



2023 HCBS Conference: Money Follows the Person Intensive

Monday, August 28, 2023

Afternoon Session
2:30 a.m. to 5:30 p.m.

Money Follows the Person Intensive

Agenda

Afternoon Session

- **Welcome & Overview of the Afternoon**
- **Resources and Strategies for Supporting Housing for Complex MFP Populations**
- **Addressing the Direct Care Workforce Crisis**
- **Concluding Remarks**



Housing and Services
Resource Center

**Resources and Strategies for Supporting Housing
for
Money Follows the Person (MFP) Populations with
Complex Needs**

August 2023
HCBS Conference – MFP Housing Intensive

Welcome

Facilitators

Martha Egan, Technical Director, Division of Community Systems Transformation, Medicaid Benefits and Health Programs Group, Centers for Medicare & Medicaid Services (CMS)

Lori Gerhard, Director, Office of Interagency Innovation, Administration for Community Living (ACL)

Agenda

- Overview: Collaborating to Open Doors to Individuals Wishing to Find Housing in the Community
- Panel Discussion
 - Substance Abuse and Mental Health Services Administration (SAMHSA) Resources
 - U.S. Department of Housing & Urban Development (HUD) Resources
 - North Dakota Partnerships and Strategies
 - Community Application – Texas Money Follows the Person (MFP)
- Question & Answers
- Wrap Up



Housing and Services Resource Center

— A partnership between —



acl.gov/HousingAndServices [#HousingResources](https://twitter.com/HousingResources)

Menti Poll

- Using your phone, laptop or tablet, please go to <http://www.menti.com/>
- Enter the Code:
- Push “Join a Presentation” and respond to our first question.

Menti Question #1:

What is the name of your agency or organization?

- Be ready as more questions will be presented later in the session.

Menti Responses

Menti Question #2

- What are the most important resources people need when they transition to community living? (enter as many responses as you wish)

Menti Question #2 Responses



Menti Question #3

- What are the most difficult roadblocks you have experienced when serving people who have mental health or substance use recovery needs as they transition to the community? (Enter as many responses as you wish)

Menti Question #3 Responses



Overview of SAMHSA Resources

Presenter

Eric Weakly, Branch Chief, State and Consumer Protection Grants Branch,
Substance Abuse and Mental Health Services Administration (SAMHSA)

Mental Health Block Grant and Community Living

Eric Weakly

Substance Abuse and Mental Health Services Administration
(SAMHSA)

U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

Background

- Evolved out of a 50-year history
- 1963 – Community Mental Health Centers (CMHC) Act
- 1981- Converted local community grants into a Block Grant
 - Administered by the National Institute of Mental Health.
- 1986 and 1990- Legislation to develop community-based systems of care
- 1992-Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act - established SAMHSA – Block Grants (BGs) moved to SAMHSA
- The two major block grants SAMHSA manages are:
 - Community Mental Health Services Block Grant
 - Substance Abuse Prevention and Treatment Block Grant

300x. Formula grants to States

- A formula grant refers to funding provided by Congress in a lump sum that is distributed by a prescribed, non-competitive method
- Based on three overarching components
 - Population need
 - Cost of service delivery
 - State fiscal capacity
- An appropriation must be made annually by Congress
- The Mental Health Block Grant (MHBG) funds are distributed to states - states may then directly administer programs or sub-grant the funds
- Federal Fiscal Year 2023 appropriation is \$1.01 billion

What is the Mental Health Block Grant?

- MHBG is the principal federal program to assist states to develop a community-based mental health services system for individuals with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED).
- Established by Public Law 106-310, 42 U.S.C 300X; PHS Act, Title XIX, Part B, Subpart I Section 1911.
- Provides states with flexible funding for services that supplement services covered by Medicaid, Medicare, and private insurance.
- Funds treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.

What is the Mental Health Block Grant?

- Funds priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery.
- Collects performance and outcome data to determine the ongoing effectiveness of behavioral health services and plan the implementation of new services on a nationwide basis.
- Can be used for planning/system development activities
- Provides funds and technical assistance to all 50 states, DC, Puerto Rico, the Virgin Islands, and 6 Pacific Jurisdictions

Block Grants Overview

GRANTS ADMINISTERED BY SAMHSA

ANNUALLY AWARDED TO STATES/
JURISDICTIONS BASED ON ALLOTMENTS
CALCULATED BY LEGISLATED FORMULA

PLANNING COUNCIL INVOLVEMENT REQUIRED

ANNUAL APPLICATIONS AND REPORTS
SUBMITTED BY THE
STATES AND JURISDICTIONS

Serious Emotional Disturbance (SED) Definition

Definition of SED in Federal Register Notice

Serious Emotional Disturbance Definition

- Birth to 18
- Who currently, or in past year:
 - Have a diagnosable mental, behavioral, or emotional disorder under DSM criteria
 - Results in functional impairment which substantially interferes with or limits the child's role or functioning in the family, school, or community

Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD) is included

Developmental Disabilities are not included unless the child has a co-occurring SED

Serious Mental Illness (SMI) Definition

Definition of SMI in Federal Register Notice

Serious Mental Illness Definition

- 18 and over
- Who currently or in the past year:
 - Have/have had a diagnosable mental, behavioral, or emotional disorder under DSM criteria
 - Has resulted in functional impairment which substantially interferes or limits one or more major life activities
- Does not include substance use disorder unless the person has a co-occurring SMI
- Does include Alzheimer's Disease

Block Grant Requirements

5 Criteria

- Criterion 1: Comprehensive Community-Based Mental Health Service Systems for people with SMI or SED
- Criterion 2: Mental Health Systems Epidemiology
- Criterion 3: Children's Services
- Criterion 4: Prioritized Services to Rural and Homeless Populations (and services to older adults specifically mentioned in section on community mental health center priorities)
- Criterion 5: Management Systems

Requirements

- Maintenance of Effort
- Children's Set-Aside
- Planning Council
- Public Comment
- 10% Set Aside for Early Serious Mental Illness/First Episode Psychosis
- 5% Set Aside for Crisis Services

Key Statutory Requirements - Restrictions on Grant Expenditures

Section 1916

Restrictions on Grant Expenditures

The grantee agrees that it will not expend the grant to:

- Provide inpatient hospital services
- Make cash payments to intended recipients of health services
- Purchase or improve land
- Purchase, construct, or permanently improve buildings or other facilities
- Purchase major medical equipment costing over \$5,000
- Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
- Provide financial assistance to any entity other than a public or nonprofit private entity

States cannot expend more than 5% of MHBG Block Grant funds to administer the grant.

Key Statutory Requirements – Plan & Report

Section 1915

MHPC State Plan and Annual Report Reviews

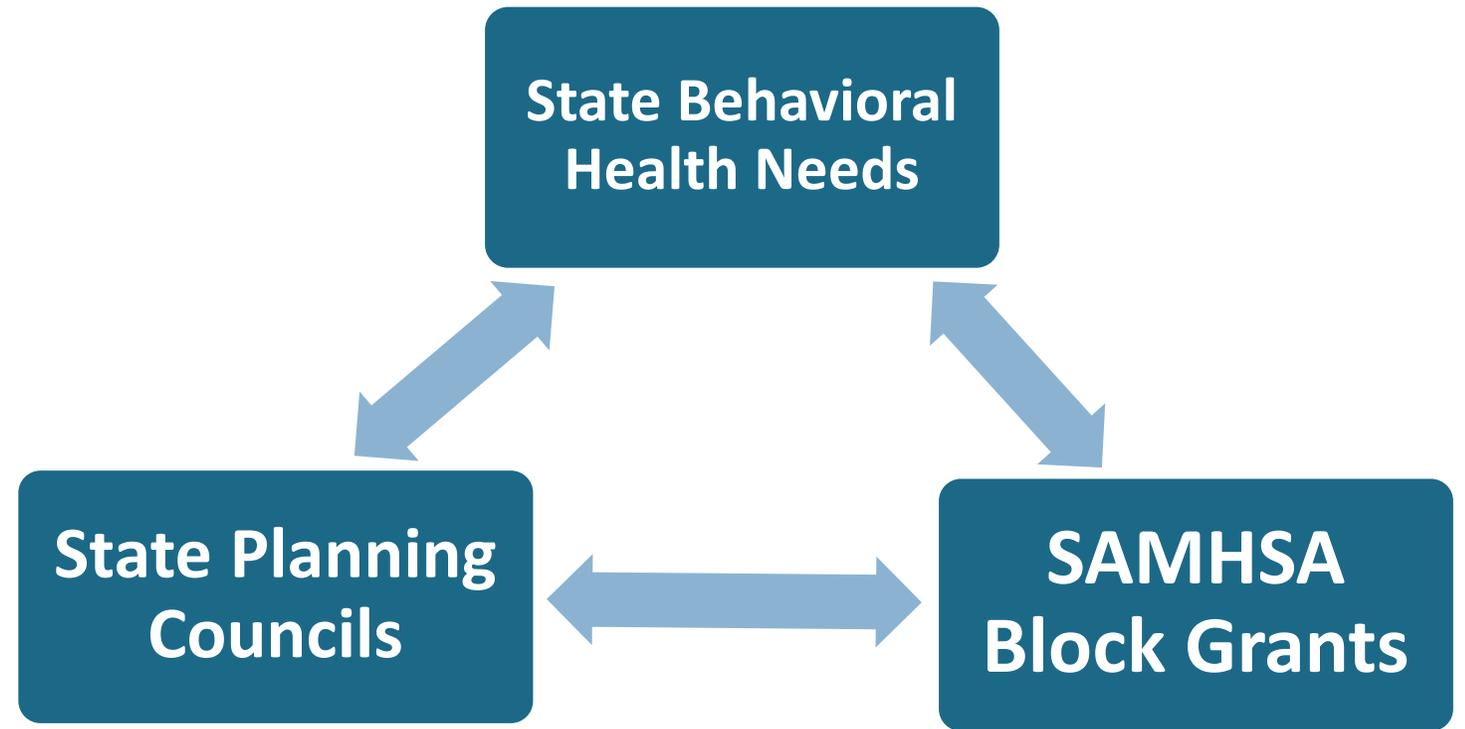
The grantee agrees to make available the state plan to the state mental health planning council (MHPC) and the annual report for the preceding fiscal year and forward to the Secretary any of MHPC's recommendations on the Plan or the annual report without regard to whether the state has made the recommended modifications.

Section 1917

Plan and Annual Report Submissions

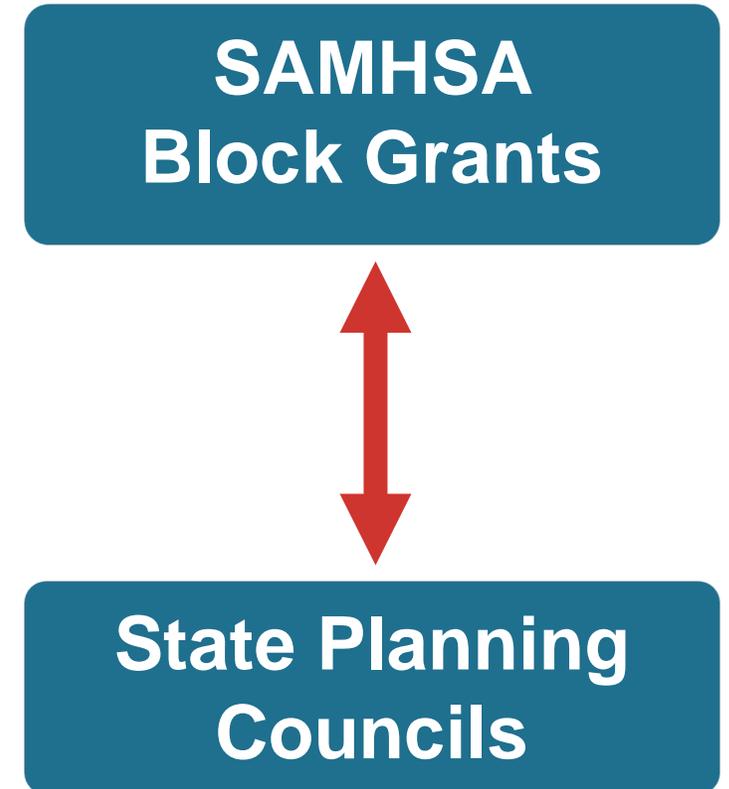
Applications that contain State Plans must be received by Community Mental Health Services no later than September 1 prior to the fiscal year (FY) for which the state is seeking funds. Annual Reports from the previous FY must be received by December 1 of the fiscal year of the grant.

The Valuable Connections



Block Grants & Council Involvement – 1

- Review and comment on applications
- Monitor progress on goals and indicators
 - Mental health, substance abuse prevention, treatment, and recovery.
- Review and comment on reports
 - Implementation Reports (annual progress reports)



300x–3. State Mental Health Planning Council

- The States must establish and maintain a State mental health planning council:
 - The Council will:
 - review plans provided to the Council by the State and submit to the State any recommendations of the Council for modifications to the plans;
 - serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems
 - monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State

300x–3. State Mental Health Planning Council

- The Council membership will be composed of:
 - residents of the state
 - representatives from the following state agencies: mental health, education, vocational rehabilitation, criminal justice, housing, social services, and Medicaid
 - representatives from public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
 - representatives from adults with serious mental illnesses who are receiving (or have received) mental health services; and
 - the families of such adults or families of children with emotional disturbance

300x–3. State Mental Health Planning Council

The Council membership composition continued:

- Must have enough parents of children receiving services to provide adequate representation
- Not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services

Required State Agency Representatives

↓ Required

- Education
- Vocational Rehabilitation
- Criminal Justice
- Housing
- Social Services
- Health (MH)
- Medicaid

↓ Recommended

- Child Welfare
- Marketplace
- Aging

Behavioral Health Planning Council Statutory Duties

Review

Advocate

Monitor

1. **Review** the block grant plan and make **recommendations**.
2. **Advocate** for adults with a serious mental illness, children with a serious emotional disturbance, and others with mental illnesses or substance use disorders.
3. **Monitor, review, and evaluate**, not less than once each year, the allocation and adequacy of behavioral services within the state.

Substance Use Prevention, Treatment, & Recovery Services Block Grant

- The **Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)** program allocates funding by a formula to all 50 states, the District of Columbia, five (5) US Territories, three (3) Freely Associated States, and the Red Lake Band of Chippewa Indians, to support the provision of substance use disorder (SUD) primary prevention, intervention, treatment, and recovery support services, with the following priority areas of focus:
 - ❑ SUD Primary Prevention (PP) Program Services for children, youth, adults, and communities
 - ❑ SUD Intervention, Treatment, and Recovery Support Services for youth and adults
 - ❑ SUD Treatment and Support Services for Pregnant Women and Women with Dependent Children (PWWDC) and their children, including referral for primary care
 - ❑ SUD Treatment Services for Persons Who Inject Drugs (PWID)
 - ❑ Early Intervention Services Related to HIV (EIS/HIV) for persons in treatment for SUD in designated states and territories
 - ❑ Tuberculosis Services (TB) for persons in treatment for SUD, including screening, testing, counseling, case management, and referral for medical evaluation and treatment

Substance Use Prevention, Treatment, & Recovery Services Block Grant

- SUBG provides the opportunity for recovery housing that provides an individual or group in SUD recovery with housing, delivered in an approved facility by an approved recovery housing organization (National Alliance for Recovery Residences (NARR) affiliated or state or nationally certified and/or licensed SUD recovery housing facility).
- SUBG does not provide resources for general housing for clients.
- Recovery Housing support through the SUBG must be approved by the Center for Substance Abuse Treatment (CSAT) State Project Officer responsible for the SUBG.

Substance Use Prevention, Treatment, & Recovery Services Block Grant

Recovery Housing

National Alliance for Recovery Residences (NARR) affiliated or state or nationally certified and/or licensed SUD Recovery Housing facility

Recovery Housing provides an individual or group in SUD recovery with recovery housing, delivered in an approved facility by an approved recovery housing organization. Recovery Housing facilities are required to be NARR affiliated or nationally or state certified and/or licensed by an appropriate government entity or private organization and meet the *“Ten Guiding Principles”* of

- Oxford House
- Peer Respite Center
- Recovery Transitional Housing
- Recovery Homes

Substance Use Prevention, Treatment, & Recovery Services Block Grant

**Recovery
Dimension:
Home**

SAMHSA's Recovery Housing: Best Practices and Suggested Guidelines, 2018, at:
<https://www.samhsa.gov/resource/ebp/recovery-housing-best-practices-suggested-guidelines> (which is currently in the process of being updated by the SAMHSA Office of Recovery)

Approved for the provision of recognized non-clinical Recovery Support Services evidence-based practices and activities for eligible SUD individuals.

Substance Use Prevention, Treatment, & Recovery Services Block Grant

Also approved when provided under §96.129 “Revolving funds for establishment of homes in which recovering substance abusers may reside”.

Not allowable as support or assistance that is provided directly to a SUD individual, but rather must be provided to an eligible recovery housing organization.

Resources

<https://www.samhsa.gov/grants/block-grants>

<https://www.samhsa.gov/grants/block-grants/laws-regulations>

<http://www.namhpac.org/>

<https://www.samhsa.gov/grants/block-grants/resources>

[Safer Communities Act](#)

[BG Statute](#)

Questions



Thank you.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

eric.weakly@samhsa.hhs.gov

[**www.samhsa.gov**](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Menti Question #4

- Do you have partnerships with the following housing or housing related entities? (Please select all that apply)
 - Public Housing Agencies
 - HUD Continuum of Care (CoC's)
 - State Housing Agencies and/or State Housing Finance Agencies
 - State Assistive Technology Act program
 - Section 811 and/or Section 202 Housing providers
 - Housing Developers
 - Home Repair and/or Home Modification organizations (Habitat for Humanity, Neighborworks, etc.)
 - U.S. Department of Agriculture programs (Home Loan, Home Repair, Home Modification, etc.)
 - Other

Menti Question #4 Responses



Menti Question #5

- What are the biggest challenges you've faced trying to collaborate with housing partners in your state/community?

Menti Question #5 Responses

Overview of HUD Funded Housing Resources

Presenter

Emily Warren, Senior Housing Program Specialist, Housing Voucher Management and Operations Division, U.S. Department of Housing and Urban Development (HUD)

Serving Persons with Disabilities Using Mainstream Vouchers



HCBS Conference

August 28, 2023

Emily Warren, Senior Housing Program Specialist

Housing Voucher Management & Operations Division, Public & Indian
Housing,

U.S. Department of Housing and Urban Development (HUD)

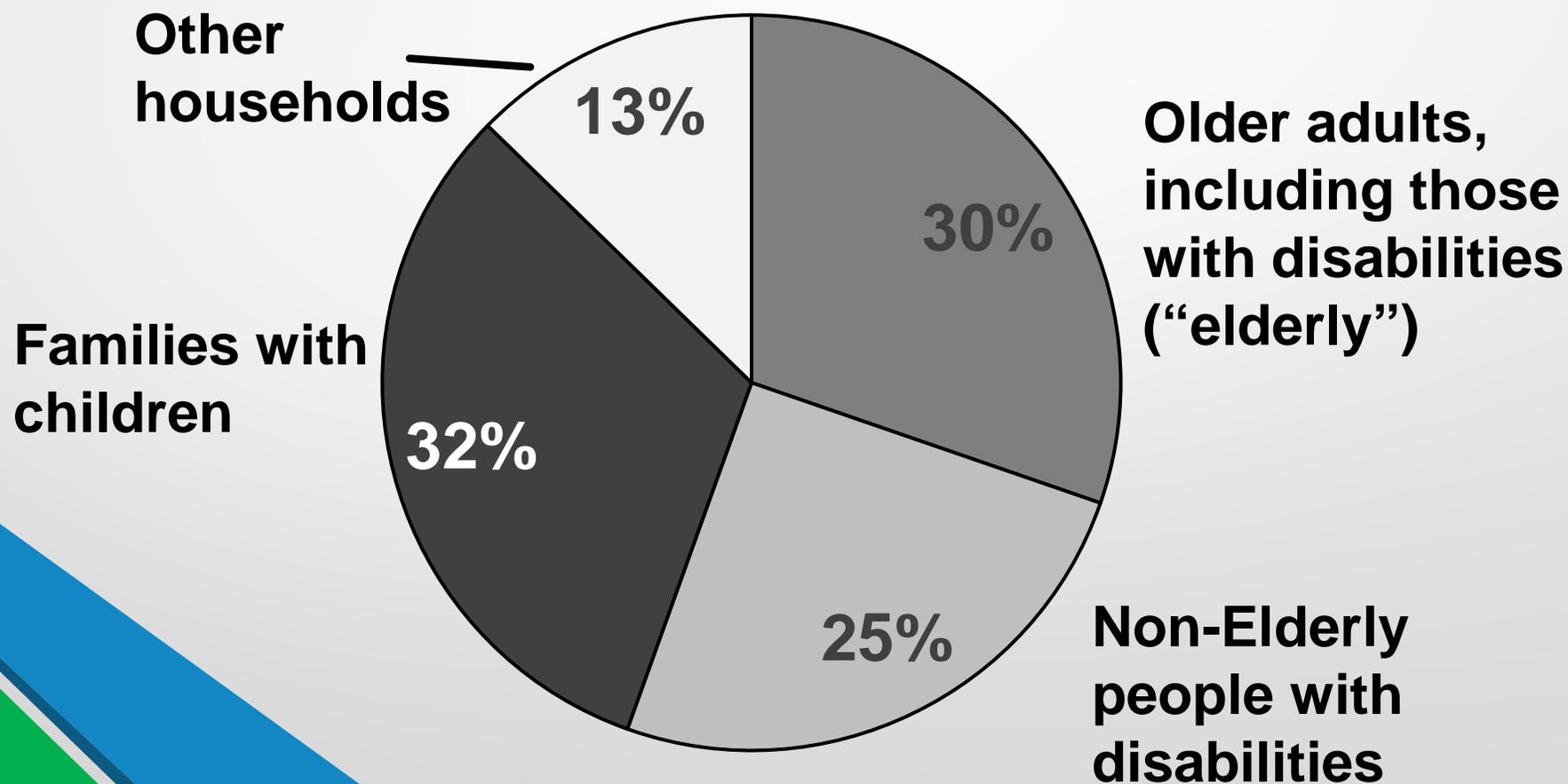


Agenda

- Housing Choice Voucher Program
- Mainstream Vouchers
 - Overview
 - Eligibility
 - Recent Funding Opportunities
 - Partnering with Public Housing Agencies (PHAs)

Who Uses Housing Vouchers?

About 5 million people in 2.4 million households





Housing Choice Vouchers (HCVs) Are Flexible

- Eligible households use HCVs to rent private market units
- Portable
- May be “project-based,” i.e., tied to specific supportive housing or other developments
- Shared housing with other assisted or unassisted families
- Live-in aides allowed as reasonable accommodation



Housing Choice Voucher Programs

Voucher Program	Authorized	Leased
Mainstream	70,876	52,852
Non-Elderly Disabled (NED)	54,727	46,603
HUD-Veterans Affairs Supportive Housing (HUD-VASH)	108,622	78,575
Emergency Housing Vouchers (EHV)	70,000	54,650
Family Unification Program (FUP)	26,057	20,359
Housing Choice Vouchers (HCV)	2,670,433	2,280,362
Total	3,000,715	2,533,401



Mainstream Voucher Program

- Only non-elderly people with disabilities are eligible.
- Other than household eligibility requirement above, Mainstream vouchers follow the same program policies as the regular tenant-based voucher program.
- Funding and financial reporting for Mainstream vouchers are separate.



Recent Mainstream Funding Allocations

- Congress appropriated ~\$500 million in new funding for new Mainstream vouchers in 2017, 2018, and 2019.
- Through NOFAs in 2018 and 2019 and non-competitive awards in 2020-22, HUD awarded 56,000 new vouchers
- For list of PHA awards and other data, see HCV Data Dashboard:
https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard



Recent Notice of Funding Award (NOFA) Rating Factors

1. Experience assisting people with disabilities and established partnerships with state Medicaid agencies (e.g., MFP), homeless assistance providers, health and human services agencies
2. Admissions preference for one of following:
 - Transitioning out of institutional or other segregated settings
 - At risk of institutionalization
 - Homeless
 - Previously experienced homelessness and is a resident of permanent supportive housing or a rapid rehousing program
 - At risk of homelessness
3. Ability to connect assisted households with housing and community-based services
4. Program evaluation and improvement



Partnering with Public Housing Agencies (PHAs)

- PHAs need partners for Mainstream vouchers to:
 - Achieve effective outreach and obtain appropriate referrals
 - Ensure that program participants can successfully find a unit
 - Help participants transfer to their unit
 - Provide ongoing supportive services and referrals to providers to ensure housing stability



Resources

- HUD's Mainstream Voucher page: [Mainstream Vouchers | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](https://www.hud.gov/programs/mainstream-voucher)
- [PIH Notice 2020-01: Revised Policies and Procedures for the Mainstream Voucher Program](https://www.hud.gov/programs/mainstream-voucher/notice-2020-01)
- Topic guides: <https://www.hudexchange.info/resource/6548/mainstream-voucher-topic-guides/>
- Submit your questions to MainstreamVouchers@hud.gov

Overview of North Dakota Partnerships & Strategies

Presenter

Jacob Reuter, Director, North Dakota MFP (ND MFP)

SAMHSA Treatment for Individuals Experiencing Homelessness (TIEH) Grant

Grand Forks Housing Authority, Grand Forks North Dakota

Project Summary

Provide comprehensive, community-based integrated medical and mental health treatment, case management, recovery support services, and linkages to sustainable permanent housing.

Population to be Served

Individuals who are experiencing, or at risk of, homelessness who have a co-occurring disorder (COD) including SMI and/or SUD.

SAMHSA Treatment for Individuals Experiencing Homelessness (TIEH) Grant

Grand Forks Housing Authority, Grand Forks North Dakota

Strategies/Interventions

- Outreach and engagement for individuals experiencing homelessness
- Utilization of Housing First approach and harm reduction
- Participation in the local Continuum of Care's Coordinated Entry System
- Provision of, or direct connection to, behavioral health, substance abuse, and medical services
- Targeted case management
- Enrollment in mainstream programs
- Provision of wrap-around and recovery support services.

TIEH Grant – How it Works

Subcontracts with Community Partners

Spectra Health (Federally Qualified Health Center) employs two case managers that are integrated in their clinic.

Utilizing the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), Spectra Health patients are screened for housing stability and referred to the case managers for housing support as well as identifying additional patient needs (e.g. food insecurity, lack of health insurance, lack of income).

Spectra Health uses Screening, Brief Intervention and Referral to Treatment (SBIRT) and services are provided or referred, per the individual's preference.

TIEH Grant – How it Works

Community Options (Private Provider) employs two staff to provide case management and employment support services at LaGrave on First, a Housing First Permanent Supportive Housing project for individuals who experienced chronic homelessness.

Grand Forks Housing Authority employs one case manager that works in partnership with Spectra Health and Community Options staff to support individuals doubling up with GFHA tenants or those within the community.

TIEH Grant – Keys to Success

Commitment to emerging and/or evidence-based practices

Find an agency that operates in a similar manner. Both Spectra Health and Community Options focus on person-centered practices and are strong community partners, working for the betterment of all.

TIEH Grant – Keys to Success

What's in it for 'us' – focus on mutual goals between housing and service providers

- High(er) occupancy rates are beneficial for property management = securing housing for clients is beneficial for service providers.
- Sustainable & permanent housing is beneficial for service providers = less turnover is beneficial for property management.
- Property management want a reliable contact = support services can mediate issues and support tenants.
- Avoiding eviction is beneficial for both, legal eviction is costly and property managers don't *want* to be in the business of making people/families homeless.
- Education is power = cross training helps housing and service providers understand each other's role and *why* they do the things they do (Federal vs State vs local regulations).
- Collaboration is THE key: establishing expectations, relentless communication, and revisiting agreements on an annual basis are absolutely necessary.

Opening Doors Landlord Risk Mitigation Fund

- Opening Doors provides households with a rental barrier the opportunity to access housing.
- The barrier could be poor credit or prior rental history, or a criminal conviction.
- The program also encourages landlords to lease units to households that may not meet all their rental criteria by providing coverage if there is excessive damage or lost revenue.

<https://www.ndhfa.org/index.php/ready-to-rent/>

Money Follows the Person Grant Housing Facilitation

Development of Collaborative Partnerships with Housing Providers

- Get to know the Housing Staff/Develop a working relationship
- Listen-meet to understand what their agency strengths are-what they do well
- Identify what we can do together to support their mission/success
- Invite them to provide information about what their agency provides
- Provide the housing information to services providers

Results

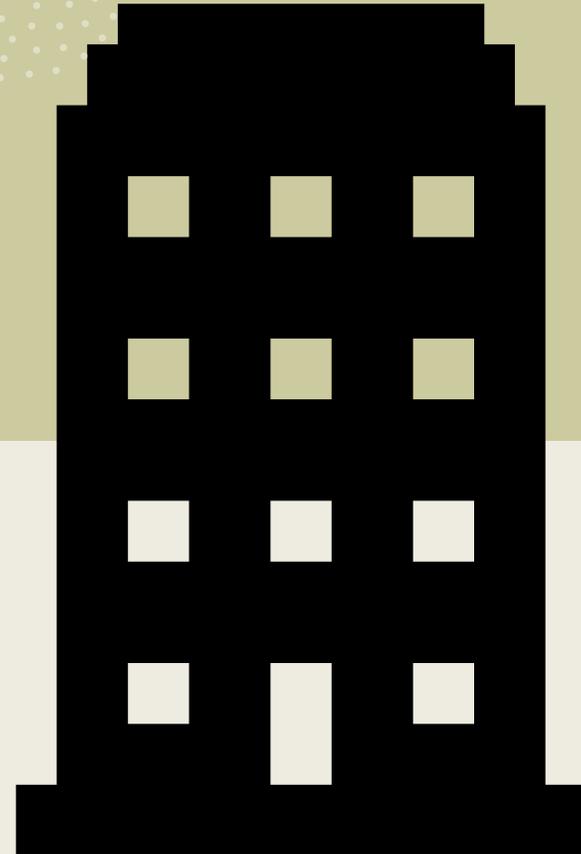
- Willingness to work together to identify ways to assist individuals that are harder to house
- Development of program like the ND Opening Doors Landlord Mitigation Service
- Shared office space
- Working relationship to port housing vouchers/manage appeals
- Landlords calling when they have an open unit

Housing Facilitation

- Work with probation officers/legal system to clear up warrants before applying for a housing voucher
- Assist with appeals with Housing Authorities for individuals active in treatment
- Ask landlords to reconsider denials for people with past legal convictions

In 2017, Senate Bill 2015 created a new community behavioral health program for people involved in the criminal justice system.

- The bill established a \$7M investment in behavioral health services for people in the criminal justice system to improve public safety and public health outcomes.





FREE THROUGH
Recovery

- Free Through Recovery (FTR) is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.
- Referral is made from their state probation or parole officer
- If you have contact with a person that is on state, Department of Corrections and Rehabilitation (DOCR), supervision who would benefit from FTR, contact their probation or parole officer for a referral.
- Individuals on federal supervision do not qualify, but they may utilize Community Connect



CommunityConnect

My Recovery. My Story.

Community Connect is designed to meet the needs of individuals through Care Coordination, Peer Support and Recovery Services

- North Dakota Resident
- 18 years or older
- Functional Impairment in areas such as housing, parenting, physical health or community connections

Application for eligibility is available online. Upon approval, the applicant is notified and if selected the referral is sent to provider and services may start. Alternate contact, point of contact is on application as well.

Medicaid 1915i State Plan Amendment

1. Care Coordination
2. Non-Medical Transportation
3. Housing Support
4. Benefits Planning
5. Pre-Vocational Training
6. Supported Employment
7. Supported Education
8. Respite
9. Training & Support for Unpaid Caregivers
10. Family Peer Support
11. Community Transition Services
12. Peer Support (18+)



Medicaid 1915i Eligibility

- Ages 0+
- Enrolled in Medicaid or Medicaid Expansion
- Household income at or below 150% of the Federal Poverty Level
- Qualifying Behavioral Health diagnosis
- WHODAS 2.0 Score of 25 or higher (*World Health Organization Disability Assessment Schedule*)
- Meet requirements of Home & Community-Based Settings Rule



Need for housing in North Dakota

In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

Address housing needs alongside behavioral health needs.

Promote timely linkage to community-based services following crisis, inpatient, and residential treatment.

What is Recovery Housing Assistance Program?

Also known as “sober living”, recovery housing is a recovery-oriented supportive, stable living environment for individuals wanting to initiate and sustain recovery.

The North Dakota Department of Health and Human Services enters into provider agreements with Recovery Housing providers that adhere to best practices

Provides funds for up to 12 weeks of an eligible individual’s living expenses, paid directly to a Recovery Housing Assistance Program provider and this is based on a fee schedule in their service area.



Permanent Supportive Housing



During the 2021 legislative session, the Department of Human Services' Behavioral Health Division was directed to develop a funding methodology to distribute funding to qualified entities that

- utilize best practices for permanent supportive housing,
- provide recovery-oriented and person-centered services,
- submit process and outcome measures to the Department, and
- authorize the Department to conduct onsite visits to review program operations.

Substance Use Disorder (SUD) Voucher

Eligibility Criteria

- 14 + years old
- North Dakota resident
- Lacks resources to cover treatment
- Family income no greater than 200% Federal Poverty Level
exceptions allowed



Substance Use Disorder (SUD) Voucher

Services:

- Screening & Assessment
- Individual treatment
- Group Therapy
- Family Sessions
- Room & Board
- Transportation

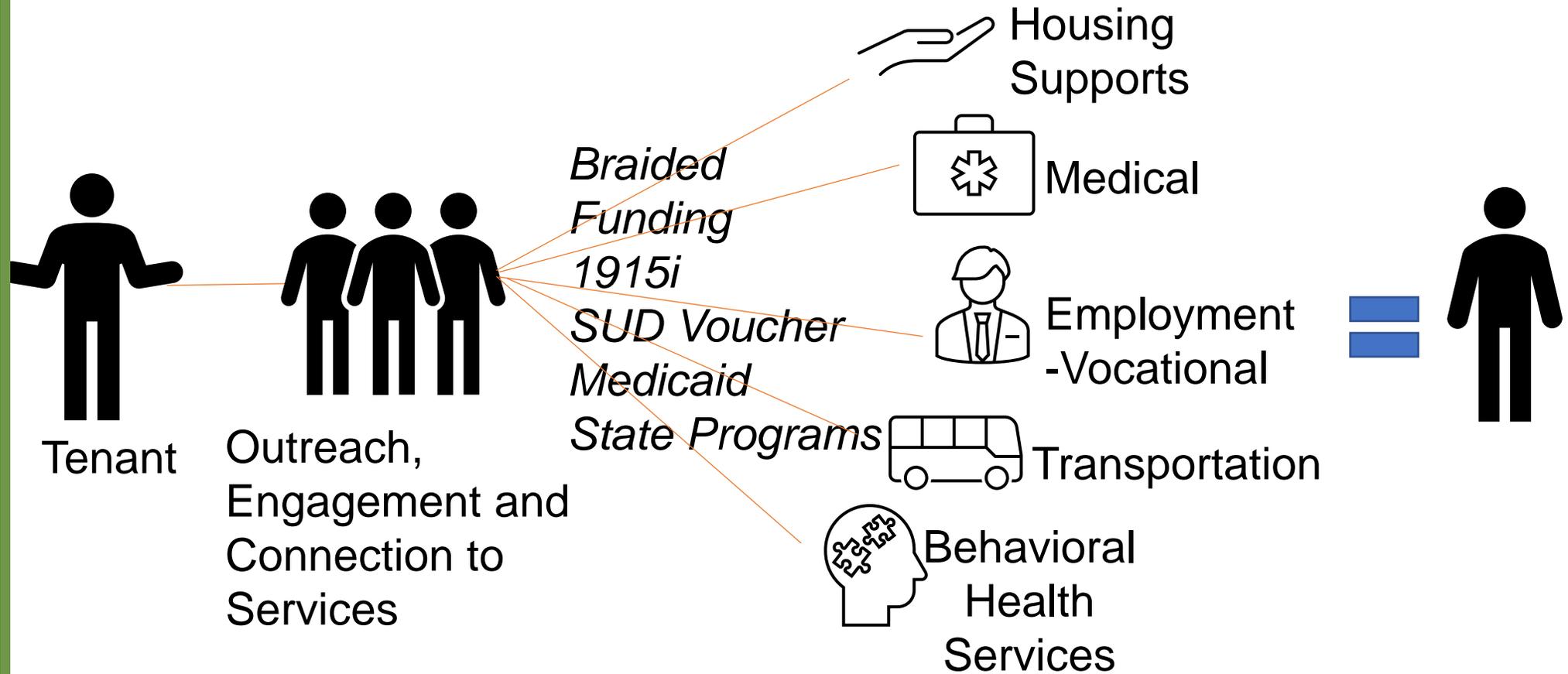
Approved providers:

[Substance Use Disorder
Voucher | Health and Human
Services North Dakota](#)





Tenant Experience



Overview of Texas Partnerships & Strategies

Presenter

Apryl Rosas, Program Specialist, Innovation Strategy, Texas Health and Human Services Commission



TEXAS
Health and Human
Services

Coming Together: Supporting Behavioral Health Community Transitions in Texas

Apryl Rosas, Program Specialist, Innovation Strategy
Home and Community-Based Services Conference, Baltimore, MD
August 2023

Mental Health Disparities

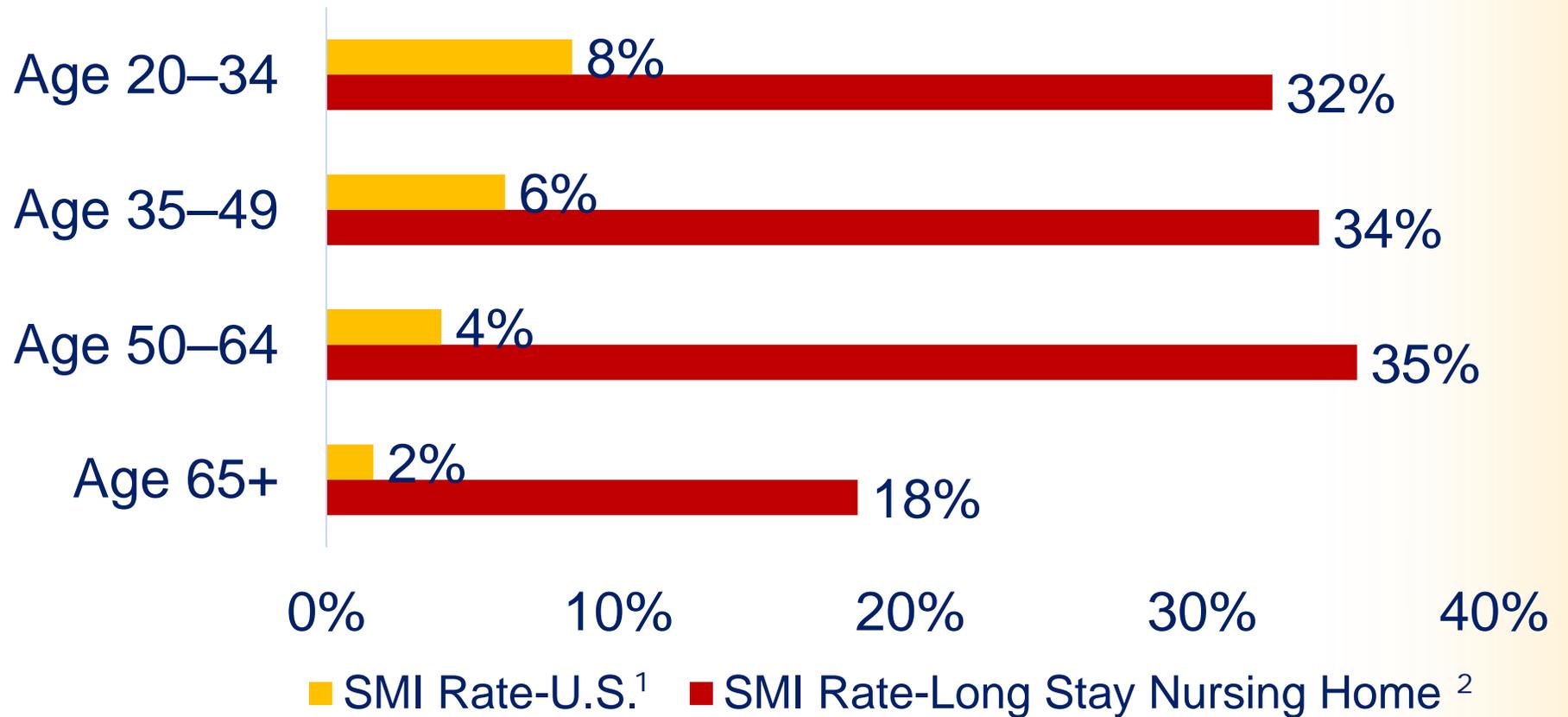
- People with serious mental illness (SMI) are at greater risk of institutionalization in settings such as nursing facilities and state psychiatric hospitals.
- The proportion of nursing facility residents with a psychiatric diagnosis nearly tripled from 2000 to 2015.¹
- The prevalence of SMI among nursing facility residents greatly exceeds SMI prevalence in the general population, especially for people under age 65.²
- The availability of Home and Community-Based Services for people under age 65 with SMI is limited.



TEXAS
Health and Human
Services

1. Fashaw SA, Thomas KS, McCreedy E, Mor V. Thirty-year trends in nursing home composition and quality since the passage of the Omnibus Reconciliation Act. *J Am Med Dir Assoc.* 2020; 21(2): 233–9.
2. Laws MB, Beeman A, Haigh S, Wilson IB, Shield RR. Prevalence of serious mental illness and under 65 population in nursing homes continues to grow. *J Am Med Dir Assoc.* 2022; 23(7): 1262–3

SMI Prevalence by Age: General Population vs Nursing Facilities



1. SMI Rate in the US from: Substance Abuse and Mental Health Services Administration, 2019 National Survey on Drug Use and Health Detailed Tables. https://pdas.samhsa.gov/#/survey/NSDUH-2019-DS0001?column=SMIYR_U&results_received=true&row=AGE2&run_chisq=false&weight=ANALWT_C

2. SMI Rate in Nursing Home from: Nursing home population in the graph: Ne’eman A. , Stein M. , and Grabowski D. Nursing Home Residents Younger Than Age Sixty-Five Are Unique And Would Benefit From Targeted Policy Making Health Affairs 2022; 41, 10 <https://doi.org/10.1377/hlthaff.2022.00548>

Money Follows the Person Behavioral Health Pilot

- From 2008-2017, Texas operated a Behavioral Health Pilot (BHP) under the MFPD grant.
- The BHP helped adult Medicaid clients with SMI leave nursing facilities and live successfully in their communities.
- Partners included managed care organizations (MCOs), providers, researchers, Medicaid members, local mental health authorities (LMHAs) and others.



TEXAS
Health and Human
Services

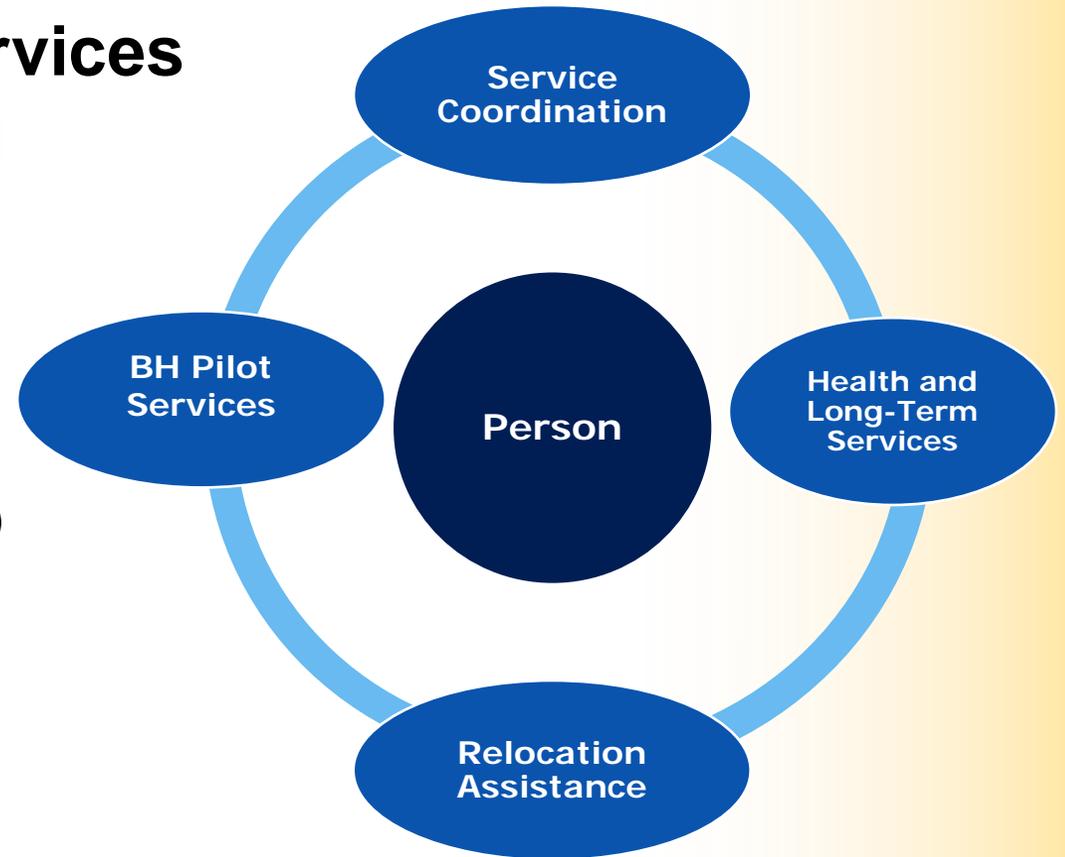
Pilot Structure

Behavioral Health Pilot Services

- Cognitive Adaptation Training
- Substance use counseling
- Employment assistance
- Housing location assistance

Managed Care Partnership

- Assessment and referral
- Service Coordination
- Health and LTSS
- Relocation Assistance
- Weekly team meetings (Pilot team, MCOs)



TEXAS
Health and Human
Services

Cognitive Adaptation Training (CAT)

- Evidence-based intervention (community-based, randomized trials).
- Uses a motivational strengths perspective to facilitate person's initiative and independence.
- Provides environmental modifications to help people bypass challenges and organize their lives/homes to function more independently.



TEXAS
Health and Human
Services

BHP Outcomes

The MFP BHP was independently evaluated and demonstrated positive outcomes.

- Over 450 participants successfully transitioned to the community.
- 70 percent completed a year in the community, per independent evaluation.
- Sustained improvement in social and occupational functioning, community ability, quality of life.
- Examples of increased independence included work at competitive wages, driving, volunteering, getting an education, and leading peer support groups.
- Net Medicaid savings were over \$24.5 million.



Sustaining the Gains

2018-Present: Sustainability Planning

- Establishing and sustaining pilot practices in the state's integrated managed care system.
 - International Center of Excellence in Evidence-Based Practices (ICE-EBP) at UT Health San Antonio
 - Capacity building projects with MCOs and the behavioral health system (nursing facility and psychiatric hospital transitions)
 - Behavioral Health Community Transition initiative



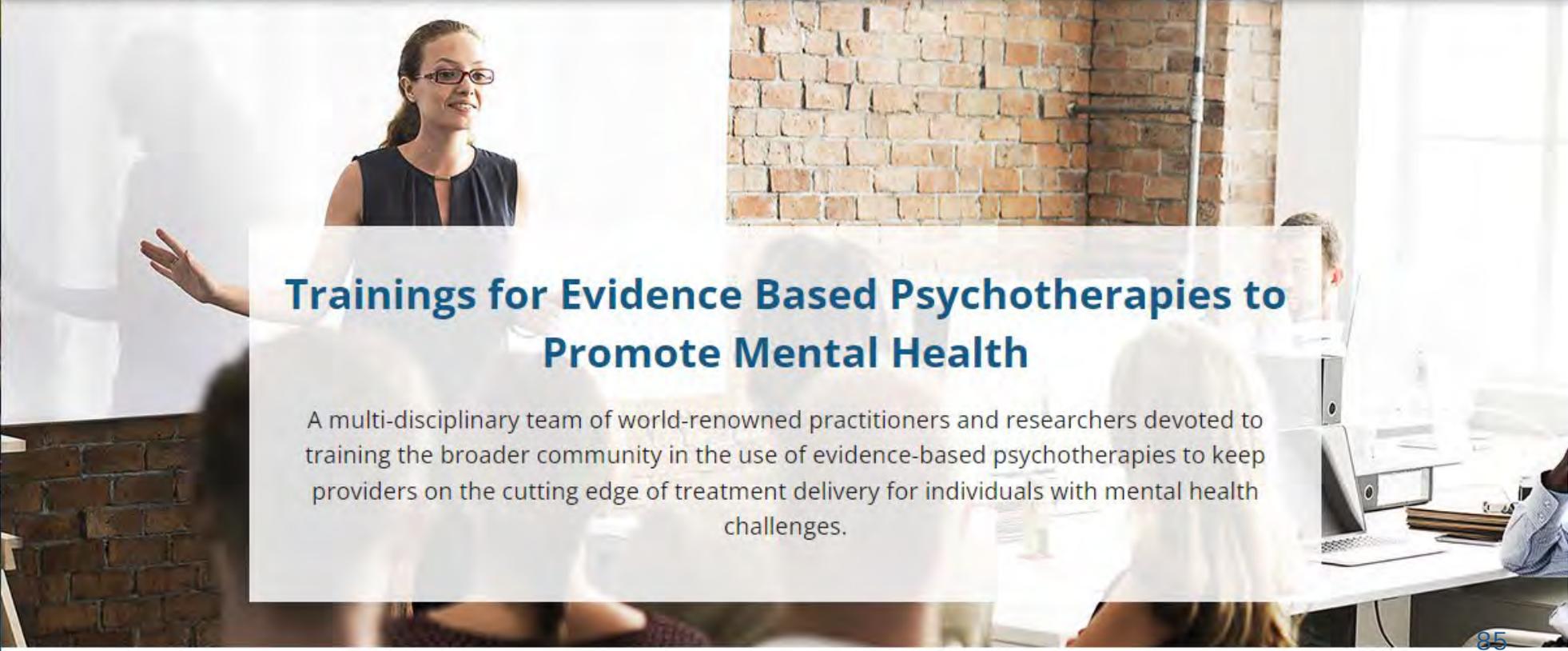
TEXAS
Health and Human
Services

International Center of Excellence for Evidence Based Practices (ICE-EBP)

INTERNATIONAL CENTER OF EXCELLENCE FOR EVIDENCE BASED PRACTICES



[Home](#) [About Us](#)

A photograph of a woman with glasses and a dark sleeveless top, standing in a meeting room and gesturing towards a whiteboard. The room has a brick wall and a window. In the foreground, the backs of several people's heads are visible, suggesting an audience.

Trainings for Evidence Based Psychotherapies to Promote Mental Health

A multi-disciplinary team of world-renowned practitioners and researchers devoted to training the broader community in the use of evidence-based psychotherapies to keep providers on the cutting edge of treatment delivery for individuals with mental health challenges.



TEXAS
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MFP Behavioral Health (BH) Pilots

- In 2021, CMS awarded Texas supplemental federal funding for two new MFP Behavioral Health Pilots.
 - Bridge to STAR+PLUS
 - Managed Care Organization (MCO) Transition Specialist
- Pilot services include:
 - Cognitive Adaptation Training,
 - Assistance to apply for or reinstate healthcare and other benefits,
 - Support to find community housing, and
 - Resource coordination.
- Pilots run through 2024



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Behavioral Health Community Transition Initiative

Goal: Support the successful transition of adults with mental illness from nursing facilities and other health institutions into the community.

Review

- Data on current transitions
- Current policies and procedures

Analyze

- Identify gaps in data
- Identify needed infrastructure

Disseminate

- Bridge to current training opportunities

Implement

- Policies and procedures to support transitions



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Barriers to Community Transition

- LMHAs/LBHAs and state hospital staff have limited knowledge of how to access community-based alternatives to institutions for people with SMI and medical comorbidities.
- People with SMI are not consistently connected to LMHA/LBHA services prior to discharge from institutional settings.
- Lack of clear guidance for MCOs to support community transitions for people with SMI from a state hospital setting.



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Recommendations

- Increase awareness of opportunities to promote community living through provider outreach and training.
- Increase collaboration between providers to improve the discharge planning process for individuals transitioning to the community.
- Improve the eligibility and enrollment process for Medicaid-eligible individuals residing in a state hospital.



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CMS Sponsor Acknowledgment



"This presentation was partly developed under grant CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government."



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Thank you

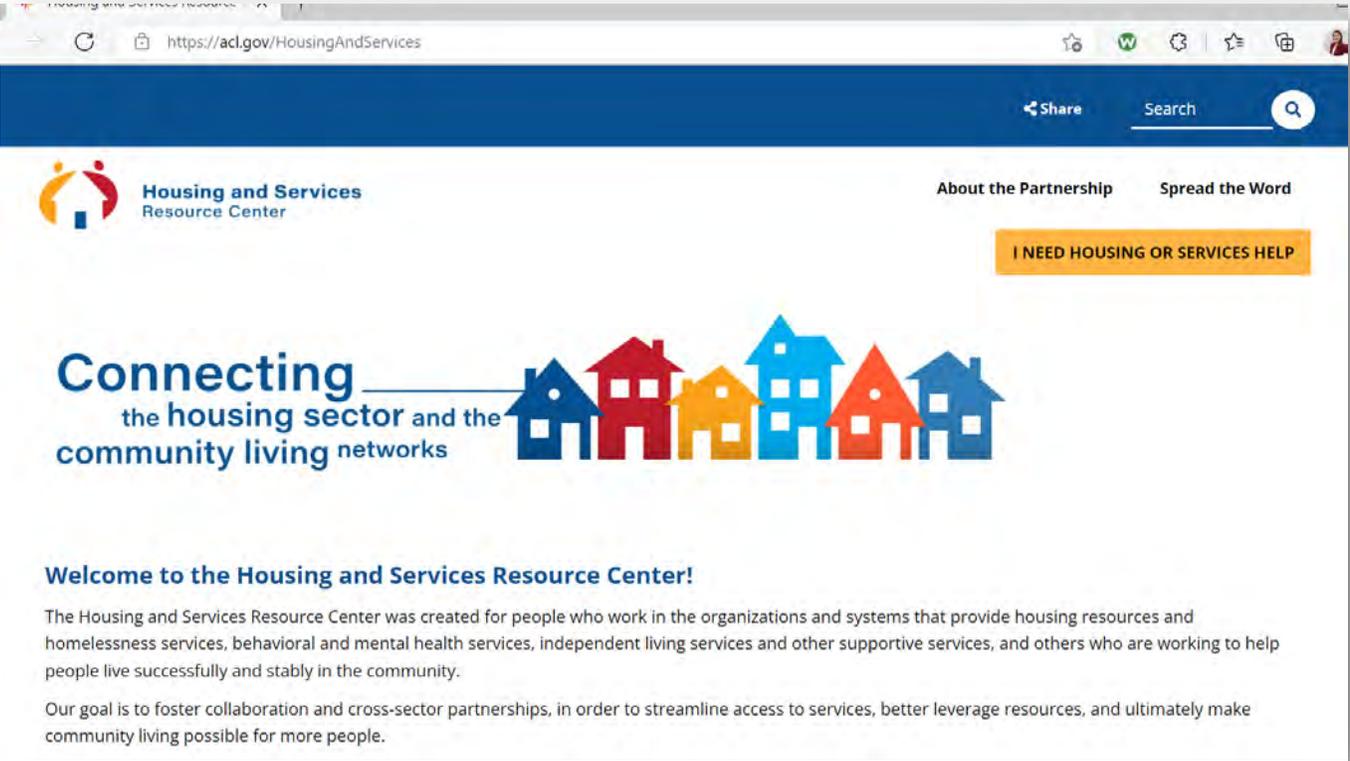
InnovationStrategy@hhs.Texas.gov

Panel Discussion

Q&A



Housing and Services Resource Center (HSRC) Website



acl.gov/HousingAndServices

Stay Connected

**We want to hear about your successes
and we're here to help with challenges**

Please email us at hsrc@acl.hhs.gov



Housing and Services
Resource Center



Housing and Services Resource Center

acl.gov/HousingAndServices [#HousingResources](https://twitter.com/HousingResources)



Acknowledgment



This presentation was supported by the U.S. Administration for Community Living through a contract with Mission Analytics Group, Inc. (Contract number HHSP233201500060I) which subcontracted the work to USAging. The views expressed do not necessarily represent the positions or policies of the Administration for Community Living / Department of Health and Human Services.



WisCaregiver Careers

A professional workforce advancement program.



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GREEN BAY

Certified Direct Care Professional WisCaregiver Connections

Kevin Coughlin, DHS, DMS



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Background

Direct Care Workforce Crisis

1 in 4 direct caregiver positions are vacant

20,000 additional home care workers needed by 2024

>50% Wisconsin's annual caregiver turnover



Money Follows the Person (MFP) Project Goals



- Improve caregiver competencies
- Create a pathway for advancement
- Increase the number of direct care workers
- Improve sustainability of the workforce

Direct Care Professional

- Partnership with University of Wisconsin Green Bay
- Stakeholder input
 - June 2022: listening sessions (26 stakeholder representatives and 60 workers)
 - Survey to direct care workers, providers, and stakeholders (500 responses)
- Curriculum and competency
- Proctored competency test and certificate
- Public registry
- Tracking system: Training-Testing-Employment-Retention

Competencies

- Care settings
- Communication
- Professionalism, responsibility, and ethics
- Person-directed practice
- Evaluation and observation
- Crisis prevention and intervention
- Safety
- Integrity and respect
- Empowerment, advocacy, and self-determination
- Health and wellness
- Community living skills and supports
- Community inclusion, networking, and relationships
- Cultural competency, respect, justice, fairness, and equity
- Education, training, and self-development



- Online self-paced - FREE
- Estimated 30 total hours
- 14 [competencies](#)



Caregiver Recruitment

- American Rescue Plan (ARP) funded vouchers to cover training for ~10,000 Certified Direct Care Professionals
- ARP funded sign-on and stay-on bonus (\$250) and retention bonus (\$250)



Badging and Micro-Credentialing

- Micro-credential = mini-certification
 - Digital, short, and relatively low-cost
 - Demonstrate proficiency in a particular skill
- Digital badges = visual representation of a micro-credential
 - Share on social media, add to email signatures, display on resumes, and add to digital badge wallets

- [Wisconsin HOSA](#)
- [Regional Career Pathways](#)
- [Youth Apprenticeship](#)



WisCaregiver Connections - Workforce IT Platform

- One stop workforce portal
 - Job postings
 - Auto-match employers with job seekers
 - Candidate profiles
 - Credentialing details
 - Training opportunities
 - Employer and other key stakeholder resources
 - Educator and student resources
 - Resource library, and more

Caregiver Recruitment Video and Awareness Video



<https://vimeo.com/user8859005/review/750949211/1dfea1d7b6>



<https://vimeo.com/user8859005/review/840783356/586a97d959>

National Recognition

- [PHI - Will Wisconsin's Direct Care Program Change the Field?](#)
- [Badger State aims to recruit 10,000 home care workers with on-line training program](#)
- [Real Problems, Real Solutions to the Long-Term Care Crisis](#)



Resources

- Website <https://www.dhs.wisconsin.gov/caregiver-career/index.htm>
- Student recruitment website: <https://www.wiscaregivercdcp.com/>
- Competencies: <https://dhs.wisconsin.gov/publications/p03320.pdf>
- Program fact sheet: [English](#)(PDF) | [Hmong](#)(PDF) | [Spanish](#)(PDF)



- Soft launch – week of July 10, 2023
- Hard launch - week of July 17, 2023



Questions?



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The logo for WisCaregiver Careers, featuring a red arch over the text.
WisCaregiver Careers

Kevin Coughlin, DHS

Policy Initiatives Advisor - Executive
Department of Health Services
Division of Medicaid Services

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Resources to Strengthen the Direct Service Workforce

Money Follows the Person (MFP) Intensive, ADvancing States
HCBS Conference
August 28, 2023

Background

- The Centers for Medicare & Medicaid Services (CMS) released a series of resources to strengthen the direct service workforce (DSW) in January 2023
 - Strengthening the DSW in Rural Areas
 - The Self-direction Briefing Paper Series
 - Emerging Strategies for States: DSW Learning Collaborative Summary
 - Online Training: Recruiting, Selecting, and Retaining Direct Service Workers to Provide Self-directed Home and Community-Based Services (HCBS)

Access these resources on [Medicaid.gov](https://www.Medicaid.gov)



Strengthening the DSW in Rural Areas

- Strengthening the DSW in Rural Areas
 - Summarizes the challenges of ensuring an adequate DSW in rural areas
 - Provides strategies that state Medicaid and partner agencies and rural stakeholders can use to deliver high-quality HCBS, such as:
 - Increasing the rural DSW (e.g., self-directed options, worker-owned cooperatives, web-based registries)
 - Improving the infrastructure to support the rural DSW (e.g., training and credentialing, telehealth, opportunities under MFP, opportunities under Section 9817 of the American Rescue Plan)

Self-Direction Briefing Series

- [The Self-direction Briefing Paper Series](#)
 - Designed for policymakers and stakeholders to inform conversation and policy regarding HCBS self-direction and the DSW
 - Includes three briefs and a research compendium:
 - [Origins and Benefits of Self-direction](#)
 - [Key Components of Self-directed Services](#)
 - [Operational Considerations for Self-directed Service Delivery Models](#)
 - [Self-direction Research Compendium](#)

Emerging Strategies for States

- [Emerging Strategies for States: DSW Learning Collaborative Summary](#)
 - Summarizes themes, challenges, and strategies from the 30 state Medicaid and partner agencies participating in CMS' 2021 DSW State Medicaid Learning Collaborative
 - Leverages input from the 2020 intensive, *Quality Jobs Equal Quality Care: Building Capacity in the DSW* and post-intensive webinar
 - Covers topics such as training, data collection, diversity and inclusion, recruitment, retention, wages, rates, and payment models

Online Training: Overview

- The [online training series](#) is free, self-paced, and open to the public
- The series consists of six modules, each covering a different aspect of direct service worker recruitment, training, and retention
- The series provides people who self-direct their own services with information and support about finding, hiring, and retaining direct service workers
- Others working with caregivers and direct service workers in the community might also find some of the training content relevant and helpful

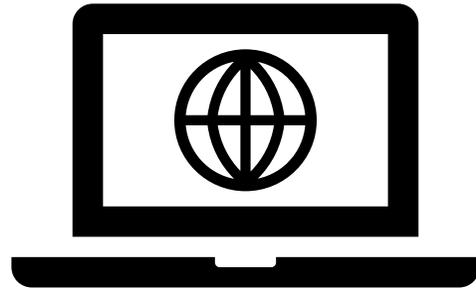
Online Training: Summary of Modules

- Module #1: Understanding Self-directed Supports
- Module #2: Finding the Right Direct Service Worker for You
- Module #3: Selecting and Hiring the Right Direct Service Worker for You
- Module #4: Welcoming and Training Your New Direct Service Worker
- Module #5: Supporting Direct Service Worker Professionalism
- Module #6: Recognizing and Managing Direct Service Worker Stress and Burnout

Online Training: Development

- CMS worked with the Lewin Group and the University of Minnesota Institute on Community Integration to develop the interactive content
- Expert reviews informed the training content, layout, and functionality:
 - Individuals who self-direct services and their family members
 - Direct support professionals
 - Federal staff (CMS, Administration for Community Living, Department of Veterans Affairs)
 - Subject matter experts on self-direction and disability policy

Training Demonstration



Questions?

Thank you!

Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative

- 5-year grant to establish a Direct Care Workforce Center
 - Central hub for state, private, and federal entities involved in the hiring, recruitment, training, and workforce development associated with the delivery of home and community-based services
- This initiative builds off and will advance the collaboration between the Administration for Community Living, the Department of Labor, Centers for Medicare & Medicaid Services, and other Department of Health and Human Services agencies

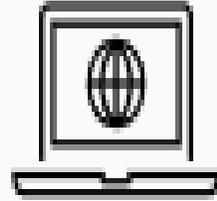
<https://acl.gov/programs/direct-care-workforce>

DCW Strategies Center Activities



Environmental Scan

Assess current resources, stakeholders, best practices



Virtual Information Hub

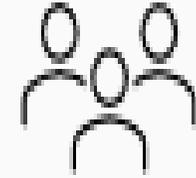
Website to serve as TA Center landing page, resource and information hub for stakeholders



Capacity Building Hub

3 Levels of TA

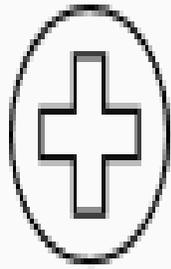
- I – self-directed learning
- II – virtual facilitated engagement, limited in-person engagement
- III – intensive, 6mo+ TA



Advisory Committee + Stakeholder Groups

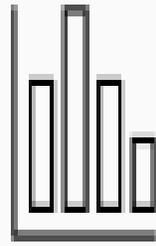
Formal advisory committee of DCW stakeholders, + stakeholder workgroups to advise work

DCW Strategies Center Activities



DCW Support Services

Resources that target DSPs seeking information and resources



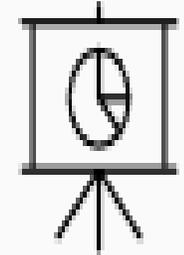
DCW Data Warehouse

Data clearinghouse for employers, state agencies, system leaders



Consumer/Caregiver Data Warehouse

Data clearinghouse to support consumers & caregivers decision-making



Evaluation Program

3 approaches to evaluation, incl. demonstration projects

Email: DirectCareWorkforce@ncoa.org

Money Follows the Person Intensive

- **Three New Ideas:**
 - **Small Group Breakouts, State Sharing and Report Outs**
 - **Alicia Ryce Cofield, MFP Project Officer**
- **Wrap-up and Concluding Remarks:**
 - **Jean Close, Deputy Division Director, Division of Community Systems Transformation, Medicaid Benefits and Health Programs Group**