

Braiding Funding for Health and Housing

October 18, 2023
2:45 pm – 4:00 pm

Agenda

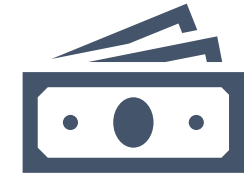


Major Federal and State-Level Investments in Behavioral Health and Housing



CalAIM and Other DHCS Programs to Build Capacity and Connect Members to Services

Spotlight: ECM and Community Supports

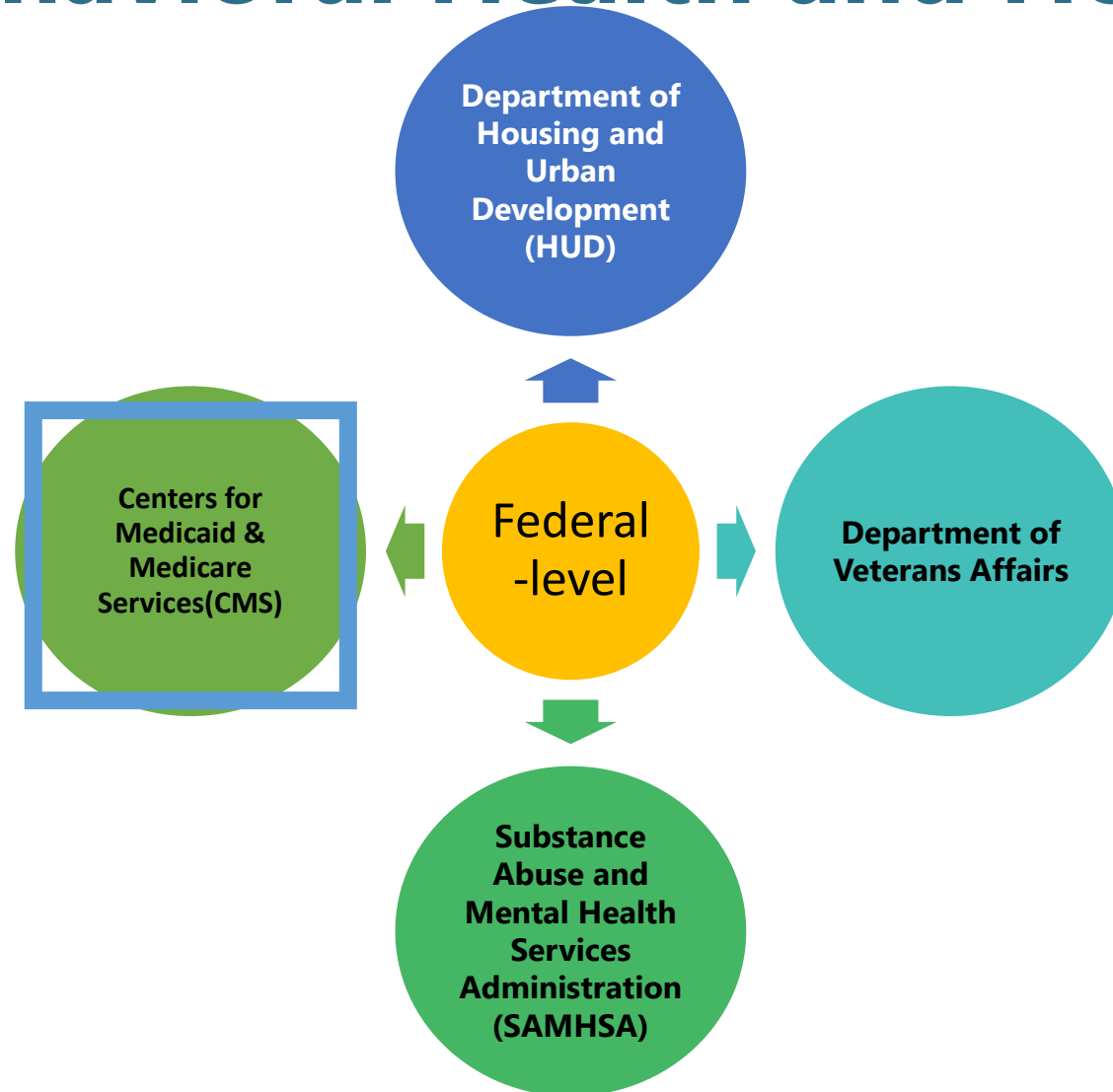


Funding For Housing

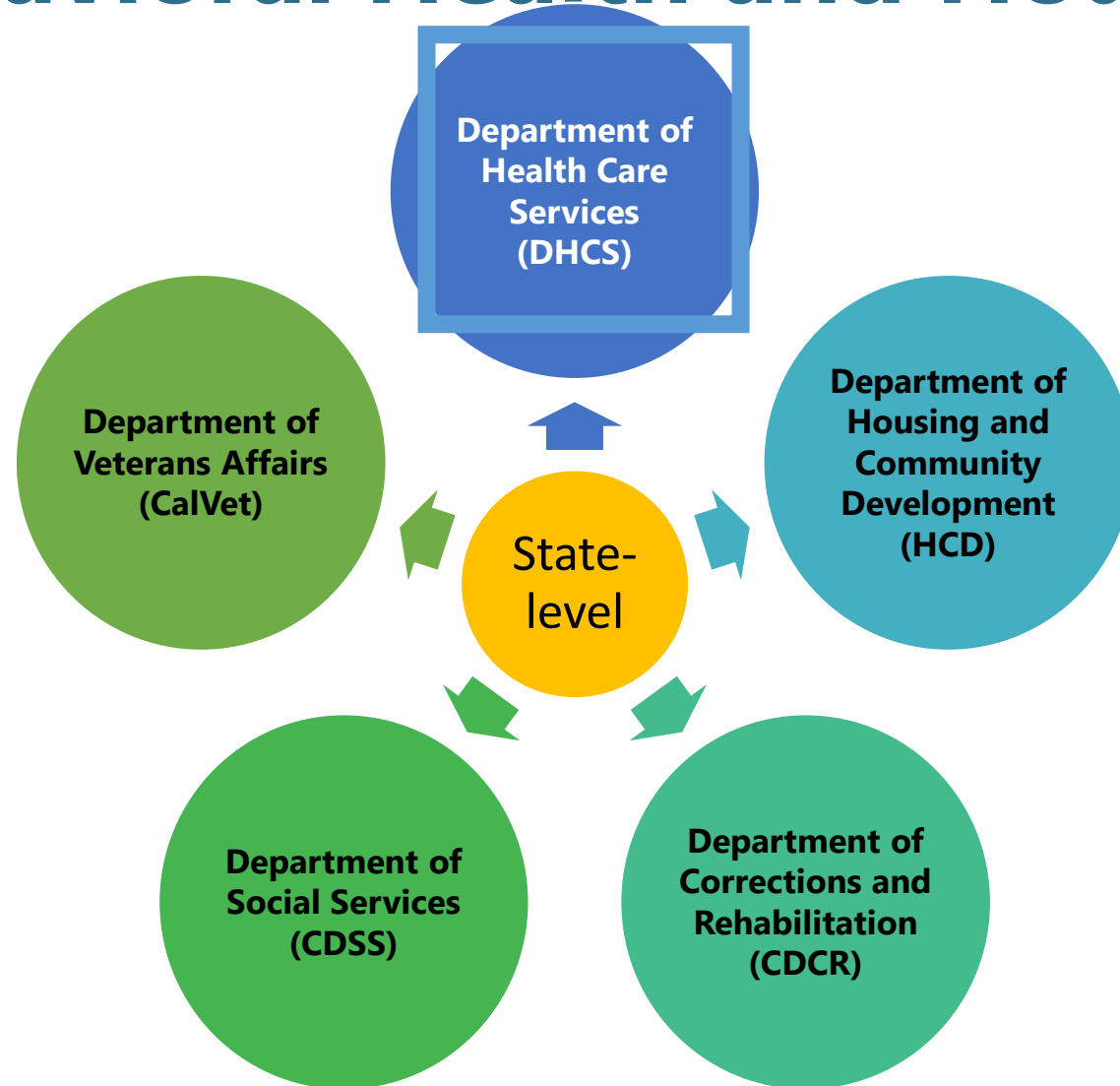
Major Federal and State-Level Investments in Health and Housing



Major Federal-Level Investments in Behavioral Health and Housing



Major State-Level Investments in Behavioral Health and Housing



DHCS Programs for Building Capacity for Services & Connecting Members to Housing



How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports include Housing Transition Navigation Services, Deposits, Tenancy and Sustaining Services, as well as Short-Term Post-Hospitalization Housing and Recuperative Care.

Enhanced Care Management addresses clinical and non-clinical needs through comprehensive care management.

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP) provides funding to MCPs to build capacity to deliver CalAIM, including building ECM and Community Supports provider capacity.

Providing Access & Transforming Health (PATH) provides funding to ECM and Community Supports providers to build capacity.

DHCS Programs Build Housing Capacity In Communities

The **Housing and Homelessness Incentive Program (HHIP)** provides \$1.288B in funding to MCPs to develop housing partner capacity and build partnerships to connect MCP Members to housing services.

The **Behavioral Health Bridge Housing (BHBH)** program will invest \$1.5B in bridge housing for individuals with BH conditions.

What is Enhanced Care Management (ECM)

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

ECM

Complex Care Management
For MCP Members with higher- and medium-rising risk

Basic Population Health Management
For all MCP Members

Transitional Care Services
For all MCP Members transitioning between care settings

Who Is Eligible for ECM?

ECM is available to MCP Members who meet criteria for ECM “Populations of Focus” (POFs), which are launching in phases from January 2022 to January 2024.

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

ECM Implementation To Date

Jan
2022

ECM launched in 25 counties that had Health Homes Programs and Whole Person Care for:

1. Adults at Risk of Avoidable Utilization
2. Adults Experiencing Homelessness
3. Adults with Serious Mental Health and/or Substance Use Disorder Needs

July
2022

ECM launched in remaining counties for the initial three POFs.

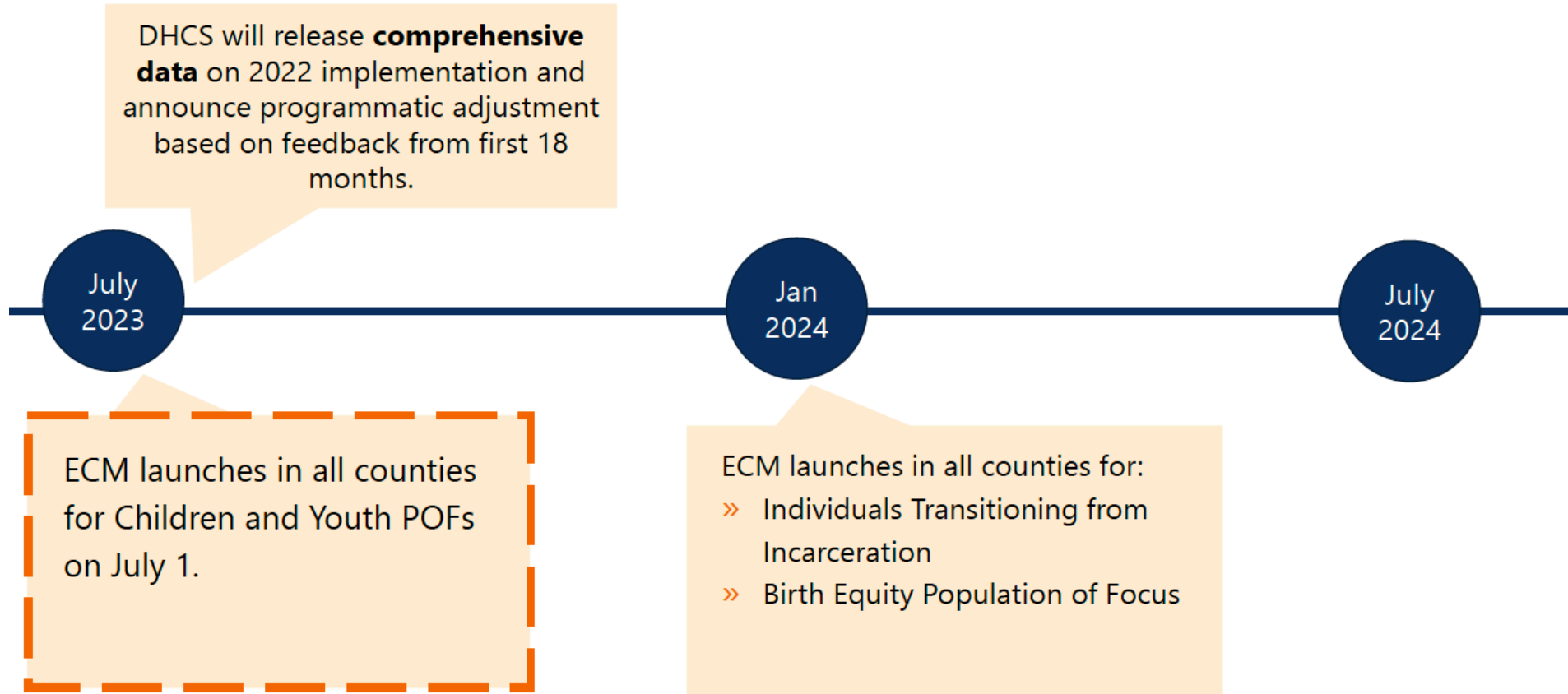
Jan
2023

ECM launched in every county for:

5. Adults Living in the Community and At Risk of LTC Institutionalization
6. Adult Nursing Facility Residents Transitioning to the Community

4. ECM for Justice-Involved Individuals POF also launched in select counties in January 2022.

Implementation Milestones in 2023, 2024



What Are the ECM Core Services?

ECM is available to members until their care plan needs are met or they opt out of the benefit, which they can do at any time. Members in ECM receive seven core services based on their individual needs.



Outreach and Engagement



Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care



Coordination of and Referral to Community and Social Support Services



Member and Family Supports



Health Promotion



Comprehensive Transitional Care

ECM Lead Care Managers are strongly encouraged to screen ECM Members for Community Supports and refer to those Supports when eligible and available.

How Is ECM Provided?

MCPs contract with community-based providers who are experienced and skilled in serving ECM Populations of Focus.



**Medi-Cal Managed Care Plans
(MCPs)**



Example: CBO serving children and families with social needs

What are Community Supports Services?

DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.

Pre-Approved DHCS Community Supports include:

- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Short-Term Post-Hospitalization Housing
- » Recuperative Care (Medical Respite)
- » Respite Services
- » Day Habilitation Programs
- » Nursing Facility Transition/Diversion to Assisted Living Facilities
- » Community Transition Services/Nursing Facility Transition to a Home
- » Personal Care and Homemaker Services
- » Environmental Accessibility Adaptations (Home Modifications)
- » Meals/Medically-Tailored Meals or Medically-Supportive Foods
- » Sobering Centers
- » Asthma Remediation

Community Supports Launched on January 1, 2022

Starting in 2022, MCPs elected to begin offering Community Supports.



- » Although Community Supports are optional, every Medi-Cal MCP opted to provide them in the first year of the program.
 - **Every county** had at least 2 Community Supports available.
 - **16 counties** had at least 10 Community Supports available.
 - **Three counties** had all 14 Community Supports available.
- » The availability of Community Supports services is continuing to grow in 2023.
 - As of August 2023, **13 counties offered all 14 Community Supports**, and **at least 6 were available in every county.**

How are Community Supports Provided?

MCPs contract with community-based providers who are experienced and skilled in serving members who need each Community Support.



**Medi-Cal Managed Care Plans
(MCPs)**



Example: CBO serving children and families with social needs

Housing Community Supports

Of the 14 pre-approved Community Supports, several are designed to provide support for housing.

Support to Reach Long-Term Housing

Housing Transition Navigation Services

Housing Deposits

Housing Tenancy and Sustaining Services

Recovery-Focused Housing

Recuperative Care (Medical Respite)

Short-Term Post-Hospitalization Housing

Community Support: Housing Transition Navigation Services

- » Conducting a tenant screening and housing assessment
- » Developing an individualized housing support plan
- » Searching for housing and presenting options
- » Assisting in securing housing, including housing applications and required documentation
- » Assisting with benefits advocacy
- » Identifying and securing available resources to assist with subsidizing rent
- » Identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses
- » Assisting with requests for reasonable accommodation
- » Supporting environmental modifications to install necessary accommodations for accessibility
- » Landlord education and engagement
- » Communicating and advocating on behalf of the Member with landlords
- » Assisting in arranging for and supporting the details of the move
- » Supporting non-emergency, non-medical transportation to ensure reasonable accommodations and access to housing options
- » Establishing procedures and contacts to retain housing
- » Ensuring that the living environment is safe and ready for move-in

Community Support: Housing Deposits Services

- » Security deposits required to obtain a lease on an apartment or home
- » First month's and last month's rent as required by landlord
- » Set-up fees/deposits for utilities
- » First-month coverage of utilities
- » Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy
- » Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services

Community Support: Housing Tenancy and Sustaining Services

- » Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy
- » Coordination with the landlord and case management provider
- » Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction
- » Advocacy and linkage with community resources to prevent eviction
- » Assistance with benefits advocacy
- » Assistance with the annual housing recertification process
- » Providing early identification and intervention for behaviors that may jeopardize housing
- » Continuing assistance with lease compliance
- » Other prevention and early intervention services identified in the crisis plan
- » Education and training on the role, rights, and responsibilities of the tenant and landlord
- » Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis
- » Health and safety visits
- » Providing independent living and life skills

Community Support: Recuperative Care Services

» Minimum offerings

- Interim housing
- Meals
- Medical and behavioral health monitoring

» Additional services

- Short-term assistance with Activities of Daily Living
- Transportation coordination for post-discharge appointments
- Connection to ongoing services
- Housing and benefits support
- Case management stabilization

Community Support: Short-Term Post-Hospitalization Housing

- » Site for patients to continue medical, psychiatric, or substance use disorder recovery
- » For patients exiting inpatient and residential treatment facilities
- » Individual or shared housing setting
- » Supports recuperation, recovery, and transitions to other housing

A Pending Upcoming Opportunity: Transitional Rent



CalAIM Transitional Rent Services Amendment Request

Goals of CalAIM Transitional Rent Services Amendment Request

DHCS is requesting a Section 1115 amendment to cover up to 6 months of rent for eligible high-need Medi-Cal members in the Medi-Cal managed care delivery system. DHCS seeks to improve the health and well-being of Medi-Cal members who are homeless or at risk of homelessness during critical transitions, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program.

Goals of CalAIM Transitional Rent Services Amendment

- » Addressing unmet housing needs
- » Reducing long-term homelessness
- » Increasing utilization of preventive and routine care
- » Reducing utilization of and costs associated with potentially avoidable, high acuity health care services
- » Improving physical and behavioral health outcomes

To ensure a “no wrong door” approach to accessing key housing services, the BH-CONNECT demonstration would cover transitional rent services for individuals in the SMHS, DMC, and DMC-ODS delivery systems.

Eligibility Criteria for Transitional Rent Services

Medi-Cal members will be eligible for transitional rent services if they:

- » Are enrolled in Medi-Cal MCPs that opt in to cover the services; **and**
- » Meet HUD's current definition of homelessness or at-risk of homelessness with two modifications:
 - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; **and**
 - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness under the current HUD definition to 30 days.

AND meet one or more of the following criteria:

- » are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, inpatient or residential SUD treatment or recovery facility, inpatient or residential mental health treatment facility, or nursing facility;
- » are transitioning out of a correctional facility;
- » are transitioning out of the child welfare system;
- » are transitioning out of recuperative care facilities or short-term post-hospitalization housing;
- » are transitioning out of transitional housing;
- » are transitioning out of a homeless shelter/interim housing;
- » meet the criteria of unsheltered homelessness; **or**
- » meet eligibility criteria for a FSP program.

Timeline and Next Steps

- » **Public Comment Period.** The CalAIM transitional rent services amendment application was available for public comment through August 31, 2023. The Comment Period is now closed.
- » **Response to Public Comment.** DHCS will revise the draft CalAIM transitional rent services amendment application, integrating stakeholder feedback, in fall 2023.
- » **Submission to CMS.** DHCS intends to submit the final CalAIM transitional rent services amendment application for CMS review in late 2023.
- » **Transitional Rent Services Community Support Go-Live.** Medi-Cal MCPs that elect to provide transitional rent services may provide this Community Support to qualifying individuals enrolled in their plans starting on January 1, 2025.
- » **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of transitional rent services.

Find the draft CalAIM transitional rent services amendment application posted on <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx>

Overview of BH-CONNECT

Why BH-CONNECT?

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative builds upon unprecedented investments and policy transformations to establish a robust continuum of community-based behavioral health services and improve access, equity, and quality for Medi-Cal members.

- » Like the rest of the nation, **California faces a growing mental health crisis**, which has been exacerbated by COVID-19: as of 2019, nearly 1 in 20 adult Californians were living with serious mental illness (SMI), and 1 in 13 California children were living with serious emotional disturbance (SED).
- » California has **invested more than \$10 billion and is implementing landmark policy reforms** to strengthen the behavioral health care continuum through initiatives that include:
 - ☑ The [California Advancing and Innovating Medi-Cal](#) (CalAIM) demonstration to transform and strengthen Medi-Cal, including policy changes to move Medi-Cal behavioral health to a more consistent and seamless system by reducing complexity and increasing flexibility.
 - ☑ The [Children and Youth Behavioral Health Initiative](#) (CYBHI), a historic investment to enhance, expand and redesign the systems that support behavioral health for children and youth.
 - ☑ Investments in infrastructure and new housing settings through the [Behavioral Health Continuum Infrastructure Program](#) (BHCIP) and the [Behavioral Health Bridge Housing](#) (BHBH) Program.
 - ☑ Strengthening the behavioral health crisis care continuum, including implementing [mobile crisis services](#) and the [988 Suicide and Crisis Lifeline](#).

Enhancing the Continuum of Care (1/3)

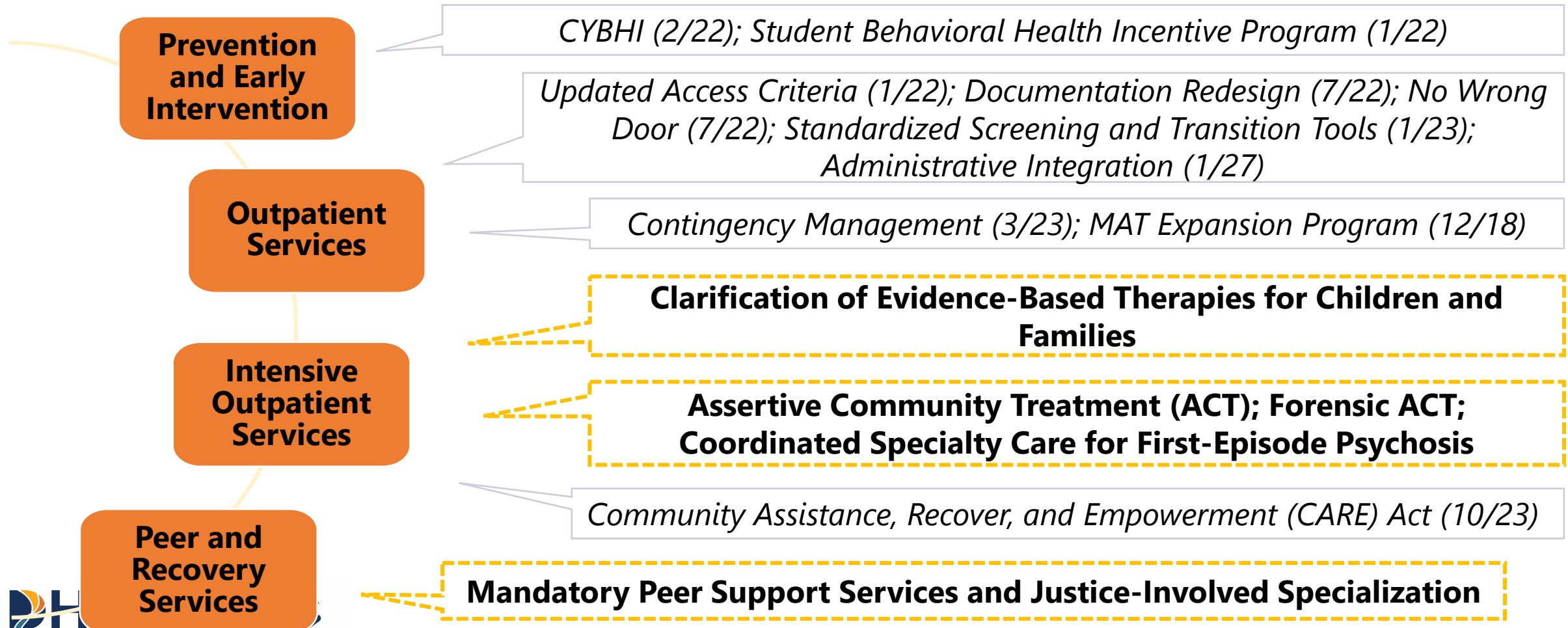
BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.



In the following slides, BH-CONNECT initiatives are in **bold** and outlined in yellow; existing initiatives are *italicized*.

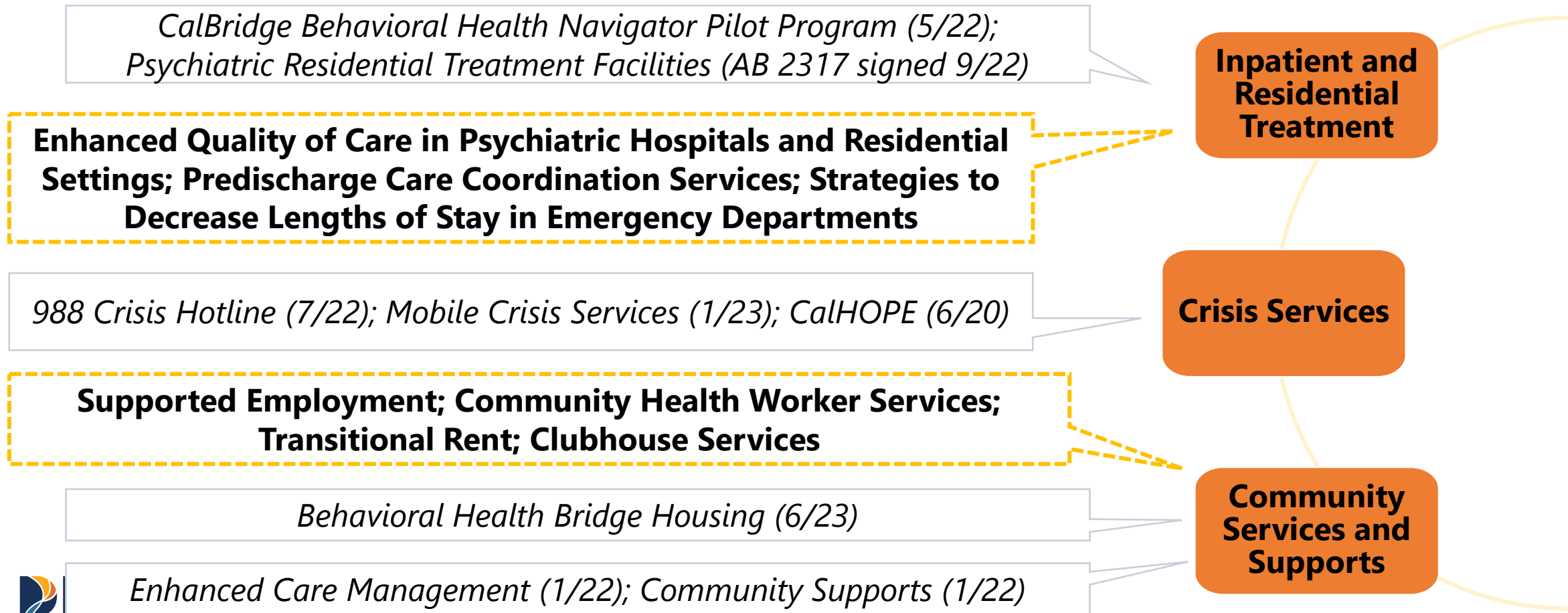
Enhancing the Continuum of Care (2/3)

BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.



Enhancing the Continuum of Care (3/3)

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County Option: FFP for Care Provided in IMDs



As part of the BH-CONNECT demonstration, DHCS is requesting FFP for services provided to Medi-Cal members living with significant behavioral health needs during short-term stays in IMDs.

- » County MHPs that agree to certain conditions (“opt-in counties”) will receive FFP for services provided during short-term stays* in IMDs consistent with CMS’ requirements.
- » To participate, opt-in counties must:
 - cover a full array of enhanced community-based services and evidence-based practices;
 - reinvest dollars generated by the BH-CONNECT demonstration into community-based care; and
 - meet accountability requirements to ensure that IMDs are used only when there is a clinical need and that IMDs meet quality standards.

Enhanced Community-Based Services

Counties that “opt in” to receive FFP for short-term stays in IMDs must provide:

- » ACT
- » Forensic ACT
- » CSC for FEP
- » IPS Supported Employment
- » Transitional Rent Services
- » Community Health Worker Services

Counties may “opt in” on a rolling basis.

County Option: Transitional Rent Services



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- » Meet the access criteria for SMHS, DMC, and/or DMC-ODS services **and**
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Next Steps

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- » **Response to Public Comment.** DHCS will revise the draft BH-CONNECT application, integrating stakeholder feedback, in fall 2023.
- » **Submission to CMS.** DHCS intends to submit the final BH-CONNECT application for CMS review in late 2023.
- » **Demonstration Go-Live.** The BH-CONNECT demonstration will be implemented on a phased timeline to ensure ample time for successful implementation.
- » **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of the proposed BH-CONNECT demonstration.

***Find the draft BH-CONNECT demonstration application posted on
<https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx>***

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How PATH & IPP Build Capacity for ECM/Community Supports



Providing Access & Transforming Health (PATH)

- PATH is a five-year, \$1.85 billion initiative included in the **CalAIM 1115 waiver**.
- PATH provides resources for community providers to **build capacity and infrastructure** to successfully **deliver ECM and Community Supports**.

Enhanced Care Management (ECM) / Community Supports (CS)

PATH and IPP funding will complement and not duplicate one another.

Incentive Payment Program (IPP)

- IPP is a **voluntary incentive program** intended to support the **implementation and expansion of ECM and Community Supports** by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b).



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Housing and Homelessness Incentive Program

DHCS's Housing and Homelessness Incentive Program (HHIP) is a voluntary incentive program that enables Medi-Cal managed care plans (MCPs) to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health.

- » HHIP is intended to:
 - » Reward MCPs for developing the necessary capacity and partnerships to connect their Members to needed housing services; and
 - » Incentivize MCPs to take an active role in reducing and preventing homelessness.
- » To participate, MCPs -- in partnership with their local homeless Continuum of Care local public health jurisdictions, county behavioral health, Public Hospitals, county social services, and local housing departments - must submit a Local Homelessness Plan (LHP) to DHCS.
 - » LHP must outline how HHIP services and supports would be integrated into the homeless system
 - » LHP should build on existing local HUD or other homeless plans and be designed to address unmet needs
- » In counties with more than one managed care plan, plans would need to work together to submit one LHP per county.

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Behavioral Health Bridge Housing

The 2022-2023 California Budget included a \$1.5B investment in the Behavioral Health Bridge Housing (BHBH) program to fund clinically enhanced bridge housing settings.

- » Will address the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions (mental health and/or substance use disorders).
- » One-time grant funding administered by DHCS
 - » The goal of BHBH is to pay for housing and housing-related services that are not covered by Medi-Cal (including by Community Supports)
 - » BHBH will not pay for specialty mental health and SUD services provided by counties
 - » This is a critical need, and the focus is on immediate and sustainable solutions
 - » There will be collaboration to complement ongoing state, county, and tribal efforts to address homelessness
 - » Qualified entities will be counties and tribal entities

Funding for Housing



Sources of Permanent Housing Subsidies

- » PHA Housing Choice Vouchers: Funded through HUD
 - » Also known as Section 8, these vouchers are not typically accompanied with supportive services
 - » Accessed through Public Housing Authority applications and waiting lists, not limited to people experiencing homelessness
- » CoC Permanent Supportive Housing (PSH): Funded through HUD
 - » Accompanied by supportive services, administered by CoCs through Coordinated Entry
 - » Some local communities fund their own PSH
- » HOPWA, VASH, other population-specific subsidies: Funded through HUD
 - » Housing Opportunities for Persons with AIDS, Veterans Affairs Supportive Housing

Subsidies vs. Units

- » Many communities report the need for additional housing units in which to implement interim and permanent housing subsidies – the lack of units is a major barrier to housing
- » Construction, operating costs, and supportive services typically funded from limited, multiple funding streams and partners
- » Sources of that construction, acquisition, and rehabilitation funding comes from the Department of Housing and Urban Development (HUD) and the State of California's Housing and Community Development (HCD), California Interagency on Homelessness (Cal ICH), Low-Income Housing Tax Credit (LIHTC) funds, as well as from other local and state agencies
- » BHBH programs may partner with these programs to support their capital and operating subsidies and increase local interim and permanent housing opportunities for the people they serve

Primary Housing Funding Sources

» Homekey: Funded through CA HCD

- Funds may be used to acquire hotels/motels and other buildings and facilities to be used for permanent housing, for housing that can be used as interim housing with eventual ability to convert to permanent housing. Distributed through application to public entities.

» HHAP: Funded through Cal ICH

- Highly flexible funding often used for subsidies/services but may also be used to quickly acquire land/buildings/units to serve as permanent supportive housing and to support their renovation as well as operations and service delivery and may be used to fill capital or operating gaps in those projects; distributed through counties, cities, CoC allocations. HHAP 5 funding applications just announced.

Primary Housing Funding Sources

» HOME: Funded by HUD and HCD

- Housing rehabilitation, new construction, and acquisition and rehabilitation, for multifamily projects; new construction and down payment assistance for single-family projects; and predevelopment loans to community housing development organization

» CDBG: Funded by HUD and HCD

- Among other uses, resources may support the timely acquisition of hotels and other housing sites in conjunction with other programs and to fund any needed improvements to make them useable as permanent or interim housing

Creating Partnerships

- » Engage with local planning departments and housing developers to see if there are units in the pipeline needing funding
- » Public Housing Authorities also may receive funding for various project-based vouchers, as well as acquisition and renovation projects, that can partner with Behavioral Health
- » Seek out partnerships with CoCs, cities, and other county departments to strategically use funding to create housing opportunities

Appendix

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Major Federal-Level Investments in Behavioral Health and Housing

Department of Housing and Urban Development (HUD)

- » [HUD Homelessness Assistance Programs](#)
- » [HOME American Rescue Plan \(HOME-ARP\)](#)
- » [Continuum of Care \(CoC\) Program](#)
- » [Housing Choice Vouchers](#)
- » [Youth Homelessness Demonstration Program \(YHDP\)](#)
- » [HUD Veterans Affairs Supportive Housing \(HUD-VASH\) Vouchers](#)
- » [Housing Opportunities for Persons with AIDS \(HOPWA\)](#)

Department of Veterans Affairs

- » [Supportive Services for Veteran Families \(SSVF\)](#)

Substance Abuse and Mental Health Services Administration (SAMHSA)

- » [Community Mental Health Services Block Grant \(MHBG\)](#)
- » [Substance Abuse Block Grant \(SABG\)](#)
- » [Projects for Assistance in Transition from Homelessness](#)

Centers for Medicaid & Medicare Services (CMS)

- [Medicaid Homelessness Initiatives](#)

Major State-Level Investments in Behavioral Health and Housing

Department of Health Care Services (DHCS)

- » [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#)
- » [Behavioral Health Response and Rescue Project \(BHRRP\)](#)
- » [Community Supports](#)
- » [Enhanced Care Management \(ECM\)](#)
- » [Housing and Homelessness Incentive Program \(HHIP\)](#)

- » [Justice-Involved Initiative](#)
- » [Mental Health Services Act \(MHSA\)](#)
- » [Opioid Settlement Funds](#)
- » [Providing Access and Transforming Health \(PATH\)](#)

Department of Housing and Community Development (HCD)

- » [CA Housing Accelerator](#)
- » [Emergency Solutions Grants \(ESG\)](#)
- » [Homekey](#)

Major State-Level Investments in Behavioral Health and Housing (Cont'd)

Business, Consumer Services and Housing Agency (BCSH)

- » [Encampment Resolution Funding \(ERF\)](#)
- » [Family Homelessness Challenge](#)
- » [Homeless Housing Assistance and Prevention \(HHAP\)](#)

Department of Veterans Affairs (CalVet)

- » [Veterans Support to Self-Reliance \(VSSR\)](#)

Department of Corrections and Rehabilitation (CDCR)

- » [Pre-Release Community Programs](#)

Department of Social Services (CDSS)

- » [Bringing Families Home](#)
- » [CalWORKS Homeless Assistance](#)
- » [CalWORKS Housing Support Program](#)
- » [Community Care Expansion \(CCE\)](#)
- » [Home Safe](#)
- » [Housing and Disability Advocacy Program \(HDAP\)](#)
- » [Project Roomkey and Rehousing Strategy](#)



Braiding Funding

Bringing in BHBH funding to County programs



About CSH

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



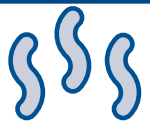


Key Concepts & Definitions

Definitions

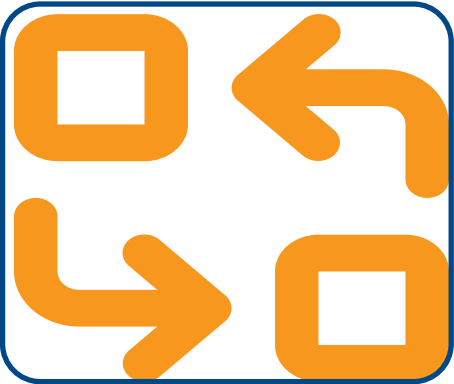


Braiding funds – “lacing together funds from multiple sources to support a common goal or idea such that each individual funding source maintains its specific program identity and can be tracked independently from planning through evaluation.” NACCHO, 2021

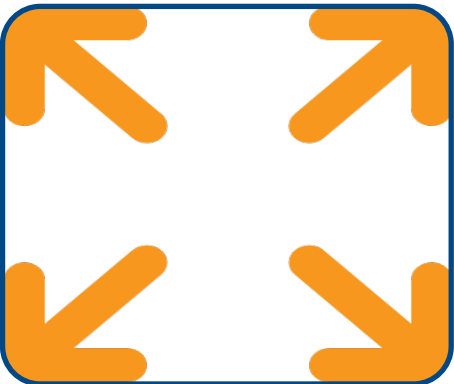


Blending funds – “mixing funds from multiple sources to support a common goal or idea such that each individual funding source loses its specific program identity.” Evaluation reports the accomplishments of the entire program rather than one component alone

Definitions



Supplanting funds – replaces or takes the place of; occurs when a state or unit of local government reduces state or local funds for an activity, specifically because federal funds are available to fund the same activity

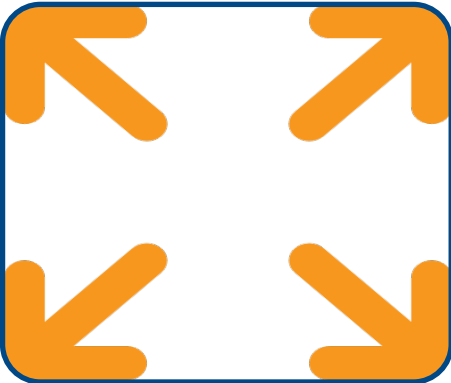


Supplementing funds – to add to or build upon; funds are used to expand or increase the level of services provided. Expanding a program is an example of supplementing.

Key concepts



Complementing funds – support different services or activities beyond what existing funds cover. Something additional, new.



Enhancing funds – funds are used to make a program whole- to increase the size, scope, quality of programs that were otherwise not fully funded.

BHBH funds cannot supplant

“These funds may not be used to supplant existing federal, state, or county funds used to provide housing or services, including through Medi-Cal (including Enhanced Care Management, Targeted Case Management, and Community Supports), programs funded under the Mental Health Services Act (MHSA), federally funded programs, or other state or local programs.”

BHBH funds CAN complement or enhance

If applicants choose to complement or enhance, “they must describe how the BHBH Program-funded activities would complement or enhance similar or related services and activities.

BHBH Program funding may be used to support complementary activities or enhanced investments of existing work if, for example, existing funds (1) do not fully reimburse activities or (2) support additional or different services beyond those that would be funded under the BHBH Program. “

Review the full DHCS Guidance in the RFA

Allowable Uses of Funds outlined on pages 7-9 of the RFA

California Department of Health Care Services Behavioral Health Bridge Housing Program County Behavioral Health Agencies Request for Applications (RFA) (buildingcalhhs.com)

Bridge Housing Start-up and Infrastructure Requirements

- Complete all bridge housing start-up infrastructure activities and make beds available within 1 year of contract execution. Grantees that make beds available within 90 and 180 days will receive a competitive advantage in future rounds of BHBH Program funding, based on the number of beds made available within these time frames.
- If providing rental assistance, submit for DHCS review related policies and procedures that address the following:
 - The calculation of rental assistance.
 - Clear eligibility requirements for individuals and units for short-term and/or mid-term rental assistance.
 - Fraud prevention.
 - Requirements for payments to be made directly to property owners or managers.
 - Requirements to provide supportive services to individuals receiving rental assistance, including assistance to remove barriers and help them obtain longer-term rental assistance or other affordable housing.
 - Requirements for participants to have access to onsite supportive services at the housing site or through a home visit component.

Reporting, Monitoring, and Communication Requirements

- Enter data on the individuals and families served by the BHBH Program into the local Homeless Management Information System (HMIS), as required by AB 977 (Gabriel, Chapter 397, Statutes of 2021).
- Submit quarterly narrative and data reports that document progress toward improved outcomes as described in the proposal and BHBH Program Plan.
- Participate in monthly calls, learning collaboratives, and other TTA activities.
- Meet the funding requirements for BHBH Program elements as identified in the BHBH Program Plan, conduct financial review auditing and fraud prevention, and ensure appropriate uses of funds.
- Provide required program updates and participate in monitoring and reimbursement reviews with DHCS and/or AHP, as requested.

ALLOWABLE USES OF FUNDS

BHBH Program funds will be used for bridge housing to build collaboration, increase resources, and fill gaps by addressing the housing needs of individuals experiencing both homelessness and a serious behavioral health condition (SMI or SUD, or both).

The selection of the best methods for delivering bridge housing will depend on the unique needs and resources of each county, but all county BHAs must meet the program requirements as outlined in [Attachment C](#). DHCS has identified four general program categories for BHBH Program funding:



- County BHA BHBH Program Implementation
- Bridge Housing Outreach and Engagement
- Bridge Housing
 - Shelter/interim housing
 - Rental assistance
 - Auxiliary funding in assisted living settings
 - Housing navigation
- Bridge Housing Start-Up Infrastructure

More detailed information about the types of housing, activities, and costs BHBH Program funds can support in each of these categories is included in [Attachment C](#). In its application, each county BHA must indicate the type(s) of program(s) it intends to develop or expand with BHBH Program funding and provide details on how the program(s) will be implemented.

County BHAs are encouraged to explore innovative models using existing real estate that can be leased or quickly converted to create new BHBH Program settings, including, but not limited to, the following:

- Tiny homes
- Master-leased units or buildings
- Office, school, or warehouse conversions (Warehouse conversion should be designed to support privacy, as dormitory-style housing is not recommended for the BHBH Program.)
- Hotels and motels
- Churches and other community settings
- Duplexes or large single-family homes
- Modular buildings
- Decommissioned skilled nursing facilities (SNFs), assisted living, hospital conversions, etc.
- Scattered-site individual units

The BHBH Program supports bridge housing settings including necessary housing operation costs (e.g., facility rent, utilities, Wi-Fi, insurance, onsite staffing, repairs, food, hygiene products), as well as the costs for additional services to support participants' housing stability and retention and wellness.

These funds may not be used to **supplant** existing federal, state, or county funds used to provide housing or services, including through Medi-Cal (including Enhanced Care Management, Targeted Case Management, and Community Supports), programs funded under the Mental Health Services Act (MHSA), federally funded programs, or other state or local programs.

Applicants may propose using BHBH Program funds to complement or enhance federal, state, or local funds and programs; if they choose to do so, they must describe how the BHBH Program-funded activities would complement or enhance similar or related services and activities. BHBH Program funding may be used to support complementary activities or enhanced investments of existing work if,



Complementing or enhancing to support construction

“BHBH Program funds are not intended to fully support the construction of new bridge housing facilities. County BHAs may use BHBH Program funds in conjunction with other funds as allowable. BHBH Programs should use best practices including addressing people’s needs for privacy, pets, possessions, parking, and the specialized accommodations that individuals with serious behavioral health conditions may need. “

Demonstrating

- 1) Existing funds do not fully reimburse activities and true program costs
- 2) Support additional or different services beyond those funded under the BHBH Program

Important Background to Consider

- Federal government creates parameters and collaborates with State government on setting thresholds and monitoring regularly
- These parameters or rules are set between Federal CMS and State Medicaid agencies
 - Always be on the look-out
 - It can change



Example of Enhancing Funds

Increasing staff to have lower staff to client ratios to meet evidence-based practices



WHO ARE YOU SERVING?



WHAT BEST PRACTICE SERVICE MODEL ADDRESSES THE NEEDS OF YOUR TARGET POPULATIONS?



ARE CASE MANAGERS NEW TO HOUSING INTERVENTIONS?



DO EXISTING PROGRAMS HAVE UNCOVERED COSTS?

What enhancing & complementing can mean in housing service programs?

Fill gaps in services

Expand services delivered

Develop multi-disciplinary teams

Serve more individuals

Manageable caseloads (reduce case load size)

Robust outreach and engagement

What enhancing & complementing can mean in housing?

Gaps in
operating
costs

New housing
interventions

Expanding
housing
interventions

Critical Steps

- Assess and demonstrate need
- Create inclusive project/program plans in collaboration with those closest to the problem and most impacted
- Build a consolidated budget
- Demonstrate accountability, monitoring and evaluating outputs, outcomes and measurable progress

Resources

- “Braided and Blended Funding, Innovation Snap Shot #5”, NACCHO, December 2021, <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Innovation-Snapshot-5.pdf>
- “Budgeting to Promote Social Objectives- A Primer on Braiding and Blending”, Brookings Institution, April 2020, <https://www.brookings.edu/wp-content/uploads/2020/04/BraidingAndBlending20200403.pdf>
- “Blended and Braided Funding: A Guide for Policy Makers and Practitioners”, Intergovernmental Partnership Collaboration Series, Association of Government Accountants, 2014, <https://cdn.flipsnack.com/widget/v2/widget.html?hash=fdc3b8f9d>
- “Braiding Funds to House Complex Medicaid Beneficiaries: Key Policy Lessons from Louisiana, National Academy for State Health Policy, May 2017, <https://eadn-wc03-8290287.nxedge.io/wp-content/uploads/2023/01/Braiding-Funds-Louisiana.pdf>
- “Putting the Funding Pieces Together: Guide to Strategic Uses of New and Recent State and Federal Funds to Prevent and End Homelessness”, California Homeless Coordinating and Financing Council, September 2021, https://www.bcsf.ca.gov/calich/strategic_spending_guide.html

Thank you!

csh.org



Behavioral Health Bridge Housing Resource Library

The screenshot shows the website's header with the logo on the left and a navigation menu on the right. The main content area features a dark blue banner with the word "Resources" in white. Below this is a "Search the Library" section with a search bar and a descriptive paragraph. The "Featured Resources" section contains three resource cards: "Reimagining Interim Housing", "ACTION PLAN for Preventing and Ending Homelessness in California", and "Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder: Toolkit Part 2".

BEHAVIORAL HEALTH Bridge Housing

Home | [I'm Seeking Help](#) | [County Behavioral Health Agencies](#) | [Tribes/Tribal Entities](#) | [Resources](#) | [News](#) | [Contact Us](#)

Resources

Search the Library

This library contains documents that may be useful to counties and/or Tribal entities as they design and implement behavioral health bridge housing. The search function allows you to search by keyword and resource type. Although BHBH staff has reviewed all resources for relevance to behavioral health bridge housing and to categorize them by topic, please note that external links and resources may not fully reflect the views of DHCS or AHP.

Search Keyword Here..

Featured Resources

- Reimagining Interim Housing**
Stages and Action Areas for Transforming Approaches to Sheltering People Experiencing Homelessness
December 2022
- ACTION PLAN**
for Preventing and Ending Homelessness in California
- Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder: Toolkit Part 2**
MAY 2022