Alliance Behavioral Healthcare

Regional Housing Plan

Background and Overview

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. For these populations, housing is a precursor of health. Supportive housing, an evidence based practice that combines permanent affordable housing with comprehensive and flexible support services, is increasingly recognized as a cost-effective health intervention for homeless and other extremely vulnerable populations.

Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health
Corporation for Supportive Housing, July 2014

Alliance Behavioral Healthcare is pleased to submit our Regional Housing Plan to increase quality, affordable housing capacity and options for persons with behavioral health issues living in our catchment area. Alliance serves four counties – Wake, Durham, Cumberland and Johnston – which include the most populated county in North Carolina as well as a rural but quickly-growing county. The demographics of our communities present great opportunities and significant challenges for meeting the needs of persons who are homeless, precariously housed or returning from institutional settings. Affordable housing and the critical and ongoing supports required to successfully maintain housing are complex, complicated and costly but yield a high return on investment.

Stemming from our original days as an LME and our evolution to an LME-MCO, Alliance has always regarded housing as a healthcare strategy. Research on cost savings and cost avoidance for crisis services alone when someone is stably housed are indisputable, as are the improved life outcomes when a person has a place to call home. Alliance practices the philosophy of Housing First – that housing is a basic human right and a prerequisite for successful engagement and retention in treatment. Persons, especially those with histories of homelessness with SPMI, are more receptive to intensive and integrated interventions after they are in their own housing.

As outlined in our Housing Plan, we have already made a sizable investment in developing our continuum of housing options in order to maximize everyone's potential to live in the least restrictive environment possible, in housing of their choice and with the appropriate level of supports and services to help them be successful in maintaining independent living. While this first phase of our Housing Plan focuses on adults with mental illness and permanent supportive housing efforts, Alliance contracted with the

Technical Assistance Collaborative (TAC) between March and June of 2015 to conduct a comprehensive analysis of our housing and residential continuum across the age span and across disability types. In subsequent revisions to the Housing Plan we will outline strategies and recommendations to address housing needs for the IDD and young adult populations.

While this Housing Plan will explore opportunities to revamp services that support housing stability and enhance relationships with developers and funders, Alliance has already experienced significant success related to housing efforts. In FY16 the Durham Housing Authority committed 75 Section 8 Housing Choice vouchers to Alliance. We administer Shelter Plus Care vouchers in a HUD-funded supportive housing program known as Durham DASH with a 97% retention rate of participants in the program. In addition, we employ four Housing Specialists located in each of our communities who not only administer our rental assistance program but serve in leadership roles with community housing efforts. At the Senior Management level, multiple departments support the implementation of the TCL Initiative and we have convened an internal TCL Steering Committee which meets monthly to review progress and problem solve barriers. To further explore and implement the recommendations from the TAC Report and the MCO Housing Plan, Alliance will soon begin recruiting a Director of Housing to be embedded within the Community Relations Department. The full TAC Report can be found at http://www.alliancebhc.org/wp-content/uploads/filebase/TAC-Housing-Report.pdf.

Housing has been rated as a priority need in Alliance's Gaps and Needs Assessment dated March 2015. Stakeholder surveys revealed that the highest priorities related to:

- Affordable housing
- Housing in safe neighborhoods
- Rental subsidies
- Housing availability for individuals with legal histories including sex offenders
- Housing for substance abuse and SPMI population, and
- A burdensome application process and waiting list for housing vouchers.

Solutions to address each of these priorities are well underway with high levels of community engagement to collectively identify further improvements. Alliance's Board of Directors has shown significant interest and support for our housing efforts particularly around permanent supportive housing.

Alliance's Housing Plan was developed in consultation with TAC, City of Raleigh Community Development and Neighborhoods, Wake County Human Services Department of Housing and Transportation, City of Durham Community Development,

City of Durham Housing Authority, Cumberland County Continuum of Care Committee, county governments, the Wake Directors Group and the Durham Directors Group, as well as multiple landlords and developers including DHIC, CASA and Mills Construction Company. It has been posted on our website for public review. In addition, we have reviewed the Consolidated Plans for each city/county required by HUD for CDBG, HOME and ESG funding and the Analysis of Impediments to Fair Housing Choice required by HUD for CDBG funding.

This Plan is divided into four sections:

- Current Community-Based Housing Initiatives
- Need for Improved Access and Capacity to Quality Affordable Permanent Supportive Housing
- Wraparound Services/Supports and Sustainable Housing, and
- Crisis Planning.

Each section includes a description of our current efforts as well as opportunities to increase housing capacity and collaboration. Links to references are included. As a next step to begin implementing these recommendations Alliance will develop a detailed project plan outlining priority goals, tasks and timeframes. This detailed project plan will be submitted by February 15, 2016. Given the significant housing challenges for the TCL Initiative, a short-term project plan focused on this population is included with this Plan. We have convened an internal Housing Committee that will review progress on both project plans. It is our hope that the recommendations outlined in this Plan can inform the statewide housing plan.

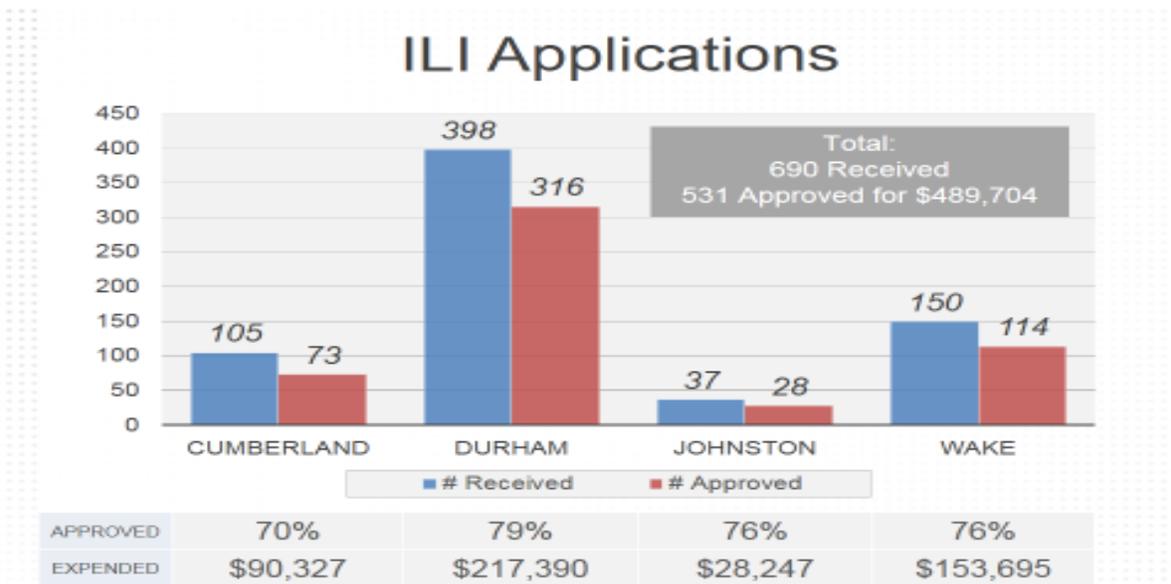## Current Community Based Housing Initiatives

Independent Living Initiative

The Independent Living Initiative (ILI) is a foundational part of our mission as an LME-MCO to provide whole person care for our members in times of need due to housing crises. Alliance provides financial assistance directly to landlords and vendors in the form of emergency eviction prevention and utility payments, security deposits, and first month's and ongoing rent payments for targeted vulnerable populations. Housing Specialists in each county contact landlords directly to facilitate the approval and payment process and to provide education about Alliance's resources for housing. Applications are reviewed bi-monthly by a Housing Triage Committee made up of community stakeholders who are knowledgeable of multiple resources. This Committee uses a risk assessment scoring tool to identify barriers to housing stability for each applicant and prioritizes applicants with the highest level of need. Each applicant's
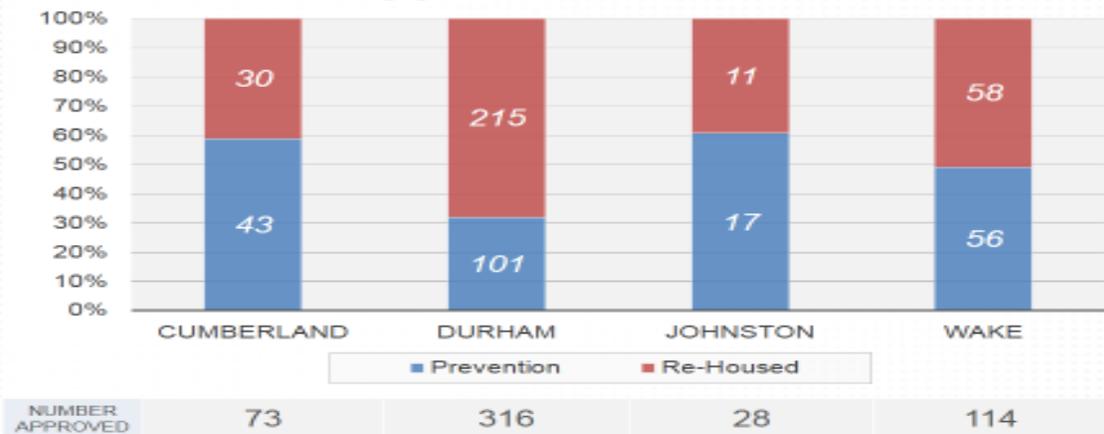
previous housing, credit and criminal history are considered by the tool, as well as each applicant's potential for increased income through education and employment. While the vast majority of funds are used to maintain permanent housing, funds can also be utilized for bridge housing situations, such as boarding rooms or Oxford Houses, until a sustainable housing plan is developed.

Alliance is piloting an online housing database for the Independent Living Initiative which will streamline the application process for providers. The database will go from application to payment with safeguards to reduce errors and will allow Alliance's IT Department to easily capture demographic data about persons served. This will inform Alliance about how to be more flexible with rental assistance to best fit the needs of our applicants and collaborate within the continuum of care.
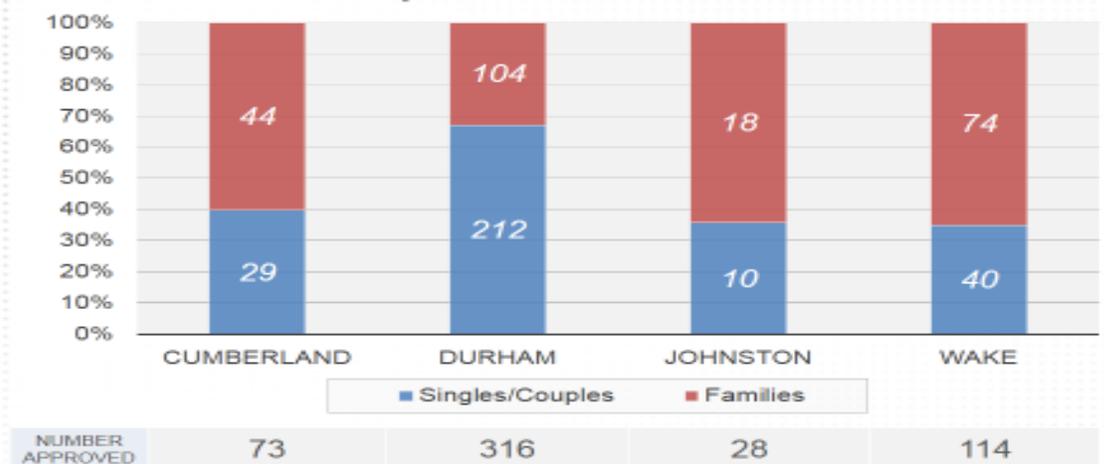
Alliance has provided rental and/or utility assistance to almost 450 landlords or utility companies. The graphs below provide a snapshot of FY15 ILI data.

ILI Applications

Total:
690 Received
531 Approved for $489,704

	CUMBERLAND	DURHAM	JOHNSTON	WAKE
# Received	105	398	37	150
# Approved	73	316	28	114
APPROVED	70%	79%	76%	76%
EXPENDED	$90,327	$217,390	$28,247	$153,695

ILI-Type of Assistance

	CUMBERLAND	DURHAM	JOHNSTON	WAKE
Re-Housed	30	215	11	58
Prevention	43	101	17	56
NUMBER APPROVED	73	316	28	114

ILI-Populations Assisted

	CUMBERLAND	DURHAM	JOHNSTON	WAKE
Families	44	104	18	74
Singles/Couples	29	212	10	40
NUMBER APPROVED	73	316	28	114

Beginning in FY16 as a component of the ILI Program, Alliance has implemented the Restoring Hope Initiative, which is a 4-12 month longer-term rental assistance program targeting the highest users of crisis services, jails, residential settings or hospitals who are homeless or precariously housed. Alliance will track several key performance indicators such as community tenure, reduction in crisis services, engagement and retention in services and re-arrests to assess the impact of longer term rental assistance coupled with community supports on a high risk healthcare population.

Transitions to Community Living

Despite recent progress, the implementation of the TCL initiative has been very challenging, particularly in Wake County. Alliance currently employs six Transition Coordinators, three In-Reach Certified Peer Support Specialists and a Supervisor. This fiscal year we will add five additional Transition Coordinators, six In-Reach Peer Support Specialists and another Supervisor.

Currently we have fully transitioned:
- 28 people in Wake with another 30 in process of transitioning
- 12 in Cumberland with another seven in transition
- Four in Durham with another four in transition, and
- 10 in Johnston with another nine in transition.

A tool called the Quality of Life survey has been utilized to evaluate the success rate for those housed. It is administered prior to move in, 11 months post-transition, and 24 months post-transition. The most recent results of these surveys for data gathered across North Carolina can be found at http://www2.ncdhhs.gov/tcli/quality.html.

With success being roughly defined as maintaining tenancy in supported housing without return to an adult care home or other supervised setting as a permanent residence, we can report the following results:
- 19 transitioned individuals have remained in supported housing for two+ years
- 11 people have been successful in supportive housing for one-two years
- 13 individuals have been successful in supportive housing for six months
- Eight persons have lost their housing slots
    - Four are deceased
    - Two moved out-of-state
    - One chose to live with family
    - One moved into their own home without the subsidy.

This fiscal year Alliance's goal is to transition 82 more people. To date we have fully transitioned nine. Alliance has developed a short-term, six-month project plan to accelerate the progress for increasing the number of those fully transitioned by June 30, 2016.

Some of the biggest barriers we have encountered are the same barriers to housing any person who has limited financial means and is experiencing a mental illness would encounter. Over the past year Alliance has met regularly with DHHS to proactively problem solve, provide updates, and strategize regarding barriers to successfully

transitioning the required number of persons under the Settlement. These conversations have been very constructive in increasing the subsidy in Wake County and rebranding the subsidy to reduce negative connotations, but have not significantly increased the housing numbers in Wake.

In a competitive rental market landlords are reluctant to rent to a person with bad credit and/or a criminal record. The stigma of mental illness persists – every landlord we have met with has experienced major issues on their property and the subsidy is not competitive compared to other voucher-based programs. In Wake, the affordable housing inventory simply does not exist to the capacity to honor housing choice. Landlords and developers understand the extra support services and longer-term monitoring that accompany a person moving into housing and find it reassuring that they know who to call in a crisis and that the person is receiving the help they need to be successful in housing.

The single largest barrier seems to be the subsidy payment. Over 120 landlords have refused the subsidy payment in Wake County alone. While the State has piloted an increased subsidy in Wake County it still has not yielded a significant increase in the number of landlords. A more detailed account of barriers and solutions submitted to DHHS can be found at http://www.alliancebhc.org/wp-content/uploads/filebase/TCL-Barriers-and-Solutions.pdf. In Durham, Cumberland and Johnston counties there is a larger supply of ready housing inventory including vacant targeted units, and we are confident that we can quickly honor the requests of persons choosing to live in those communities.

Partnering with Landlords and Developers

Alliance has worked to build support for the TCL Initiative and the ILI Program among landlords and housing providers by hosting a series of landlord appreciation events across our region. This summer over 60 community stakeholders attended the breakfast in Wake County, including service providers, landlords, State and local government representatives, and members of the faith community. More than 15 landlords participated in Durham and Cumberland, and all renewed their commitment to working with Alliance to increase private landlord housing inventory. Many of these landlords own multiple properties. These events not only provided an opportunity to thank landlords for their commitment and to encourage recruitment of fellow landlords, but also to engage in an honest dialogue about system/service improvements from their perspective. Overwhelmingly, landlords cited the lack of provider monitoring and case management as a primary reason for eviction and withdrawal from special needs housing.

On November 24 the City of Raleigh Department of Community Development facilitated

a roundtable discussion with developers to explore barriers and solutions to increase not only the inventory of affordable housing, but to increase the number of units designated to persons with behavioral health issues. Generally speaking, there was a genuine willingness from developers to strengthen the partnership with Alliance. While the themes of stigma, service supports, improved communication with providers and landlords, and the chaos of the mental health system were discussed throughout our region with housing partners, there are unique considerations for developers in Wake County that make substantially increasing the number of affordable units more complex and complicated. Many of these considerations are outside the scope of an MCO but we have made a commitment to continue the dialogue to explore both short- and long-term solutions.

Providing Housing Education to Our Consumers

Alliance's Ready to Rent Program© is a housing readiness workshop that provides education, guidance and resources to help families and individuals develop the skills necessary to break the cycle of homelessness, achieve stability in all aspects of family life and realize their potential for self-sufficiency. The Ready to Rent© program is required for any tenant in Alliance's Supportive Housing programs and is a major reason that we have a 97% retention rate in housing even when services become less intense. The workshop spans two hours per week for six weeks, totaling 12 hours, and teaches participants to:

- Identify barriers and challenges
- Prioritize housing needs
- Identify resources to overcome barriers
- Increase understanding of credit and finances
- Determine money goals
- Create a spending plan
- Consider ways to increase income and decrease spending
- Choose a money management system
- Increase feelings of self determination
- Choose housing that meets your needs
- Understand fair housing laws
- Understand rental and lease agreements
- Make a plan to keep your home safe
- Understand landlord tenant law
- Communicate and get along with landlord and neighbors
- Understand how to end a rental relationship successfully
- Understand reality and consequences of eviction
- Understand how to recover deposits.

After completing the full 12 hours participants receive a Ready to Rent© diploma which is recognized by housing providers as proof of their achievement and their commitment to change behaviors that led to residential instability. Alliance is a licensed site in Durham and is in the process of completing the certification for our other sites. We will offer this training free of charge to all tenants in the supportive housing programs and TCL Initiative.

Voucher and Subsidized Housing

The DASH Supportive Housing Program was established as a permanent housing response to the critical needs of the most vulnerable chronically-homeless individuals and families in the Durham community. Funded by the HUD Continuum of Care Program, DASH provides permanent housing assistance, in connection with supportive services, to homeless people with disabilities and their families. The program provides a minimum of 12 housing units per year to 30 adults and children. DASH strives to meet academic, social, vocational, and physical and behavioral healthcare needs through integrating housing, treatment, and community support services. To impact positive change in participant's lives, DASH provides of a full range of comprehensive and coordinated treatment and services including care coordination, medication management, life skills training, tenancy and budgeting training, behavioral health counseling, transportation and vocational training.

The DASH supportive housing program has implemented key components of the Housing First approach to helping people become housed and connected to mainstream services as quickly as possible. DASH has no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreement to comply with a treatment regimen upon entry into the program. Additionally, DASH prioritizes people who have the highest service needs as evidenced by the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool). Those scoring the highest on the VI-SPDAT participate in a Care Review (community planning process) each month to help them access identified permanent housing options and other needed services based on their individualized needs, including food and nutrition, Medicaid funding, primary care connections, and behavioral health services. Monthly meetings are held to review progress of action plan developed during care review to ensure accountability through the transition phase.

Based on the success of DASH and the Care Review process which provides wraparound planning for housing stability, in FY16 the Durham Housing Authority designated 75 Section 8 Housing Choice vouchers to Alliance. All targeted units have been prioritized for the TCL population.

At the time this document was published, there were at least 192 affordable properties in the Alliance region listed in SocialServe, the identified database of available properties designated in the Department of Justice settlement:

- 105 in Wake County
- 34 in Durham County
- 34 in Cumberland County
- 19 in Johnston County.

Additionally, a number of occupied or vacant Targeted Housing Program units are located in the Alliance region

- 305 in Wake County (in 44 properties)
- 124 in Durham County (in 13 properties)
- 180 in Cumberland County (in 24 properties)
- 67 in Johnston County.

Alliance also maintains a strong partnership with Shelter Plus Care and HUD-VASH programs in all of our communities. Using county funding we contract for three Case Managers to support persons in the Shelter Plus Care program in Wake County.

Accessing Housing for High-Users of Public Services

It is nearly impossible for high users of public services who are homeless or unstably housed to change patterns of utilization of crisis services, most notably emergency departments, or of incarceration without being able to address their temporary or permanent housing needs. One of the major obstacles to securing permanent housing in these situations is a lack of flexible, readily-accessible housing. Arranging for private landlord/tenant relationships is difficult and often includes barriers such as lack of income, poor credit histories and/or criminal backgrounds.

Alliance is exploring creative financing strategies for landlords to overcome these barriers, and is continually building capacity for temporary, or bridge, housing. Alliance contracts with transitional living programs in Wake, Durham and Cumberland counties. While short in duration, these programs are consistently at capacity and not always able to accommodate time sensitive discharge dates. Alliance contracts for a current total of 33 beds, although Wake will expand by another 15 beds in the next couple of months. There are currently 18 beds in Durham; six in Cumberland and nine in Wake. For persons facing eviction upon discharge Alliance is able to access ILI funds to pay back rent and maintain housing.

Next Steps:

- Alliance will begin recruitment for Director of Housing by January 31, 2016.
- Alliance will maintain four Housing Specialists as the local points of contacts for landlords and housing stakeholders.
- Alliance will explore opportunities to apply and/or partner for Continuum of Care funds in all four counties to increase supported housing capacity for persons we serve using best practice approaches.
- Alliance will continue advocacy for affordable and permanent supportive housing utilizing outcome and cost model data to local stakeholders, County Commissioners, its Board of Directors, and other advocates.
- Alliance will expand the Ready to Rent© curriculum in all four sites. This training will be free to tenants and head of households and will be fully implemented by April 1, 2016.
- Following the model with Durham Housing Authority, Alliance will work with Public Housing Authorities in Wake, Cumberland and Johnston to explore possibility of designated Section 8 Housing Choice vouchers
- Alliance will continue to increase the pool of engaged landlords and developers through formal and informal roundtable discussions, education, mental health training and appreciation activities.
- Alliance will continue to provide regular feedback to NCHFA, DHHS and Social Serve regarding improvements for housing locater services
- In Wake County Alliance will expedite targeted recruitment efforts in the areas most persons have expressed a desire to live to increase the number of private landlords as part of the TCL Initiative.
- In partnership with DHHS and Wake County, Alliance will convene housing meetings with potential developers and landlords to determine strategies and incentives to increase housing inventory.
- Alliance will continue to hold monthly meetings with TCL partners to update housing progress and problem solve barriers.

Next Steps Contingent on Funding:

- In partnership with DHHS and other stakeholders, Alliance will explore financing incentives for landlords that include holding fees to designate a certain number of temporary or permanent rental units for persons we serve. This will expedite the move-in period for another person when designated unit becomes vacant.

Need for Improved Access and Capacity to Quality Affordable Permanent Supportive Housing

Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth (Corporation for Supportive Housing, 2013). The supportive housing model consists of three components – housing, supportive services and property/housing management, and includes five dimensions of quality – tenant-centered, accessible, coordinated, integrated and sustainable.
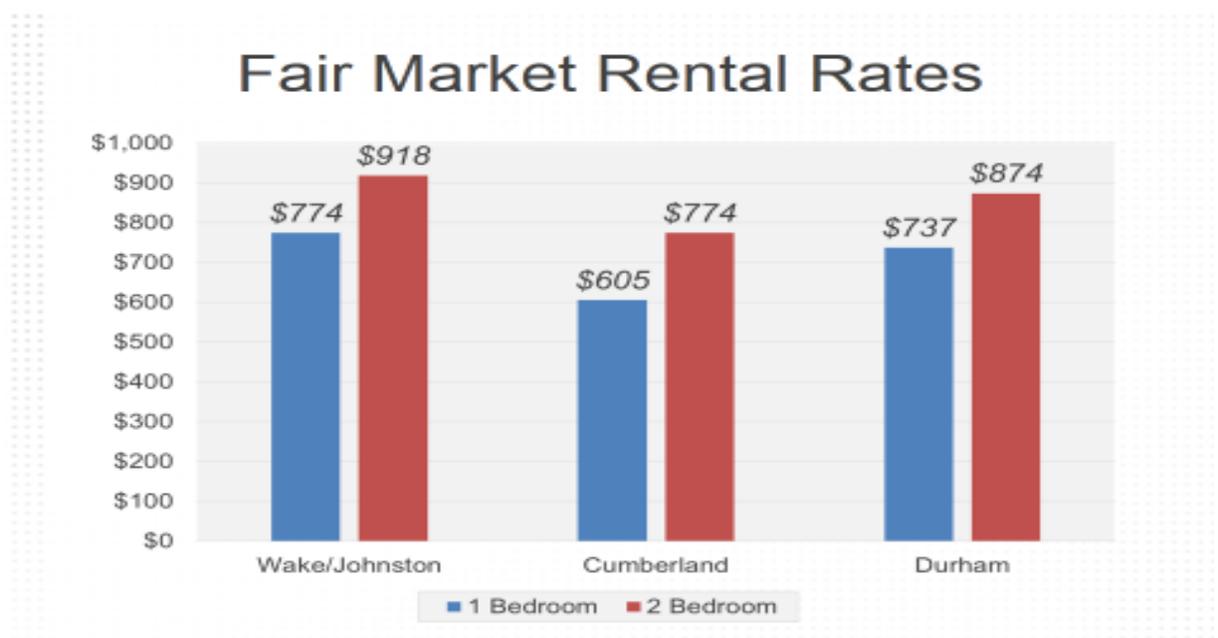
Across Alliance's four communities there is a lack of both accessibility to affordable housing, for which a tenant pays no more than 30% of their income, and a systematic way to meet potential needs/preferences within the system using a housing choice approach. Based on the graph above, a person or family with a low or fixed income would find it impossible to secure housing based on fair market rental rates. While Alliance has made some impact on the capacity and prioritization of affordable housing for persons with disabilities, the largest gap in affordable housing with the most urgent need is in Wake County.

As required by HUD, each city/county recipient of CDBG, HOME and ESG funds must develop a Consolidated Plan that outlines local intentions to expand affordable housing opportunities and removing barriers to increase access to housing. For the purposes of Alliance's Housing Plan, these Consolidated Plans, which include a thorough needs assessment and current affordable housing inventory, serve as our gap analysis.

The Plans will also serve as the conduit to developing mutually-reinforcing activities between housing partners and Alliance to increase the number of designated affordable housing units.

Since affordable housing is the greatest challenge in Wake County, we have provided a more detailed account of that housing market to illustrate the complexity and competition of increasing the affordable housing inventory. Also, due to considerations around transportation and convenience to amenities and public services, most persons transitioning as part of TCL express a desire to live in Raleigh or Cary. While embarking on an aggressive plan to increase the number of available affordable units in Raleigh to 340 per year or 1700 units over the next five years, the City has only expanded capacity by 137 units per year over the last five years. That, combined with a 3.1% vacancy rate (less than half of the national average of 6.72%), makes it extremely challenging to find quality affordable housing within the City limits – much less housing that is dedicated to the mental health population with landlords accepting subsidies or vouchers.

Raleigh has approximately 70,605 rental units, of which approximately 45% are occupied by low to moderate income households paying more than 30% of income towards housing expenses. Approximately 23% of those households were paying more than 50% of income for housing expenses. Renter households with incomes at or below 50% of the area median income account for 82% of all cost-burdened households.

Also in the realm of affordable housing, the City of Raleigh Public Housing Authority serves over 1400 households. While there is a waiting list, the Raleigh Housing Authority does give priority to persons with behavioral health issues. All stakeholders recognize the unintended consequences from a serious lack of affordable housing – in 2014 over 1170 persons were homeless in the Point of Time count, most likely an underreported number. Consideration that it can take up to two years to arrange financing and to construct new housing, increasing the housing inventory can be a lengthy process, particularly during tough economic times. The City of Raleigh has been a huge supporter of not only creating affordable housing but of ensuring that housing is designated for vulnerable populations. They have pledged to work with developers through their upcoming RFP process to increase the percentage of units set aside for persons with the TCL Initiative. This could include both one- and two-bedroom units. As the City of Raleigh 2016-2020 Consolidated Plan points out, the barriers to affordable housing are not always financial. Page 81 of that document includes a listing of the "Negative Effects of Public Policies on Affordable Housing and Residential Investment." The City of Raleigh Consolidated Plan 2016-2020 can be found at https://www.raleigh nc.gov/content/HousingNeighborhoods/Documents/ConsolidatedPlan.pdf.

While the shortage of affordable housing units is still significant in Cumberland County and the City of Fayetteville, Alliance has been more successful in engaging private

landlords to accept subsidy payments for the TCL population. This is partly due to the fair market rental rate there being the lowest in the Alliance region, alleviating the financial gap for landlords between the subsidy payment and the fair market rate, and partly due to a high vacancy rate in the private rental market. In Fayetteville over 1440 households are served by the Public Housing Authority. Over 100 people are on the Section 8 waiting list and over 600 applicants are on the waitlist for public housing, with more than half waiting for one bedroom units. Alliance has met with the City of Fayetteville Community Development and the Cumberland County Office of Community Development to advance strategies designed to engage developers and the Public Housing Authority, which has a broader relationship with private landlords than do the City and County. We have also explored potential funding opportunities within the CoC. The Cumberland County Community Development 2015-2020 Consolidated Plan can be found at http://www.co.cumberland.nc.us/community_dev/downloads/2015/2015-2020_consolidated_plan_2015_action_plan_draft_3.pdf.

As in Cumberland, there is still a significant shortage of affordable housing in Durham, but Alliance has been more successful in engaging landlords to accept vouchers and subsidies based on our long-standing history as an active housing partner. There are more rental units available in Durham County, resulting in a less competitive marketplace than Wake County/Raleigh. In Durham over 2200 households are served by the Durham Housing Authority, and approximately 700 people are on the wait list for Housing Choice vouchers. However, Durham Housing Authority has dedicated 75 Section 8 Housing Choice vouchers to Alliance and efforts are mainly focused on increasing the pool of private landlords. The City of Durham 2015-2020 Five Year Consolidated Plan can be found at http://durhamnc.gov/DocumentCenter/View/7614.

In Johnston County there are four public housing agencies – Smithfield Housing Authority, Selma Housing Authority, Benson Housing Authority and Johnston County Housing Assistance Payments Program (HAPP), which administers Section 8 vouchers. Collectively there are 1176 households served by the four agencies with HAPP serving the most households and 1168 on the waiting list including 934 for Section 8.

In addition to the capacity for affordable housing options there is also a need for better and more centralized access to information on all available subsidized housing inventory. Alliance maintains a Vendor Profile database of all landlords/properties that have participated in the ILI Program and TCLI. We are exploring enhancements to this database that allow for tracking of recruitment efforts and improved matching of landlords and potential tenants. TAC has shared several ideas for tracking this type of data which will allow for real-time and efficient tracking of landlords and their preference for populations served.

Along with this there remains the need for more intensive work with landlords to encourage them to accept subsidies and people who may not meet a property's screening requirements for credit history and criminal backgrounds. Refusals by landlords of reasonable accommodations remains an issue with TCL and are routinely reported to DHHS staff for follow up.

Alliance hosts a mandatory Fair Housing training for all providers to assist in tenant advocacy and to increase awareness of the process for reasonable accommodations and reasonable modifications as outlined in the 2008 Updated Edition, Fair Housing for Tenants with Disabilities. In addition, Wake County's 2015 Analysis of Impediments to Fair Housing Choice determined that "fair housing education and outreach efforts may not satisfy need," and identified five priority action steps, primarily including:

- Educating elected officials and department staff
- Targeting outreach and education especially to landlords renting a small number of units, and
- Conducting paired real estate testing in the local market and publishing the results as a means of public education and deterrence against future discrimination against landlords.

Alliance will fully support and assist in the education and outreach efforts in all of our communities.

Alliance adheres to the values and principles of System of Care as a "way of doing business" which is largely rooted in collaborative frameworks to bring about system change. A System of Care approach also works to remove barriers, fragmentation and siloed systems. By the very nature of funding and regulations, the housing and behavioral health systems lend themselves to a more categorical and fragmented relationship. Achieving collective results with mutually-reinforcing activities is critical to both short-term and long-term progress. Our local Housing Specialists, TCLI staff, and members of Senior Management and Executive Leadership all participate in local and statewide housing collaboratives. Much of our participation with local CoCs is in leadership roles. We also participate in various coalitions to end homelessness and have engaged in conversations with the Triangle J Council of Governments to collaborate on a possible Housing Summit or a series of facilitated conversations to develop a regional "master plan" to maximize resources and opportunities. All of our local governments and stakeholders have committed to regular meetings to review the MCO Housing Plan and establish more local goals.

Next Steps:

- To ensure individuals are in the least restrictive setting as possible and to promote community integration, Alliance will establish a process to facilitate informed choice of housing and service options for all individuals.

- Alliance will actively support local and state efforts to assist in Fair Housing outreach and education activities for landlords, developers, tenants and other stakeholders.

- While Alliance has developed successful relationships with many local housing entities, we will review the array of housing providers across the four counties and identify where there are any additional relationships that could be established, re-established or enhanced.

- Following Durham Housing Authority's commitment of 75 Section 8 Housing Choice vouchers, Alliance will strengthen the partnerships with other local Public Housing Agencies (PHA's) to specifically set aside Section 8 vouchers for consumers served by Alliance. In exchange for designated vouchers, Alliance will consider incentives such as rent guarantee or subsidy or service related such as case management.

- Alliance will work with HUD-assisted housing developments to consider a preference or priority for Alliance consumers. Durham has 20 HUD-assisted properties, Wake has 32, Johnston has 15 and Cumberland has 24.

- Given that all four communities are recipients of HOME funds for tenant- or project-based assistance, Alliance will explore potential partnerships to create more affordable housing targeted to persons with behavioral health conditions. In 2014, Fayetteville received $618,000, Durham $814,000, Wake county $540,000 and Raleigh $1,073,000.

- In partnership with developers, NCHFA, local governments and DHHS will explore the policy barriers related to affordable housing.

Next Steps Contingent on Funding:

- In partnership with DHHS, NCHFA and local stakeholders, Alliance will explore establishing contingency funds for landlords accepting vouchers and subsidies for home modifications required by HUD inspection standards or for damages to the property. This may also include the rehab of older units.

- Alliance will consider contracting directly with HUD certified inspectors in order to streamline and expedite the inspection process for voucher and subsidized units. This will also allow continuity in the process for landlords and relationship building.

- Alliance will explore further consulting contracts with TAC and Corporation for Supportive Housing to inform our housing continuum, best practices, data collection and other financing strategies for developers including Social Impact Investing.

Wrapraround Services/Supports and Sustainable Housing

According to Dr. Kelly Duran of Belleville Hospital in New York, "the most appropriate question may not be how we can afford to pay for social determinants of health as a health intervention, but whether, we can afford not to pay for social determinants of health as a health intervention."

Comprehensive planning, strong community supports, and an array of treatment services designed to promote housing stability and integration is critical to long-term housing success. In addition, quality providers who understand how to access housing resources, offer tenancy supports, and engage landlords as partners are equally critical to the success and expansion of housing options. Alliance will convene a Housing Learning Collaborative for providers to increase the education and proficiency of providing treatment that also supports housing success. Landlords and developers will also be invited to attend to facilitate shared problem solving and collective wisdom.

- *Whole Person Care*

  Alliance's philosophy, services and supports all promote whole person care. Nowhere is this more evident than in our Care Review process, which has received national attention and praise. Through our System of Care efforts all four communities host both child and adult Care Review teams. Care Review is a community planning process with the person/family present to develop their own action goals based on the principles of recovery and self-determination. Team members from the community represent each of the 12 life domain areas with the primary purpose to eliminate barriers to accessing needed services and supports.

  In Durham and Wake counties, Care Review teams are specifically targeting persons who are homeless or have housing needs. These teams meet in the shelters and/or target systems such as crisis facilities and jails where housing plays a major role in successful discharge planning. One of the major benefits of these specialized teams is the ability to work in tandem with housing programs and providers to match the appropriate level of care along a continuum of housing options to support successful transitions. Alliance has plans to expand these specialized housing Care Review teams into all four counties.

A Care Review meeting can improve timely access to and increased engagement in services, resources and supports for an individual and/or family. It can provide an opportunity for comprehensive planning, generating new ideas, and addressing any system barriers than may be present. The Care Review meeting is where technical assistance can be offered to professionals who are providing supports and interventions to an individual and/or family.

The Care Review team will develop an Action Plan during the meeting and this document will include agreed-upon action steps that should take place after the meeting. The Action Plan should address multiple life domains, address more than one option for a person, and include services/supports and resources outside the scope of paid services/treatments. The Plan will be agreed upon by all team members and accountability for executing the plan will be the responsibility of those identified during the meeting and in developing the plan. The individual/family will receive a copy of the Action Plan at the close of the meeting, and the plan will dictate subsequent follow up.

- *Service Delivery and Wraparound Supports*

    Permanent supportive housing provides an essential foundation for the delivery of services that lead to improved outcomes, medication compliance and engagement in services. As with the importance of matching housing options with preferences, there cannot be a "one size fits all" approach to service delivery. Alliance is in various stages of implementing a range of evidence based and evidence informed models that directly correlate with housing success. Alliance is continually working to provide as many options for tenancy support to individuals in permanent housing as possible.

- *Case Management Services*

    One of the most critical service components to successfully maintaining housing is case management. Alliance utilizes Wake County funds to contract with Triangle Family Services to employ three full-time Case Managers to support program recipients in the Wake Rental Assistance Housing Program (RAHP), which is also inclusive of Shelter Plus Care voucher recipients. Triangle Family Services Case Managers provide assertive engagement for recipients to assist them in linking to other community supports and provide ongoing case management to assist SPC recipients in maintaining adequate living capacity.

- *Tenancy Support Team*

    Tenancy Support Team (TST) is a service provided to individuals participating in the TCL Initiative. TST utilizes a three-member team to work to increase and restore an individual's ability to live successfully in the community by maintaining tenancy, managing their illness and recovery, and reestablishing his or her community roles

related to comprehensive life domains. Alliance has selected two providers to offer TST services throughout our region – Easter Seals/UCP and B and D, which will be fully operational in early January.

While this model has great potential, it is currently limited to the TCL population, is not billable to Medicaid, and at a $13.40 reimbursement rate may not have a cost benefit to providers. Alliance will continue to cost model the service for sustainability, seek feedback from stakeholders regarding the utility of this service, and consider expanding the TST to other populations served in supportive housing.

- *FUSE Model*

    Frequent Users System Engagement (FUSE) is an initiative launched by the Corporation for Supportive Housing to help communities identify and engage super-high users of public systems and place them in supportive housing to break the repeated cycle of costly crisis services, shelters and the criminal justice system.

    The model represents an opportunity to transform the homeless, health and criminal justice systems to increase housing stability and reduce emergency department use and jail recidivism. The model promotes the use of data to target and track tenants based on their use of systems. Alliance and several partners from Wake County Government recently traveled to Charlotte to meet with the members of MeckFuse, which has fully implemented the FUSE model with promising success. We have also contacted other communities across the country to inquire about their target populations, data tracking, and lessons learned. Based on the highly-collaborative partnerships with our public systems, a documented history of utilizing a scattered site approach with engaged landlords and data sharing protocols in place, making Alliance well-poised to replicate this model in all four communities using Wake County as a pilot site. There is flexibility in the Community Support Team service definition to apply the staffing requirements to develop a FUSE team.

- *Critical Time Intervention*

    Alliance was one of four recipients funded to implement Critical Time Intervention, an evidence based practice designed for vulnerable populations transitioning from homelessness or institutional settings. It is a three-phase, nine-month intensive case management service utilizing a three-person team. A draft State-funded service definition has been developed that will be cost modeled during the pilot phase. Alliance has also submitted an in lieu of service definition to DMA for Medicaid reimbursement. After grant funds have ended and with the approval of the service definitions, Alliance will consider expanding the service to other counties to assist in successful transitions for persons with complex needs. Alliance will also submit a

proposal for the latest DHHS funding opportunity to expand this service to the TCL population.

- *Transportation*

  Transportation has consistently been rated in Alliance's Gap and Needs Analysis as a high need. Barriers to public transportation have been noted, as well as concerns about accessing Medicaid transportation. In each county there are plans to tie affordable housing into potential mass transit and bus stops, and to improve Medicaid transportation services.

  Durham County has seen a concerted effort to improve transit efficiency and consumer education and support. A workgroup of transit officials, behavioral health providers, and representatives of consumer groups was formed to better understand the transportation barriers for people with behavioral health needs. The team analyzed transportation funded by Medicaid in the county and found that 28% of Medicaid-funded transports are used for behavioral health appointments. The bulk of these trips (85%) are made on para-transit providers, although a few individuals receive fixed-route bus passes through the program. The passes must be picked up at Department of Social Services, and this constitutes a barrier for many recipients.

  In addition, a survey of 427 Durham County behavioral health recipients and service providers ranked transportation barriers second overall out of 17 barriers, with service providers ranking transportation as the top barrier and patients ranking it third. Based on these identified needs, the workgroup applied for a transportation planning grant and was awarded a Design Challenge Grant from the National Center for Mobility Management. Grant funds of $25,000 are allowing the workgroup to receive technical assistance to design innovative solutions to healthcare-related transportation challenges in the area of access to behavioral health treatment over a six-month period. The team will work with fixed route (DATA Bus) and demand response (DATA Access, Lincoln Community Health Center, Red Cross) to optimize efficient ridership on all systems and develop a travel trainer program to educate and assist transit awareness. Lessons learned as part of this design grant will be shared with providers and partners in other counties.

  Improved transportation was also cited in Wake County's Analysis of Impediments to Fairy Housing Choice, which stated that "the public transportation system in Wake County, which serves members of the protected classes, is fragmented and does not adequately connect RCAP's (Racially Concentrated Area of Poverty) to higher opportunity areas." Six priority action steps were identified, including connecting areas with affordable housing to the region's major employment centers, coordinating future transportation routes with affordable housing developments, and acquiring

parcels in the vicinity of transit-oriented developments for the specific purpose of creating affordable housing.

Maximizing Medicaid Funding for Supportive Housing

The US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE) recently published a series of reports on the use of Medicaid funds to pay for supportive housing. These reports indicate that Medicaid can cover and pay for many of the services in supportive housing including case management, service coordination and rehabilitative services. Achieving some of the optimal benefits will be a little more challenging in North Carolina, as the state has not opted into Medicaid expansion, nor is there a reimbursable service definition for targeted case management. However, opportunities still exist under current waivers to advocate with DMA on the benefits and outcomes of supportive housing.

ASPE has identified five steps to increasing Medicaid coverage of Supportive Housing Services:

- Conduct a crosswalk of supportive housing services and those covered by Medicaid
- Make the business case for supportive housing
- Ccreate a Medicaid supportive housing services benefit
- Measure and reinvest savings, and
- Educate, engage and partner.

Alliance would be very interested in partnering with DHHS to convene a committee to further examine these five steps and how we might improve Medicaid coverage for supportive housing services.

Next Steps:

- Alliance will form a Housing Learning Collaborative with providers and housing stakeholders to increase education on topics including Housing First philosophy, developing sustainable housing plans, evidence based practice models related to housing, and Fair Housing by March 1, 2016.
- Alliance will continue to require all providers – not just agency representatives – as well as internal staff to complete mandatory Fair Housing training.
- Alliance will expand housing Care Review teams into each county by April 1, 2016.
- Alliance will work with crisis and criminal justice partners to develop a formalized process for early identification of persons with housing needs to promote

successful transitions and reduce recidivism. These individuals could also be considered "at-risk" for placement in an adult care facility.

- Alliance will continue to consult with TAC and the Corporation for Supportive Housing on best practice models for supportive housing, aligning services to match housing needs/preferences and maximizing Medicaid funding for supportive housing services.

Next Steps Contingent on Funding:

- Alliance will cost model the Tenancy Support Team service and consider expanding to other populations and the submission of an "in lieu of" request to DMA.

- In partnership with Wake County and housing stakeholders, Alliance will implement the FUSE supportive housing model targeting the high users of shelters, crisis services and the jail.

- Alliance will continue to explore the expansion of evidence based practices such as Critical Time Intervention that have strong correlations to positive housing outcomes.

Crisis Planning

Being prepared to respond to emergency situations – be it a psychiatric crisis that jeopardizes housing stability, a natural or weather-related disaster that causes stress and anxiety for the tenant, or an emergency closure of a facility that will abruptly displace multiple people – is critical to housing maintenance. Alliance has convened a Safety Committee that is responsible for communicating procedures and needed information during a crisis, for continually reviews policies, procedures and events to improve our response, and for monitoring and implementation of our internal Business Continuity Disaster Plan. We have developed coordinated responses with each of our public Emergency Management Partners.

Moreover, Alliance has had extensive conversations with property managers and landlords regarding crisis response to a tenant and have begun outreach efforts with properties regarding our Access number, Mobile Crisis services and Crisis Intervention Teams, and has adopted the following crisis procedures to respond to a natural disaster or weather-related event:

Purpose

To safeguard the well-being of those individuals residing in supportive housing in the Alliance catchment (Cumberland, Durham, Johnston, and Wake Counties).

Procedure for Addressing Crisis Situations

- Upon notification to Alliance Behavioral Healthcare of a crisis (weather, situational, compromise of housing/habitability), the information shall be communicated via phone and by a follow-up email to:

  - Chief Community Relations Officer (Ann Oshel – (919) 651-8855 – AOshel@AllianceBHC.org)
  - Director of MHSA Care Coordination (Nave Sands – (919) 651-8417 – NSands@AllianceBHC.org)
  - Transitions to Community Living (TCL) Supervisor of site where the individual's home is located (Tinya Ramirez – (919) 651-8749 – TRamirez2@AllianceBHC.org)
  - The Housing Specialist of site where the individual's home is located
  - Others to be contacted by the Transitions to Community Living Supervisor/ Housing Specialist of site where home is located
    - Alliance Care Coordination Supervisors from other sites if residents are from their counties
    - DSS or other LME/MCO's where applicable.

- The TCL Supervisor/Housing Specialist at the site where the individual's home is located will take the lead role to assure that all residents are safe in their current home or safely transferred to appropriate placements in the case of damage to the home making it uninhabitable.

- TCL Supervisor/Housing Specialist will communicate with the Chief Community Relations Officer and the Director of MHSA Care Coordination to:
  - Confirm that the plan of action to check-in with individuals has been started.
  - Ascertain the names of the residents and if applicable, their guardians if this information has not been provided previously.

- TCL Supervisor/Housing Specialist will:
  - Identify licensed staff (assigned TCL or MHSA Care Coordinator) who can contact the guardians of the residents to explain the role of the LME/MCO.
  - Identify and deploy the appropriate staff member who can contact the individual or the individual's guardian to conduct a safety check and ensure basic needs are met:
    - If basic needs (food, water, shelter, warmth, alternative light/heat sources, emergency numbers/contacts, reliable source of

communication, etc.) are not met, available resources and options will be reviewed and provided where applicable.

- o In the case that the individual's home has become uninhabitable or tenancy has been compromised and where there are no readily available options (i.e. family, friend, natural supports, monies for temporary living arrangements), supervisors will identify staff who can contact facilities to identify empty beds and to communicate this to the guardians/individuals to make consumer guided choices.
- o Contact other Alliance MHSA Care Coordination sites for assistance if needed.

- TCL Supervisor/Housing Specialist will provide updates via email to all those identified in #1 on a regular basis.

- If there is lack of response from any guardians the staff member attempting contact will discuss this with the appropriate supervisor. If continued concern for safety is determined, designated staff will contact the Adult Protective Services staff for assistance.
- TCL Supervisor/Housing Specialist or designee will:
  - o Provide daily reports, as applicable
  - o Participate in a debrief Conference Call with all those individuals in #1, as applicable
  - o Submit completed safety check forms on each individual contacted or where contact was attempted.

- TCL Supervisor/Housing Specialist will communicate with the designated Care Coordinator to monitor consumer to assure that all behavioral health services, medical services, and tenancy support services (where applicable) are active during and post crisis and that noted services remain in place where a new placement is the end result.
  - o Service providers involved will be contacted via phone and follow up email in order to provide regular updates and maintain open communication during and post crisis.
  - o Monitoring will continue to ensure safety post crisis with a follow up check on business day following the resolution of the crisis. This will be documented and reported to all those listed above.

- TCL Supervisor/Housing Specialist will provide a written report to MHSA care Coordination director outlining the steps taken and the end result by case.

The TCL utilizes The Adverse Weather Emergency Check-In form, which can be found at http://www.alliancebhc.org/wp-content/uploads/filebase/Adverse-Weather-Emergency-Check-In.pdf, and the Cold Weather Emergency Check-In form, which can be found at http://www.alliancebhc.org/wp-content/uploads/filebase/Cold-Weather-Emergency-Check-In.pdf.

In accordance with the DHHS Operational Guide for a Coordinated Response to the Sudden Closure of a Residential Care Facility, which can be found at https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/acrf_operational_guide.pdf, Alliance has developed procedures for emergency closures, which can be found at http://www.alliancebhc.org/wp-content/uploads/filebase/Emergency-Closing-of-Adult-Residentials.pdf.

Plan Summary

Increasing the capacity of affordable housing designated for persons with behavioral health issues and creating a System of Care culture and approach accompanied by the treatment services and supports critical to maintaining housing is multi-pronged and multi-faceted. Some strategies will yield quick returns while others will be longer-term and more costly. To meet the goals of expanding access to supportive housing and creating opportunities for people with disabilities to live in the communities of their choice requires broad and diverse partnerships including private and philanthropic partners, creative financing strategies such as Social Impact Investing, and an expanded Medicaid reimbursable service array.

Alliance is firmly committed to the success of TCLI as well as to promoting housing as a healthcare strategy. The recommendations and next steps outlined in this plan are intended to address both the urgency of expanding housing options in rural and urban communities as well as structurally improving the system designed to offer housing supports.