Cross-Sector Partnerships with Healthcare to Expand Resources and Improve Outcomes

National Alliance to End Homelessness 2025 Conference
Richard Cho

Ronald's Story

Ronald is a 55+ year old man with diabetes mellitus and lower back pain who has been homeless 2+ years in Orange County, CA. He has unresolved legal challenges and was denied SSDI.

- Ronald has visited emergency departments and has been hospitalized multiple times in the past two years.
- He was referred by the hospital to a homeless services provider organization.
- Through coordination between provider and Medicaid managed care, Ronald was found eligible for and referred to the following **Medicaid-funded services**:
  - **Recuperative care** to provide a short-term setting where his health could be stabilized. While there, the provider connected him to legal aid to resolve his legal issues and enroll in SSDI.
  - He was then transferred to **short-term post-hospitalization housing**.
  - **Housing transition navigation services** to help him apply for and obtain a HUD Mainstream Voucher and find a housing unit.
  - **Day habilitation** to help him obtain independent living skills.
  - Upon entering housing, he was authorized for **housing tenancy sustaining services**.
- He remains housed today with improvements to his health. He has not visited the emergency department since.

Source: Illumination Foundation. (Person's name has been changed to protect his privacy)

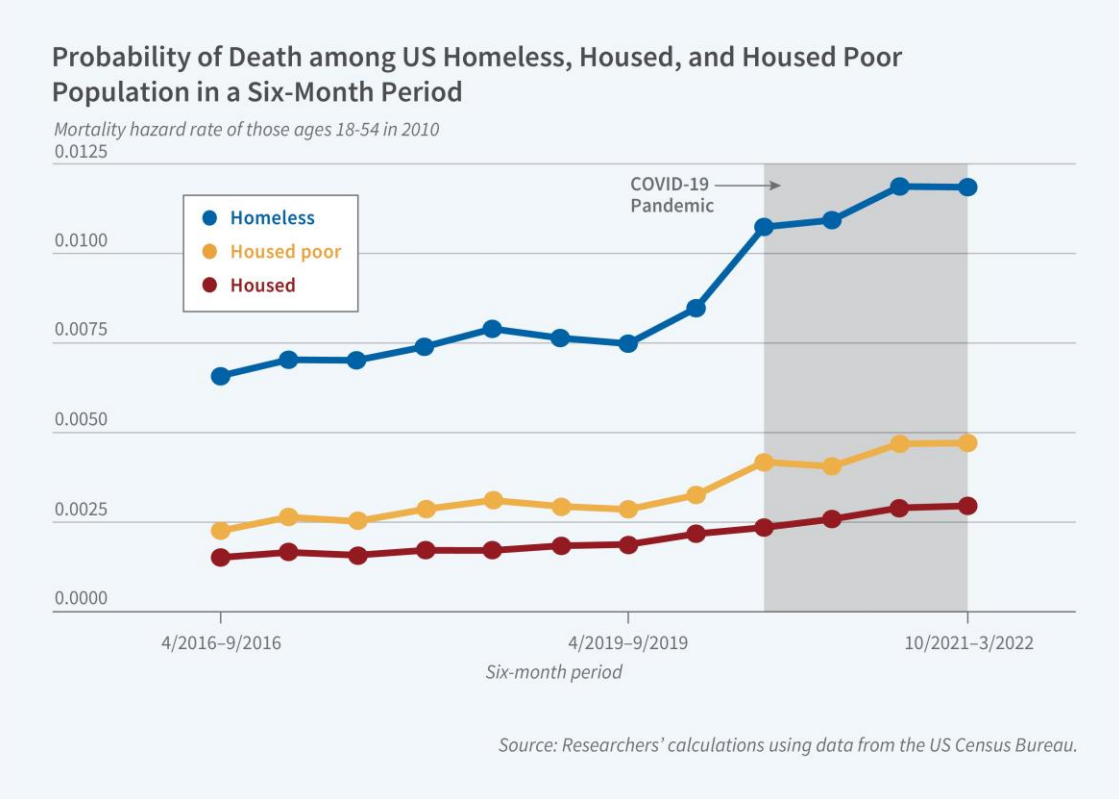
Homelessness drives poor health and increases mortality risk

Nonelderly homeless individuals face 3.5X the mortality risk of people who are housed

A national study of the health needs of people experiencing homelessness found that 73% of people experiencing homelessness had at least one unmet health need, 46% had 2 or more chronic medical comorbidities, and nearly 48% had a history of mental illness.

Nonelderly homeless individuals face 3.5X the mortality risk of people who are housed

Mortality risk relative to the housed population is highest when these individuals are in their 40s and 50s, with a 40-year-old homeless person facing similar mortality risk as a housed person nearly 20 years older.



Sources:

Baggett TP, O'Connell JJ, Singer DE, Rigotti NA. The mortality of homeless adults in 2007: a national cohort study. Am J Public Health. 2010 Jul;100(7):1326-33.

Meyer, Bruce D. and colleagues. (2023). "Life and Death at the Margins of Society: The Mortality of the U.S. Homeless Population," National Bureau of Economic Research working paper.

Homelessness Drives Higher Healthcare Costs

Numerous studies show that this over-reliance on ambulatory and emergency health services among people experiencing homelessness leads to higher health care expenditures

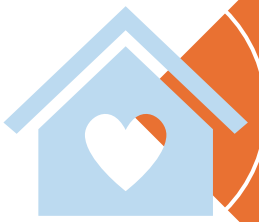
- New Jersey study matched Homelessness Management Information System (HMIS) and Medicaid claims data to find that:
  - Chronically homeless Medicaid beneficiaries had higher rates of behavioral health and medical chronic conditions compared with matched non-homeless beneficiaries.
  - Homelessness and "degree of homelessness" was associated with Medicaid total costs that were 10% to 27% higher than matched housed counterparts.
- Massachusetts study found that people experiencing homelessness had health care expenditures 2.5 times higher than comparable housed populations.

Sources:

Cantor, J.C., and colleagues. (2020). "Medicaid Utilization and Spending among Homeless Adults in New Jersey: Implications for Medicaid-Funded Tenancy Support Services," *Milbank Quarterly* 98(1): 106-130.

Katherine A. Koh, Melanie Racine, Jessie M. Gaeta, John Goldie, Daniel P. Martin, Barry Bock, Mary Takach, James J. O'Connell, and Zirui Song. (2020.) "Health Care Spending And Use Among People Experiencing Unstable Housing In The Era Of Accountable Care Organizations," *Health Affairs* 39:2, 214-223

Housing and Homelessness Interventions Improves Health, Lowers Costs



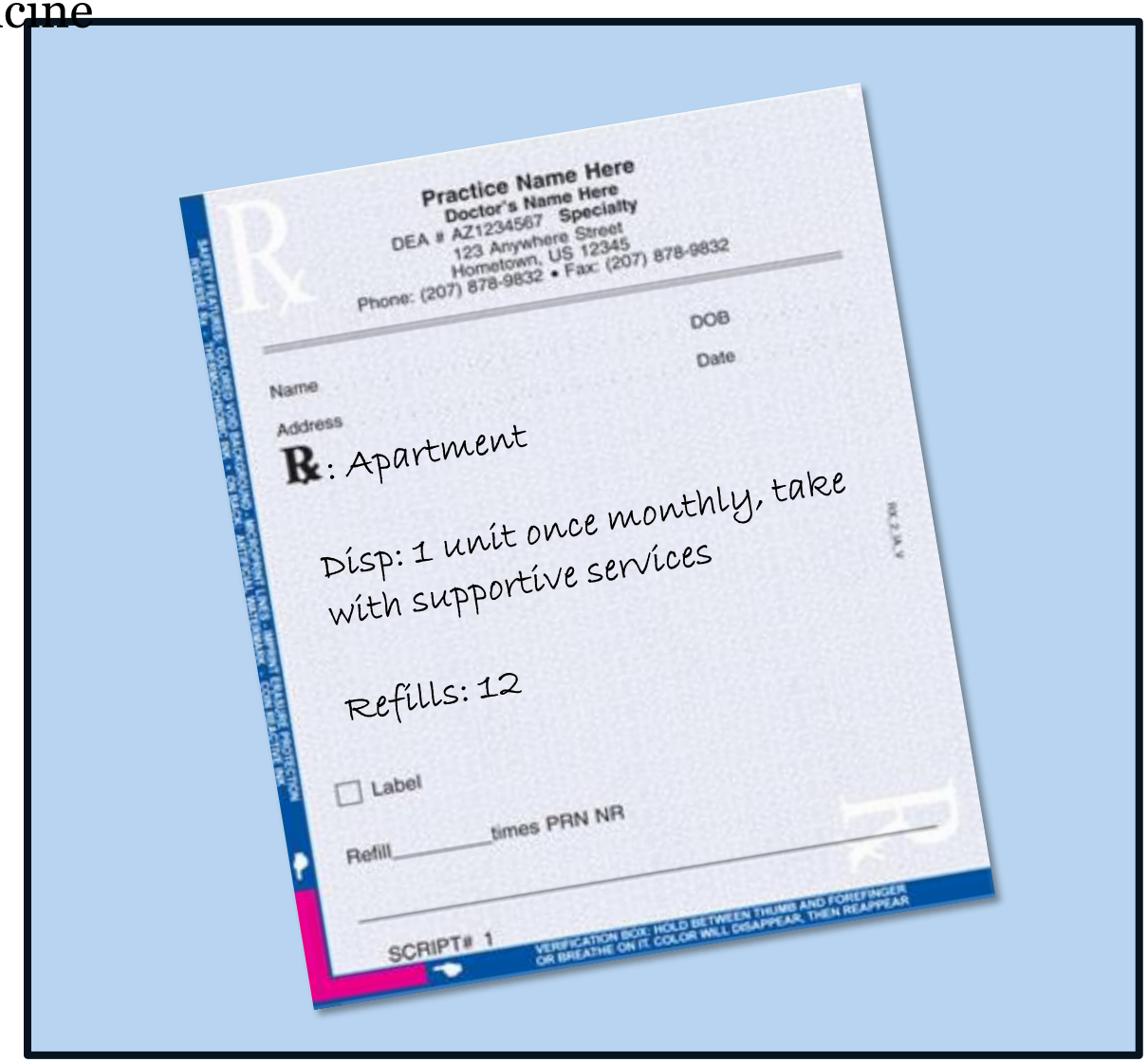
Numerous studies show that housing and care management (supportive housing) improves health, shifts healthcare utilization from emergency care to primary care, and lowers costs.

Medical respite programs shorten hospital stays, reduce short-term hospital readmissions, reduce subsequent acute care episodes, saving $2,000-3,000 per hospitalization for a person experiencing homelessness.

Street medicine programs reduce ED visits and hospitalizations, reduce overdose deaths and increase connections to substance use treatment, and can lead to connections to housing.

Safe and quality housing is often the best medicine

Dr. Jim O'Connell, Boston Health Care for the Homeless, a pioneer in "street medicine" wishes he could write a script for housing, which would be the best cure for the chronic illnesses among his patients.

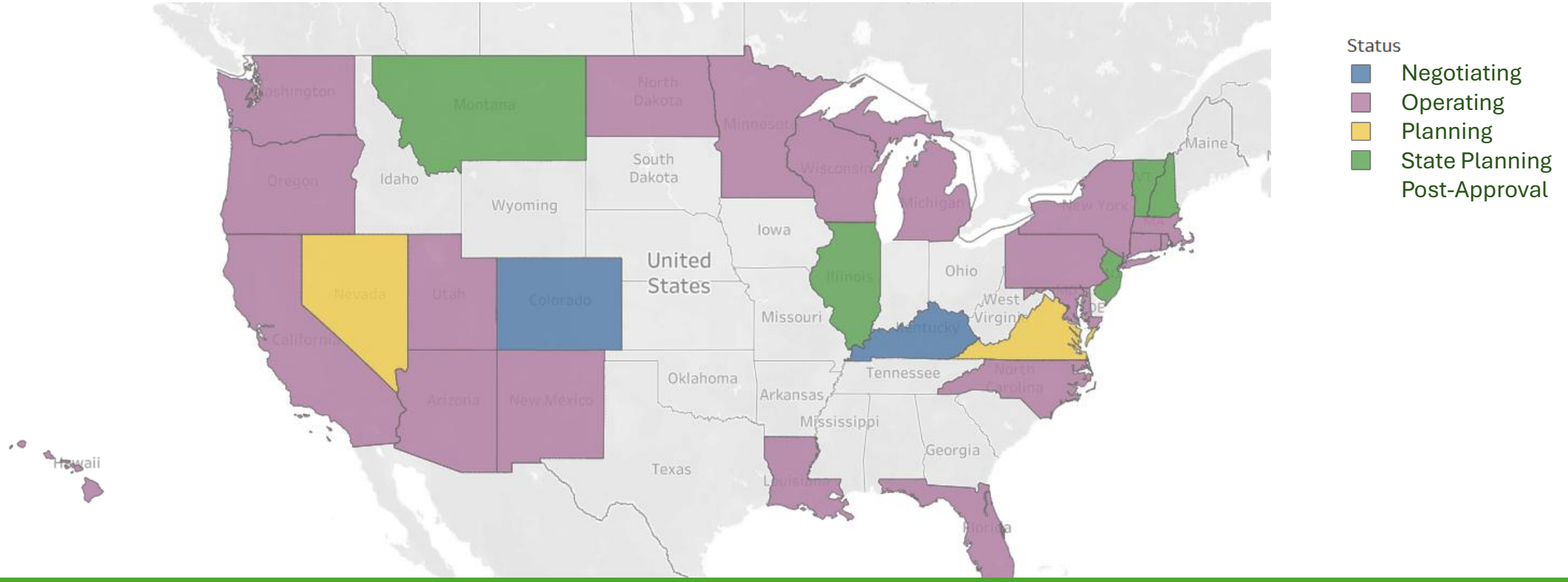


Intervention	Description
Housing supports	Includes pre-tenancy navigation services, one-time transition and moving costs, tenancy and sustaining services, individualized case management (e.g., linkages to housing services). Can be covered through Section 1915 HCBS, Section 1115 demonstrations, Managed care ILOS authorities.
Short-term pre-procedure and/or post-hospitalization housing	Up to six months room and board in housing preceding or following a medical procedure or admission for treatment, where clinically oriented recuperative or rehabilitative supports are offered, but not required. Only coverable through Section 1115 demonstrations.
Recuperative care / medical respite	Up to six months of room and board and services in settings where medical monitoring and/or clinically oriented recuperative or rehabilitative services are provided. Only coverable through Section 1115 demonstrations.

Intervention	Description
Short-term rent and utilities	Up to 6 months once per demo. Following allowable transitions, including out of institutional care and congregate residential settings; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter; out of carceral settings; and individuals transitioning out of the child welfare setting. Only coverable through Section 1115 demonstrations.
Home remediations	Must be medically necessary. May include air filtration, air conditioning, or ventilation improvements; refrigeration for medications; carpet replacement; mold and pest removal; housing safety inspections
Home/environmental accessibility modifications	May include wheelchair accessibility ramps, handrails, and grab bars.

States with Approved Medicaid Authorities to Cover Housing-Related Services

A growing number of states have received CMS approval of Medicaid authorities that cover housing-related services for people experiencing or at-risk of homelessness



Source: CSH. Summary of State Actions on Medicaid & Housing Services. https://www.csh.org/resource/policy-brief-summary-of-state-actions-on-medicaid-housing-services/

States with Approved Medicaid Section 1115 Waivers Covering Housing-Related Services

	AZ	AR	CA	CO	MA	MT	NC	NJ	NY	OR	PA	WA
Without Room/Board												
Housing transition navigation services	x	x	x	x	x	x	x	x	x	x	x	x
Tenancy sustaining services	x	x	x	x	x	x	x	x	x	x	x	x
One-time transition and moving costs, housing deposits	x	x	x	x	x	-	x	-	x	x	x	x
Home modifications and remediation services	x	-	x	-	x	-	x	x	x	x	-	x
Room/Board												
Recuperative care and STPHH	-	-	x	-	-	-	x	-	x	-	-	x
Rent/temporary housing (< 6 months)	x	-	x	x	-	-	x	-	x	x	x	x

States Medicaid 1915(i) HCBS State Plan Amendments Addressing Homelessness

Section 1915(i) Home and Community Based Services SPAs Covering Homeless Populations

	CT	DC	MN	ND
Pre-tenancy/housing navigation services	X	X	X	X
Tenancy sustaining services	X	X	X	X
One-time transition and moving costs, housing deposits	X	-	X	-

California Advancing Innovation in Medi-Cal (CalAIM) Community Supports

California is leading the way in integrating housing supports with Medi-Cal to address homelessness and improve health outcomes, with initiatives like CalAIM aiming to provide housing and related services to vulnerable populations.

Medi-Cal Community Supports

- **Housing Transition Navigation Services**
- **Housing Tenancy and Sustaining Services**
- **Housing Deposits**
- **Recuperative Care**
- **Short-Term Post-Hospitalization Housing**
- **Day Rehabilitation**

Optional for Medi-Cal Managed Care Plans (MCPs) to provide for select populations.

Transitional Rent

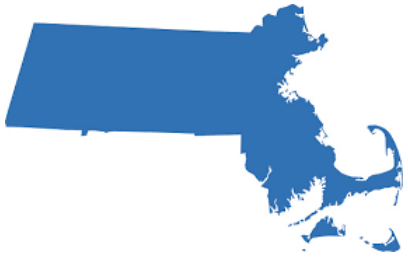
- Includes coverage of up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.
- **7/1/25** Optional for MCPs to provide.
- **1/1/26** Mandatory for MCPs to provide for select populations.

District of Columbia Housing Supportive Services

The District of Columbia's Medicaid program has a Housing Supportive Services 1915i HCBS benefit for people with disabilities experiencing homelessness.

- Since 2022, DC's Medicaid program has been covering two services to assist people experiencing homelessness who have qualifying disabilities:
  - Housing Navigation Services helps a participant plan for, find, and move to housing of their own in the community; and
  - Housing Stabilization Services helps a participant in their own housing in the community and move toward wellness as the participant defines it.

Other State Initiatives



Massachusetts

Continues coverage of Community Support Programs (CSP) to homeless and justice-involved individuals.

CSP-HI covers assistance with daily living, housing search, tenancy supports, services and benefits coordination, crisis intervention.

Expanded benefits cover one-time transition costs, such as security deposits, first month's rent, utility activation fees, move-in costs, inspection costs.

Arizona

- Arizona has begun implementing its Health and Housing Opportunities (H2O) program that provides housing navigation, tenancy sustaining services, transitional housing, and short-term rent to Medicaid members with serious mental illnesses who are homeless or at-risk of homelessness.
- Arizona is coordinating with its statewide housing administrator, CoCs and PHAs to connect people to long-term housing subsidies.

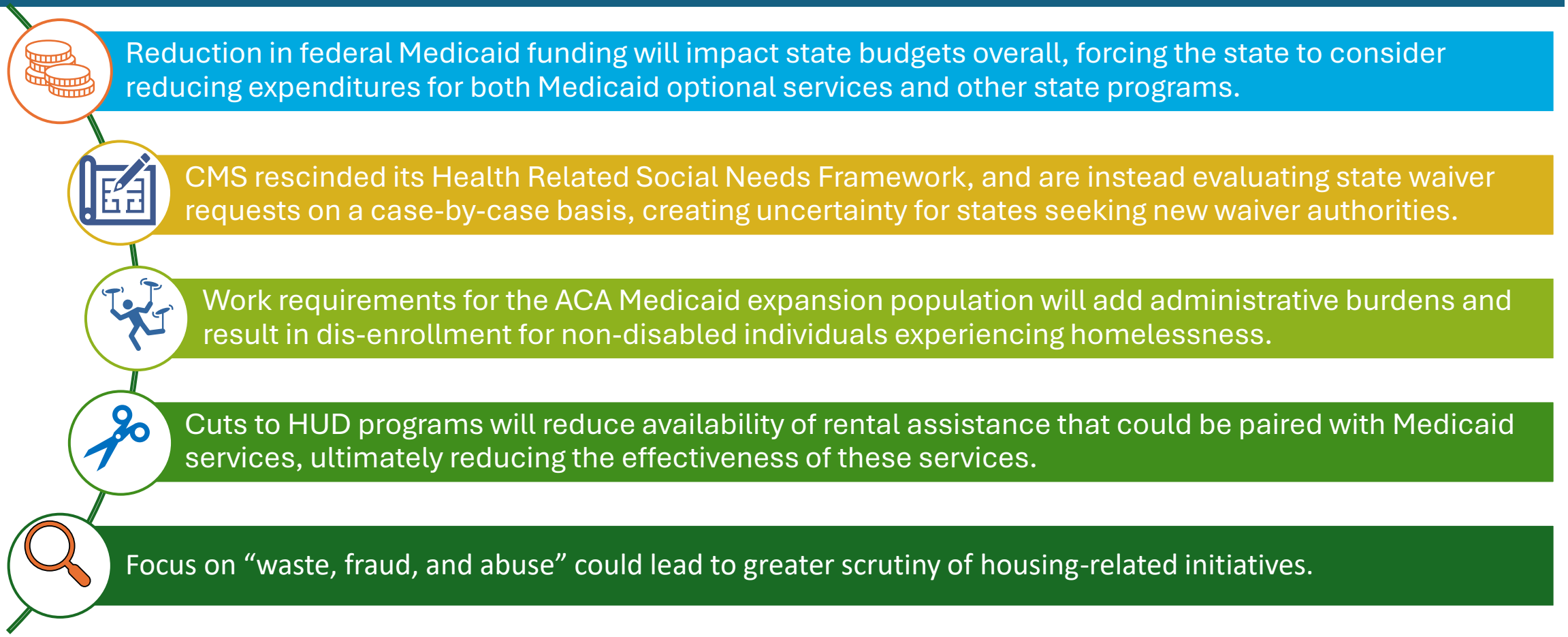
Proposed Cuts and Changes to Medicaid

On May 22, the House of Representatives passed the "One Big Beautiful Bill" Act that carries out the Trump Administration's priorities on taxes, immigration, and energy.

- The bill calls for extending and expanding the 2018 tax cuts costing a total of $4.1 trillion over ten years, to be offset by $1 trillion in federal spending.
- The bill would make changes to Medicaid:
  - Adding new work requirements for the ACA Medicaid expansion population
  - Requiring twice per year enrollment verifications and administrative requirements
  - Limiting state use of provider taxes that help states finance the state share.
- These proposals would result in a $715 billion cut to Medicaid over 10 years and result in at least 8.6 million people losing health coverage. Alongside other proposed changes to the health insurance Marketplace, more than 13.7 million people could lose health coverage.
- The Senate is currently working to develop its bill.

Implications for Medicaid Homelessness Initiatives

Medicaid funding cuts could derail state Medicaid initiatives focused on improving health and lowering costs among homeless beneficiaries



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For more info about Manatt Health Services' Housing and Health Services

Healthcare for the Homeless: Challenges & Opportunities at the Intersection of Health & Homelessness

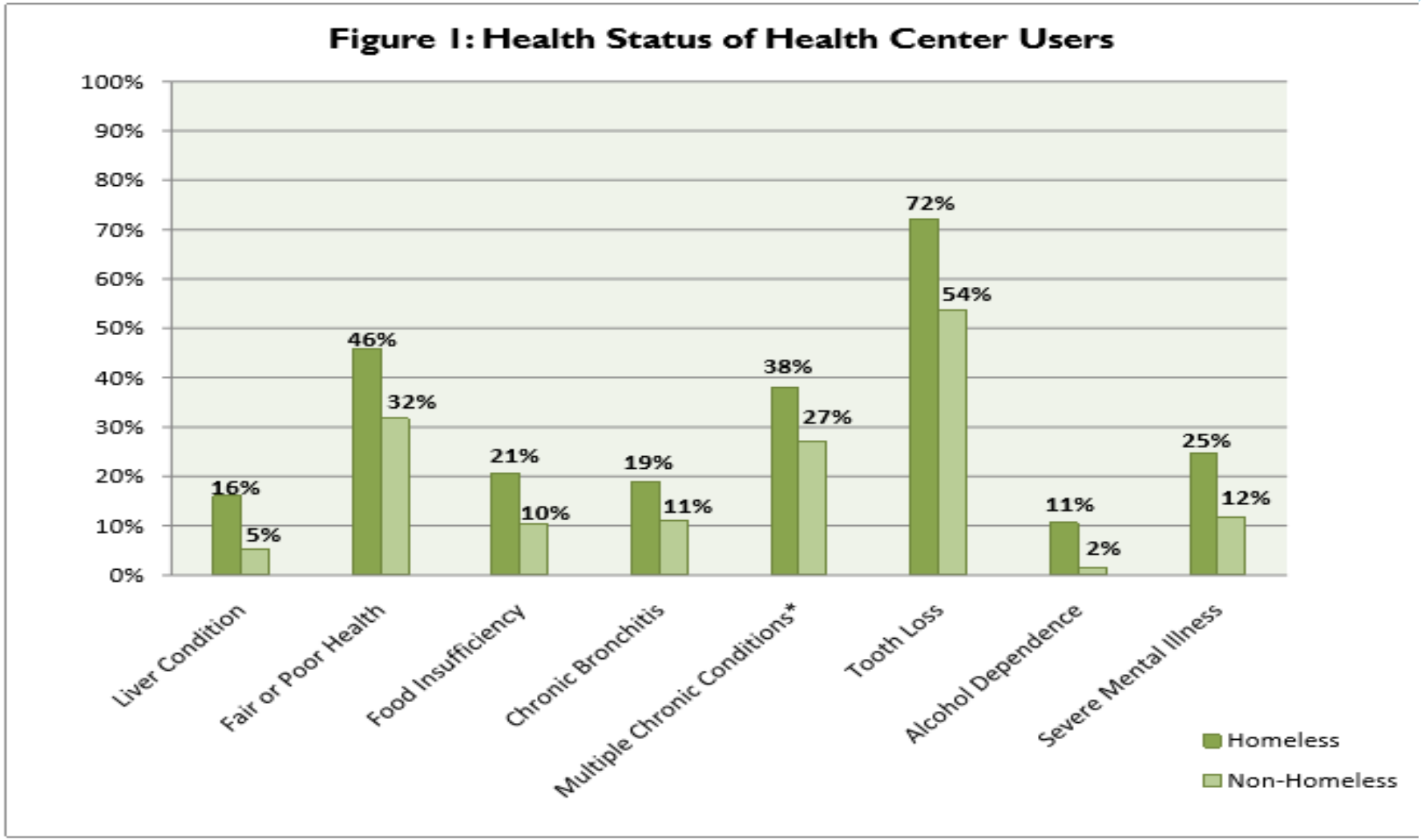
Brendyn Richards
Siouxland Community Health Center
Board Member at The Warming Shelter
Sioux City, Iowa/South Sioux City, Nebraska

Purpose:

Provide an overview of the unique health-related challenges of persons who are homeless and highlight opportunities to improve health care and health outcomes for this population.

2022 Nationwide Health Center Patient Survey

Conducted by the Health Resources and Services Administration



*Note: Multiple chronic conditions include (2 or more of the following): hypertension, diabetes, asthma, emphysema, chronic bronchitis, heart problems, stroke, liver condition, weak/failing kidneys, cancer, and HIV/AIDS.

Effects of Homelessness on Health

1

Homeless individuals are twice as likely to have had an Emergency Room visit within the last year than their housed counterparts.

2

More than 1 in 3 people experiencing homelessness report multiple chronic health conditions.

3

Average life span of a person who is chronically homeless is 15 years less than their housed counterparts.

Chronic Medical Conditions

Poorly controlled hypertension

Poorly controlled diabetes

Chronic pain

Emphysema / bronchitis

Seizures

Infectious Diseases

Pneumonia

Infestations (body lice, scabies, bed bugs)

Tuberculosis

Hepatitis C

HIV / AIDS

Sexually Transmitted Infections

Homelessness and the Health Care System

Emergency Department Use by Homeless Individuals

Emergency Room Visits (Unity Point and Mercy One hospitals in Sioux City, IA (2020-2024)

0 visits:	189 (35%)	
1 visit:	102 (19%)	
2-3 visits:	109 (20%)	
4-5 visits:	89 (16%)	
25-50 visits:	36 (6%)	= 1,016
51-75 visits:	10 (1.8%)	= 475
76-100 visits:	5 (0.09%)	= 364
101-125 visits:	2 (0.03%)	= 250
44 individuals (7%) = 2,105 visits		

Principles of Clinical Care for Patients who are Homeless

- Patient-centered care
  - Trust & listening
  - The patient's top concern, not yours
- Acute vs. Chronic (unmanaged) vs. Chronic (managed) conditions
- Collateral history from clinicians and pharmacists
- Promote continuity of care
- Understand the person's life situation

Mobile Clinic/Street Medicine

Significant social and health issues are associated with homelessness. Negative experiences with the healthcare system are also frequent and cause people experiencing homelessness to avoid health services.

Timely access to healthcare is an important issue for people experiencing homelessness. Mobile clinics/Street Medicine meet needs that go far beyond health issues.

Building relationships between homeless people and healthcare providers that are based on trust, compassion, respect and fairness

This type of outreach service can facilitate homeless people's access to healthcare by providing it directly in their living environment.

Mobile Showers

- 2024 Final Statistics:
  - 55 shower dates
  - 27.74 average attendees per session
  - **1,526 total**, 1,123 male, 403 female
- Showers were on Monday, Wednesday, and Friday from 1-4 pm
  - *Highest previous year: 803 (596 men, 207 women) 18.6 average per session*
  - *2022 in the last year of use: 443 total, 345 men, 98 women, 11.97 average per session*

Mobile Showers-2025

- 2025 Statistics (to date):
  - 5 shower dates
  - 29.2 average attendees per session
  - 146 total, 113 male, 33 female
  - 23 tested for HIV/HepC by Team 8 staff
  - We started this year's Mobile Health Services at shower sessions on 6/16. We will have services on Monday's shower dates

- Schedule: We hold showers on Monday and Thursday from 1-4 pm
  - In 2024 we provided 1,526 total with an average of 27.74 per session

Services at the Mobile Shower—

Monday and Thursday's, 1-4:30 pm, May 1st-October 20th

- Three Shower unit
  --We provide all toiletries--
- New clothing provided by our Foundation
- Meal and water
- Medical Tent for those that aren't comfortable in the Mobile Clinic/HIV & HepC testing provided
- Mobile Clinic

City of Sioux City-Neighborhood Services

- Check individuals/intakes for Coordinated Entry
- Vital document assistance

U.S. Department of Veterans Affairs

Veterans Affairs Homeless Program

- Conducting coordinated outreach to proactively seek out Veterans in need of assistance.

Cross-Sector Partnerships with Healthcare to Expand Resources and Improve Outcomes

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July 1st , 2025

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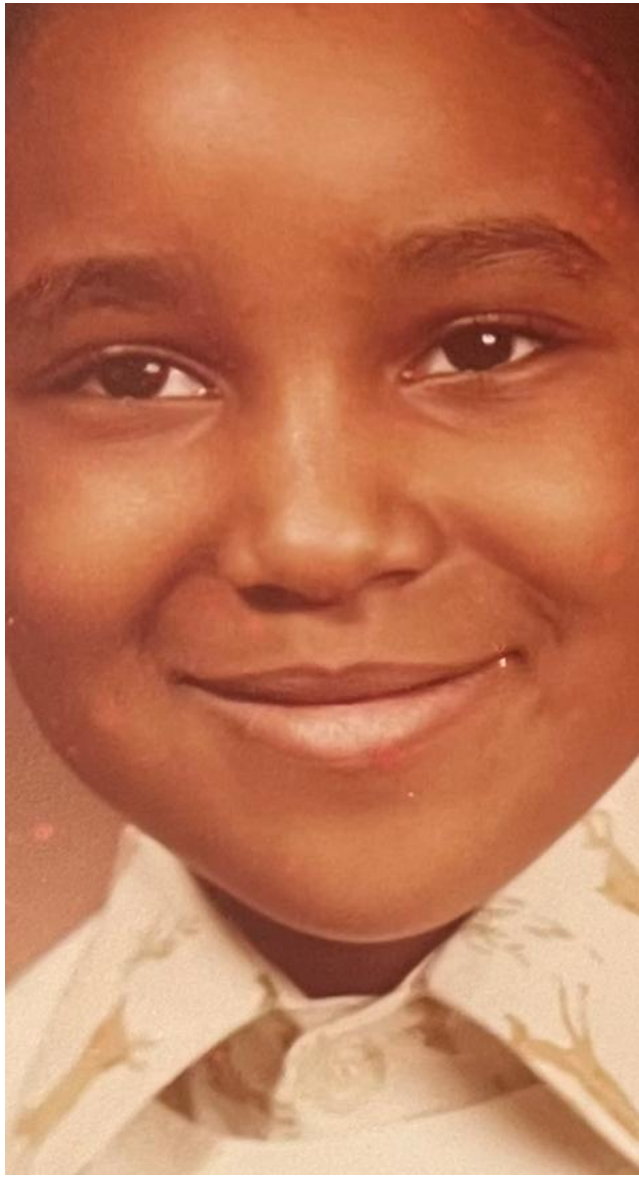
Institute *for* Public Health Innovation

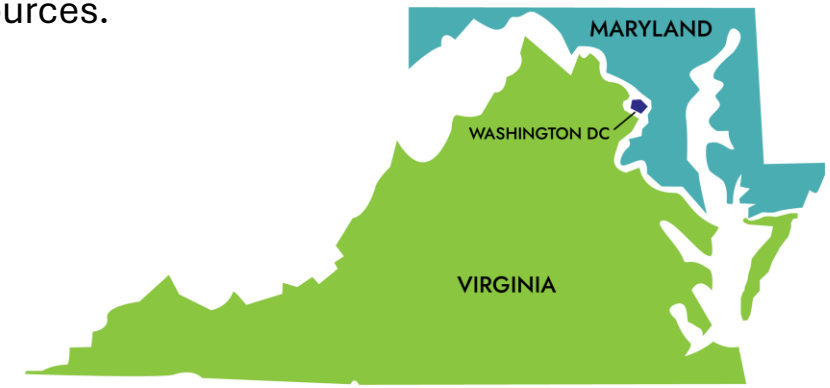
My Journey



IPHI is the official public health institute serving Virginia, the District of Columbia, and Maryland

Who are we?

Started in 2009, IPHI is one of 40+ public health institutes within the National Network of Public Health Institutes (NNPHI). IPHI is a change agent to improve health equity and highlight regional resources.



What do we do?

Simply put – IPHI adds capacity to the public health system.

Our work strengthens health systems and policies, enhances conditions that promote health, and builds community resilience to ensure equitable health opportunities for all.

How do we do it?

Innovative Strategies

Working with various partners to develop, implement, and evaluate effective solutions to help create healthier communities.

Cross-sector Partnerships

Seeking and working with community partners (government, public, and private) to protect and improve the public's health.

Training and Support

Offering workforce training opportunities and providing technical assistance to build capacity to advance population health.

Support Effective Policies

Supporting and advocating for the development and implementation of equitable and effective public health policies.

Zee Turner Center *for* Community Health Worker Workforce Development

Definition of a Community Health Worker

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Interdisciplinary Team

Collaboration within and Across Teams

Collaboration within and across teams has been shown to have many benefits

Increase diversity[1]

Create cross-functional teams comprised of multiple disciplines, roles, and responsibilities

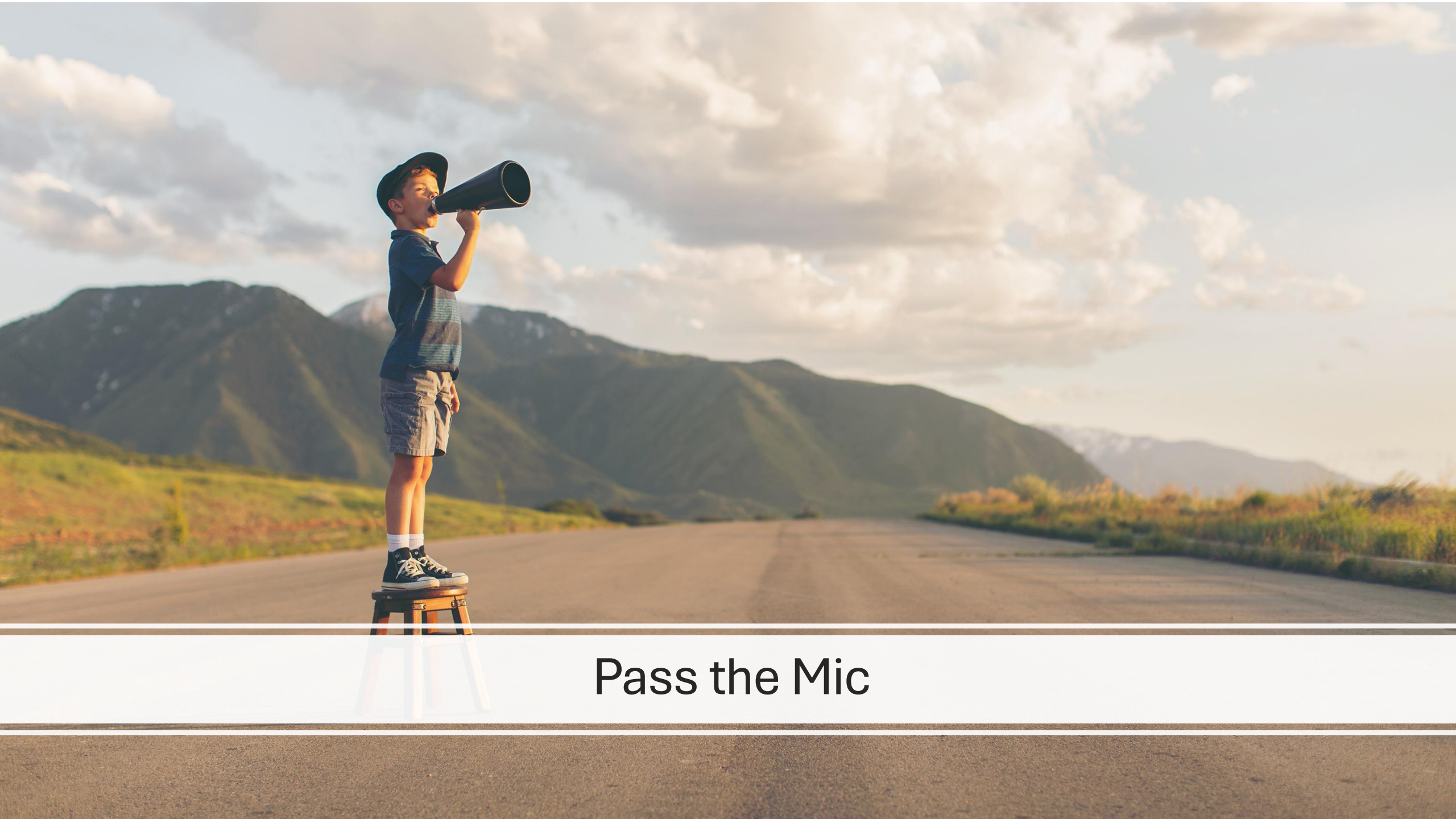
Maximize relevancy[2]

Create learning opportunities to co-create solutions

Improve workflows[1,2]

Use provider feedback to create and modify systems in ways that can be implemented directly into daily practices

Housing and Healthcare



Pass the Mic

Thank You

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