2023 BOSTON

The Intersection of Health Care and Housing





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Kevin Martone
Executive Director, TAC
Email: kmartone@tacinc.org

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TAC is a nonprofit organization dedicated to helping our nation's human services, health care, homelessness, and affordable housing systems implement policies and practices that empower people to live healthy, independent lives in the communities they choose.



Health and Housing Intersection

- Social Determinants of Health (e.g. Housing) affect as much as 50% of health outcomes.
- There is not a single housing market in the United States where a person with a disability on SSI afford housing at the Fair Market Rent without assistance.
- Studies demonstrate reduced inpatient, emergency department (ED), and long-term care
 utilization, and in some cases improved health outcomes or reduced overall costs by providing
 supportive housing to individuals with chronic health conditions, including behavioral health
 conditions.
- Housing interventions for adults experiencing homelessness who have chronic illnesses (such as heart disease, diabetes, renal failure, cirrhosis, asthma, and HIV) have been shown to reduce hospitalizations, hospital days, and ED visits.



Takeaways

- Access to affordable housing is a crisis, especially for PWD who have ELI.
- A broad array of individuals and families can benefit from housing supports.
- When a person accesses housing, services must be intensive and flexible enough to sustain their tenancy in a community-based setting.
- Systems must be clear about who pays for what. If there is a gap, work to identify how to fill it.
- Medicaid is an opportunity, but not a solution.
- Successful implementation of housing and support services requires active, sustained coordination between multiple housing and services stakeholders.
- Developing the policy and plan at the system level is hard. Implementation at the ground level is harder.



Partnerships

Housing

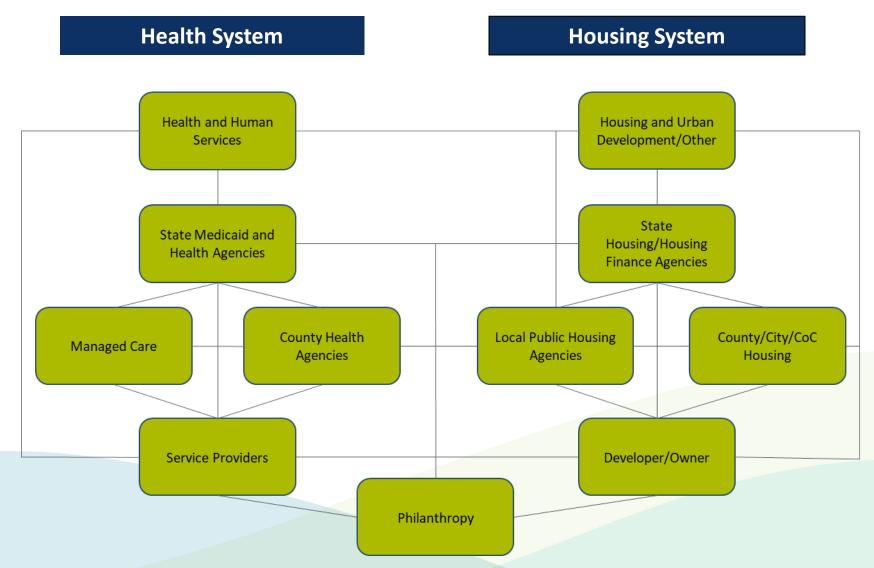
- Housing Finance Agencies
- Departments of Housing and Community Development
- Public Housing Agencies
- Local Continuums of Care
- City/County Housing Agencies

Services

- State Mental Health Authority
- Single State Agency for SUD
- State DD or other Disability Agency
- City/County Disability Agencies
- Providers (e.g. PSH, CMHC, CCBHC, Crisis)
- People with Lived Experience
- Advocates
- Hospitals
- Managed Care



Health & Housing System Framework





Partnerships

- Policy Is your policy approach for housing and services consistent/aligned/coordinated?
- Planning (How much of what type of housing is needed? Where? Etc.)
- Target Populations
- Data-driven decision making and Data Sharing
- Service Design (What types of services are needed? Intensity? How many to serve?)
- Coordinated Funding Approaches identify barriers and opportunities
- Implementation making it work at the ground level for services recipients/tenants, providers, landlords



Permanent Supportive Housing

- Decent, safe and affordable community-based permanent housing providing consumers with <u>rights of tenancy</u> under landlord/tenant law and linked to <u>voluntary and flexible services</u> designed to meet consumers needs and preferences
- Emphasis on
 - Choice
 - Affordability
 - Quality
 - Consumer control of housing
 - Normal and integrated housing settings (e.g. apartments)

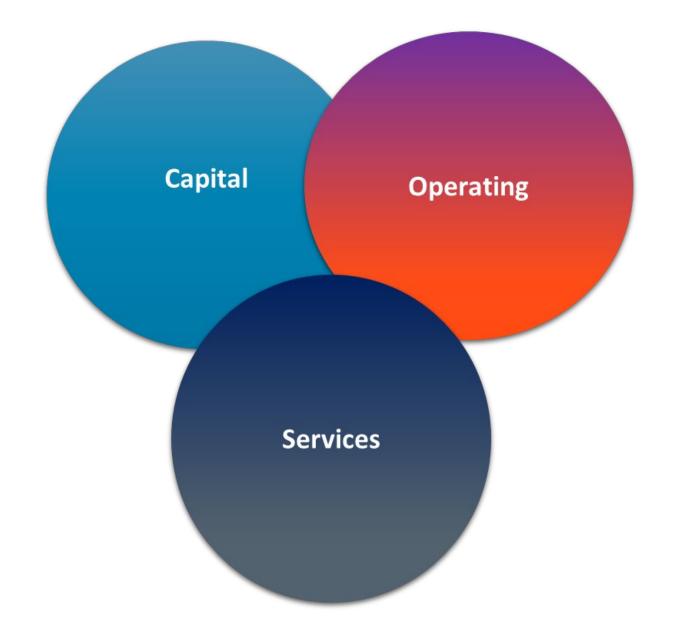
Basic Supportive Housing Model

<u>Services</u>

- What services are needed?
- How are services funded?
- Who provides services?

Housing

- Types of housing?
- Who owns and/or operates?
- How is housing funded?







Housing Models

Permanent Supportive Housing

Scattered-site

Units are usually rented from private market-rate landlords that are paid with money from a source of rental support funding, such as housing vouchers. Supportive services help the tenant stay housed and can be provided in the household's unit or off-site in the community

Clustered

Units are set-aside for people who want supportive housing. These properties provide supportive and mainstream affordable housing units in a single property. Services can be delivered in the integrated housing building, as well as off-site at the service provider's offices.

Single-site

Buildings have a majority of units dedicated to supportive housing tenants. Services are often right on-site in the supportive housing building, often with offices on the ground floor



Community Integration Defined

"Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual's choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings."

"By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities."



Health Related Social Needs

Medicaid Authorities

- SMD #: 23-001 RE: Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care
- SHO# 21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH); January 7, 2021
- CMCS Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities; June 26, 2015



Medicaid Housing Supports (1/2)

Intervention	Description
 Rent/temporary housing (+/-utilities) for up to 6 months 	Limited to: individuals transitioning out of institutional care or congregate settings; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; and/or youth transitioning out of the child welfare system
2. Traditional respite services	Temporary, short-term relief for primary caregivers provided by an at-home provider, a health care facility, or an adult day center
3. Day habilitation programs & sobering centers	For <24 hours, no room and board
4. Pre-tenancy & tenancy sustaining services	Including tenant rights education and eviction prevention
5. Housing transition navigation services	Including individualized case management



Medicaid Housing Supports (2/2)

Intervention	Description
6. One-time transition & moving costs	Including security deposit, first month's rent, utilities activation fees, movers, relocation expenses, application and inspection fees, fees to meet identification requirements, etc.
7. Medically necessary home accessibility modifications & remediation services	Including carpet replacement, mold and pest removal, and ventilation improvements
8. Medically necessary home environment modifications	As needed for medical treatment and prevention, including air conditioners, heaters, air filtration devices, and generators



Examples of Tenancy Support Services

Pre-tenancy Services

- Assess clients' housing needs
- Complete paperwork to connect to and maintain services
- Help secure identification
- Assist with housing search that meets clients' needs
- Complete housing applications
- Engage and maintain relationships with landlords
- Pay or assist with obtaining money for deposits and arrears
- Assist with moving client into housing

Tenancy-sustaining Services

- Assist with goal-planning
- Reauthorize services quickly to prevent crises
- Assist with rental payments/help develop rental payment plans
- Teach/Assist clients to manage utilities
- Engage and maintain relationships with landlords
- Transport clients (for appointments, to pay rent, etc.)
- Teach daily living skills
- Assist with maintaining and cleaning apartment
- Teach residents to navigate their community



Services

- Tenancy Supports + Ongoing flexible and intensive, based on individual need (up to daily)
- Provided in the community, including in the person's home setting
- Voluntary
- Staff clinical/support ratios are high; small caseload
- 24/7 community-based availability
- Team-based case planning and service delivery
- Peers integrated as team members
- Housing is not contingent on acceptance/receipt of services
- Housing Assistance (e.g. deposits; furniture/furnishings; temporary rental assistance)



References

- Technical Assistance Collaborative, Inc. Priced Out: The Housing Crisis for People with Disabilities. https://www.tacinc.org/resources/priced-out/
- Hood CM, Gennuso KP, Swain GR, et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine. February 2016; 50(2):129- 135. doi:10.1016/j.amepre.2015.08.024
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Building the Evidence Base for Social Determinants of Health Interventions. May 2021.https://aspe.hhs.gov/sites/default/files/documents/e400d2ae6a6790287c5176e36fe 47040/PRA1010-1_final.pdf
- Sadowski LS, Kee RA, VanderWeele TJ, Buchanan D. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. JAMA. 2009;301(17):1771-1778. doi:10.1001/jama.2009.561



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Housing and service strategies that work for people



OREGON HOUSING AND COMMUNITY SERVICES



Evita Marnell, Health & Housing Program Coordinator, OHCS The Intersection of Health Care and Housing | Oct. 16, 2023

Secving Oregonians across the housing continuum

HOUSING STABILIZATION

AFFORDABLE RENTAL HOUSING

HOMEOWNERSHIP





EQUITY AND RACIAL JUSTICE

Eviction Prevention
Homeless Services
Planning and Evaluation
Energy & Weatherization
Housing Retention Programs
Individual Development
Accounts

Permanent Supportive Housing
Low Income Housing Tax Credit
General Housing Account
Capacity Building
Agricultural Worker Housing
Oregon Multifamily Energy
Program
LIFT Rental

Homeownership Assistance
Program
Down Payment Assistance
Oregon Bonds Residential Loan
Program
Oregon Homeownership
Stabilization Initiative
LIFT Homeownership

1115 Medicaid Waiver

- Oregon successfully applied to use Medicaid funds for housing services, Spring 2022
- Over the next five years, the Oregon Health Plan will utilize over \$1 billion in federal resources to create a more equitable system through addressing:
 - Health inequities
 - Continuous eligibility
 - Coverage expansion
 - Health Related Social Needs (HRSN)
 - Housing
 - Nutrition
 - Climate
- This is in response to an increasing number of Oregon Health Plan members who were experiencing, or at high risk, of homelessness and who were also experiencing concurrent physical and behavioral health needs



1115 Medicaid Waiver

Required by CMS to implement by 2025

- The waiver allows Oregon to use these Medicare funds dedicated for low-income residents for Housing services:
 - Rent/temporary housing (up to 6 months)
 - Housing deposits
 - Utility costs
 - One-time transition and moving costs
 - Tenancy sustaining services
 - Pre-tenancy and housing transition navigation services
 - Medically necessary home accessibility modifications and remediation services



1115 Medicaid Waiver

Because of the large numbers of people who will be newly eligible for these benefits, a phased roll out approach will be taken:

Climate - January 2024

Housing - November 2024

Nutrition - January 2025

First population eligible will be people "at risk" of becoming homeless, in efforts to prevent more people from entering the chronically homeless population



Thank you!





National Council of State Housing Agencies October 16, 2023

Founded in 1985, Boston Health Care for the Homeless Program is committed to a singular, powerful mission:

to ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.





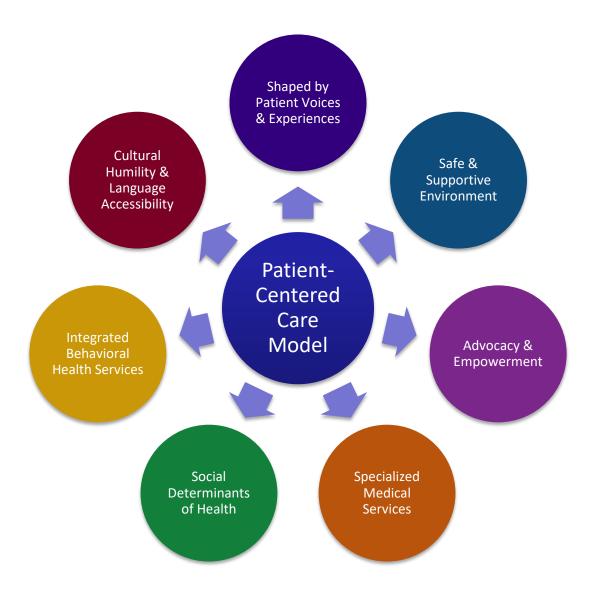
"The medical problems of homeless persons are rarely exotic but rather common illnesses magnified by prolonged neglect during the daily struggle for survival."

-Dr. Jim O'Connell, MD
BHCHP's Founding Physician & President









A Community Health Center On the Move



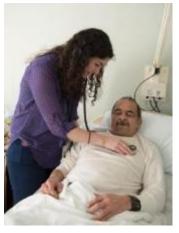
Where we are:

BHCHP brings care wherever homeless individuals and families may be, delivering services at approximately 30 locations, including:

- Emergency shelters
- Family shelters
- Domestic violence shelters
- Day Programs
- Area hospitals
- Two freestanding respite units
- On the street

Our Hub: Jean Yawkey Place









Under one roof:

- Integrated Primary Care
- Harm Reduction
- Dental Care
- Medical Respite Care
- Food Services
- HER Saturday/Oasis







Stephanie Sullivan, PhD

Chief Executive Officer
Boston Health Care for the Homeless Program
780 Albany Street, Boston, MA 02118

Email: ssullivan@bhchp.org

Ofc: (857) 654-1002 Cell: (857) 291-6503

Thank You!