

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

ACHIEVING EQUITY & JUSTICE IN HEALTH CARE & HOUSING:

Realizing a National Agenda at the Local Level

May 22, 2019

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for the
HOMELESS
COUNCIL



AGENDA



8:45-10:30: **Health Care
Stakeholder Panel**

1:00-2:30: **Housing
Stakeholder Panel**

10:30-10:45: BREAK

2:30-2:45: BREAK

10:45-11:30: **Reflection
Discussion**

2:45-4:00: **Multi-Sector
Stakeholder Panel**

11:30-1:00: LUNCH

4:00-4:30: **Bringing It All
Together**

LEARNING OBJECTIVES

- Identify **three priorities** that health and housing stakeholders are currently advancing related to very low income populations.
- Identify **three strategies** that those stakeholders are implementing to integrate health and housing.
- Identify **three options** at the state and local level for increasing the availability of housing for very low income populations.

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The Health Care Stakeholder Panel

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SPEAKERS

- **Lindsey Browning**, Program Director for Medicaid Operations, National Association of Medicaid Directors
- **Andy McMahon**, Vice President, Health and Human Services Policy, UnitedHealthcare Community & State
- **Shannon McMahon**, Executive Director, National Medicaid, Kaiser Permanente
- **Joshua Bamberger**, MD, MPH, Professor, Family and Community Medicine, UCSF



Medicaid & Social Determinants of Health

May 22, 2019

Healthcare for the Homeless Preconference Institute



Overview

- Medicaid's interest in social determinants of health (SDOH)
- Examples of Medicaid initiatives
- Reality check: opportunities and limitations
- Advice for collaborating with your Medicaid Director

National Association of Medicaid Directors

- Created in 2011 to support state and territorial Medicaid Directors
- Bipartisan and nonprofit
- Core functions:
 - Facilitating peer-to-peer learning;
 - Elevating Directors' perspectives in the federal policy process; and
 - Collecting and sharing data about the Directors and their programs.
- Led by a Board of 14 Medicaid Directors

Medicaid's Interest in SDOH

- Covers over 70 million Americans, including most complex populations
- Focused on transforming system towards value (better health, better healthcare, lower costs)
- Tackling social determinants is necessary to get to value
- Growing emphasis on SDOH in alternative payment arrangements
- Federal support has reinvigorated Medicaid activity in SDOH

What is Medicaid doing to address SDOH?

- Encouraging or requiring SDOH screening
- Connecting enrollees to social supports
- Strengthening community-based organizations that provide supports
- Creating affordable housing opportunities
- Using value-based payments to incentivize SDOH interventions

What are the Key Pathways?

- Flexibility MCOs have under their contracts
- State contract requirements for MCOs
- 1915(i) state plan option for supportive housing
- HCBS 1915(c) waivers for supportive housing
- Section 1115 waivers

Examples

- **North Carolina: Healthy Opportunities Pilot.** Medicaid enhanced case management provides support services for high-risk enrollees: housing instability, transportation, food insecurity, interpersonal violence, & toxic stress.
- **Arizona: MCO Reinvestment.** MCO contractually required to reinvest 6% of profits into the community, including in housing and food banks.
- **Massachusetts: ACO Requirements.** ACOs must have a contractual relationship with community-based organization to coordinate social service and supports. Also, ACO risk adjustment factors in SDOH.

Examples

- **Hawaii: Supportive Housing Program.** Covers services to get individuals who are chronically homeless into housing and keep them there.
- **Ohio: Uniform Risk Assessment.** Developing uniform risk assessment for the MCOs that will include questions on social determinants of health.

Reality Checks

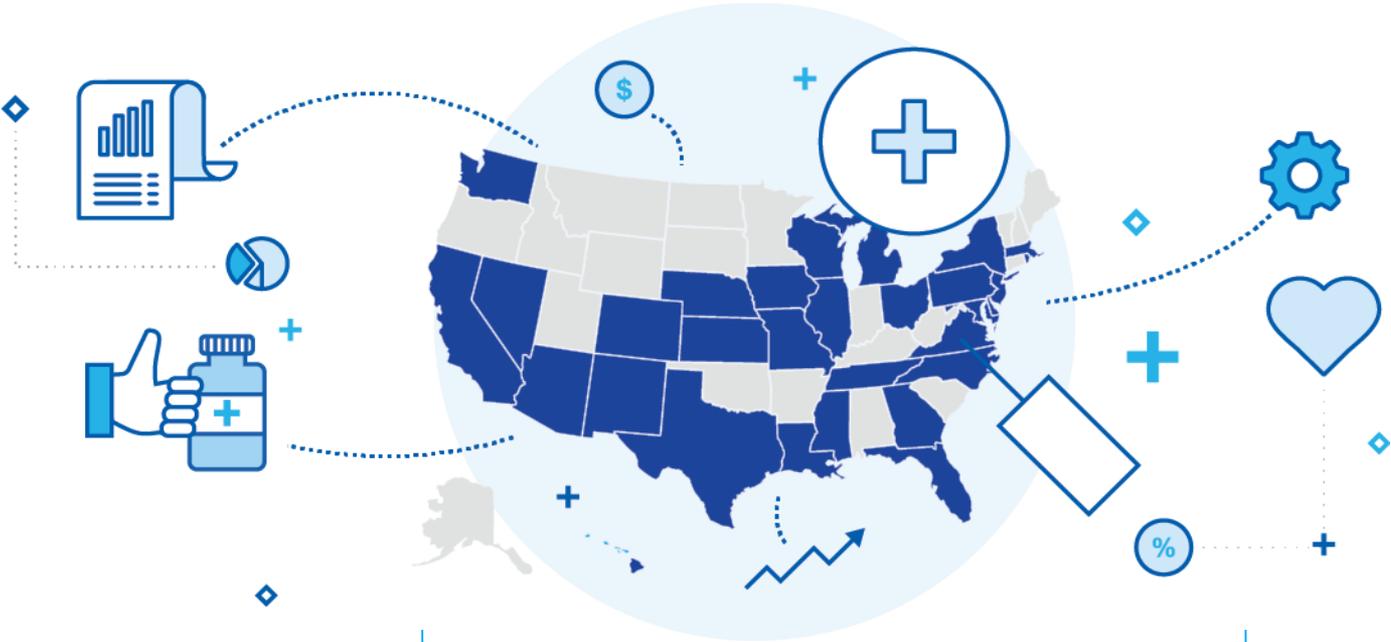
- We need to get clear on roles: state agencies, plans, providers, & community based organizations.
- “We speak a different language.” It takes time to understand one another and begin to partner.
- There’s still very limited data sharing across health care and social services. Need to build this infrastructure.
- Section 1115 waivers are a huge lift.
- Medicaid is a health insurance program, not a social services program. There are – and should always be – limitations to its role in SDOH.

Advice for Collaborating with your Medicaid Director

- Do your homework before meeting with Medicaid
- Engage around your shared goals (don't start with the money)
- Seize opportunities to partner with your MCOs
 - Can you help them achieve an ROI?
 - Can you help them meet other contractual requirements?
- Be a resource to Medicaid. Offer your team's time and expertise, especially knowledge of housing and homelessness.
- Appreciate Medicaid's constraints, such as limited staff and dollars, and federal policy parameters.

UnitedHealthcare Community & State

In **partnership** with state and local community organizations we offer innovated managed care health plans for the economically disadvantaged, the medically underserved, and those without the benefit of employer-funded health care coverage.

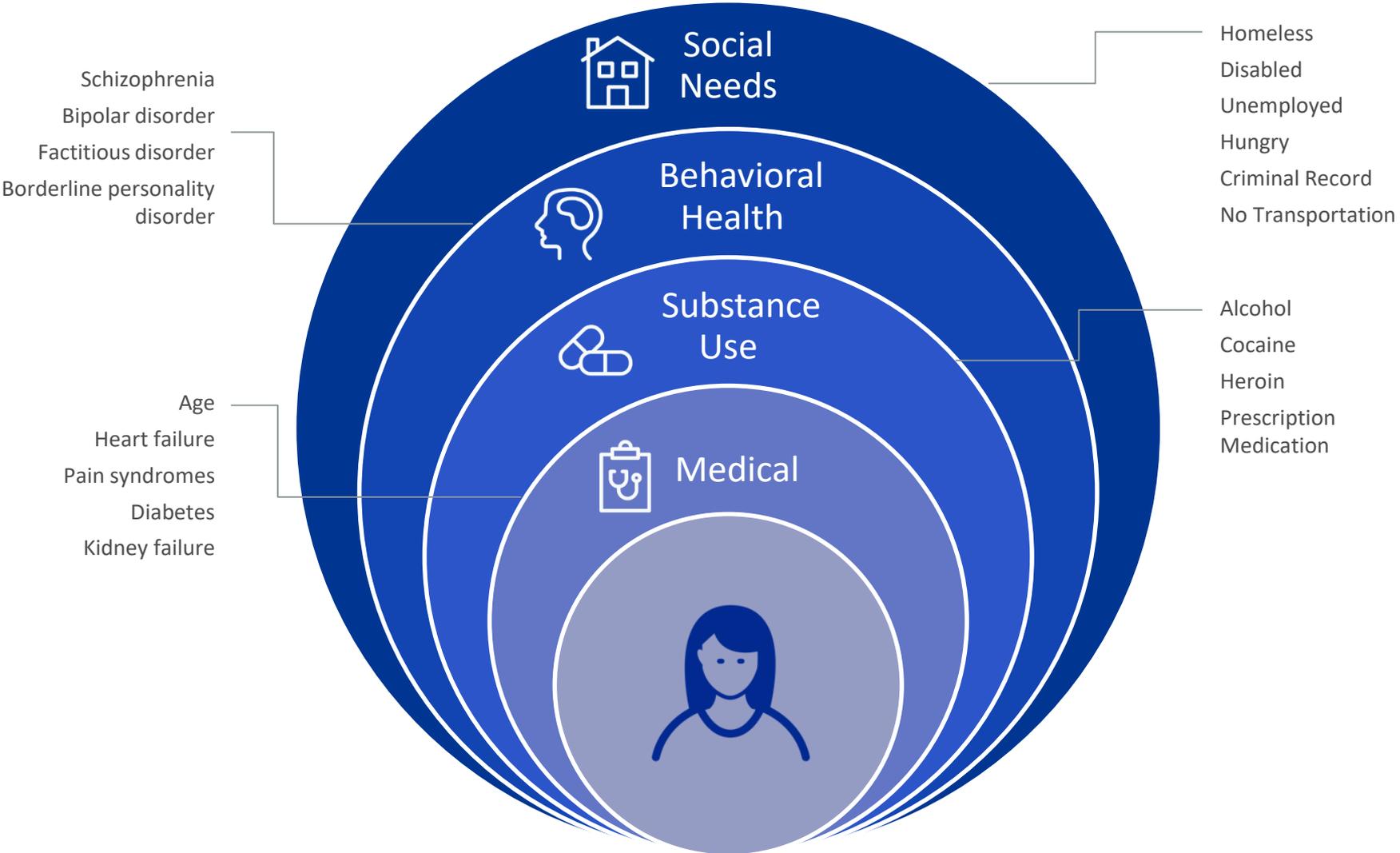


70+
Health care
contracts managed

Serving **6.4M** people in
30 states plus Washington D.C.

12,000+
Employees

Member Complexity includes Medical, Behavioral, Substance Use, and Social Needs



myConnections™: A Clinical Approach

myConnections addresses social determinants with the greatest opportunity to improve health outcomes.

Collaboration

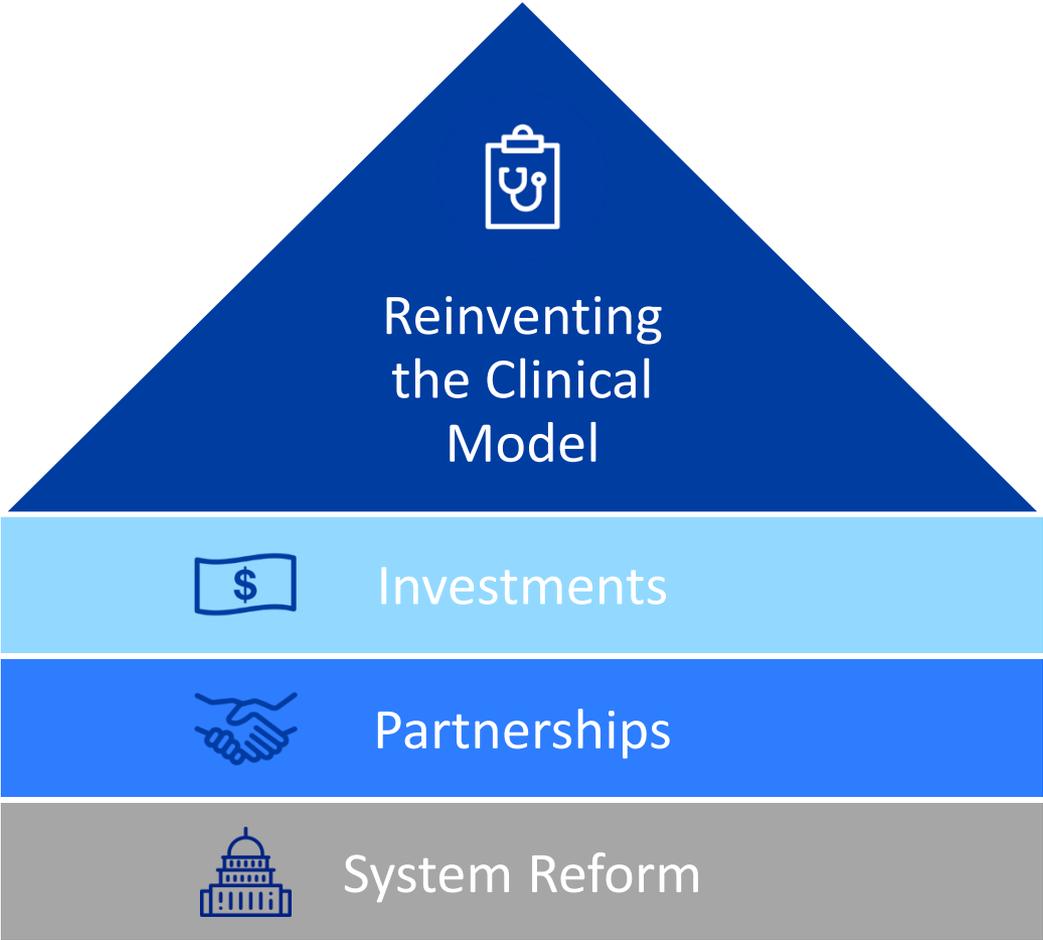


Overview

- UnitedHealthcare is seeing promising results for a targeted subset of homeless individuals.
- Intensive, multi-disciplined engagement along with stable housing are positively impacting outcomes, including ER and Inpatient utilization.
- We continue to monitor ongoing utilization and assess impact over a longer duration.

A data-driven, flexible and scalable housing and social services solution for frequent utilizers of the health care system.

UnitedHealthcare's Approach to Addressing the Social Determinants of Health





Investments in affordable housing

\$400M+ supporting 80 affordable housing communities with more than 4,500 new homes for those in need. Investing in permanent supportive housing and support services to chronically homeless, seriously mentally ill individuals and addressing the connection between mental illness, recidivism and homelessness



UnitedHealthcare – CLPHA – CSH Partnership

Collaborating to engage in data analytics and develop partnerships to better address the health needs of those living in publicly-assisted housing



Advocacy to align health and housing policies

Identifying and supporting policy solutions to support the integration and alignment of public programs and funding at the federal, state, and local levels

America Has A Housing Crisis

Solving this problem requires all hands on deck

Shannon M. McMahon

Executive Director, National Medicaid Policy &
Operations, Kaiser Permanente

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202.657.9669



KAISER
PERMANENTE®

“

In the 21st century, we should not accept the whole concept of homelessness in our communities.

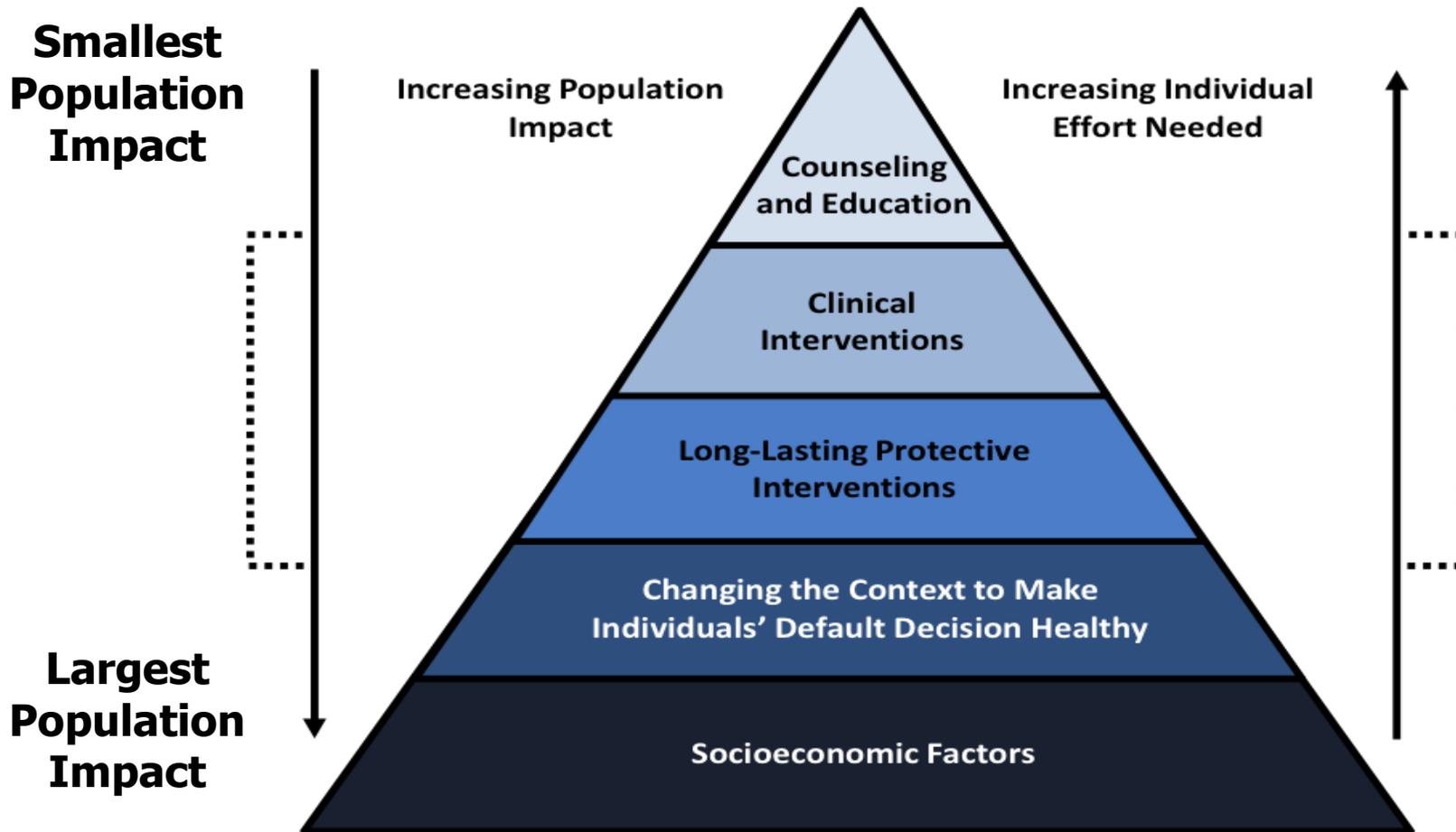
”

Bernard J. Tyson

Chief Executive Officer, Kaiser Permanente



Factors That Impact Health Outcomes



The Root Causes of Poor Do Begin in a Doctor's Office...

Clinical care
(just the tip of the iceberg)

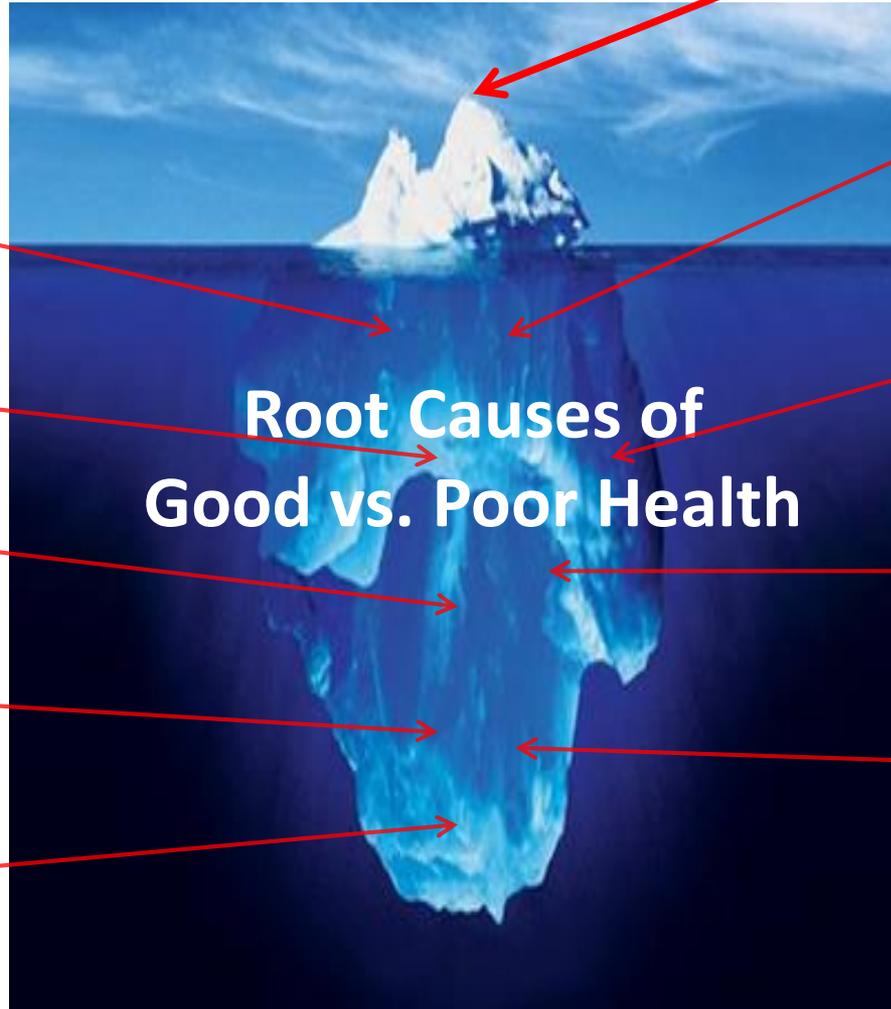
Access to healthy
and affordable
food

Built-environment

Race / Ethnicity

Economic
opportunity

Educational
opportunity



Safe places for kids
to learn and play

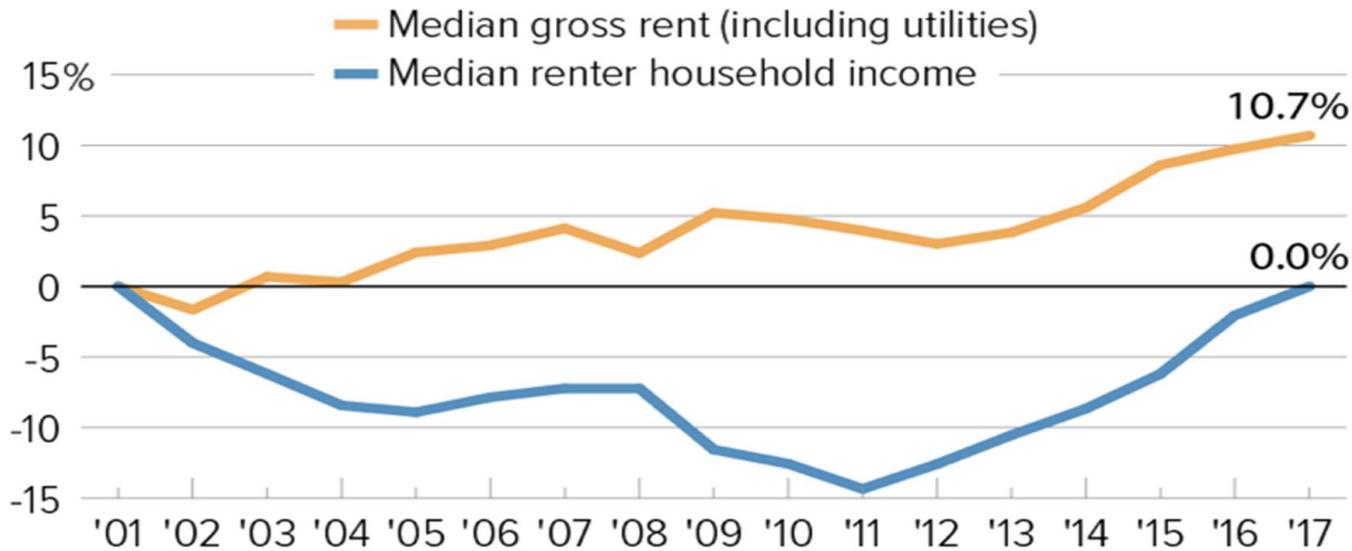
Food and beverage
environment in
schools

Socioeconomic
status / Income

Other social
determinants of
health

Renters' Incomes Have Not Kept Up With Housing Costs

Percent change since 2001, adjusted for inflation



Source: CBPP tabulations of the Census Bureau's American Community Survey

Unsafe and Unhealthy Housing Cost the U.S. Billions Annually

\$56B Asthma

\$50B Lead Poisoning

\$500M Residential Fatalities from CO Poisoning

\$2.9B Radon-Induced Lung Cancer

\$200B Unintentional Injuries

(National Center for Healthy Housing)

(Former) Medicaid Director Perspective



- Mechanisms for payment?
- Right pockets?
- How to prioritize?
- -Seniors
- -Families
- -Homeless youth

- Partnering with agencies
 - Champions...?
 - How to partner?
 - How to work with agencies/how to support state and local efforts to get federal funding (CHIP administrative funding, 1115 waivers as examples)



What Kaiser Permanente Is Doing NOW

Big Plays

Oakland

Direct Partnerships

Data, Data, Data, Housing
Supply Investment

Policy

Mayors and CEOs,
CityHealth, hyper-local
partnerships (e.g. Chan-
Zuckerberg; purple line)

Sustained impact at scale will require changes in policy

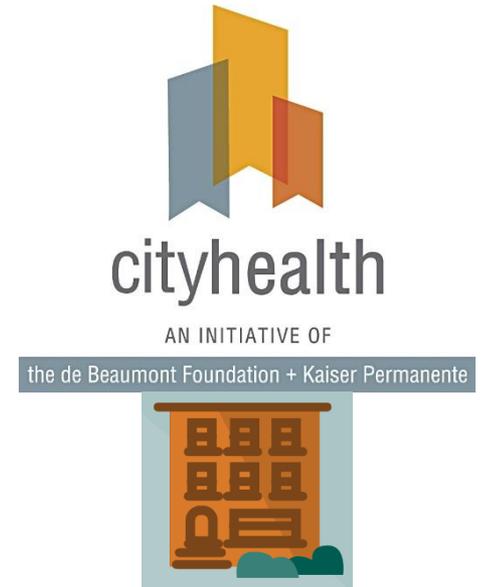
Federal



State



Local



Bi-partisan • Longer-term solutions • Focused on affordable housing

HOMELESS SENIORS: OPPORTUNITIES FOR MEDICAID INVESTMENTS

JOSHUA BAMBERGER, MD, MPH

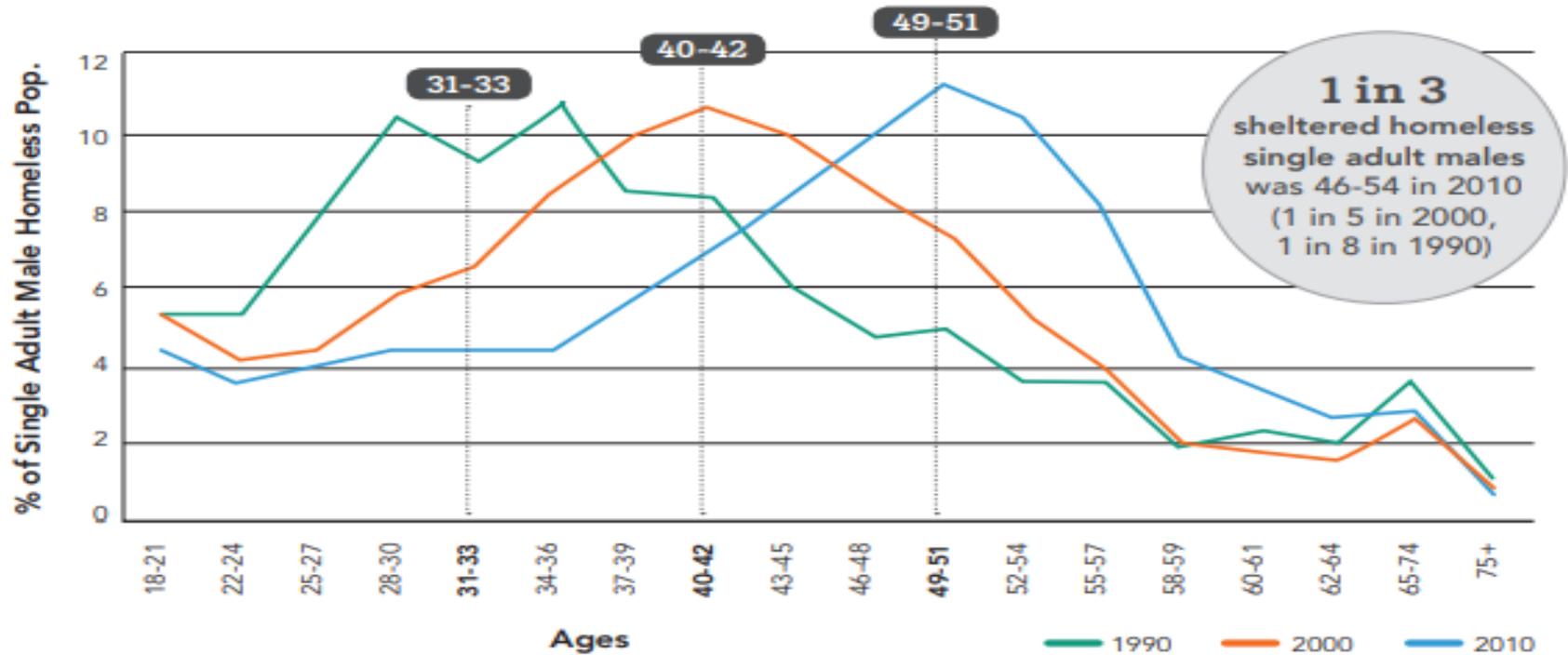
ASSOCIATE CLINICAL PROFESSOR, FAMILY MEDICINE, UCSF

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Contemporary homelessness is in large part a *birth cohort* phenomenon, disproportionately affecting people born in the latter half of the post-War baby boom (1955-1965).

Figure 1: Age Distribution of Adult Male Shelter Users in the United States

Source: Culhane et al. (2013)/ U.S. Census Bureau Decennial Census Special Tabulation



MORE DEMOGRAPHICS

- About half of homeless seniors are “new homeless”
- About half of homeless seniors are chronically homeless
- “New homeless” look clinically like chronically homeless in 6 months on the streets
- About 5% of homeless seniors use 70% of healthcare costs

KAISER PROJECT- ENDING SENIOR HOMELESSNESS IN OAKLAND

- Leadership commitment to improve community health
- Annual Bold Move investment
- HOPE HOME: aligning research and program development
- 12 week Sprint- Agile design project
 - Recommend creation of Flexible Housing Subsidy Pool
- \$6M investment in prevention
- \$15M investment in rapid re-housing

KAISER PROJECT- LESSONS LEARNED

- Time
- Grass roots vs. Top down
- Continuing the momentum
- Race based inequities and opportunities
 - Trip to Alabama- Peace and Justice Museum

ASSISTED LIVING FOR HOMELESS

- Serving homeless seniors who fall into the gap
- San Meteo Project- Medicaid paying for rent and RCF
- Assisted Living Waivers- 1915c
 - AB50 in California
- Aligning services support with rental support

PRECISION VS. EQUITY



HOMELESS SENIORS: OPPORTUNITIES FOR MEDICAID INVESTMENTS

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QUESTIONS & DISCUSSION



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Reflection Discussion

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DISCUSSION

1. How does the information from Panel #1 reflect activities happening in your area?
2. What information needs to be added to this discussion?
3. How has the housing and/or health care landscape shifted in your area to provide better opportunities for those we serve?
4. Where do you see possibilities for deeper partnerships with your health care stakeholders?

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SPEAKERS

- **Peggy Bailey**, Director of the Health Integration Project, Center on Budget Policies and Priorities
- **Stephen Lucas**, Health Research and Policy Manager, Council of Large Public Housing Authorities
- **Brian Rahmer**, Vice President, Health and Housing, Enterprise Community Partners



DISCUSSION

1. How are housing developers and housing authorities incorporating **health care** into their projects?
2. What are the biggest **regulatory** and **policy issues** at the local and state level that influence the ability to create new affordable housing opportunities for very low-income/homeless populations?
3. As housing stakeholders are forging more partnerships with health care, what **challenges** to those partnerships consistently arise?
4. We talk a lot about the potential for **Medicaid** to help pay for the services in housing, but is this an issue that developers and housing authorities care about?

DISCUSSION

5. What **advice** would you offer to those in the room about how to best partner with their local developers and housing authorities? What can they reasonably expect from these stakeholders?
6. **What doesn't work** when health care folks try to engage developers, housing authorities, and other stakeholders in this space?
7. Looking ahead 5 or 10 years, how do you see the current **landscape changing** related to housing and health care integration?

Q&A / DISCUSSION



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The Multi-Sector Partner Panel

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SPEAKERS

- **Mike Koprowski**, National Campaign Director, Opportunity Starts at Home Campaign



- **Peggy Bailey**, Director of the Health Integration Project, Center on Budget Policies and Priorities



- **Liz Buck**, Deputy Program Director, Behavioral Health, Council of State Governments Justice Center



DISCUSSION

1. What other **partners** should we be engaging that will help yield more housing opportunities?
2. What are the **advantages** of working with this broader range of partners—and what might be the **drawbacks** or challenges to this approach?
3. Can you talk about the role of **philanthropy** in housing & health integration, and how HCH folks might better engage these partners?

DISCUSSION

4. How do you best engage **new partners** when health & housing integration may not be one of their priorities? What **messages** and/or **evidence** work best?
5. Where do you see opportunities to leverage **federal opportunities**, even in this challenging environment?
6. What **advice** can you share with HCH folks who are trying to engage more local partners so that they can realize greater housing opportunities

Q&A / DISCUSSION



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Bringing It All Together

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