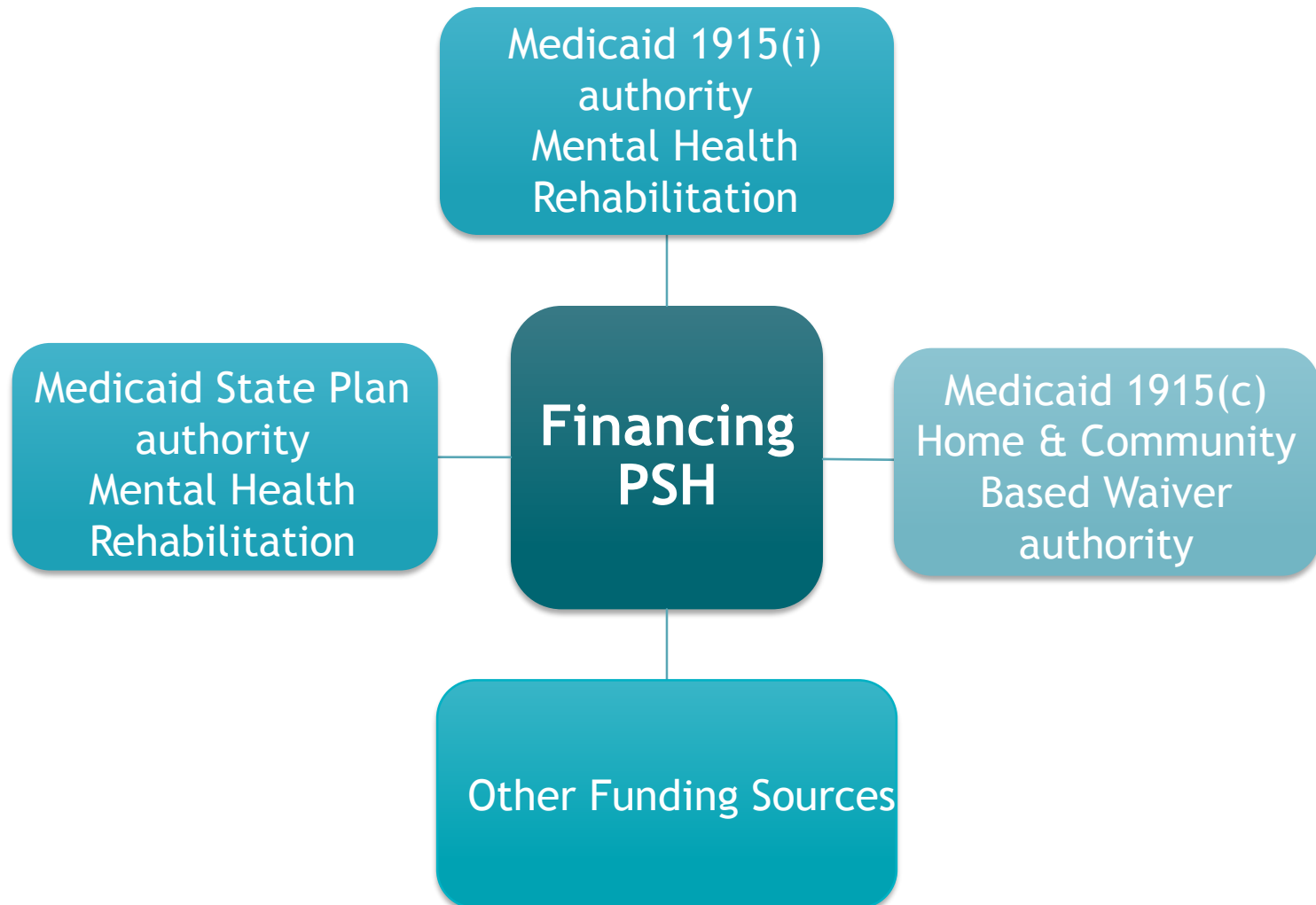
Move-In

- 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:



PSH Providers

- ▶ 15 provider agencies around the state
- ▶ Receive specialized training, technical assistance, and monitoring to be certified as PSH providers
- ▶ 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**
- ▶ Cannot be the housing provider

PSH Program Staff

- Take and process applications
- Place applicants on appropriate housing wait list(s)
- Assure adequate outreach through partners
- Receive and oversee resolution of critical incidents
- Tenant Service Management
 - Point of contact for landlord and dispute resolution
 - Housing search and lease up pending Medicaid authorization
 - Re-engagement in services
- Deliver initial and annual certification training for all PSH service providers
- Monitoring for program compliance and fidelity

History

2005 – Planning began in immediate aftermath of Hurricanes Katrina and Rita.

2006 – Set aside requirements created in Low Income Housing Tax Credit Program.

2008 – First units occupied. Community Development Block Grant (Disaster CDBG) initially used to fund services.

2008 – Congress funds rental subsidies.

2009 – State-level housing authority created w/in state housing corporation.

2011 – Tenancy supports funded under 1915 (c) HCBS waiver.

2012 – Tenancy supports funded under 1915(i) for behavioral health.

2012 – 811 Project Based Rental Assistance (PRA) Demonstration awarded.

2018 – Agreement with U.S. DoJ requiring 1,000 additional units by 2023.

2019 – State rental subsidy and NED Housing Choice added to subsidy array.

Evolution

- ▶ From PSH set asides required to incentives
- ▶ From concentration in south Louisiana to statewide availability
- ▶ From Local Lead Agencies to centralized operation at state level
- ▶ From disaster CDBG for services to “braided” funding including Medicaid
- ▶ From primary success with homeless households to increasing success with persons in institutions
- ▶ From original policy goals to Social Determinants of Health

What's worked

- ▶ Joint advocacy of homeless and disability advocates
- ▶ Partnership between state housing finance agency and single state health & Medicaid agency
- ▶ State level housing authority within state housing finance agency
- ▶ Separation of housing and services at all levels
- ▶ Combining of LIHTC and rental subsidy to produce a community integrated strategy
- ▶ “Braided” funding for both housing and services
- ▶ State management of program & providers; staffing of “Tenant Services Liaison” function
- ▶ Earned buy in from developers and property managers
- ▶ Use of disaster recovery & resilience resources

Current PSH Resident Characteristics

▶ Household Size

- Average = 1.7 people
- Range = 1-10 people
- 66% single person HH

▶ Age

- Average = 36
- Average of adults = 48
- Median of adults = 52
- 62 & over among adults = 19%

▶ Gender

- 54% Female
- 46% Male

▶ Race/Ethnicity

- Hispanic/Latino 2%
- Black 80.2%
- White 16.4%
- Other 1.4%

Program Outcomes

- ▶ 57% of current households were homeless
- ▶ 15% of those homeless were chronically homeless
- ▶ 10% of current households previously lived in institutions
- ▶ 64% of current households have a member with more than one disability
- ▶ 94% program retention; 88% housing retention/stability since inception
- ▶ 59% of households measured had an increase in HH Income
- ▶ 68% reduction in homelessness 2010 to 2016

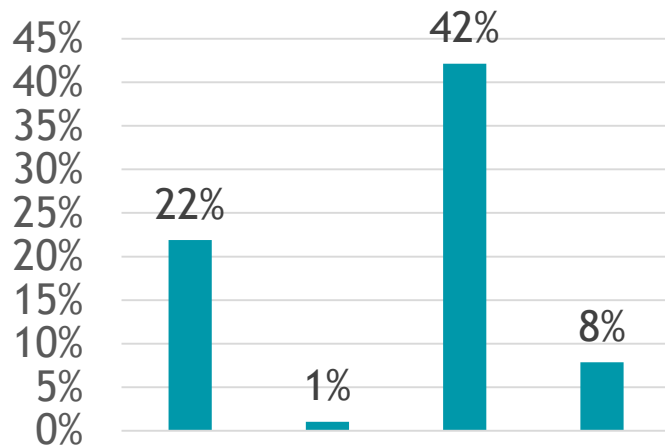
Analysis of Medicaid PSH Resident Outcomes (Pre-Post, no comparison group)

- ▶ Study Sample (4,473 individuals, 2,555 households)
 - All past and current residents (2009 – 2018)
 - ◆ Missing about 200 households not included in housing database
 - Single episode of housing
 - Matched with Medicaid files
 - At least 1 year of Medicaid coverage pre and post move in date
- ▶ Chronic and Behavioral Health Conditions
- ▶ Disability and Homelessness
- ▶ Pre-post analysis of service use and cost
 - Emergency Room, Inpatient Hospital, Behavioral Health Services and Total Cost
- ▶ Weakness: no comparison group

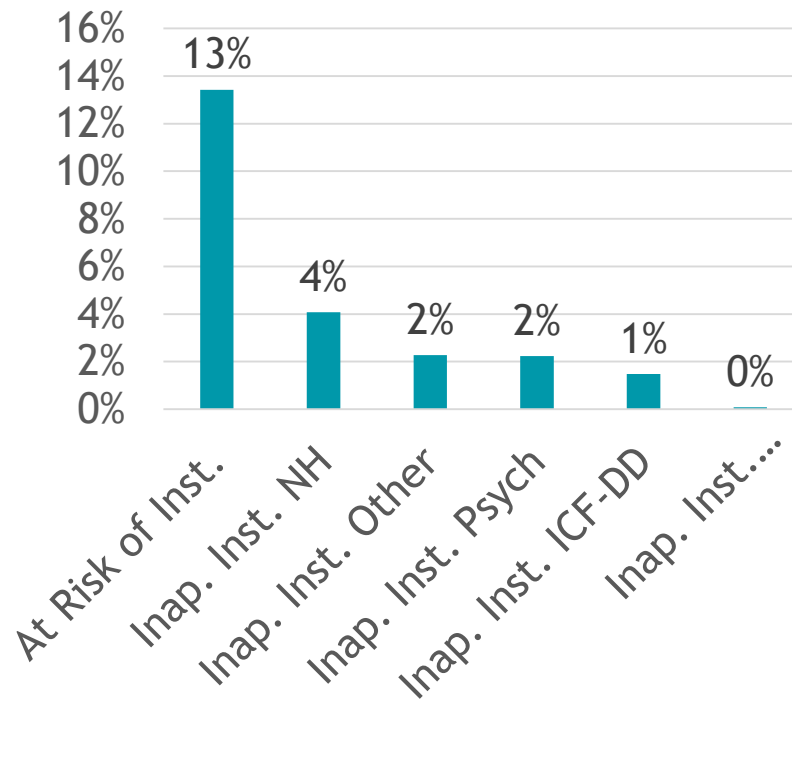
Preference Groups: Homeless and Institutionalization

Reported by head of household on the PSH application

Homeless Status



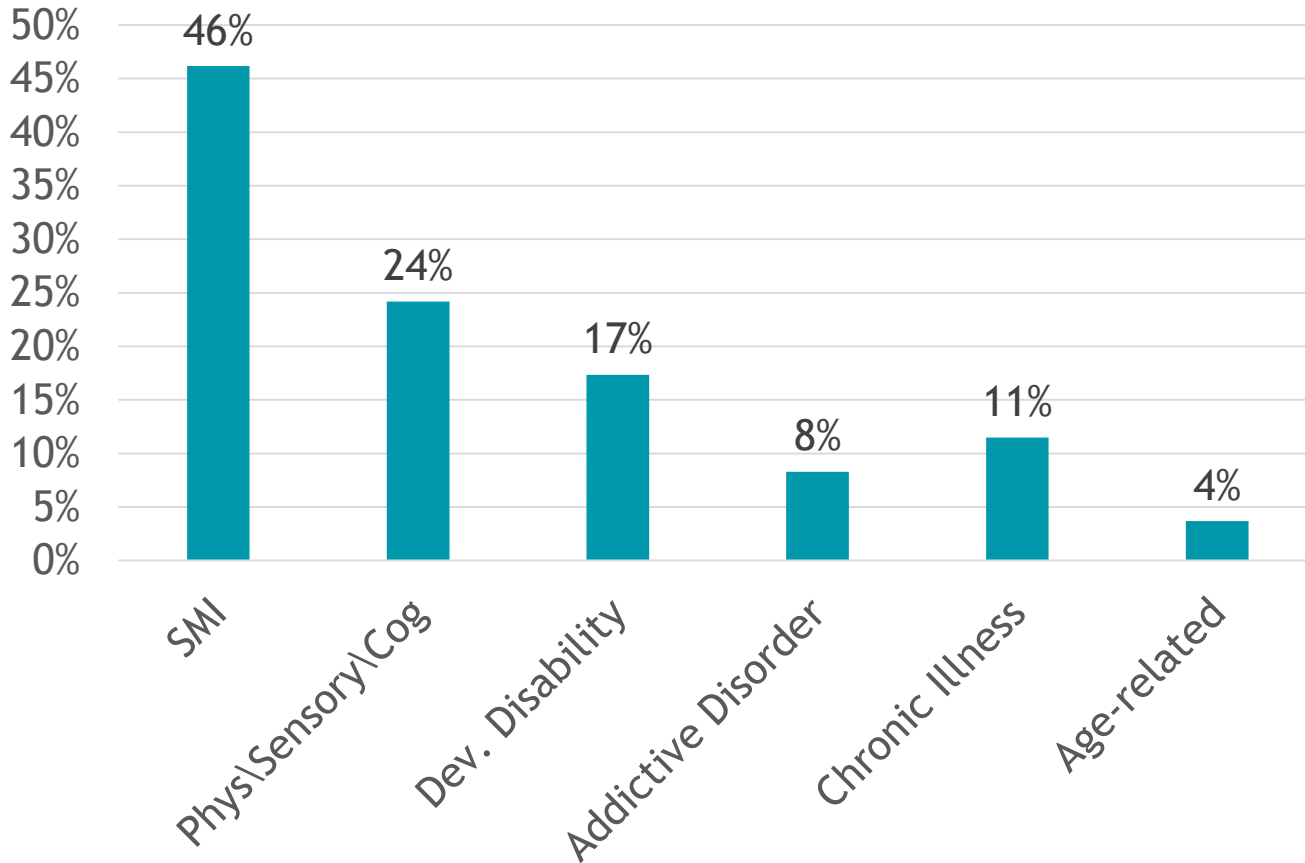
Institutionalization



Over 50% of LA's PSH program were previously homeless, this subset is limited to those with 1 year Medicaid eligibility prior to and post housing

Disabilities

Self- reported by head of household on the application



64% report 2 or more disabilities

Chronic and Behavioral Health Conditions

PSH Medicaid Enrollees

▶ Adults

- Over half of adults have 1+ chronic health conditions
 - ◆ 36% Hypertension
 - ◆ 19% Diabetes
 - ◆ 17% Heart Disease or Stroke
 - ◆ 11% Chronic Kidney Disease

▶ Children

- 7% Asthma

▶ Adults

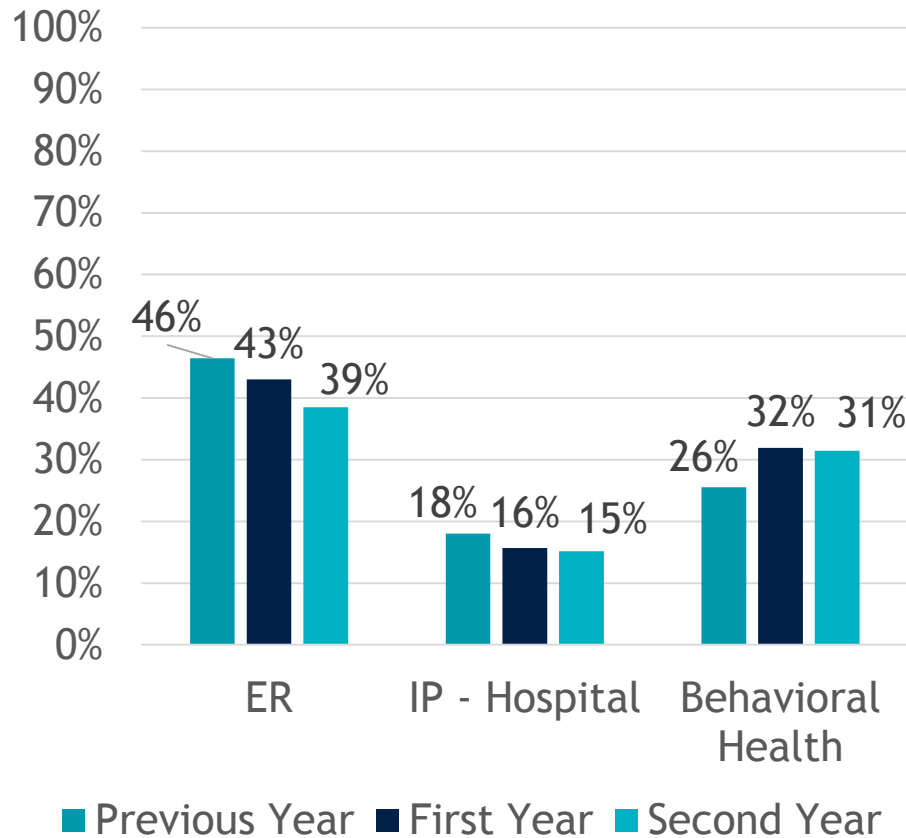
- 34% with Schizophrenia
- 61% Major Depression & Affective Disorders
- 35% Anxiety Disorder
- 30% Substance Use

▶ Children

- 10% Major Depressive & Affective Disorders
- 7% Anxiety Disorder

Medicaid Service Utilization

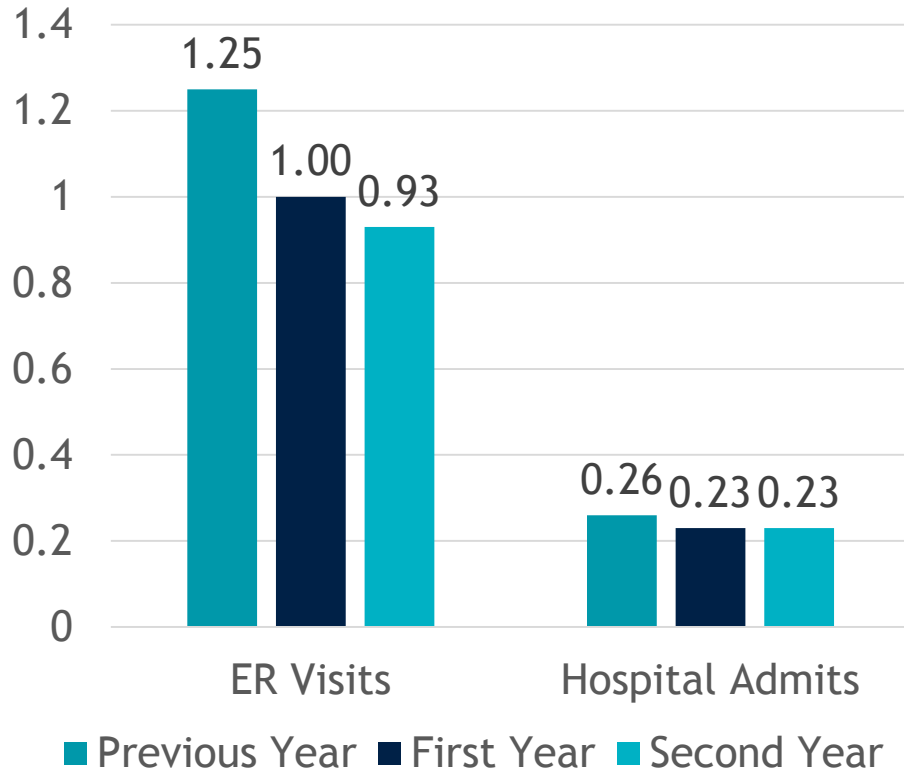
Percentage of Tenants Using Services



- ▶ Number of individuals using ER decreased by 17%
- ▶ Number of individuals hospitalized decreased by 16%
- ▶ Number of individuals receiving behavioral health services increased by 23%

Medicaid Service Utilization

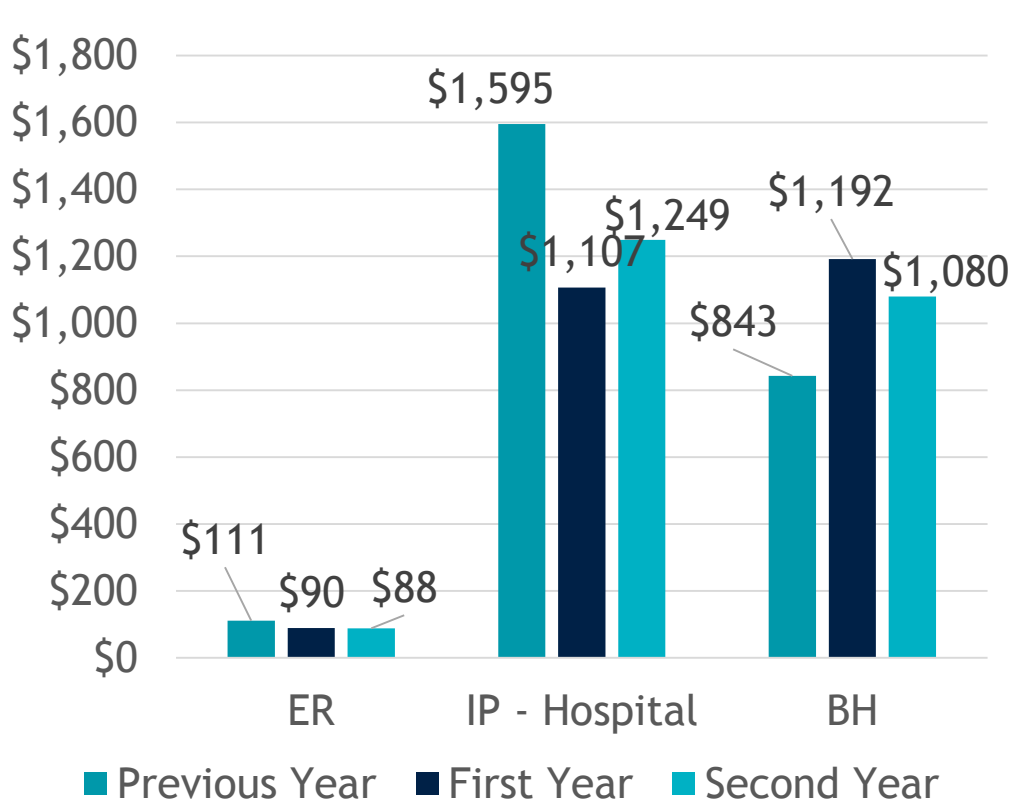
Amount of Services Used



- ▶ The number of emergency room visits decreased by 26%
- ▶ The number of hospitalizations decreased by 12%

Medicaid Costs

ER, Inpatient Hospital and Behavioral Health Services



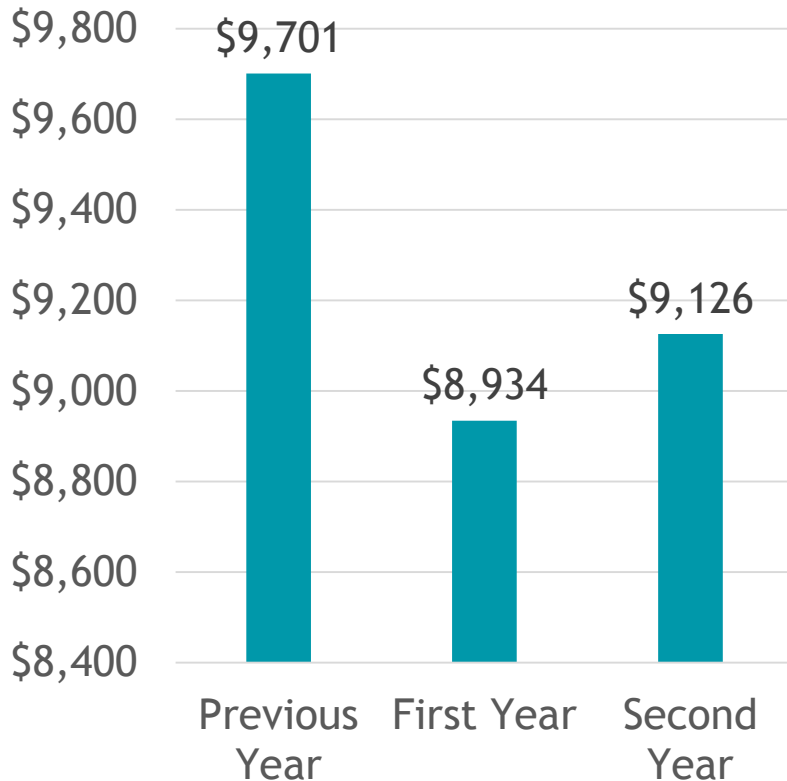
▶ 21% reduction in ER costs

▶ 22% reduction in inpatient hospital

▶ 28% increase in behavioral health service costs

Medicaid Costs

Average annual cost



- ▶ Average cost decreased by \$767 in the first year and \$575 in the second year
- ▶ A 6% change from the year prior to housing to the second year after housing
- ▶ Cost = utilization x price
 - Does not measure cost avoidance
- ▶ No comparison group or statistical controls to rule out other explanations for the differences

Emergency Room Utilization

Time series with comparison group

- ▶ Individuals age 19 – 64 with an application for PSH submitted between 2009 & 2015
- ▶ Medicaid coverage
 - at least 12 months before and after housing (housed group)
 - at least 12 months prior to the end of study period (for those still waiting on housing)
- ▶ Medicaid claims and encounters for dates of service between 2008 and 2016
- ▶ Research Design
 - Quasi-experimental design with pre and post-intervention time series, with a comparison group
 - Utilized Propensity Scores – to balance differences between the housed and waiting groups
 - Logistic Regression to predict odds of ED visit using fixed effects to control for unobserved time-invariant differences
- ▶ **Odds of ED use decreased by 21% after individuals were housed**

Next steps: Return on Investment

- ▶ Additional analyses of Medicaid service use and costs using comparison group
 - Controls for factors that may influence service utilization
 - ◆ Disability, health conditions, age, gender, race\ethnicity
 - ◆ Time related factors, for example Managed Care implementation
- ▶ Savings related to transitions from NF to PSH
- ▶ Identify/access other data sources to capture costs related to this population, for example Medicare, La. all-payer hospital database, Homeless Management Information System (HMIS)

Future Directions: Policy and Program

- ▶ Plan to add 1,000 additional units per terms of agreement with DoJ
 - Adding additional housing capital & rent subsidy strategies to current mix
- ▶ Refining who we prioritize and target
 - HMIS & MMIS data matching to target high utilizers
- ▶ Serving other hard to reach groups
 - E.g., justice involved individuals
- ▶ Using data to attract “investors”



FACILITATED QUESTION AND ANSWER

CONTACTS

JASON GERLING

Associate Director

404.602.3477

Jason.Gerling@Navigant.com

TAMYRA PORTER

Director

202.973.3138

tporter@navigant.com

navigant.com

NAVIGANT