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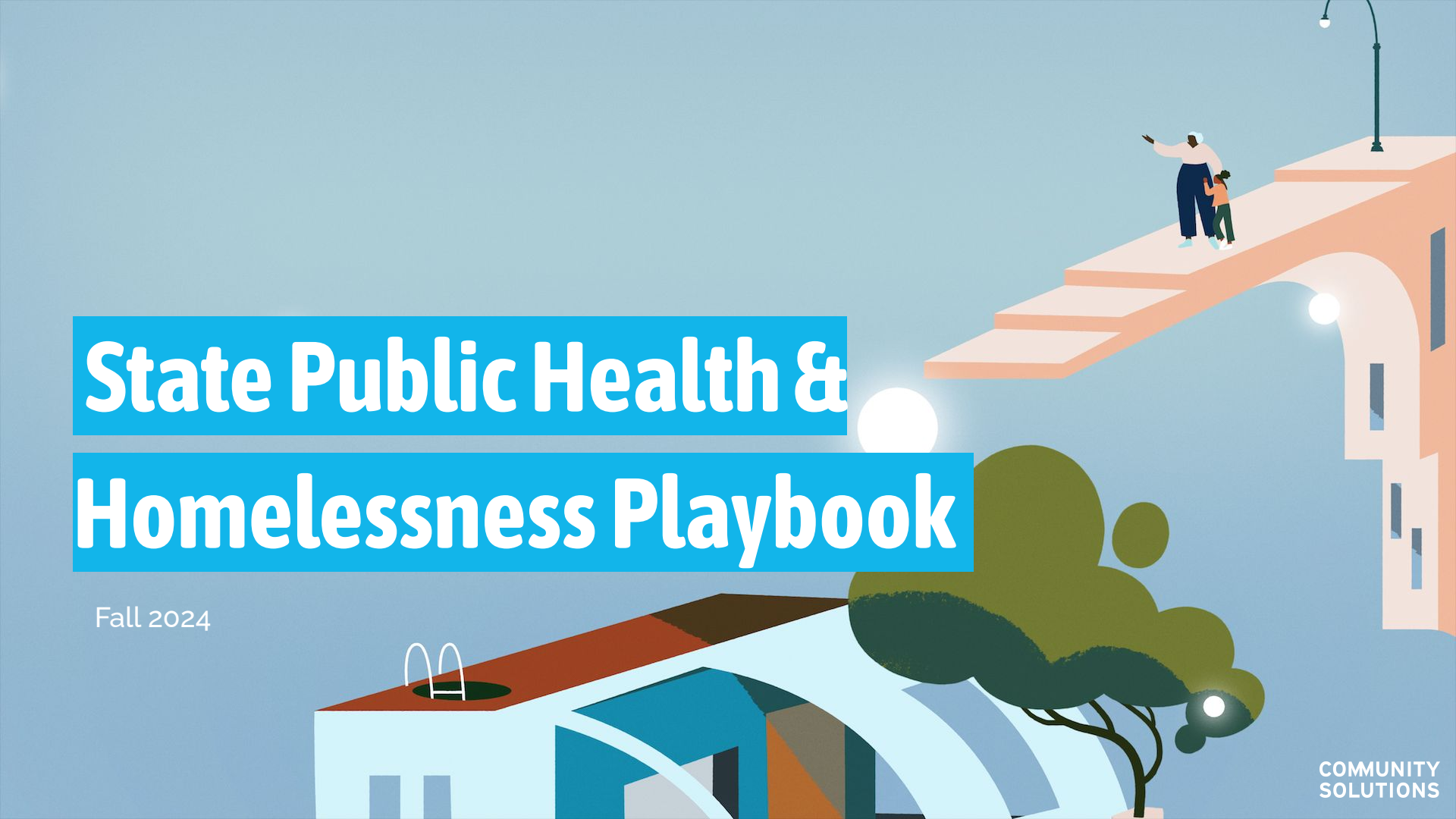
State Public Health & Homelessness Playbook

Fall 2024



COMMUNITY SOLUTIONS

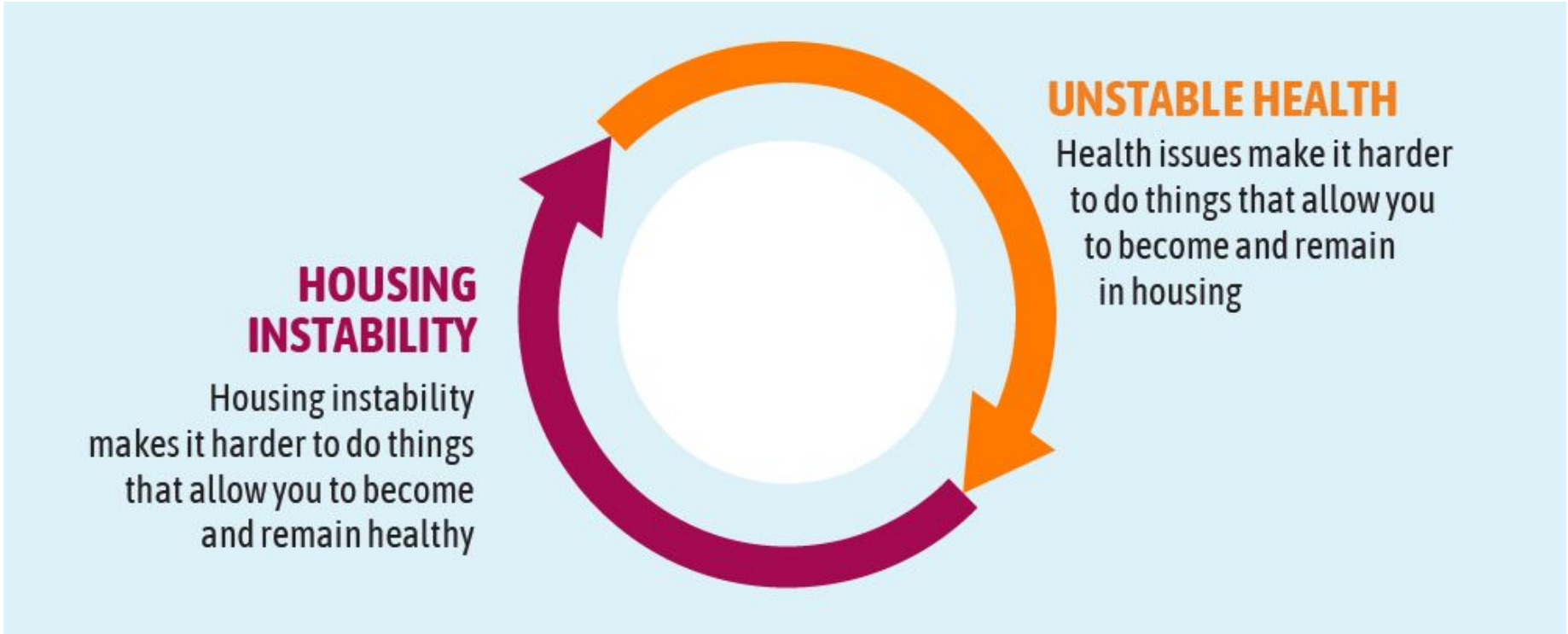
Homelessness is a Public Health Crisis

- People experiencing homelessness are generally **sicker than their housed counterparts** and more prone to death.

- An individual experiencing homelessness is...
  - 3-4x more likely to die prematurely
  - 2x as likely to have a heart attack or stroke
  - 3x more likely to die of heart disease if they are between 25 and 44 years old

- The **life expectancy of a person experiencing homelessness** in the United States is just **48 years**.

Relationship between Housing and Health



States Can Play An Important Role

- In the United States, governing power and authority is divided between the federal government and individual states.

- States do not have a formal role in the homeless service system infrastructure because federal funding is provided directly to Continuums of Care (CoCs), the local or county entities HUD designates to deliver homeless assistance and emergency housing programs.

Focusing On State Public Health Agencies

Focusing On State Public Health Agencies

- **Medicaid is a powerful resource that can be applied to prevent and reduce homelessness.**
  - Medicaid, an insurance program that provides free or low-cost health coverage to some low-income people, including families and children, pregnant women, the elderly, and people with disabilities, is the top source of federal funding for states.
  - Each of the fifty states, usually **through or in partnership with their public health department**, establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program, in accordance with broad federal regulations.

State Public Health & Homelessness Playbook

- Community Solutions developed the State Public Health & Homelessness Playbook for **state public health officials, homelessness and housing advocates, and state policymakers** who want to learn more about how state public health agencies and programs can proactively support efforts to reduce and prevent homelessness.

- The playbook provides state policymakers and public health leaders with strategies, best practices, guidance, and tools to help them:

    1. **create partnerships,**
    2. **leverage funding resources, and**
    3. **develop programs that will support their state's homeless response system**

    and subsequently contribute to the goal of ultimately **ending homelessness statewide**.

State Public Health & Homelessness Playbook

The playbook is divided into **four sections:**

1. The **importance of data in yielding population-level reductions** and how public health entities can support **better data collection and more collaborative data sharing procedures**.
2. The vital **role that state public health agencies can play to reduce and prevent homelessness** in their state.
3. Housing ends homelessness: outlining actions and strategies state public health departments can adopt to **create affordable housing for people experiencing homelessness**.
4. The various **treatment and services opportunities** that state public health departments can champion in order to support housing stability.

Better and Shared Data

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What's a Social Determinant of Health?

- The U.S. Department of Health and Human Services (HHS) defines social determinants of health (SDOH) as:
  - the array of conditions in the environments **where people are born, live, learn, work, play, worship, and age** that influence a vast spectrum of health, functioning, and quality-of-life outcomes and risks.

- Significant research points to the profound effect SDOH have on individual and community health. Yet, disparities in data collection can impede large-scale analysis.

- Inconsistent measurements and a lack of unified approaches across various services, states, and entities results in the lack of conclusive information to diagnose and intervene.

Improved Data Capture & Modernization

Problem

Social determinants of health (SDOH) metrics are not collected in a standardized way, which limits their use to help inform care strategies and programmatic investment needs.

Solutions

To effectively align SDOH data across state services and departments, state public health agencies need to:

- Develop the infrastructure and procedures necessary to house, manage, and protect data about individuals who are homeless or at risk of homelessness utilizing health care services.

Action

State public health departments can enhance their ability to align and coordinate data as a tool to prevent and reduce homelessness by:

- Standardizing SDOH capture procedures;
- Investing in interoperable data; and
- Improving mortality reporting.

Data Interoperability & Sharing

Problem

Challenges with file formatting, privacy restrictions, and staff capacity limit the ability for state agencies to share and integrate data with one another as well as with other partners, such as the health care system and homeless service providers.

Solutions

To effectively align SDOH data across state services and departments, state public health agencies need to:

- Develop the infrastructure and procedures necessary to house, manage, and protect data about individuals who are homeless or at risk of homelessness utilizing health care services.

Action

Opportunities that state health departments should investigate include:

- Exploring one-time data matching or integration projects;
- Streamlining data sharing agreements; and
- Creating statewide reports that combine various data sets.

Example: Connecticut

Since 2012, Connecticut has matched Medicaid and HMIS data to address the needs of homeless individuals who frequently utilize Medicaid services.

- This has resulted in a decrease in emergency room visits and hospitalizations for those individuals who were provided with supportive housing.
- The state has further integrated Continuity of Care systems into a singular platform, with the scope and data-sharing parameters shaped by legal and privacy mandates, in collaboration with the state attorney general and the state's hospital coalition.

The Role of State Public Health Agencies in the Homelessness Response System

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Homelessness is a Public Health Crisis

- State public health departments can **bridge the gap between local homeless service delivery and population health**.

- State public health departments can expand their role in ending and preventing homelessness by designing roles tasked with being **proactive partners to the homeless response system**.
    - This dedicated capacity allows for expanded participation in joint programming, data sharing or matching, and coordinated cross-sector case conferencing.

- Additionally, public health departments can use their special powers, such as the **ability to declare a public health crisis**, to help build momentum to reduce and prevent homelessness and garner new resources to assist the homeless response system.

Public Health Crisis Declarations

Problem

States want to publicly acknowledge the urgent challenge of homelessness by issuing an emergency declaration, but many emergency declarations lack any resources or emergency powers that would lead to taking immediate action to help people experiencing homelessness.

Solutions

Public health crisis declarations with the goal of reducing and preventing homelessness need to consider:

- How new resources are going to be mobilized and allocated to prevent and reduce homelessness;
- What special emergency powers are being used to cut red tape; and
- Who is accountable for leading this emergency response effort.

Action

When a public health crisis declaration is being written, it needs to:

- Have executive and legislative buy-in regarding the tactics and resources necessary to engage in an effective response effort;
- Detail how resources will be mobilized to support this emergency response work; and
- Proactively promote for community partnerships, especially with behavioral and primary health care providers.

Example: California (San Diego)

The San Diego County Board of Supervisors unanimously declared homelessness a public health crisis in September of 2022.

- The declaration directs the county Chief Administrative Officer to work with city governments and the Regional Task Force on Homelessness on a regional approach to tackle homelessness.

- The public health declaration was a key step to drive further collaboration between local jurisdictions, homeless services providers, health care professionals, and others, to develop resources and a comprehensive approach.

Dedicated Public Health Staffing Focusing on Homelessness

Problem

In traditional structures of state public health agencies, addressing and supporting individuals experiencing homelessness and housing insecurity falls across multiple roles, which can often lead to a lack of consistency, efficacy, and uniformity in approach and policy.

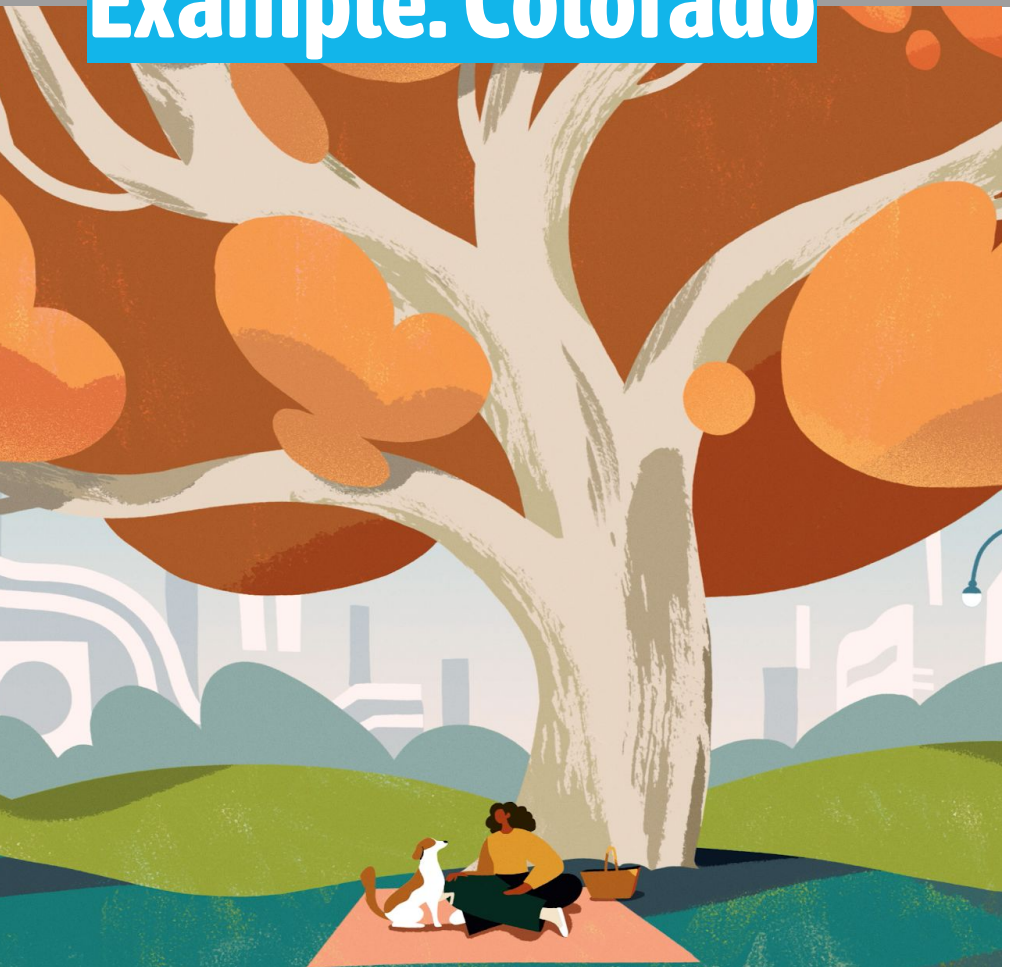
Solutions

In order to truly recognize homelessness as a public health crisis, there needs to be dedicated staff capacity at state public health departments in charge of coordinating how public health approaches and programs can be integrated into the ongoing work to reduce and prevent homelessness.

Action

State public health agencies can allocate specific funding within their budgets to hire for leadership and staff positions that are tasked with using a public-health approach in order to reduce and prevent homelessness.

Example: Colorado



In the Colorado Department of Public Health & Environment, their staff role to address homelessness is within the Division of Disease Control and Public Health Response (DCPHR) under the Office of Health Equity.

- This role works to ensure cohesive collaboration across the state to help people experiencing homelessness and those who live in congregate settings like shelters, detention centers, and prisons.

- This individual is responsible for assisting local Public Health Authorities, community-based organizations and other entities in their region in accessing, developing, and implementing COVID-19 and general health-care-related equity goals.

Housing is Health Care

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Housing's Impact on Health

- **Housing solves homelessness.**

- Stable, affordable housing is the foundation for good health.
  - Housing provides privacy, safety, and a reliable, consistent place to rest and recuperate. Housing can also reduce health care and social service costs.

- Given the relationship between health and housing, state public health departments can **promote ways to increase the available stock of affordable and supportive housing**. This can be achieved by:
  - Funding supportive and affordable housing rental subsidies.
  - Financing the development and preservation of affordable and supportive housing.
  - Incorporating public health impact assessments into the planning process for allocating federal low income housing tax credits (LIHTC).

Rental Assistance and Supportive Housing Subsidies

Problem

The chief cause of homelessness in the United States is the insufficient supply of affordable housing.

- The federal resource that subsidizes rental housing costs for low income families and individuals, the Housing Choice Voucher Program, is vastly underfunded.
- States need other funding resources to help people at risk of or experiencing homelessness pay for housing costs.

Solutions

Medicaid, while not originally designed to be used to help people gain and remain in stable, safe and affordable housing, is being used by states to lower health care costs, improve health and reduce homelessness.

- The state-funded portion of Medicaid is being used to help beneficiaries experiencing homelessness not only find and access housing, but also pay the rent.

Action

States can decide to use their portion of Medicaid funding for housing costs by incorporating this program as part of their annual budget.

- In some states, this may require a stand-alone appropriations bill since it could constitute a new program that would require approval from the legislature.
- In other states, funding for this program could be included in the program planning budget for the public health department and be included in the annual budget legislation package.

Example: Arizona

Since 2011, Arizona has been using state funding to pay for supportive housing rental costs for more than 3,000 Medicaid beneficiaries who have a severe mental illness and are at risk of or have experienced homelessness.

- A study found that in 2020, for those enrolled in this supportive housing program, visits to emergency rooms dropped by 30%, and inpatient hospital admissions dropped by 44%.
- Additionally, studies have shown that Arizona's supportive housing program reduces health care costs by an estimated $5,000 a month for each person housed through the program, offsetting the average $1,000 a month per person cost of providing the supportive housing rental subsidy.

Treatment and Services to Support Housing Stability

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Supporting Health & Housing Stability

- People experiencing homelessness often must **overcome tremendous structural barriers** to get health care, from lack of transportation to lack of health insurance.
- They must also contend with competing priorities, such as **securing food, shelter, and employment, which frequently take precedence over health.**
- Addressing the complex medical needs of people experiencing homelessness challenges the existing shelter system and **demands new models of support**.
- As the medical needs of people experiencing homelessness continue to increase in complexity and breadth, there exists a **significant gap in providing adequate shelter and services** that fit these groups.

Supporting Health & Housing Stability

- **Medicaid and the related programs and waivers** are a powerful avenue for states to pilot and test **custom approaches at the intersection of health and homelessness** that both promote well-being and enhance access to funding and reimbursement supports.

- As the **average age of people experiencing homelessness continues to grow**, there is an increasing need for **housing supports and facilities that can meet this expanded need**, such as respite care for individuals recovering from medical care and shelters that can support people with complex medical cases.

What is Medicaid?

- **Medicaid is an insurance program that provides free or low-cost health coverage** to some low-income people, including families and children, pregnant women, the elderly, and people with disabilities.
- Medicaid is **jointly funded by states and the federal government** and then **administered by the states** according to federal requirements to provide medical care to low-income and other eligible people.
    - Medicaid is the top source of federal funding granted to states.
- Each of the fifty states, usually through or in partnership with their public health department, establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program, in accordance with broad federal regulations.

Medicaid Status and Program Expansion

Problem

Medicaid programs can help connect people experiencing homelessness with health care and services but there are challenges with program eligibility and enrollment procedures.

Solutions

States should opt to expand Medicaid coverage to all adults with incomes at or below 138% of the Federal Poverty Level.

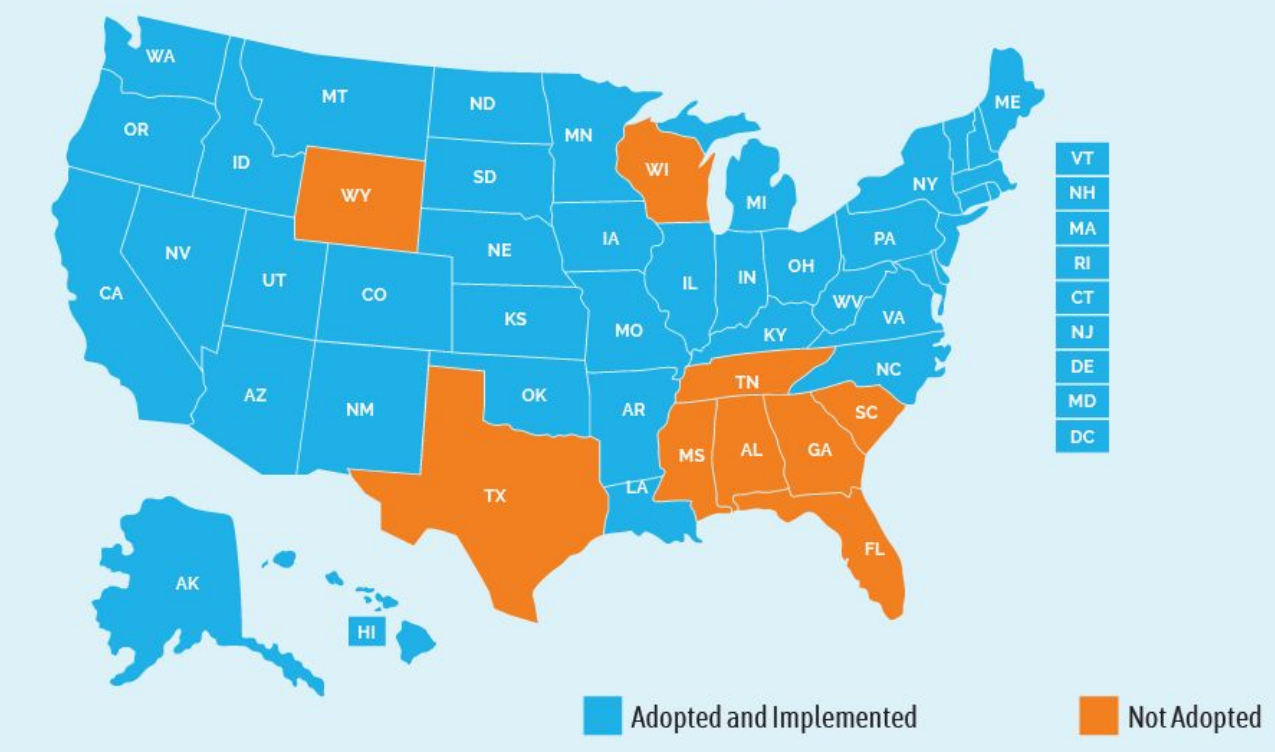
- When a state adopts Medicaid Expansion, the state also receives additional federal funding.
- States with Medicaid Expansions not only provide health services to more people but also, research has shown that these states also have reductions in the numbers of evictions experienced by low-income people and reduced inflow of individuals into the homeless response system.

Action

States can adopt Medicaid expansion by passing legislation, through an executive order or as the result of a ballot initiative.

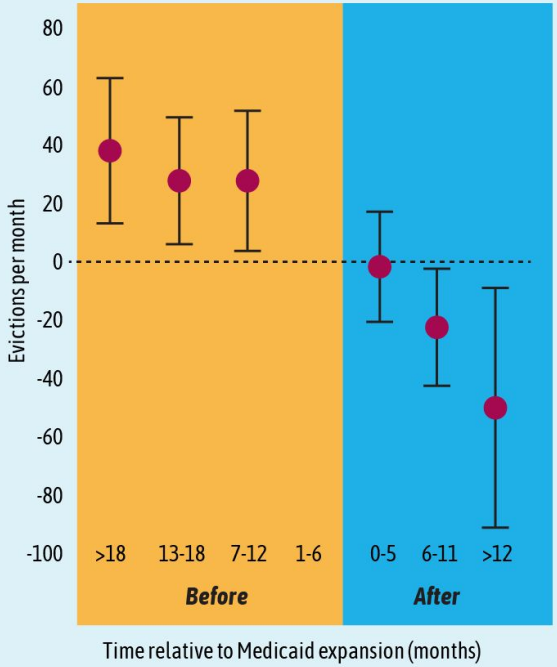
- As of 2024, 10 states have not adopted the ACA provision to expand Medicaid. In these remaining ten states, an estimated 1.9 million individuals fall into the coverage gap, where their income is above the FPL threshold (median in non-expansion states is 38% or $9,447 for a family of three as of 2023).

Status of State Action on the Medicaid Expansion Decision



Estimated Monthly Number of Evictions Comparison

Estimated monthly number of evictions in California counties that expanded eligibility for Medicaid relative to counties that did not, by time period relative to expansion, 2008–13



Medicaid Waivers

Problem

Medicaid, per the statute, is not programmatically structured to allow for innovation or flexibility.

- There needs to be a process that allows states, with the guidance and approval of the federal government administered by CMS, to innovate and experiment with novel ways of containing costs and providing new services to Medicaid beneficiaries, especially those with complex-care needs.

Solutions

States have the ability to waive certain Medicaid program requirements in order to cover certain populations or services that Medicaid would not otherwise cover.

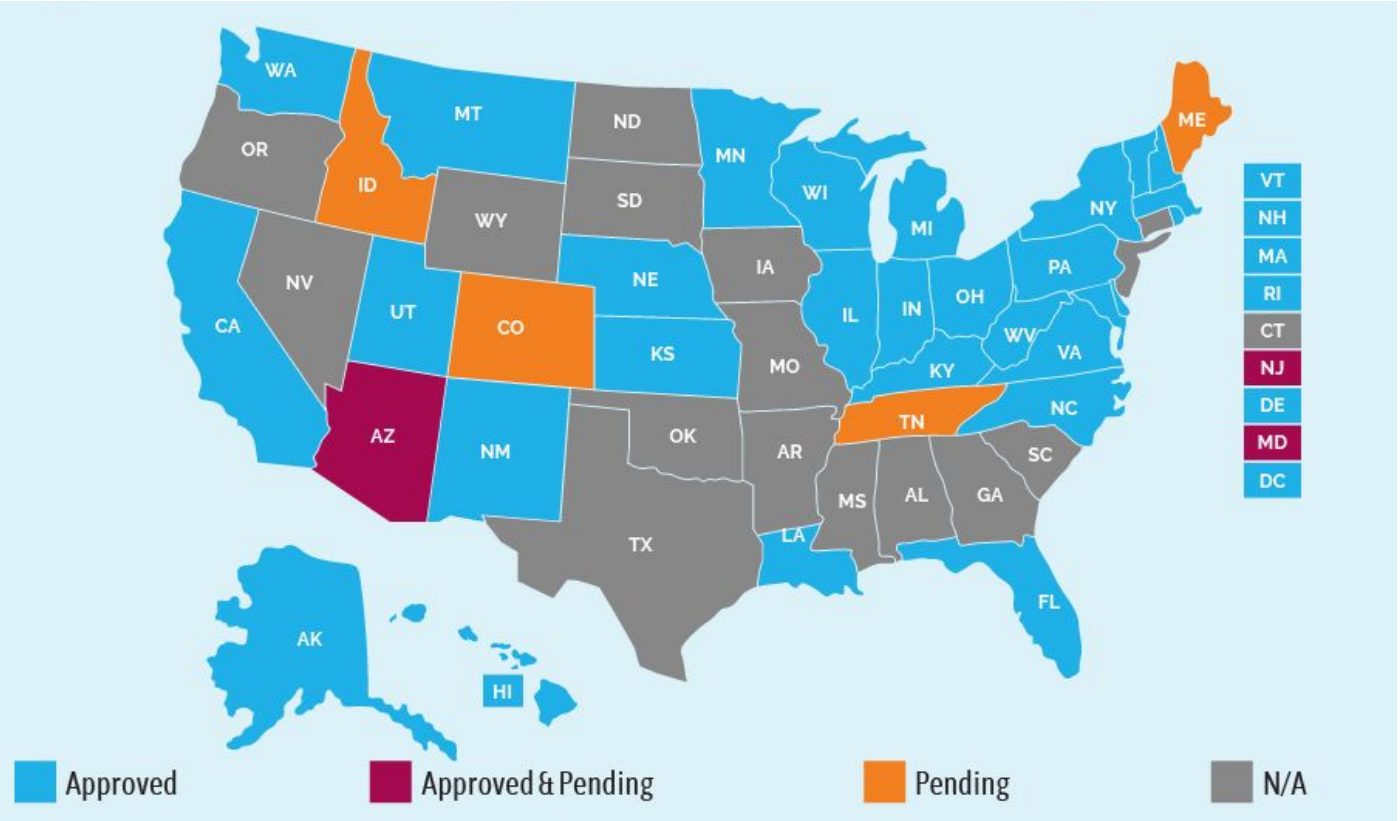
- There are different types of waivers that grant different flexibilities.
- The primary type linked to housing and homelessness are 1115 or 1915(a) waivers.

Action

States can apply for a Medicaid waiver by submitting a proposal to CMS detailing the prospective program's goals, describing who will be eligible for this program, highlighting the need for this program, and outlining the budget as well as the implementation strategy for the program.

- Based on this information, CMS will determine whether to authorize the waiver for a five-year demonstration period.

Approved and Pending Section 1115 Waivers by State



Example: Oregon

Oregon's 1115 waiver, authorized through 2027, serves as a prime example of how Medicaid can support health-related social needs (HRSN) for individuals at risk of homelessness.

- Specific housing services covered include rental assistance or temporary housing (rental payments, deposits, utility assistance) for up to six months, home modifications (e.g. ramps, handrails, etc.), pre-tenancy and tenancy support services, and housing-focused navigation, or case management.

- Under this waiver, Oregon has deemed their eligible population to be certain groups experiencing "life transitions," which includes but is not limited to people experiencing homelessness or transitioning out of incarceration.

Respite Care

Problem

Respite care programs provide safe accommodations, aftercare, clinical care, and discharge planning services for people experiencing homelessness with acute and post-acute care needs. These vital programs are both expensive and the implementation of these program can be highly variable .

Solutions

This variability in services provided and the high costs incurred underscores a significant opportunity for public health departments.

- They can lead the implementation of standardized, statewide respite care programs to improve the quality and consistency of the services provided.
- To aggregate efforts to standardize the quality of respite care delivery, as well as provide sustainable mechanisms to compensate for the services provided, states can utilize a 1115 Medicaid waiver for respite care.

Action

State public health departments can actively establish frameworks and policies mandating organizations that offer respite care to report compliance with state-recommended standards.

Example: Massachusetts

Massachusetts has allocated $5.2 million dollars to pilot a medical respite program aimed at supporting individuals experiencing homelessness.

- This initiative provides 40 beds for temporary housing, complete with clinical support, while assisting participants in securing long-term accommodation.
- The program is created to enhance hospital discharge rates, shorten hospital stays, and reduce overall health care costs for homeless patients.
- Additionally, it seeks to fortify the collaboration between homelessness service providers and health care agencies.

Conclusion & Key Takeaways

Conclusion

- Homelessness is indisputably a **public health crisis**.
- Homelessness affects **both physical & mental health** and makes **accessing health care difficult**.
- Reducing and preventing homeless does not just impact the health and well-being of people experiencing and at risk of homelessness; the **positive impacts ripple outward yielding lower health care costs and healthier communities**.
- Given the relationship between housing and health, **state public health agencies, officials and policymakers have the opportunity to play a critical role** in the homeless service system.

Key Takeaways

1 Supporting data collection & sharing

Without shared data, the health and homeless response systems cannot properly coordinate care for individuals and drive the systems-level changes that can improve housing and health outcomes at the population level.

Data coordination and integration is the key to creating effective and responsive public policy solutions that impact population and community health, while providing monitoring and evaluation mechanisms to drive future policy and programming.

2 Proactively defining a role for the state public health agency within the homeless service system

State public health departments can expand their role in ending and preventing homelessness by designing roles tasked with being proactive partners to the homeless response system.

Additionally, public health departments can use their special powers, such as the ability to declare a public health crisis, to help build momentum to reduce and prevent homelessness and garner new resources to assist the homeless response system.

Key Takeaways

3 Financing affordable & supportive housing

Given the relationship between health and housing, state public health departments can promote ways to increase the available stock of affordable and supportive housing. This can be achieved by using state Medicaid resources to:

- Fund supportive and affordable housing rental subsidies.
- Finance the development and preservation of affordable and supportive housing.
- Incorporate public health impact assessments into the planning process for allocating federal low income housing tax credits (LIHTC).

4 Investing in services & supports that promote housing stability and prevent homelessness

Medicaid programs and waivers are exciting opportunities for states to pilot and test innovative approaches that both promote well-being and enhance access to funding and reimbursement supports to promote housing stability.

State public health departments can play a critical role in crafting solutions (inpatient, outpatient, complex and respite care) that meet the complex needs of people experiencing unsheltered homelessness.

State Public Health & Homelessness Playbook QR Code

QUESTIONS?


Thank You
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