CSH

Summary

PUBLISHED JUNE 2023

Health and Housing Efforts to Reducing Health Disparities and Build Towards Systems Integration

Introduction

The Health and Housing Partnership field has grown significantly over the last decade. With that growth has come a variety of projects from small scale, proof of concept driven pilots, to projects driving scale in states and communities. The high-level goal of any of these efforts is systems integration to improve population health, build health equity and use our health care and other resources more effectively and efficiently.

Too often poor health outcomes and health inequities are driven by multi system fragmentation that limits access to needed assistance. System complexities and administrative burdens of accessing assistance too commonly means many persons can't receive assistance to which they may be eligible or even entitled to. Administrative burdens bake in the current inequities in our system and need to be examined closely and revised to ensure ease of access and movement towards building health equity in our communities. To address this reality, many system leaders are looking to create more integrated systems but large-scale systems transformation to build health equity will require a balance of projects, partnerships and intentional systems integration efforts.

Below are descriptions of some of the most common projects seen throughout CSH's history in this area focused on cross-sector collaboration. While CSH's experience and history is deepest with projects that create new supportive housing, we have been engaging the field closely to learn about other types of partnerships as well. Greater health equity and/or addressing health disparities in our communities is a common goal of many of these partnerships. With the federal government increasingly focused on Equity (Health Equity is the first *CMS Strategic Pillar*[1]), the field can expect to see significant support for these projects. A thoughtful eye will be needed to evaluate the impact on equity and population health in our communities.

Important in this discussion is the distinction between, and impact generated from the **Projects**, **Partnerships**, and **Systems Integration**. Each of these categories of collaboration are designed to accomplish specific goals, and successful completion can set the stage for the next level of collaboration.

In **Projects**, the health and housing partners have decided on a specific, joint deliverable and work together to achieve that deliverable. Projects can be very complex, such as development of a supportive housing project or screening all health center patients for housing needs. An example of a health and housing collaborative project is health care assisting public housing authorities in mold remediation, so that households have *cleaner air to breathe*.[2] This type of project may be targeted to specific households where a family member has asthma or could be broader and encompass an entire building because clean air is imminently important to good health. Either way, the project meets the goals of both the health and the housing sector to improve health and housing stability. Another **Project** example may add care coordination staff to an existing housing project or shelter to assist residents to connect to needed health care services. In this example, a single staff person can assist residents and work to improve their health. This type of co-location of services can lead to a larger health and housing **Partnership**.

Partnerships commonly include a broader commitment for systems to work together. This collaboration frequently translates as regular meetings between health and housing sector leadership that considers activities such as ongoing data sharing, development of a joint policy and advocacy agenda or joint responses to philanthropic or federal funding opportunities. Oversight of projects will bring the partners together frequently and cross sector teams will also be looking to the future to plan and develop joint projects together. As federal, state or local funding is released that requires or encourages cross sector collaboration, and as the issues our communities face grow in complexity, cross sector planning teams, will be increasing institutionalized at the systems level. If data sharing between sectors has become a regular occurrence, review of this reporting will be a standing agenda item for cross sector teams. Cross sector teams can also more effectively respond to broad public health emergencies, such as COVID-19. Communities with standing partnerships were able to more effectively develop a response to the pandemic. For example, Los Angeles had pre-existing data-sharing agreements between health and homeless systems before the pandemic began. The cross-sector data was used to prioritize vulnerable persons for non-congregate and COVID safe shelter while the *pandemic was first evolving*.[3] Looking to the future, cross sector teams can respond to funding opportunities jointly, creating the foundation for systems integration.

Systems Integration means that the two systems that historically have operated in silos now are intentionally creating a system that from a service participant's perspective is seamless. When systems are integrated, a person can receive assistance with both health and housing needs from one place. The service recipient will have no idea they have touched two or more funding streams, nor do they need to. They just know they received the help they needed. Systems Integration includes cross sector referral systems that create this seamless process for a beneficiary or a household. An example is Washington DC's Coordinated Entry System. The system leaders developed a Medicaid State Plan Amendment, that covers *Housing Supportive Services*.[4] Eligibility criteria for those services matches, eligibility criteria for Supportive Housing (SH) in their homeless system. One assessment, if that criterion is met, leads to a person accessing PSH and being referred to a provider who is braiding funds from Medicaid with funds from the housing sector to offer the evidenced based services of PSH. From the beneficiary's perspective, access to PSH is a seamless process and hence the systems are integrated from their vantage point.

Below is a list of the various types of projects that can come under the heading of Health and Housing activities.

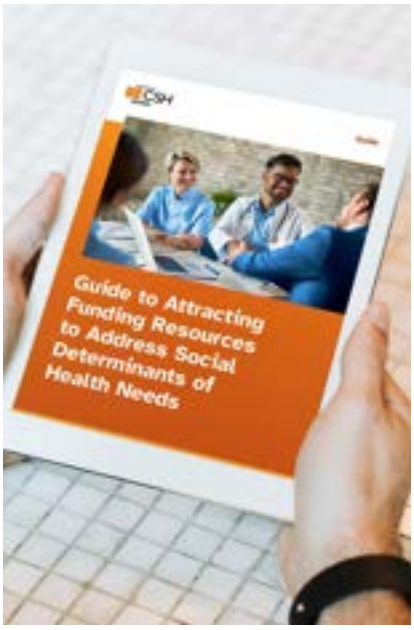
Projects

Supportive Housing Pilot Projects

CSH's FUSE model is commonly the *match lighting the fire* between sectors *collaborative pilot programs*.[5] FUSE combines cross sector data matching with housing resources from a homeless system or housing authority with service resources such as grants, mental health block grant or a Medicaid Housing Related Services (HRS) benefit to create additional supportive housing capacity. A BY NAME list is developed of persons who have priority characteristics of all systems contributing resources to the project. A joint Request for Proposals (RFP) is typically developed and a provider chosen with both sectors contributing funding according to their core mission. The project is executed and metrics are collected that are of interest to each sector, such as duration of tenancy for housing and improvements in health outcomes or engagement with health care systems. Many more individuals could benefit from supportive housing than the pilot could serve, but that is the nature of pilots.

For Profit Managed Care Organizations (MCOs) or Hospital Systems Investing in Low Income Housing Tax Credits and Local Housing Projects

For profit health care entities accumulate tax liabilities, presenting opportunities to benefit from investments in the Low-Income Housing Tax Credit or LIHTC program. LIHTC allows investors to offset federal income tax liability with tax credits generated through the program. In the last decade, health plans have been strategic about engaging with the LIHTC program, focusing on where they have members who could benefit from new housing creation. Health plans have attracted expertise from the housing sector to maximize the impact of these investments on the communities where their members live. These investments bring needed capital to the community to ensure the efficacy of the LIHTC program. CSH has written a *Guide to Attracting Funding Resources to Address Social Determinants of Health Needs* that summarizes how to leverage this process.[6]

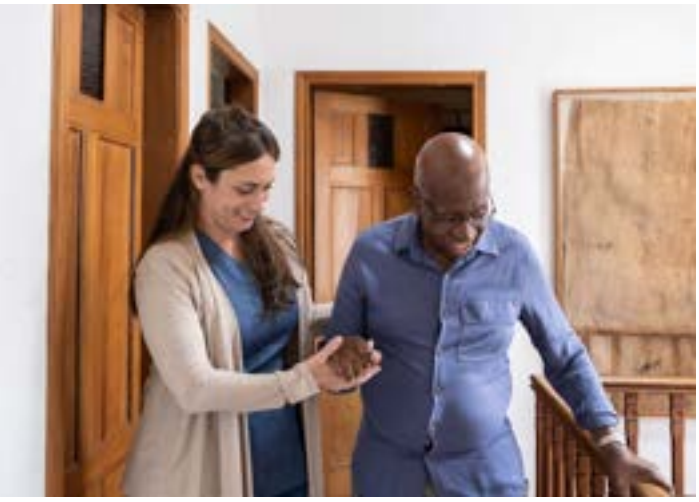


+ *United Health Group Invests in Housing*[7]
+ *Anthem Inc Invests in Housing*[8]

Community-Based Care Management Entities

States and health plans, recognizing the impact of communities on health have begun to invest in a variety of community-based care management entities or CB-CMEs. The purpose of CB-CMEs is to bring care coordination services out of offices and into communities where people live. Care Coordination and its support in accessing care, is shifting to a more hands on, taking place in the community model. California did this, as part of their *Health Homes initiative*[9]. Massachusetts does this as part of the *Accountable Care Organizations (ACOs) model*[10] and NC includes this in their 1115 waiver *Medicaid reform efforts*[11]. The goal is for staff with a care management lens to be in the community, working directly with providers and ensuring good health and efficient use of health care resources.

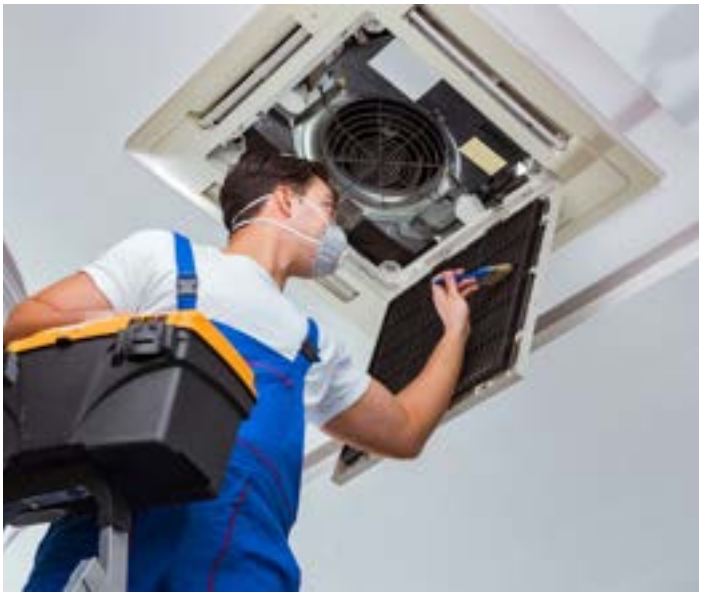
Co-location of Services and Housing, i.e., PACE Programs and Affordable Housing



Co-location of housing and services offers the opportunity to turn a standard affordable housing project into an integrated supportive housing program. Services are commonly on the first floor of a building with strong engagement of building residents to engage in those services for the care they need. Services can be provided by a federally qualified health center (FQHC) such as the *Blackburn Center in Portland Oregon*,[12] or the *Stout Street project in Denver Colorado*[13]. Services can also be a Program of All-inclusive Care for the Elderly or PACE program, such as *St. Paul's in San Diego*[14].

Improving Current Housing From a Health Perspective, Such as Asthma Remediation

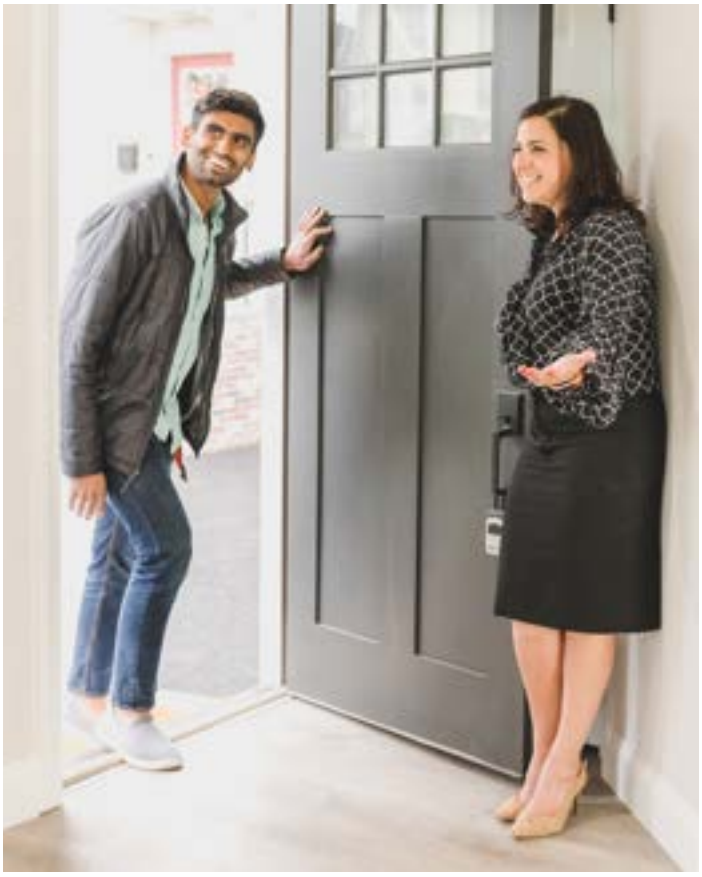
The burgeoning Social Drivers of Health (SDOH) field recognizes the impact of built environment on health. Multiple states, via 1115 Medicaid waivers are now allowing Health Plans to address Health Related Social Needs (HRSN) such as improving the environments where people live in small, but impactful ways. One of the 14 Community Supports included in California's 1115 Medicaid waiver Cal AIM is *asthma remediation*.[15] Health Plans can now assist members to make physical modifications to ensure the health, welfare and safety of the individual. While not direct clinical services, this assistance is expected to improve health outcomes and decrease health care related costs.



Partnerships

Flexible Housing Subsidy Pools

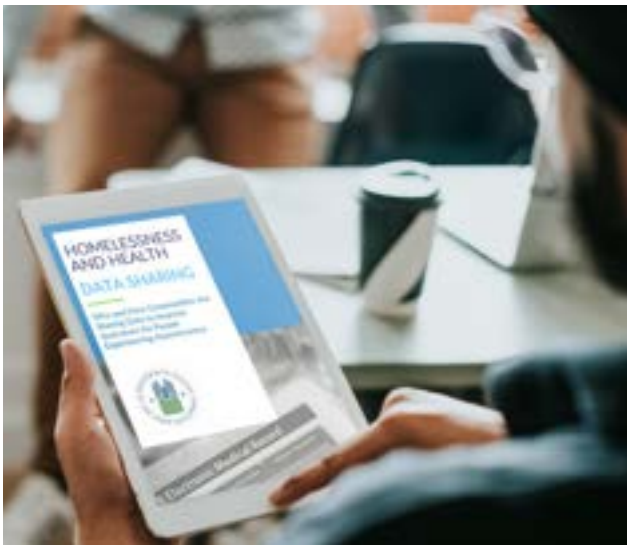
Flexible Housing subsidy pools are a process by which various health sector partners pool funding and use a shared administrative process to offer rental subsidies to priority participants from their systems. Partners such as county health systems, hospitals or health insurance plans contribute to the pool with an assurance that persons referred from their systems can access the rental assistance and services to create housing stability and improved health. ***Los Angeles***[16] **and *Chicago***[17] **have the most established examples of this model.**



While not everyone who needs housing assistance can access it via this funding, many, many people are getting housed and the partnership is growing between the health and housing sectors.

Institutionalized Data Sharing

The work to create integrated systems of care and practice often begins with an institutionalized process of integrated data. Institutionalized data sharing can be creation of a data warehouse so that multiple systems are sharing data regularly and reporting has been developed to inform systems leaders of how the persons, programs and systems across sectors are faring. Data sharing between health and housing sectors gives each sector actionable information to determine how best to pursue, structure and build an effective, integrated multi-system partnership over time. In support of this effort to encourage data sharing, the federal Department of Housing and Urban Development (HUD) has created a *Homeless and Health Data Sharing Toolkit*[18] to encourage the housing sector to enter into such partnerships. Data sharing is an integral part of projects aimed to identify Frequent Users of crisis systems such as FUSE projects as described above, (see the Multnomah County FUSE report). Allegheny County, Pennsylvania has been able to create a variety of cross sector projects, thanks to the *Department of Human Services Data Warehouse*[19]. In Massachusetts, administrative barriers to health care coverage for people experiencing homelessness have been significantly reduced thanks to matched data between the Medicaid Management Information System (MMIS) and the Homeless Management Information System (HMIS). Massachusetts new 1115 allows persons experiencing homelessness to require redetermination for benefits only once every two years to *ease administrative burdens and improve access to care*.[20] These examples demonstrate the power of integrated data for the benefit of individuals served within these systems and the benefits to systems over time.



Medicaid Funding of Short-term Housing Assistance

As of Fall 2022, three states (AZ, CA & OR) have been approved for Medicaid to cover short term housing, with another twenty plus approved to cover housing related services. These states differ in their approach to housing-related services in populations covered, geography (statewide or regional) and delivery systems. However, all share a goal of improving population health and health equity by assisting Medicaid recipients to remain stably housed in the community of their choice and avoid unnecessary institutionalization. Now that Medicaid is covering short term housing, the state Medicaid program has new incentives to create the partnership with housing sector partners and build towards systems integration.

Systems Integration

Aligning Housing With New Medicaid Housing Related Services Benefits

So how do communities elevate **Partnerships** to broader **System Integration**? While it is promising that so many states have created these new housing related services benefits, for most of the benefits, the burden of coordination still falls either on the individuals or in some cases providers. The approach taken by Washington, DC demonstrates how these services can be successfully aligned with housing at the system level. In this example, a new Medicaid benefit, *Housing Supportive Services*[21] has been structurally integrated with city and federal resources to create a system that is seamless from the beneficiary perspective. An individual or household is assessed by the 'front door' of the homeless system, known as Coordinated Entry (CE) and if assessed as needing Supportive Housing (SH), they are simultaneously assessed for eligibility for the housing support benefit. This collaboration is made possible due to intentional steps at the policy development stage where the two eligibility criteria (for SH and for Medicaid Housing Related Services) were created as the same and thus the assessment for each benefit is the same. Once assessed, individuals and households are assigned to agencies who are braiding funding from both the city, the Continuum of Care (COC/ Homeless Systems) and Medicaid to create the evidenced based SH model. While this process requires significant coordination and collaboration from an agency standpoint, the process is seamless from a beneficiary perspective.

Conclusion

With a strong focus on health equity, an increasing number of projects are being developed and partnerships formed in the health and housing arena. CSH believes that systems integration is a critical next step in addressing housing and health disparities.

This paper describes differences between **projects**, **partnerships** and **systems integration** and offers examples for each category. With an end goal of improving population health, addressing health disparities and the growing complexity of health and social services system, operational systems integration will need its own intentional priority for systems leaders. Only when accessing the assistance needed is equitable and simplified at the systems and policy level, can the operations lead to thriving communities, health and wellness for all.

Endnotes

1 *https://www.cms.gov/cms-strategic-plan*

2 *https://policylab.chop.edu/blog/treating-pediatric-asthma-healthier-homes*

3 *https://www.lahsa.org/news?article=712-news-release-update-on-lahsa-s-covid-19-response*

4 *https://dhs.dc.gov/service/housing-supportive-services%C2%A0*

5 *https://www.csh.org/fuse/*

6 *https://www.csh.org/resources/hrsa-guide-attracting-funding-resources-address-social-determinants/*

7 *https://www.unitedhealthgroup.com/newsroom/2022/additional-housing-investment-bolsters-uhg-efforts.html*

8 *https://www.elevancehealth.com/newsroom/anthem--inc--invests-in-nearly--90-million-in-affordable-housing*

9 *https://www.dhcs.ca.gov/services/Documents/MCQMD/HHP_Program_Overview_Slides_4-19.pdf*

10 *https://www.mass.gov/service-details/primary-care-aco-plans*

11 *https://medicaid.ncdhhs.gov/tailored-care-management*

12 *https://centralcityconcern.org/blackburn-center/*

13 *https://www.coloradocoalition.org/healthlocations*

14 *https://www.stpaulspace.org/services/supportive-housing-programs/*

15 *https://www.dhcs.ca.gov/Documents/MCQMD/20220721-CS-Asthma-and-Home-Mods-Slides.pdf*

16 *https://brilliantcorners.org/fhsp/*

17 *https://housingforhealth.org/our-work/fhp/*

18 *https://files.hudexchange.info/resources/documents/Homelessness-and-Health-Data-Sharing-Toolkit.pdf*

19 *https://www.alleghenycounty.us/human-services/news-events/accomplishments/dhs-data-warehouse.aspx*

20 *https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ma-masshealth-ca1.pdf*

21 *https://dhs.dc.gov/service/housing-supportive-services%C2%A0*

CSH, the Corporation for Supportive Housing, is the national leader in supportive housing, focusing it on person-centered growth, recovery, and success that contributes to the health and wellbeing of the entire community. Our greatest asset is our team. From our Board of Directors to staff, we work every day to build healthier people and communities. Through our consulting, training, policy, and lending, we advance innovation and help create quality supportive housing. Our hub offices drive initiatives in 48 states and more than 300 communities, where CSH investments create thousands of homes and generate billions of dollars in economic activity.

For more information, visit csh.org.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.