

Governor's Behavioral Health Advisory Council

Housing Affinity Group

Meeting Summary for February 10, 2020, 1:30 to 4 pm.

Scope of this affinity group

- MH Residential should be included in Housing and Supports recommendations
- Services integral to housing
- No young adult appropriate housing programs
- We will need to coordinate with services and supports
- Unrealistic to look at mental health residential as a service and levels of care that you move through
- Need to shift paradigm to where you live and services you need

Problem Statement

- Need for longer term residential placement options as well as PSH
- Avenue for communities to build out the type of housing that meets their priorities
- Put money in MH Trust Fund for grants that could fund any housing in the continuum – advisory body can allocate with long term goals in mind
- NIMBY issue – zoning laws are a barrier
- Regional BHC method of vetting applications for funding
- Co-occurring disorder access to treatment – transition from SUD inpatient to what?

Oregon Medicaid Funding for Housing Supports

- CCO Model
- Waiver timing
- Residential benefit – transition target date? (OHA to follow-up)

Other State Models

- Arizona – regional BH entities operated PSH for individuals with BH needs, in collaboration with local housing authorities
 - Same benefit across the state, even though there is local planning
 - Everyone with BH needs gets same supportive housing services
 - In Oregon, various funding strategies, no central funding or program
 - Regional group often owns the building
 - Report on PSH
 - Rental assistance administered through health agency
 - How to incentivize CCO to engage on housing
- Louisiana – tax credits, local housing authorities, etc.
 - Fund to build PSH and coordinate program
 - Buffer fund to pay while individual is being assessed and navigating to appropriate program
 - Capital funds to build new housing

- New York
 - SODOH office

Discussion of Proposed Problem Statements

1. The continuum of residential care lacks capacity and sets up an artificial expectation of progression. There is a need for funding for residential or housing across the continuum
 - a. Allowing continuum of care for long term needs, remove expectation of “progression” – allow services to meet need up/down but maintain setting
 - b. Need for SRTF or intensive services in unlocked level of care
 - c. Deeper subsidy for affordable housing development
 - d. Zoning issues
 - e. Allow regional boards/collaboratives to form their own group, can include hospitals, business, etc.
 - f. Outcome wanted: stable placement with services more or less intensive as needed
2. Assessment of needs irrespective of type of housing
 - a. Universal functional needs assessment tool – use universal assessment in other areas
 - b. Robust Person-Centered Planning – system now starts with residential placement and then offers set menu associated with that placement
 - c. Appropriate range of services that is not dependent on type of residential or housing placement
 - d. If access level of service, then get basic set of services, depending on need , can access higher levels of care
 - e. Way to address co-occurring disorders, special populations
 - f. OSH used a universal needs assessment for a period of time
3. Barriers to treatment for individuals with co-occurring disorder
4. How to engage Medicaid plans and commercial insurance plans
5. CCO engagement on housing under current contracts – “coordination” piece of CCO – a way to force connection – Intensive case coordination (how is OHA holding CCOs accountable for this care coordination)
 - a. Care Oregon – care coordination team includes housing and SODOH, other Metro area teams have as well (JOIN, Urban League partners)
 - b. Tension with how much health care can be involved in housing
 - c. Care coordination at provider and care coordination at CCO bump up against each other – organization assisting best positioned
 - d. How to parse housing role and healthcare role
6. Next stage of MH residential service – allow choice in provider, accessing services outside of residential provider
7. Liability issue of allowing outside providers
8. Access to youth appropriate services – New Meadows in Portland – transitional housing, life skills coach
9. Prioritize by offering housing to everyone who qualifies for ACT

Next Steps

Staff will move noted ideas into a decision making matrix/aid, meet with co-chairs to com up with decision making process, and create a deliberating group.

DRAFT