INTEGRATING HOUSING AND HEALTH CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

Lisa Bates
Department of Housing and Community Development
September 30, 2016
California has the Highest Percentage of People Experiencing Homelessness in the Nation

People Experiencing Homelessness Reside in Every County of California

Source: 2015 Point-In-Time (PIT) Estimates of Homeless People by Continuum of Care
Homelessness Since 2010

California

- Overall Homelessness: 6%
- Veteran Homelessness: 36%
- Chronic Homelessness: 3%
- Family Homelessness: 15%

United States

- Overall Homelessness: 11%
- Veteran Homelessness: 36%
- Chronic Homelessness: 22%
- Family Homelessness: 19%
Persons Experiencing Chronic Homelessness

- 2009: 107,212
- 2010: 106,062
- 2011: 119,033
- 2012: 112,037
- 2013: 102,828
- 2014: 99,132
- 2015: 96,275

California and United States data comparison over the years.

Legend:
- California
- United States
Common Causes of Homelessness

- Poverty
- Lack of Access to affordable housing
- Inability to access social safety-net programs and services
- Unemployment
- Mental health and/or other debilitating illness
- Substance abuse
- Disconnected from family and support networks
Homelessness is a Health Issue

– Homelessness both causes and results from serious health issues, including mental health and addictive disorders.

– The mortality rate of individuals experiencing homelessness is four to nine times higher than for the general population.

– Mothers experiencing homelessness are four to seven times more likely to suffer from depression than their female peers.

– Children experiencing homelessness are more likely than their peers to suffer from acute and chronic illness.

– Chronically homeless individuals die 30 years younger than average life expectancy.
Evidence Based Practices

- Permanent Supportive Housing
- Rapid Rehousing
- Housing First
- Coordinated Entry Systems
- Wrap-around Service Model
- Performance Based Metrics
Increasing Coordination

State/ Federal Policy

State/Federal Programs

Local Implementation

Housing, Health, and Social Services Agencies

Homeless, Medicaid, MHSA, Veterans Programs

Counties, Cities, CoC, Behavioral Health, PHA, Service Providers, Housing Developers
Align and Target Resources

Targeted Homeless Funds + Mainstream Resources = Coordinated response
# HCD Housing Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>NOFA Release Date</th>
<th>Estimated NOFA Amount</th>
<th>Application Due Date</th>
<th>Award Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Place Like Home</td>
<td>Winter 2017</td>
<td>Appx. $260 Million first round $200 million for over the counter program</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Veterans Housing and Homelessness Prevention (VHHP) Program</td>
<td>November, 2016</td>
<td>$75 Million</td>
<td>January 2017</td>
<td>April 2017</td>
</tr>
<tr>
<td>State Emergency Solutions Grant (ESG) Program</td>
<td>Spring 2017</td>
<td>$35 million</td>
<td>Summer 2017</td>
<td>Fall 2017</td>
</tr>
<tr>
<td>Section 811</td>
<td>Currently Open</td>
<td>Round 1 - $11.2 Million Round 2 - $11 million</td>
<td>Over the Counter</td>
<td>Continuous until funds exhausted</td>
</tr>
</tbody>
</table>
### Other State Funds

<table>
<thead>
<tr>
<th>Program</th>
<th>Agency</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalWorks Homeless Assistance Program</td>
<td>Department of Social Services</td>
<td>$32 Million</td>
</tr>
<tr>
<td>Bring Families Home program</td>
<td>Department of Social Services</td>
<td>$10 Million</td>
</tr>
<tr>
<td>Homeless Youth and Exploitation program</td>
<td>Office of Emergency Services</td>
<td>$10 million</td>
</tr>
<tr>
<td>9% Tax Credit Program</td>
<td>California Tax Credit Allocation Committee</td>
<td>$93 Million (2016)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$3.7 million special needs set-aside (more is commonly awarded to special needs projects)</td>
</tr>
</tbody>
</table>
## Preliminary Timeframe

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Initial Research and Stakeholder Outreach</td>
<td>Fall, 2016</td>
</tr>
<tr>
<td>Development of Advisory Committee</td>
<td>Fall, 2016</td>
</tr>
<tr>
<td>Framework Paper Released and Public Comment</td>
<td>Winter, 2016</td>
</tr>
<tr>
<td>Guideline Development</td>
<td>Spring, 2017</td>
</tr>
<tr>
<td>Guidelines and NOFA Completion</td>
<td>Summer, 2017</td>
</tr>
<tr>
<td>Validation Process</td>
<td>Fall, 2017</td>
</tr>
<tr>
<td>NOFA Release</td>
<td>December 31, 2017*</td>
</tr>
</tbody>
</table>

* Assumes no contest during validation process
Three Things Counties Should Consider in Your Homeless Plan

1) Set up systems to be outcome focused

2) Be Person Centered – coordinate across housing, health, and social service systems.

3) Measure and evaluate progress
Thank you

For further information, visit our website at:
www.hcd.ca.gov

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Coordinating & Integrating Housing & Health Care

2016 NPH Fall Conference

Steven Shum, Corporation for Supportive Housing
Our Mission

Advancing housing solutions that:

1. Improve lives of vulnerable people
2. Maximize public resources
3. Build strong, healthy communities
States Can Design Medicaid to Pay for Housing-Related Activities & Services

- Housing transition services,
- Tenancy support services,
- One-time costs of housing.

X Medicaid Can’t Pay for Long-Term Housing Costs
California’s 1115 Medicaid Waiver: Whole Person Care Pilots

Potential Populations:
Frequent Jail or Hospital Users, People Experiencing Homelessness/
People at Risk of Homelessness Upon Exit from an Institution

Strategies: Increase Access to Housing & Supportive Services
Whole Person Care Housing Costs

- **WPC Cannot Fund Long-Term Rent**
- **WPC Can Fund:**
  - First Month’s Rent or Security Deposit
  - Home Modifications
  - Interim Housing/Respite/Recuperative Care
  - Housing Pool

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Housing Pools

- Private $
- MCO “Savings”
- County or State General Funds
- Other Non-Federal $

- **Long-Term Housing Costs**
CA Assembly Bill 361 (Mitchell):

- Authorized DHCS to create a new Medi-Cal Health Home benefit for Medi-Cal beneficiaries.

- Required DHCS to make benefit meaningful for beneficiaries who are CHRONICALLY HOMELESS.

Health Home Program Services Required by Affordable Care Act

- COMPREHENSIVE CARE MANAGEMENT
- CARE COORDINATION
- HEALTH PROMOTION
- COMPREHENSIVE TRANSITIONAL CARE
- COMMUNITY and SOCIAL SERVICES
- INDIVIDUAL and FAMILY SUPPORTS
Whole Person Care Pilots, Health Home Benefit: Two Programs, Similar Services

**Outreach & Engagement**
- Outreach
- Assessments
- Landlord & Tenant Education
- Tenant Coaching
- Agency Collaboration

**Housing Transition Services**
- Assessment of Housing Need
- Housing Support Plan
- Housing Crisis Plan
- Application Assistance, Housing Search, Securing
- Assistance with Move-In

**Tenancy Sustaining Services**
- Intervening in Behaviors Jeopardizing Housing
- Educating Tenants & Landlords
- Help Resolving Disputes
- Training on Lease Compliance

**WPC ONLY**
- Housing Pools
- Partnerships, Data Sharing
- Creating Single Point of Entry
- Modifications to Unit
Overlap/Differences: WPC vs. HHP

**Whole Person Care Pilots**
- Eligibility: High Users of Multiple Systems
- County-Run
- Very Flexible:
  - Create Partnerships
  - Create Data Sharing Systems
  - One-time or Short-term Housing Costs
  - 5 Years

**Health Home Benefit**
- Eligibility: Beneficiaries with Complex Conditions, Meeting Acuity
- Entitlement
- Administered by Managed Care Organizations
- Not as Flexible
- No Housing Costs (Only Services)
- Ongoing (potentially)

**Homeless Beneficiaries Called Out**
- Can Fund Housing
- Navigator: “Tenancy Transition” & “Tenancy Sustaining” Services
- Team-Based Approach
Tapping Into Medi-Cal Programs

**Partner with—**

- County to Access Services Funding, Short-Term Housing & Housing Pool Funds
- Medi-Cal Providers Contracting to Provide with Health Home Services
One Model: 10th Decile Project, LA County

10th Decile Triage Tool: 10% Highest-cost, Highest-Need Homeless Individuals

Collaborations:
- Hospitals
- Federally-Qualified Health Centers
- Homeless Services Providers
- Housing Health Home/WPC Services
- Intensive Care Management/Care Coordination
- Permanent Supportive Housing
- Housing Navigation & Retention

The Glue: Intensive Case Management
i.e., Care Coordination + Housing Navigation

Primary Care
- Mental Health Tx
- Substance Use Tx

Supportive Housing

Chronically Homeless Beneficiaries

Housing Navigators
9 COMMUNITIES: 9 HOUSING/HOMELESS SERVICE PROVIDERS + 9 FQHCs + 20 HOSPITALS
10th Decile Project

169 HOUSED TO DATE

9 COMMUNITIES: 9 HOMELESS SERVICES PROVIDERS + 9 FQHCs + 20 HOSPITALS

10th Decile Project Hospital

Partner Hospital Costs (Actual)
Average per person per year (n=77)

<table>
<thead>
<tr>
<th></th>
<th>ER costs</th>
<th>IPT costs</th>
<th>Total costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 mos. prior (baseline)</td>
<td>$7,138</td>
<td>$3,433</td>
<td>$10,579</td>
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<tr>
<td>12 mos. in 10th Decile Project</td>
<td>$60,980</td>
<td>$14,012</td>
<td>$68,118</td>
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</tbody>
</table>

Average cost avoidance per person per year: $54,106
Est. total 10th Decile Project cost avoidance to date: $8.5 M
Challenges

Administered through Managed Care: Medical Model

Benefit/Services Not Housing Based—Scaling Up to Coincide with Housing Availability

Providers: Restrictions on Providers, Capacity
State Action

Rate Based on Social Services Model, Flexible Per Person, per Month

Encourage Managed Care Plans to Partner with Homeless Services & Housing Providers, Offer Provider Flexibility

Coordinated Entry: Create Process of Referral, Prioritize People Eligible for Programs

HCD/DHCS to Align Resources—Incentives to Use HHP/WPC in a Single Site
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