

Realizing the Potential of *Olmstead* Using the Housing First Approach

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Setting the Stage for Our Conversation

- Access to safe, quality and affordable housing – and the supports necessary to maintain that housing – constitute one of the most basic and powerful social determinants of health
- In particular, for individuals and families trapped in a cycle of crisis and housing instability due to poverty, mental illness, addictions or chronic health issues, housing can **entirely** dictate their health and health trajectory

Olmstead: Housing First Connection

- Title II of the Americans with Disability Act and 1999 Supreme Court *Olmstead* Decision requires:
 - Housing **in the most integrated setting**
 - That enables people with disabilities to **interact with people without disabilities to the fullest extent possible, affords choice**
- Federal agencies guidance/approvals
- Rulings, agreements and regulations reinforce “housing first”

DOJ-NC Olmstead Settlement Agreement

- Nine-year agreement (2012-2021)
- 3,000 individuals must be residing in housing with a subsidy and voluntary services
- Target population: individuals being diverted from or residing in adult care homes, state hospitals
- (otherwise moving into unstable housing or becoming homeless)
- Diversion and transition requirements require access to supported housing
- Includes services and supported employment

DOJ-NC Olmstead Settlement Agreement

- Olmstead requires a statewide approach;
Flexible services
 - Medicaid/state funding
 - Use of risk assessments for eligibility
- Access to housing – capital, rental subsidies (management), temporary housing, reduction of discrimination

Our Housing Challenges

- Not every stakeholder embraces the Housing First philosophy
- Lack of policies and funding that promote the integration of housing and healthcare
- Creating and **funding** a continuum of housing and support services
- Leveraging federal, state and local (private and public) dollars to incentivize and finance housing
- Sustainability after Settlement period

Getting to Success: Working Differently with Landlords and Developers

- Understanding supportive housing from the developers point of view
- Implementing financial incentives
 - Risk mitigation funds
 - Landlord leasing incentives
- Landlord engagement and appreciation
- Tenant selection plans
- Master leasing
- Technology-assisted housing
- It's hard...

Getting to Success: Working Differently with Landlords and Developers

- Establishing bonus points in QAP
 - And then helping developers understand what this means
- Creating landlord page on our website
 - Frequently asked questions
 - Housing programs
 - Forms
 - Who to contact (SO important!)

\$400

signing incentive
for each new lease!

Plus,

\$200

signing incentive for
each lease renewal

Alliance
BEHAVIORAL HEALTHCARE

NEW LANDLORD LEASING INCENTIVE PROGRAM

*Our way of saying "Thank You" for partnering with
Alliance Behavioral Healthcare*



AVAILABLE FOR TENANTS IN
THE TRANSITION
COMMUNITY LIVING
VOUCHER PROGRAM



BENEFITS TO YOU
AND YOUR
COMMUNITY



Learn more at AllianceBHC.org/landlord

Getting to Success: What We Had to Do Differently

- Subsidy administration
- Distinction of housing roles and responsibilities
 - Developing a wider range of housing expertise
- Capital investments
 - Money talks

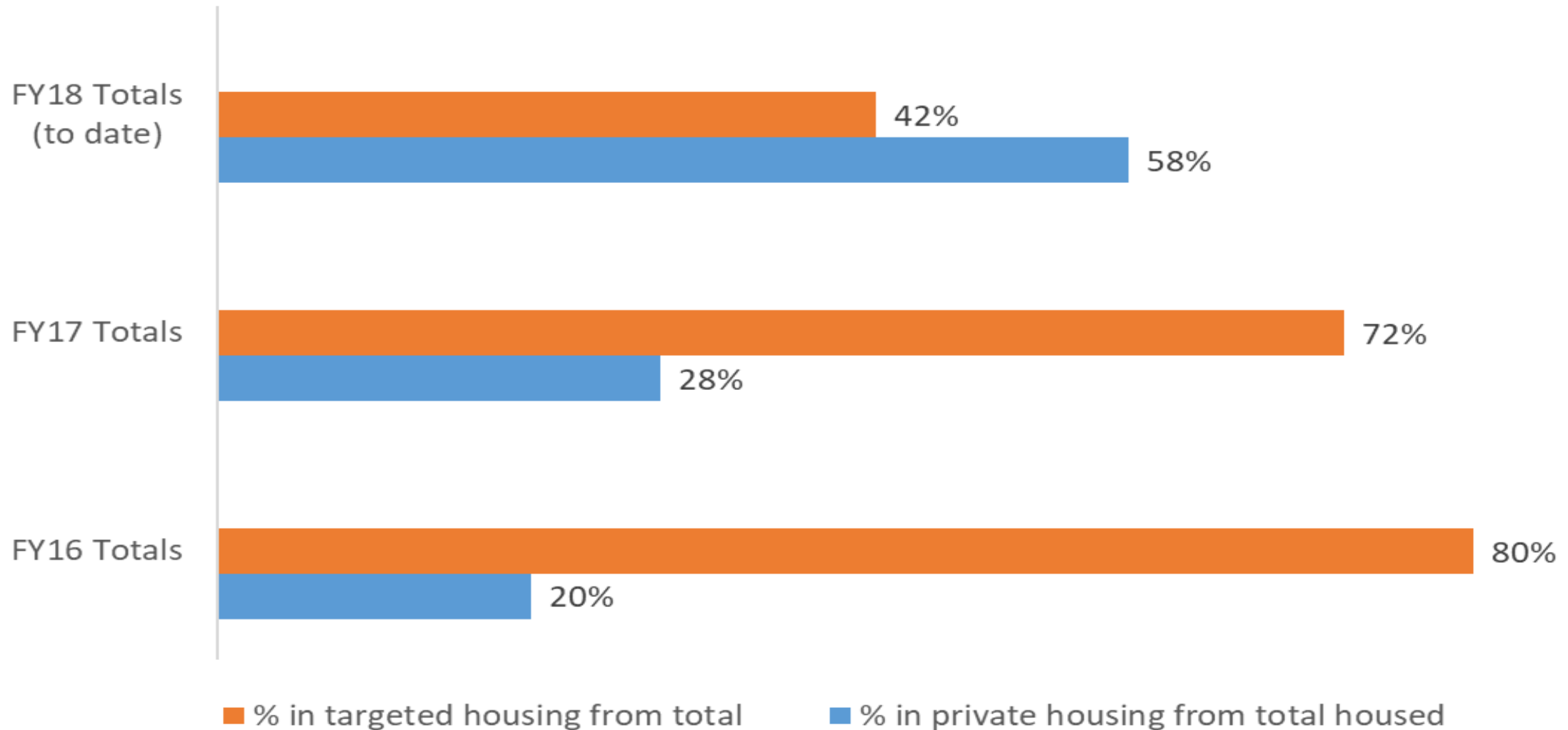
Getting to Success: What We Had to Do Differently

- Education (and re-education) on housing first and supportive housing
 - How do you do supportive housing without housing?
- Wide range of stakeholder support and engagement
- Honoring dignity of risk and housing choice

Getting to Success: What We Had to Do Differently

- Fully understand housing inventory and be intentional with landlord outreach
 - Five developers in Wake County who own 2/3 of all affordable housing
 - Find a landlord champion who can speak on your behalf
 - Shift our focus to the private rental market
 - We would never meet housing numbers depending solely on affordable housing communities

Targeted vs. Private Moves (as of January 2018)



Supportive Services

- NC operates under a 1915 b/c waiver
 - Case management not included in State Plan
- Settlement requires access to a full array of support services
 - Not all are Medicaid funded
 - Needed services didn't even exist at the beginning of the Settlement
- Transition Management Service (TMS) the only dedicated tenancy support service

Supportive Services

- Challenge to build the housing and competency expertise within a traditional mental health service
 - Getting provider contracts “right”

Getting to Success: Working Differently with Providers

- Not everyone believes in Housing First
- Mental health providers focus on symptom management and not so much on tenancy supports
- No case management in current benefit plan or waiver
- Milestone incentive payments
- Housing Learning Collaborative