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>> Oregon CCO Housing Supports

Survey Report

Oregon
Health
Authority
HEALTH POLICY & ANALYTICS

Acknowledgments

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Oregon CCO Housing Supports: Survey Report 2016

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Executive summary

Oregon is facing an unprecedented housing crisis. Communities in every corner of the state lack affordable housing and experience a continually growing homeless population. In 2015 alone, Oregon's homeless population increased by 9 percent from 2014. On a single night, 13,176 individuals were homeless; 3,991 of those were chronically homeless. Services to address homelessness are inadequate. In addition, available housing services often contain gaps and lack coordination and education to ensure that people who are homeless fully use them.

When it comes to health care, individuals with a stable housing foundation are better equipped to get the health care services they need. That is why the Oregon Health Authority (OHA) is identifying Oregon coordinated care organizations' housing-related services as well as housing gaps and opportunities to increase Oregon Health Plan (OHP) members' access to these services.

Oregon's coordinated care organizations (CCOs) see a huge need for safe, affordable housing in their communities. They also see a clear connection between health and housing and understand the value of investing in housing to improve health. As we move forward with health transformation in Oregon, opportunities will expand to connect housing-related services with the health care system.

Care coordination, housing and Medicaid integration: Oregon context

Because of Oregon's 2014 Medicaid expansion, a significant number of people who are chronically homeless and individuals at risk of homelessness are now eligible and enrolled in the OHP. Oregon's 1115 waiver allows CCOs to use Medicaid dollars for non-medical services that result in better health at lower costs, such as housing supports. These "flexible services" are a unique component of Oregon's health system transformation efforts. On a limited basis, some CCOs are using flexible services to provide housing supports and services such as transitional housing; home improvements such as critical repairs, air conditioners, child safety locks and ramps; assistance with rent, utilities, moving expenses and deposits. However, CCOs express challenges to paying for flexible services on a larger scale. Apart from flexible services, Medicaid does not pay directly for transitional or supportive housing services, except for people who qualify under the state's Section 1915 waivers and state plan for eligibility and covered services.

CCO Housing Supports Survey

In May 2016, the OHA fielded the CCO Housing Supports Survey with Oregon's 16 CCOs. The survey results helped OHA better understand the housing-related services Oregon's CCOs fund or support. The survey also identified gaps and opportunities to increase OHP members' access to housing-related services. The survey contained 18 questions comprised of a mix of quantitative and qualitative questions. Question types included multiple choice with fill-in-the-blank options, questions that rank options, and a catchall fill-in-the-blank question for additional qualitative feedback. Fifteen CCOs completed the survey during May (93 percent response rate).

Key findings

All 15 respondents noted their CCO helps or collaborates with organizations to support at least one housing-related service. However, the types of services offered and the degree to which CCOs support housing-related services vary among CCOs based on three general categories:

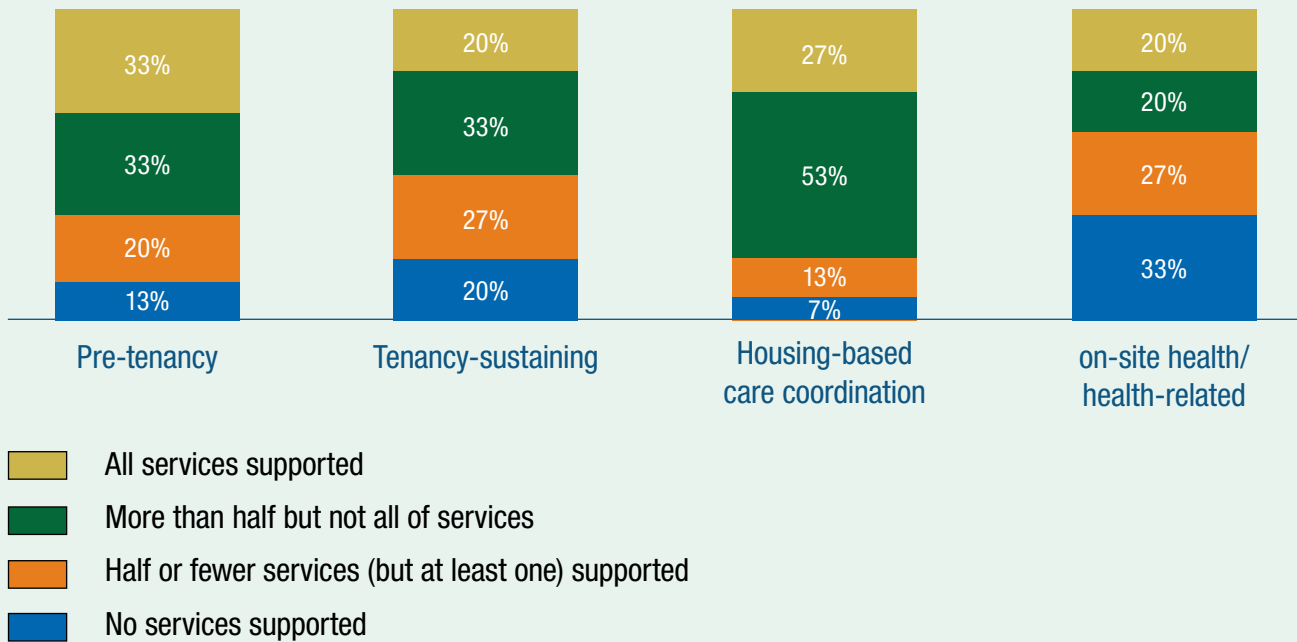
- Pre-tenancy housing transition supports (e.g., outreach and engagement, housing search and/or housing application assistance, move-in costs);
- Tenancy-sustaining services (e.g., eviction prevention, utilities management or assistance, short-term assistance with food or groceries);
- Integrated housing and health services (e.g., coordination with primary care, substance abuse, mental health or dental providers, co-located clinical services, recuperative care after hospitalization, food resources).

A high proportion of CCOs reported supporting housing-related services in each category, with all 15 (100 percent) supporting some type of tenancy-sustaining service. Ninety-three percent supported some type of pre-tenancy service; 93 percent some type of housing-based care coordination service; and 80 percent some type of health or health-related service in housing facilities.

However, CCOs varied in terms of the breadth of services offered in any given category. The chart on the next page shows the extent to which CCOs offered the full breadth of services. In all categories, approximately one-third or fewer CCOs supported the full breadth of services.

Approximately one-third of CCOs supported half or fewer of the services in pre-tenancy, tenancy-sustaining and housing-based care coordination. This may indicate that CCOs offer these services on a fragmented, case-by-case basis rather than as part of a comprehensive strategy.

Extent to which CCOs offer the full breadth of services in a given category



Sixty percent of respondents reported supporting half or fewer listed health or health-related services in housing communities (such as on-site clinical services). This area may warrant particular attention or investment to increase these types of health or health-related services offered in Oregon’s housing communities.

The survey results show that at least 15 CCOs provide some level of housing-related supports and services to members. Many CCOs cited community need as a strong incentive to do this work. Throughout the survey, CCOs called attention to a noticeable housing crisis in their communities and their members’ clear need for safe, affordable housing. Despite this recognition, CCOs identified structural challenges and barriers that affect their ability to meet members’ housing needs. Finally, the survey results showed a willingness and readiness among CCOs to further develop cross-sector relationships within their respective communities to address social determinants of health related to housing and housing supports for vulnerable and at-risk Oregonians served by the OHP.

Introduction

Oregon faces an unprecedented housing crisis. In 2015 Oregon's homeless population increased by 9 percent (from 2014). On a single night, 13,176 individuals were homeless; 3,991 of them were chronically homeless.¹ Services to address homelessness are inadequate and require more coordination and education to ensure people who are homeless fully use them. Collaboration among a wide variety of government and private entities is also key to ensuring ongoing quality and OHP members' access to all available services.

Oregon's coordinated care organizations can pay for limited cost-effective services such as housing-related services, under Oregon's Section 1115 Demonstration's flexible services policy. However, Medicaid cannot directly pay for transitional services or supportive housing services for people who do not qualify under the state's Section 1915 waivers and state plan for eligibility and covered services.²

In May 2016, Oregon Health Authority fielded the CCO Housing Supports Survey with Oregon's 16 CCOs. The survey results helped OHA better understand the types of housing-related services Oregon's CCOs fund or otherwise support. OHA will use the information to identify gaps and opportunities to increase OHP members' access to housing-related services and identify innovative housing-related services and practices throughout Oregon. This includes Oregon's Coordinated Health Partnership (CHP) proposal, part of the state's 1115 waiver renewal request to the Centers for Medicare and Medicaid Services (CMS).

“There is a lack of available housing... that is affecting the entire community.”

– CCO

¹ *Oregon Housing and Community Services (2015). Homelessness in Oregon: 2015 Point in Time County. Available from www.oregon.gov/ohcs/pdfs/2015-Point-In-Time-Count-Summary.pdf. Section 1915 authorities, such as 1915(c) and 1915(k), are limited to individuals who are eligible for long-term services and/or need institutional care.*

² *Section 1915 authorities, such as 1915(c) and 1915(k), are limited to individuals who are eligible for long-term services and/or need institutional care.*

Survey overview

The survey (see Appendix A: CCO Housing Supports Survey) contained 18 questions. Quantitative and qualitative questions' formats included multiple choice with fill-in-the-blank options, questions that rank options, and a catchall fill-in-the-blank opportunity for additional qualitative feedback. Skip logic was used to streamline the survey for respondents. However, due to skip logic, no CCOs answered question 15, which asked CCOs to rank barriers preventing them from supporting housing-related services. Only those respondents that indicated they do not offer any housing-related services could answer this question; however, all respondents indicated they support at least one housing-related service.

OHA distributed the survey using two methods: first, OHA's staff innovator agents³ distributed the survey to CCO contacts they deemed most likely to have sufficient knowledge and understanding of the CCOs' housing-related services. Second, the agents sent the survey to CCO chief executive officers, who forwarded it to appropriate staff. Innovator agents sent several reminders to CCO contacts and one reminder through the CEOs. OHA accepted one survey per CCO. Fifteen CCOs completed the survey during May 2016.

All 15 respondents noted that their CCO supports or collaborates with organizations to provide at least one housing-related service. However, the types of services offered and the degree to which CCOs support housing-related services varies. In general, survey results provide high-level information about Oregon CCOs' level of support for housing-related services. For example, while survey results identify the types of housing-related services CCOs support, the data do not indicate the volume of services CCOs provide.

“ The lack of housing is a major issue that our community health workers confront on a daily basis.”

– Oregon CCO

³ *Innovator agents help CCOs and OHA work together to achieve the goals of health system transformation: better care, better health and lower costs.*

Summary of results

The survey asked CCOs about the housing-related services they either support or partner with organizations to support in three general categories:

- Pre-tenancy housing transition supports;
- Tenancy-sustaining services; and
- Integrated housing and health services.

Respondents chose from a list of selected services within each category and could opt to write in unlisted services. Respondents could select “none of the above” to indicate their CCO does not support or partner with organizations to support any services in a given category.

Pre-tenancy housing transition supports

The survey defined pre-tenancy housing transition supports as *services that help members find, obtain, or move in to a new housing situation*. Respondents selected from five types of pre-tenancy services:

- Outreach and engagement;⁴
- Tenant screening/assessment and plan development;⁵
- Housing search and/or housing application assistance;⁶
- Rental advocacy with landlords, including lease negotiations;
- Move-in costs.⁷

Outreach and engagement was the most popular pre-tenancy housing transition service that CCOs supported, followed by move-in costs and assistance with housing

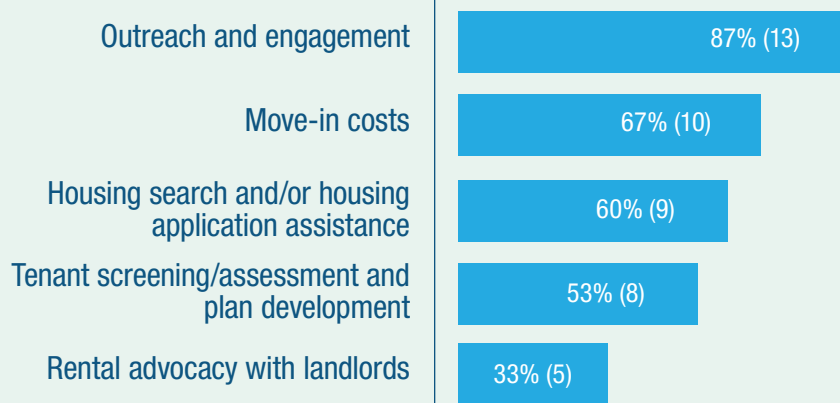
⁴ Efforts to identify/engage people in need of housing-related services, such as those transitioning from institutional settings, including engaging institutional care and other providers.

⁵ Working with individuals to assess the type of housing, location and other factors they prefer and could meet their needs. This includes identifying possible housing transition and retention barriers, such as accessibility needs, criminal background, ability to pay rent and needed supports. This could also include developing an individual housing support or housing crisis plan.

⁶ Reviewing housing search resources; accompanying members on housing searches; assisting with housing applications including gathering documentation.

⁷ For example, deposits, moving company costs, furnishings, household supplies.

Q5 Does your CCO support or partner with organizations for any of the following pre-tenancy housing transition supports to members?



searches or applications. One-third of CCOs supported rental advocacy with property owners, including lease negotiations. One CCO said it does not support any pre-tenancy housing services. Another CCO indicated it is involved in referrals to a local housing authority and local rental assistance program.

Tenancy-sustaining services

The survey defined tenancy-sustaining services as including coaching, training, support and interventions to maintain housing. Respondents selected from six types of services:

- Tenancy rights/responsibilities education;⁸
- Eviction prevention;⁹
- Utilities management or assistance;¹⁰
- Short-term rental assistance (less than or equal to 90 days);
- Short-term assistance with food or groceries (less than or equal to 90 days);
- Linkages to education/job training, employment.

⁸ Educating tenant about aspects of lease and training on consequences of not meeting lease obligations.

⁹ Coaching and helping an individual handle landlord or neighbor disputes; landlord advocacy regarding lease complications, such as complaints from neighbors and late payments; general coaching and helping an individual maintain positive relationships with landlords.

¹⁰ Coaching/educating an individual on utilities usage and payment schedules, monitoring utilities payments, or assisting with current or old utility bills.

Q6 Does your CCO support or partner with organizations for any of the following tenancy-sustaining services?



The results showed similar distribution in the number of CCOs supporting each tenancy-sustaining service. CCOs most often supported utilities management, which includes assisting with the payment of current or back utility bills (67 percent). However, more than half of CCOs reported supporting short-term rental or food assistance, job training or other employment assistance and eviction prevention. Slightly less than half of respondents supported tenancy rights and responsibilities education, such as helping an individual understand the components of a lease. Three CCOs did not select any of the listed categories, but reported offering related services, including providing housing resource information to members and partnering with programs that provide supportive housing or crisis apartments.

Integrated housing and health services

Respondents answered questions about two types of integrated housing and health services:

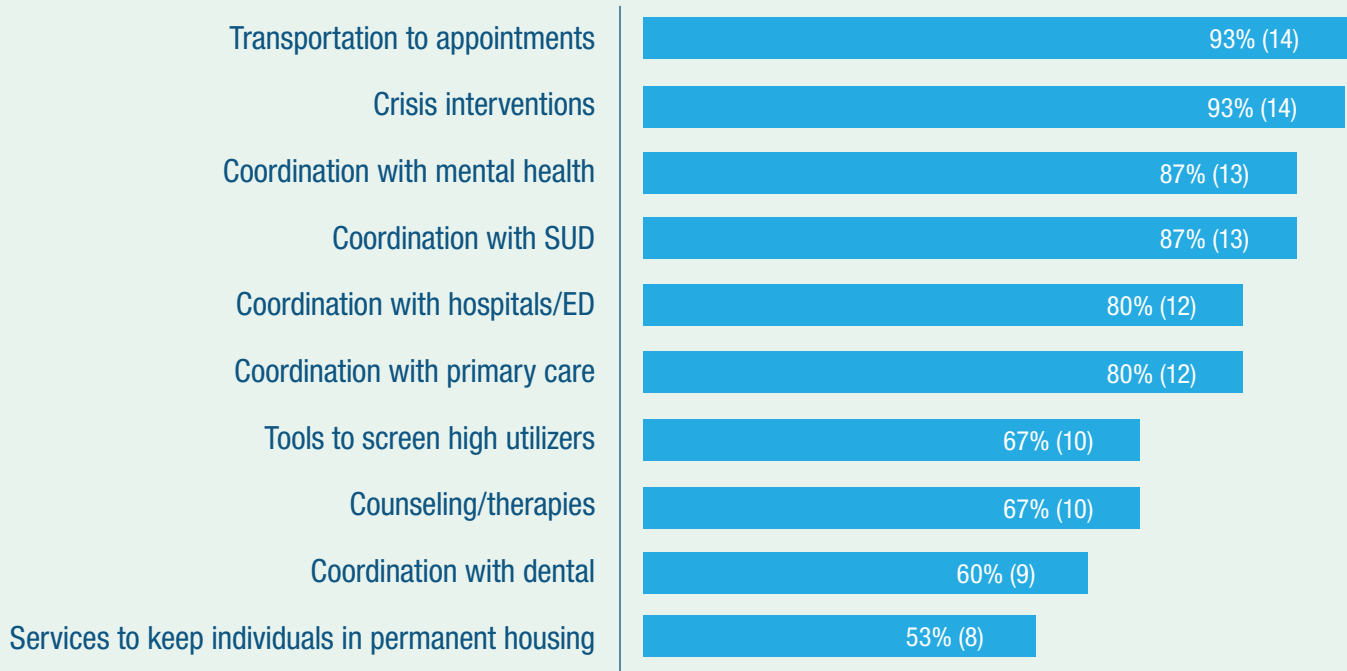
- Housing-based care coordination among housing providers/resident service coordinators and medical providers; and
- Health/health-related services provided in housing settings, including clinical and non-clinical health services (e.g., cooking classes).

Survey questions asked about CCOs' support of housing-based care coordination. Respondents selected from 10 types of services:

- Coordination with primary care providers or patient-centered primary care homes (PCPCHs);

- Coordination with substance use disorder (SUD) providers;
- Coordination with mental health providers or behavioral health homes (BHHs);
- Coordination with hospitals and emergency departments;
- Coordination with dental resources and providers;
- Counseling and therapies;¹¹
- Crisis interventions;
- Tools to identify and screen high utilizers;
- Services to keep individuals in permanent housing and prevent early entry to institutional care;¹²
- Transportation to appointments.

Q7: Does your CCO support or partner with organizations for any of the following housing-based care coordination services?



¹¹ For example, motivational interviewing.

¹² For example, nursing homes.

Transportation to appointments and crisis interventions were the top two most commonly selected housing-based care coordination services (93 percent). Nearly all CCOs provide mental health supports and coordination, including crisis interventions (93 percent) and coordination with substance use and mental health providers and behavioral health homes (87 percent). This may be due to Oregon's Section 1915 waivers' support for certain housing-based services and care coordination for those with serious and persistent mental illness (SPMI) and people with disabilities. Coordination with primary care providers/PCPCHs and hospitals/emergency departments was common (80 percent), while coordination with dental providers was the least common of the care coordination services (60 percent). Most CCO members receive dental services through subcontracted dental care organizations (DCOs). The current dental-related performance incentive metrics for CCOs, dental sealants for children and dental screenings for foster care youth, are unlikely to provide incentive for care coordination services in housing communities. Finally, slightly more than half of CCOs (53 percent) indicated they support services to keep individuals in permanent housing and prevent early entry to institutional care.

Next, respondents replied about support of health and health-related services in housing facilities. Respondents selected from six types of services:

- Co-located clinical services;¹³
- Health promotion classes/activities;¹⁴
- Medication management;
- Recuperative care after hospitalization;
- Food resources;¹⁵
- Support groups.

Among the types of housing supporting services included in the survey, CCOs reported providing health-related services in housing settings as the **least common type** of service. Ten of the 15 CCOs supported or partnered to support one of the six listed services. Generally, CCOs reported clinical services, such as co-located services, more often than non-clinical services, such as food resources. Within this category, approximately half of CCOs (53 percent) reported supporting co-located clinical services, recuperative care after hospitalization, and health-promotion classes or

¹³ For example, health clinic, mental health clinic, dental clinic.

¹⁴ For example, health classes, fitness classes or activities, peer-to-peer wellness supports and/or training, fall prevention strategies.

¹⁵ For example, food pantries, nutrition/cooking education.

Q8: Does your CCO support or partner with organizations for any of the following health or health-related services on-site in housing settings, such as affordable housing communities?



activities. Just one in three CCOs supported either food resources or support groups. Three CCOs did not support any health or health-related on-site services, while one reported very limited services in this category and another listed “mental health residential and supported housing” as an alternative service offered in this category.

Breadth of housing-related services offered

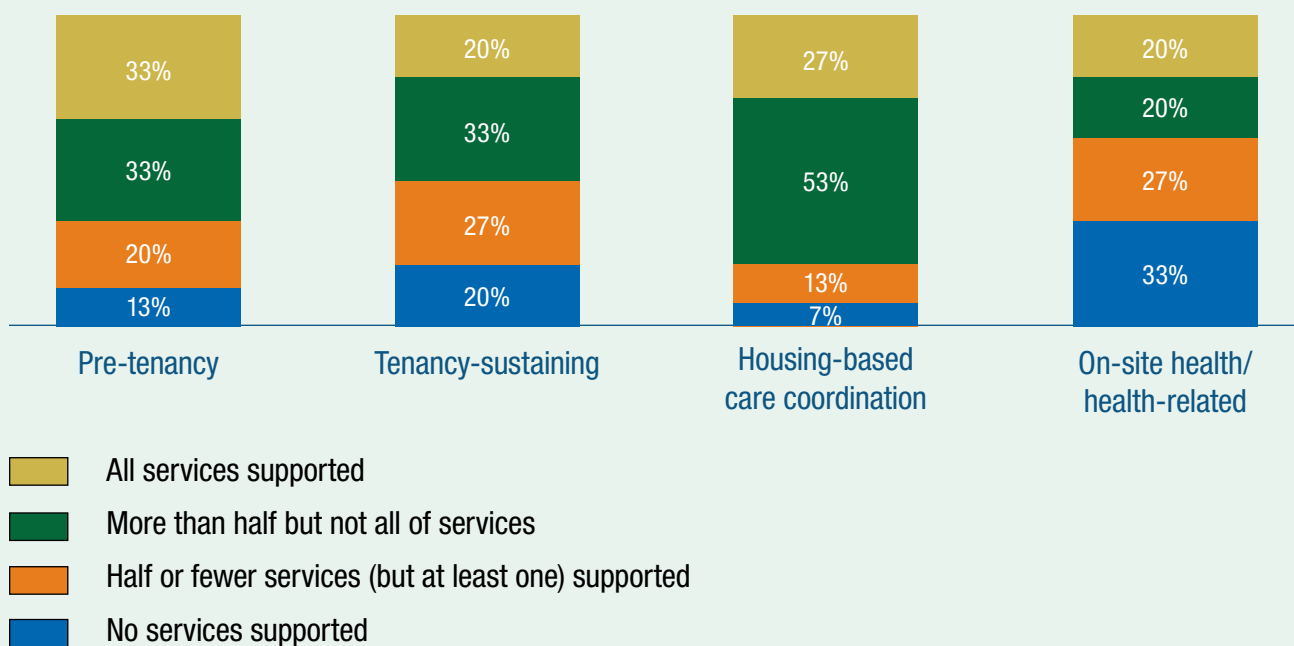
A high proportion of CCOs reported supporting housing-related services in each category, with all 15 (100 percent) indicating support for some type of tenancy-sustaining service; 93 percent for some type of pre-tenancy service; 93 percent for some type of housing-based care coordination service; and 80 percent for some type of health or health-related service in housing facilities.¹⁶ However, CCOs varied in terms of the breadth of services offered in any given category. The chart on page 9 shows the extent to which CCOs offered the full breadth of services, more than half but not the full breadth of services, half or fewer services, or no services.¹⁷ In all categories, approximately one-third or fewer CCOs support the full breadth of services.

Approximately one-third of CCOs support half or fewer services in pre-tenancy, tenancy-sustaining and housing-based care coordination. This indicates CCOs may offer these services on a fragmented, case-by-case basis rather than as part of a comprehensive strategy. Nine CCOs reported supporting half or fewer of the listed

¹⁶ Note: These figures include those CCOs that did not select one of the specifically listed services, but that indicated they offered other services in a given category.

¹⁷ Chart note: If CCOs listed additional services in a given category, but did not select one of the listed services, they appear in the “No services supported” category.

Extent to which CCOs offer the full breadth of services in a given category



services in the category of health or health-related services in housing communities (such as on-site clinical services). This area may warrant particular attention or investment to increase these types of health or health-related services offered in housing communities in Oregon.

What types of providers and staff members provide housing-related services?

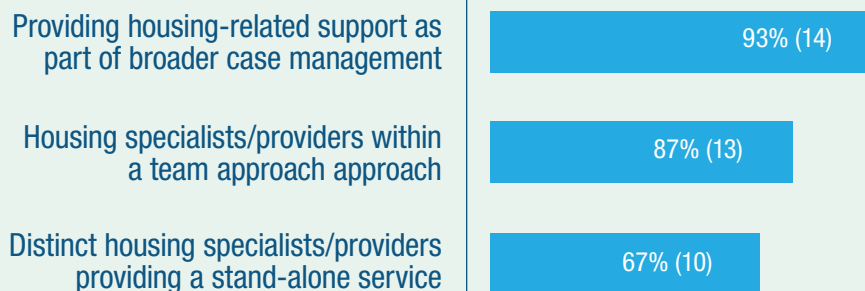
The CCOs provided information on the types of providers and staff they work with to provide housing-related services. CCOs could select from three types of providers, which included:

- Distinct housing specialists/providers providing a stand-alone service;
- Housing specialists/providers within a team approach;¹⁸
- Housing-related support provided as part of a broader case-management strategy.

¹⁸ E.g. *Assertive Community Treatment*

www.namihelps.org/assets/PDFs/fact-sheets/General/Assertive-Community-Treatment.pdf

Q10: With what kinds of provider(s) does your CCO work in order to support housing-related services?



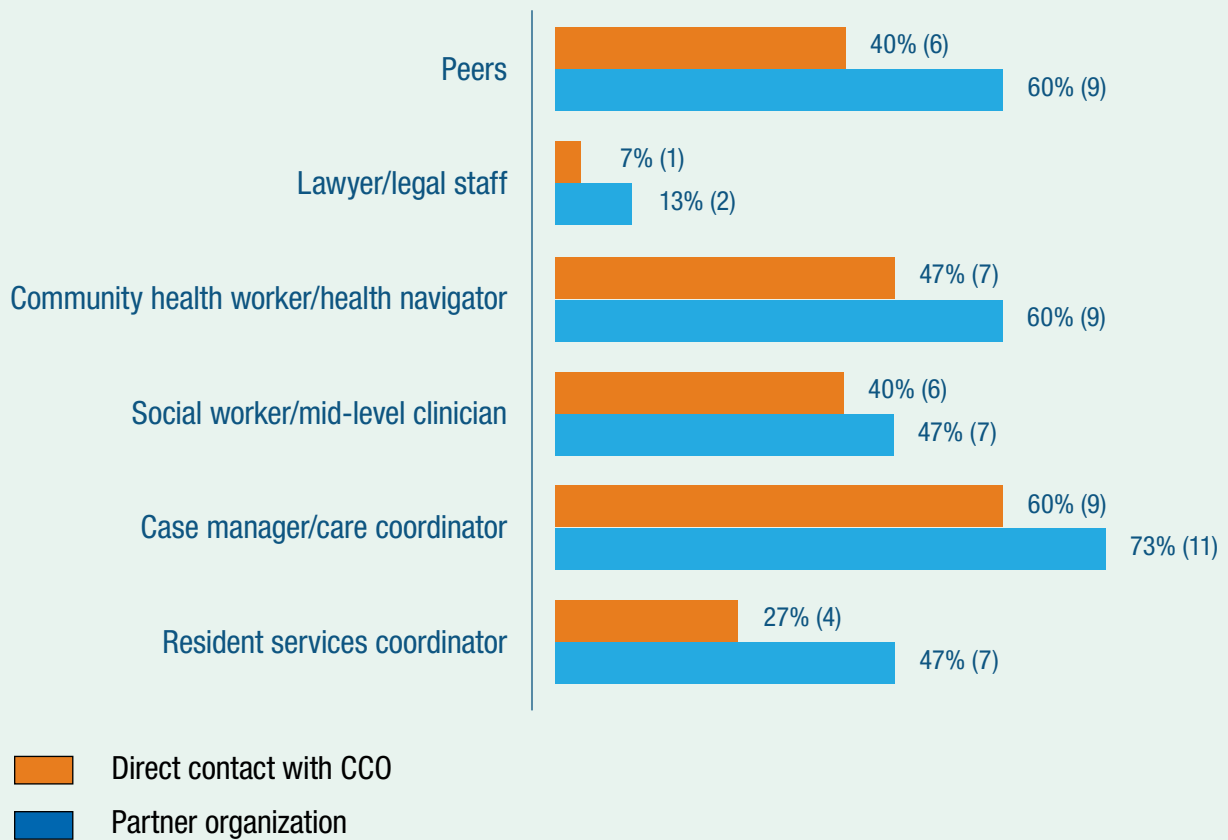
CCOs appear to have a range of housing partners, with more than half indicating they work with all three listed types of providers when supporting housing-related services. However, it is more common for CCOs to work with providers that offer a broad range of services than with those specializing in housing. All but one CCO (93 percent) work with organizations providing housing-related support as part of a broader case management strategy and 87 percent work with housing specialists working within a team approach, while two in three (67 percent) work with distinct housing specialists providing a stand-alone service. One CCO also reported working with public health workers, such as those trained to conduct vulnerability assessments.¹⁹

When it comes to staffing supportive housing services, CCOs were somewhat more likely to partner with organizations to obtain staff resources, as opposed to contracting directly with a staff person. In many cases, however, CCOs indicated working with the same type of staff person (e.g., case manager) in both a partner and direct contract role.

Respondents most commonly identified working with case managers, either in a partner organization (73 percent) or direct contractors with CCOs (60 percent). This is in line with the finding that CCOs generally work with partners providing housing services as part of broader case management. Community health workers or health navigators and peers also play important roles providing housing-related services and supports; 69 percent of CCOs work with these staff on a partnership basis and close to half of CCOs directly contract with this type of staff person (54 percent CHWs/46 percent peers). Lawyers and legal staff were the least commonly used either through partners (13 percent) or direct contracts (7 percent). This low use of legal staff may

¹⁹ *Vulnerability assessment: A tool to identify and prioritize the vulnerabilities that a system, asset, or population faces in relation to a particular threat.*

Types of staff roles providing housing-related services



shed light on the relatively limited support of housing services that may require legal expertise, such as rental advocacy (see page 3) that includes lease negotiations, and tenant rights and responsibilities education (see page 4).

Why do CCOs provide housing-related services?

CCOs ranked five reasons they support housing-related services for members.

Ranked reasons CCOs support housing-related services

1	High need among patients
2	Generate cost savings
3	Identified in CCO's community health improvement plan
4	Positive impact on CCO incentive measures
5	Strong partnerships with housing-related service providers

The top two reasons CCOs support housing-related services – high need among patients (ranked number one) and identified in community health improvement plan (ranked number three) – indicate that community housing needs are key motivating factors for CCOs involved in this work. CCOs cited “strong partnerships with housing-related providers” as the lowest-ranked reason; this may indicate that CCOs see housing-provider partners as less critical factors in their support of housing-related services or that CCOs could benefit from stronger relationships with housing-related providers in order to strengthen services offered. Furthermore, this could also indicate that CCOs need to learn more about the role of housing service providers.

“ Our CCO is seeing a clear connection between health and housing as well as a huge need in our community. ”

– Oregon CCO

How are CCOs using flexible services to provide housing-related services to OHP members?

As part of their global budgets, CCOs can pay for flexible services, usually defined as non-medical services that result in better health at lower costs. A commonly used example is paying for an air conditioner for a patient with congestive heart failure. Flexible services do not count as medical expenditures for purposes of CCO rate setting.

CCOs were asked whether they currently use or have ever used flexible services to fund housing-related services, and if so, to describe the services provided. Twelve of the 15 CCOs (80 percent) indicated that they use or have used flexible services to

“ [We] would appreciate better billing mechanisms that help support housing needs than flexible services out of the admin budget only. ”

“ If [flexible services] expenditures could be tied directly to the MLR more would potentially be expended. ”

– Oregon CCO

fund housing-related services and supports for their members. CCOs listed several innovative examples of housing-related flexible services, with many targeted to particular populations, including pregnant women, at-risk teens and SPMI members (see Appendix B: Examples of housing-related flexible services). However, several described limited use of flexible services and some reported being in the pilot or planning stages for expanded use of housing-related flexible services. Additionally, some CCOs reported using alternate sources of funding to do this work outside their global budgets, including Transformation Fund grants from OHA or non-OHA funds. CCOs reported several barriers that prevent them from using more flexible services. These include:

- Lack of member follow-through;
- Awaiting approval of a flexible services policy;
- Flexible services counted as administrative expenses rather than as medical expenses when calculating the CCOs' medical loss ratio (MLR)²⁰ for purposes of rate setting.

Would CCOs participate in a statewide learning collaborative on housing-related services in health care?

CCOs reported considerable interest in participating in additional learning and information sharing about housing-related supports. OHA is considering developing a learning collaborative on housing-related services and asked CCOs to indicate their interest in participating. The Oregon Health Authority's Transformation Center has implemented statewide learning collaboratives on several topics to provide a sharing forum and technical assistance to CCOs.

- Two-thirds of respondents indicated they are either likely or very likely to participate in a statewide learning collaborative on housing-related services.

²⁰ Medical loss ratio: The Affordable Care Act requires health insurance issuers to submit data on the proportion of premium revenues spent on clinical services and quality improvement, also known as the medical loss ratio (MLR).

Conclusion

In communities across Oregon, CCOs are providing some level of housing-related supports and services to members. The majority of CCOs cite community need as a strong incentive to do this work. Throughout the survey, CCOs called attention to:

- A noticeable housing crisis in their communities and clear need for safe, affordable housing among their membership;
- Structural challenges and barriers that affect their ability to meet members' housing needs (e.g., lack of housing stock in their communities, particularly affordable and safe housing);
- Concerns about financing housing-related services within the CCO global budget.

One CCO said if flexible services could count as a medical expense, it would help facilitate provision of flexible housing-related services. Another questioned whether the current health care budget included sufficient funding to adequately support housing-related services for members.

CCOs also drew attention to the need for collaboration among multiple stakeholders when addressing housing-related needs and barriers. One CCO is considering applying the “collective impact model”²¹ to housing and health care. Another suggested that a model similar to Oregon’s Early Learning Hubs might be useful to support housing and health work.²²

In closing, survey results indicate CCOs’ willingness and readiness to further develop cross-sector relationships that address housing-related social determinants of health for vulnerable and at-risk Oregon Health Plan members. Moreover, the results clearly indicate the need for substantial work and resources, including funding, to adequately address the housing needs of low-income Oregonians.

²¹ *Collective impact refers to the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Stanford Social Innovation Review, Winter 2011.*

²² *Early Learning Hubs: Oregon House Bill 2013 created Early Learning Hubs, which statute directs to accomplish three specific goals: create an early childhood system that is aligned, coordinated and family-centered; ensure that children arrive at school ready to succeed; and ensure that Oregon’s young children live in families that are healthy, stable and attached.*

Appendix A: CCO Housing Supports Survey

CCO Housing Supports Survey 2016

INTRODUCTION

The purpose of the CCO Housing Supports Survey is to understand the types of housing related services funded or otherwise supported by Oregon CCOs. The Oregon Health Authority (OHA) will use your responses in two ways: (1) to help OHA understand opportunities to increase access to housing-related services for OHP members and (2) to develop a list of innovative housing related services and practices throughout the state. Your responses will be kept confidential, and survey data will be reported in aggregate rather than as individual responses, unless we have your explicit permission to share your information. OHA sincerely appreciates your time and responses to this survey.

What do we mean by housing related services? Housing related services are broadly defined as a range of flexible services that support individuals as they get and keep housing. Some examples include:

- paying move-in costs
- short-term rental assistance
- utilities assistance
- advocacy with landlords

What do we mean by support? Some examples of support include:

- funding a community health worker based in an affordable housing community
- partnering with a local housing agency to connect members-in-need with housing services
- coordination of mental and physical health services with housing providers
- working with a local legal clinic that helps members with lease negotiations

We estimate this survey will take approximately 20 minutes of your time. Please note that this survey asks you to indicate the types of housing related services your CCO funds or otherwise supports. We recommend having this information close at hand before beginning the survey. Thank you!

For questions about this survey, please contact: Amanda Peden, amanda.m.peden@state.or.us

Section 1: Background details

Please provide the name of the CCO you represent, as well as your contact information.

* 1. CCO name

* 2. Your Name

3. Your Title

* 4. Your Contact Email

Section 2: Pre-Tenancy and Housing Transition Services

First, we'd like to know about any pre-tenancy and housing transition services supported by your CCO. Pre-tenancy and housing transition supports include services that help members find, obtain, and move-in to a new housing situation.

* 5. Does your CCO support or partner with organizations for any of the following pre-tenancy housing transition supports to members? Please check all that apply.

- Outreach and engagement (i.e. efforts to identify/engage people in need of housing related services, such as those transitioning from institutional settings, including engaging institutional care and other providers)
- Tenant screening/assessment and plan development (i.e. working with an individual to assess the type of housing, location and other factors that they prefer and could meet their needs. This also includes identifying possible housing transition and retention barriers, such as accessibility needs, criminal background, ability to pay rent, and needed supports. This could also include developing an individual housing support or housing crisis plan.)
- Housing search and/or housing application assistance (e.g. reviewing housing search resources; accompanying members on housing searches; assisting with housing applications including gathering documentation)
- Rental advocacy with landlords, including lease negotiations.
- Move-in costs (e.g. deposits, moving company costs, furnishings, household supplies)
- None of the above, my CCO doesn't support or partner with organizations for any pre-tenancy housing transition supports.
- None of the above, but my CCO does support or partner with organizations for the following pre-tenancy housing transition supports: (please specify)

Section 3: Tenancy Sustaining Services (services to stabilize housing)

Next, we'd like to know about any tenancy sustaining services supported by your CCO. Tenancy sustaining services include coaching, training, support and interventions to maintain housing.

* 6. Does your CCO support or partner with organizations for any of the following tenancy sustaining services? Please check all that apply.

- Tenancy rights/responsibilities education (i.e. educating tenant about aspects of lease and training on consequences of not meeting lease obligations)
- Eviction prevention (i.e. coaching and assisting an individual in handling disputes with landlords/neighbors; landlord advocacy regarding lease complications, such as complaints from neighbors or late rent payments; general coaching and assisting individual in maintaining positive relationships with landlords)
- Utilities management or assistance (i.e. coaching/educating an individual in utilities usage and payment schedules, helping to monitor utilities payments, or assisting with current or old utility bills)
- Short-term rental assistance (less than or equal to 90 days)
- Short-term assistance with food or groceries (less than or equal to 90 days)
- Linkages to education/job training, employment
- None of the above, my CCO doesn't support or partner with organizations for any tenancy sustaining services.
- None of the above, but my CCO does support or partner with organizations for the following tenancy sustaining services: (please specify)

Section 4: Integrated Housing and Health Services

Now, we'd like to know about any integrated housing and health services supported by your CCO. Integrated housing and health services include housing-based care coordination between housing providers/resident service coordinators and medical providers, and health/health related services on-site in housing settings (e.g. affordable housing communities).

* 7. Does your CCO support or partner with organizations for any of the following housing-based care coordination services? Please check all that apply.

- Coordination with primary care providers or health homes
- Coordination with Substance Use Disorder (SUD) providers
- Coordination with mental health providers or Behavioral Health Homes (BHH)
- Coordination with hospitals and/or emergency departments
- Coordination with dental resources and/or providers
- Counseling and therapies (e.g. motivational interviewing)
- Crisis interventions
- Tools to identify and screen high utilizers
- Services to keep individuals in permanent housing and prevent early entry to institutional care (e.g. nursing homes)
- Transportation to appointments
- None of the above, my CCO doesn't support or partner with organizations for any housing-based care coordination services.
- None of the above, but my CCO does support or partner with organizations for the following housing-based care coordination services: (please specify)

* 8. Does your CCO support or partner with organizations for any of the following health or health-related services on-site in housing settings, such as affordable housing communities? Please check all that apply.

- Co-located clinical services (e.g. health clinic, mental health clinic, dental clinic)
- Health promotion classes/activities (e.g. health classes, fitness classes or activities, peer-to-peer wellness supports and/or training, fall prevention strategies)
- Medication management
- Recuperative care after hospitalization
- Food resources (e.g. food pantries, nutrition/cooking education)
- Support groups
- None of the above, my CCO doesn't support or partner with organizations for any health or health-related services on-site in housing settings.
- None of the above, but my CCO does support or partner with organizations for the following health or health-related services on-site in housing settings: (please specify)

Section 5: Do CCOs Support Any Housing Related Services?

Now, we have some questions for you based on whether or not your CCO supports or partners with organizations for any housing related services, including services that are categorized as housing related flexible services.

* 9. Does your CCO support or partner with organizations for ANY housing related services?

- Yes
- No

Section 6a: Providers of Housing-related Services

We'd like to know a little about the types of partners your CCO works with in order to provide or support housing related services.

* 10. With what kinds of provider(s) does your CCO work in order to support housing related services?
Please check all that apply, and use the fill-in box to specify a provider-type that is not listed.

- Distinct housing specialists/providers providing a stand-alone service
- Housing specialists/providers within a team approach, such as Assertive Community Treatment
- Providing housing-related support as a part of a broader case-management support
- Other (please specify)

11. Please indicate the type(s) of staff member(s) that provide housing related services. Please use the drop down menu to select whether the staff member works within a partner organization/provider or if the staff member contracts directly with your CCO.

	Works within partner organization	Contracts directly with CCO
Resident Services Coordinator	<input type="text"/>	<input type="text"/>
Case Manager or Care Coordinator	<input type="text"/>	<input type="text"/>
Social worker, mid-level clinician (PA/NP)	<input type="text"/>	<input type="text"/>
Community Health Worker/Health Navigator	<input type="text"/>	<input type="text"/>
Lawyer/legal staff	<input type="text"/>	<input type="text"/>
Peers	<input type="text"/>	<input type="text"/>

Other (please specify whether the staff member works within a partner organization or contracts directly with your CCO)

Section 6b: Reasons for Supporting Housing Related Services

Now, we'd like to know the top reasons that your CCO supports housing related services.

* 12. Please rank the following from "1" as the most important reason to "5" as the least important reason your CCO supports housing related services.

<input type="text"/>	Generate cost savings
<input type="text"/>	High need among patients
<input type="text"/>	Identified in CCO's Community Health Improvement Plan
<input type="text"/>	Positive impact on CCO incentive measures
<input type="text"/>	Strong partnerships with housing related service providers

Section 6c: Housing Related Flexible Services

Now, we'd like to know if your CCO uses flexible services to fund housing related services. Flexible services are outside of the typical services that we think of when it comes to medical care. CCOs

are able to pay for these services through their global budgets.

* 13. Does your CCO currently or has your CCO ever used flexible services to fund housing related services?

- Yes
- No

Section 6c: CCOs Using Flexible Services for Housing Related Services

* 14. Please briefly describe the flexible services your CCO considers to be housing related(i.e. the housing related services your CCO includes when reporting flexible services to OHA)

Section 8: Barriers to Supporting Housing Related Services

Now, we would like to know about the barriers preventing your CCO from supporting housing related services.

* 15.

Please rank the following from "1" as the most important barrier to "5" as the least important barrier that prevents your CCO from supporting housing related services.

<input type="text"/>	Low need among patients
<input type="text"/>	Not identified in CCO's Community Health Improvement Plan
<input type="text"/>	Limited impact on CCO Incentive measures
<input type="text"/>	Weak/no relationships with housing related service providers
<input type="text"/>	Limited impact on cost savings/concern that cost would be prohibitive
<input type="text"/>	Not sure how to do it or who to contact

Section 9: Learning Collaborative

The State of Oregon is exploring the feasibility of establishing a statewide learning collaborative on housing related services in health care.

* 16. Please rank the likelihood that your CCO would participate in a statewide learning collaborative on housing related services on a scale from 1 to 5, with 5 being very likely to participate and 1 being not at all likely to participate.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 17. Would you be willing to participate in a planning committee to help design, or provide input into the design, of the collaborative?

- Yes
- No

Anything else?

18. Is there anything else you would like to share with us related to your CCO's support of housing related services?

THANK YOU!

Thank you for taking the time to complete this survey!

Appendix B: Examples of housing-related flexible services

CCOs listed several innovative examples of housing-related flexible services. Many CCOs focused services on particular populations, including pregnant women, at-risk teens, and SPMI members (see below table).

Pre-tenancy services	Tenancy sustaining services	Housing-based care coordination	Health/health-related services in housing communities	Other housing-related services
<ul style="list-style-type: none"> Rental deposits Application costs Moving expenses Assistance devices (e.g. ramps) Furnishings Outside lights Paid “back” utility bills so families can get into safe housing (i.e. away from abusive spouse) Criminal record expungement so members can get housing 	<ul style="list-style-type: none"> Trailer space rental Utility costs assistance Short-term rental assistance Repairs (e.g. broken windows/heat) 	<ul style="list-style-type: none"> Peer support for Emergency Department (ED) reduction Case management for at-risk pregnant members 	<ul style="list-style-type: none"> Food assistance 	<ul style="list-style-type: none"> Transitional housing, including temporary housing/shelter for post-surgical homeless patients; motel rooms for pregnant women ready-to-deliver; shelter for homeless teens Home enhancements to promote health, such as installing a hot water unit to allow for bathing; home clean-up to avoid illness



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