



COMMUNITY-BASED SUPPORTIVE HOUSING SERVING PERSONS WITH DISABILITIES AT RISK OF INSTITUTIONAL CARE

Profiles Bridging Health & Housing | April 2017

Terminology

Olmstead Mandate: Ruling in the Supreme Court *Olmstead v. L.C.* case directs action by states to provide persons with disabilities the housing and supports they need to live in the most integrated and independent setting possible in a community of their choice.

Consent Decrees: Court settlement and/or Department of Justice (DOJ) orders mandating states and communities to create opportunities for community based housing for population unnecessarily housed in institutional settings. Compliance with consent decrees are monitored by assigned court appointees or staff with the federal DOJ or other governmental agencies.

Supportive Housing: Affordable permanent housing with supportive services to help people live with stability, autonomy, and dignity.⁵

Resources

Enhancing the Role of Health Centers working with Olmstead Populations: This webinar highlights the opportunity for health centers to serve persons with disabilities.⁶

Cost Saving Through Community Based Living: Much of the care for individuals living in nursing homes is covered by federal and state Medicaid. Studies looking at 'deinstitutionalization' of this population show cost savings when transitioned to housing with support services in the community.⁷

UCEDD: Each state has a federally designated university center for excellence in developmental disabilities (UCEDD) providing resources and expertise to providers in the areas of health, services, employment, and housing for persons with intellectual and developmental disabilities.⁸

Overview

Long-term services and supports are a critical resource for individuals who have an intellectual, developmental, behavioral, and/or physical disability.¹ Historically in many communities, long-term services and supports were primarily provided in institutional settings such as nursing homes. However with new advances in medical technology and through the Supreme Court Olmstead Decision² to support independent living for people who have disabilities, these services are increasingly being provided in home and community-based settings. With the right partnerships and training, health centers are well-positioned to serve this population in the home and community-based setting. This profile highlights two partnerships serving these at-risk populations in the community.



Trilogy, Inc. & Heartland Health Center, Chicago, IL³

Trilogy has been delivering behavioral health and related services to persons with serious mental illness in Chicago and the surrounding communities for over 45 years. In recent years, Trilogy was designated as one of several organizations by the State of Illinois to implement housing and service transitions, the organization assists individuals with serious mental illness leaving intermediate care facilities, nursing homes, and institutes of mental disease (IMDs) under 2 of the State's 3 Olmstead consent decrees, targeting different populations under institutional care. Trilogy has developed a close partnership with Heartland Health Centers, a Health Center Program grantee, that provides a solid foundation for connecting the population to quality housing, primary and mental health services. Since 2012, Trilogy has transitioned 276 persons living in IMDs into the community with 188 currently living in supportive housing. They have also transitioned 145 persons living in nursing homes in Cook County since 2014; of that number, 114 members are currently living in supportive housing.

Bread for the City & RCM of Washington, Inc., Washington, D.C.⁴

Bread for the City has been providing health care for Washington D.C.'s poor and vulnerable populations since 1974. Today as a federal Health Center Program grantee, they are providing a range of health services including primary care, dental, behavioral and mental health services. Bread for the City was approached by George Washington University to join the city's efforts to improve access and quality of care for residents with intellectual and developmental disabilities living in community based housing as mandated by an existing court order. Bread for the City collaborated with RCM (Revitalizing Community Membership) of Washington, a housing and service provider and a contractor with the Department of Disability Services, to serve 50 individuals living in RCM's community homes. From the initial home and clinic visits, Bread for the City and RCM have developed an extensive protocol – including coordinated health care, case management and training for health and service providers – to assure quality care.

¹ Medicaid and Long-Term Services and Supports: A Primer, Kaiser Family Foundation <http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>

² Additional information is available in *CSH Discussion paper: Supportive Housing and Olmstead*, 2016.

³ Trilogy, inc.: <http://www.trilogync.org>; Heartland Health Centers: <https://www.heartlandhealthcenters.org>

⁴ Bread for the City <http://www.breadforthe-city.org>; RCM of Washington <http://rcmofwashington.com/index.html>

⁵ <http://www.csh.org/supportive-housing-facts/introduction-to-supportive-housing/>

⁶ Webinar available in the *Supportive Housing Training Center*, Search "Olmstead" or "HRSA"

⁷ https://opwdd.ny.gov/sites/default/files/documents/Cost-Containment-Strategy_5-30.pdf

⁸ <https://www.aucd.org/template/index.cfm>

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Population

Community based supportive housing provides independent housing with services for individuals with disabilities. The directives emerging from the Olmstead Supreme Court Case impact this portion of the institutionalized population, for those persons with disabilities seeking to live in the community with service supports. Populations moving from institutional care may include persons leaving nursing homes, intermediate care facilities, or IMDs.

Trilogy & Heartland Health Centers

- Mental health
- Colbert Consent Decree: persons skilled living in nursing facilities in Cook County, IL
- Williams Consent Decree: persons with mental illness living in IMDs



Bread for the City

- Intellectual and Developmental Disabilities
- In the 1970s the City of Washington D.C. faced a legal suit pressing to improve quality of care for persons with developmental disabilities and receiving services through the Department of Disability Services.

Service Approach

Key Elements of a Quality Program serving Persons with Disabilities



Discharge Planning

Assessment and connection to service providers



Housing Navigation

Identifying appropriate and accessible housing



Health Center Partner

Health center provides primary and preventive care to consumers



Case Management

Coordination among providers to address individualized needs and connection to appropriate services



Education & Training

Educating health center staff on population specific needs to ensure quality of care

These key elements – implemented in the both Trilogy and Bread for the City partnerships - highlight strategies to enhance and improve efforts to support persons with disabilities transitioning from institutional care.

Trilogy, Inc. & Heartland Health Centers:

The service model includes a robust team approach that includes medical health, mental and behavioral health services, and pharmacy. Trilogy, Inc. partners closely with Heartland Health Centers and Rush University to provide primary care and psychiatry onsite at Trilogy's main location. This coordinated service delivery simplifies access for consumers and promotes communications. Providers have a daily morning huddle in addition to weekly nurse meetings and monthly meetings for all provider types. Though Heartland and Trilogy have different electronic health records, nurses on the care team and providers in the clinic have access to both records. Heartland spends a lot of time with individuals on their first visit to piece together their medical history and adjust treatment to help ensure successful integration into the community through education and switching to more easily self-managed regimens. The service approach and partners differ for consumers based on their disability.

Transitioning from IMDs to Community-based Housing

The State Department of Mental Health (DMH) contracts with NAMI IL (National Alliance on Mental Illness – Illinois) for outreach services to residents in the IMDs, and with Lutheran Social Services and Metropolitan Family Services - to complete an assessment on the resident's service needs to successfully transition to community housing. The process continues with Trilogy intake and transition coordinators meeting with individuals referred by the partners to complete a detailed assessment, set transition goals, and begin the linkages to housing and services in the community. Heartland Health Centers' involvement during the engagement phase sets the stage for delivery of primary care to consumers onsite at Trilogy once they move to community housing.

Transitioning from Nursing Facilities

Following a similar protocol, the Illinois Department on Aging (IL DoA) contracts with various agencies for outreach, engagement and assessment services. The IL DoA reviews the assessment and refers to Trilogy for coordination of appropriate services. The IL DoA also contracts with two Managed Care Organizations (MCOs), IlliniCare and Aetna, working with Trilogy to coordinate care and provide wrap-around services as individuals transition into supportive housing. Heartland as the Health Center Program grantee works closely with the MCOs and Trilogy to assure the quality of care.

Bread for the City & RCM of Washington:

RCM serves individuals with intellectual and developmental disabilities through a variety of housing options. Consumers are identified by the Department of Disability Services. Once housed, RCM partners with Bread for the City to provide primary health services beyond what RCM can provide internally. Bread for the City and RCM have developed a staffing model that includes a medical director and primary care physician for all residents. Physician assistants and on-site nurses provide additional staffing. Regular communication through the EHR and over the phone, are enhanced with monthly meetings held between health center and on-site staff to coordinate and assure annual, routine, follow-up care, and when necessary urgent care visits to the health center or at the home. Bread for the City takes walk-ins consumers living in RCM's group homes. A key advancement under this partnership includes management of specialty care referrals through the single primary care doctor at Bread for the City. This protocol change has helped to reduce consumer stress, control necessity of care, and prioritize health expenditures.

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Partners

Programs serving persons with disabilities vary in the types of partners they engage based on the needs of the individuals they serve. In many cases, the partnership involved government agencies, health care, and service providers to ensure comprehensive, coordinated care.

Primary Care:

Heartland Health Centers and *Bread for the City* are both Health Center Program Grantees and providing primary care. They also link to local services as needed. Each health center coordinates external referrals considering the consumer's Medicaid provider, where they live, and what they need.

Government Agencies:

In states where Olmstead consent decrees or other court settlements are in place, state agencies are responsible for the administration of plans to reduce institutionalization by providing community based housing and services. *Bread for the City* works alongside the Department of Disabilities while *Trilogy* contracts with the Department of Aging and the Department of Mental Health.

Behavioral Health:

Trilogy provides behavioral health care and partners with various organizations to engage residents in institutions, complete the health and behavioral assessments, and oversee transitions to community housing and services. *Bread for the City* coordinates referrals to specialty care to meet the needs for residents.

Academic Institutions:

Georgetown University is a federally designated university center for excellence in developmental disabilities and provides support to *Bread for the City* and *RCM* to assist communities to establish quality health, housing, education and employment opportunities for consumers. *Trilogy* and *Heartland* partner with *Rush University* through a faculty practice arrangement that allows them to bring additional health providers on board. Nursing students also add value to the partnership through clinical practice, needs assessments, and work study projects.

Medicaid Health Plans/MCOs:

Health Insurance plans pay for services as many individuals with disabilities are covered through Medicaid. *Trilogy* partners with two MCOs who are contracted through the local Department on Aging to provide wrap-around care. If the client is enrolled in an MCO health plan, *Trilogy* works closely with the care coordinators to ensure access to all kinds of care and coverage.

Housing Providers:

Trilogy is both a direct housing provider and connects with other property owners to locate and lease quality housing for their clients. *RCM* is a housing and service provider working with *Bread for the City* in Washington D.C. to coordinate housing and health service visits.



Innovations Worth Following

Trilogy, Inc. & Heartland Health Centers:

- *Trilogy* assures there is no gap in Medicaid coverage for persons leaving institutional care, and leverages an enhanced Medicaid reimbursement rate to help cover the engagement work delivered by the behavioral health case manager.
- *Heartland Health Centers* utilizes clinic and mobile medical staff to meet consumers where they are. Flexible appointment times and deployment of case management workers helps bring clients to the health center during these 'open' periods. The staffing plan maximizes the expertise of case managers by having them present at an appointment and greatly enhances trust and understanding of the medical instructions by the consumers.
- To ensure sustainability of the program, all providers are credentialed through *Heartland Health Centers*, which allows for provider services to be billed through the health center at an enhanced reimbursement rate. This also helps encourage providers to work at the top of their license, experience, and credential for a more efficient practice model.
- The team utilizes mobile medical staff to conduct house calls and meet the consumers where they are.
- The coordinated staffing model includes *Trilogy*, *Heartland*, and *Rush Medical Center*, which provides broader recruitment avenues and has helped with staff retention.

Bread for the City & RCM of Washington:

- *Bread for the City* provides training for new medical residents and emergency room medical and support personnel to address crisis care for persons with disabilities.
- Having a single medical director oversee the care plan, prescriptions, and external referrals for specialty care greatly impacts the patients' responsiveness to the care plan, as well as health expenses.
- Close alliance with federally designated centers for excellence in developmental disabilities (UCEDD) provides resources like checklists and training to expand the knowledge and expertise of partners working with individuals with developmental disabilities.

About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

About NHCHC

The National Health Care for the Homeless Council is a network of doctors, nurses, social workers, consumers, and advocates who share the mission to eliminate homelessness. Since 1986 we have been the leading organization to call for comprehensive health care and secure housing for all. We produce leading research in the field and provide the highest level of training and resources related to care for persons experiencing homelessness. We collaborate with government agencies and private institutions in order to solve complex problems associated with homelessness. Additionally, we provide support to publicly funded health centers and Health Care for the Homeless programs in all 50 states. Visit nhchc.org to learn more.

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Challenges and Opportunities

Challenges

- Lack of understanding of the population health needs and delivery of disjointed care
- Health centers disconnected from both assessment and health delivery for target population during and after discharge planning
- People with limited communication abilities due to developmental disability or serious mental illness need support in communicating their health history and presenting symptoms
- Shortages of specialty care to serve disabled populations in the community including mental health, dental, and specialty health care
- Reluctance on part of medical personnel to partner with the case managers and support aides to build trust and understanding for the consumers
- Insufficient housing resources to support individuals with disabilities in the community
- Individuals with intellectual disabilities are living longer and the understanding of their medical needs as they age is unexplored
- Though individuals with developmental disabilities qualify for Medicaid, applying for services is complex and states may have long waiting lists to access care

Opportunities:

- Certain Olmstead populations have dedicated funding resources for services, case management, and some tenancy support services from entitlement grants and mandated local budget allocations, including federal and state Medicaid.
- Explore new partners and linkages that can build on established partnerships
- Support from State Medicaid
- Capacity building grants - Trilogy and Heartland formalized their partnership through a SAMHSA grant to integrate behavioral health and primary care. A separate, small grant with Rush University gave them access to additional providers through a faculty practice arrangement, which is intended to give agencies access to expertise they would otherwise not be able to provide
- Education and training to expand the pool of health centers, emergency room, hospital, dental and specialty providers engaged in providing care for persons with disabilities
- Provide education for family members and in-home aides providing supports for individuals
- Once established with quality care, individuals with severe disabilities are able to live longer quality of life in the community

Getting Started

Connect with Olmstead Planning

Connect with state agencies responsible for Olmstead planning, understand the unique needs of the target population, and participate in discharge planning for health services even before consumers are ready to move to the community

Identify Partners

Consider stakeholders such as hospitals, homeless service providers, housing providers, Universities, and others.

Define Services and Assemble Staffing Model

Coordinate and maximize access to range of health providers, including behavioral and specialty care, and in-home care assistances