STATE **PUBLIC HEALTH & HOMELESSNESS** PLAYBOOK

Best Practices, Case Studies and Learnings for State Public Health Agencies and Officials

COMMUNITY SOLUTIONS

Table of Contents

Introduction

The 2023 Annual Homelessness Assessment Report (AHAR) found that on a single night in January 2023, approximately 653,100 Americans were experiencing homelessness across the United States.[1] Homelessness is defined by the United States Department of Housing and Urban Development (HUD) as an "individual or family who lacks a fixed, regular, and adequate nighttime residence," or resides in an emergency shelter designated to provide temporary housing accommodation.[2] Forty percent of those people observed during the annual point-in-time count in January 2023 were experiencing unsheltered homelessness.[3] The primary cause of homelessness is the lack of affordable housing. Places where there are high housing costs and not enough housing supply are where there are the largest concentrations of people experiencing homelessness in the United States.[4]

Homelessness is indisputably both a public health crisis and racial justice issue. Experiencing homelessness makes it harder to become and remain healthy. For families, living in shelters during a child's early years can cause irreversible damage to their health and development that will follow them for the rest of their lives. Children who experience homelessness — even prenatally and for short periods — are at increased risk for asthma,[5] hospitalizations,[6] developmental delays, and mental health conditions.[7] These inequities are much more prevalent in communities comprising the global majority. As a result of centuries of discrimination, Black, Latino, and Indigenous households disproportionately experience

---

[1] "The 2023 Annual Homelessness Assessment Report (AHAR) to Congress." December 2023. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf.

[2] US Department of Housing and Urban Development. "HUD's Definition of Homelessness: Resources and Guidance - HUD Exchange." 2019. www.hudexchange.info. March 8, 2019. https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/.

[3] "The 2023 Annual Homelessness Assessment Report (AHAR) to Congress." December 2023.

[4] Horowitz, Alex, Chase Hatchett, and Adam Staveski. 2023. "How Housing Costs Drive Levels of Homelessness." Pew.org. August 22, 2023. https://www.pewtrusts.org/en/research-and-analysis/articles/2023/08/22/how-housing-costs-drive-levels-of-homelessness.

[5] Sakai-Bizmark, Rie, Ruey-Kang R. Chang, Laurie A. Mena, Eliza J. Webber, Emily H. Marr, and Kenny Y. Kwong. 2019. "Asthma Hospitalizations among Homeless Children in New York State." Pediatrics 144 (2): e20182769. https://doi.org/10.1542/peds.2018-2769.

[6] Clark, Robin E., Linda Weinreb, Julie M. Flahive, and Robert W. Seifert. 2019. "Infants Exposed to Homelessness: Health, Health Care Use, and Health Spending from Birth to Age Six." Health Affairs 38 (5): 721–28. https://doi.org/10.1377/hlthaff.2019.00090.

[7] Boston Medical Center. "Experiencing homelessness for longer than six months can cause significant damage to a child." ScienceDaily. www.sciencedaily.com/releases/2018/09/180903101732.html.

homelessness and housing instability compared to white households nationwide, compounding economic and health issues for these communities.[8]

Homelessness affects both physical and mental health and makes accessing health care difficult. As a result, people experiencing homelessness often face higher rates of poor health outcomes than people with housing.[9] People experiencing homelessness are generally sicker than their housed counterparts and more prone to death. In fact, when compared to their housed counterparts, an individual experiencing homelessness is three times more likely to die prematurely, twice as likely to have a heart attack or stroke, and three times more likely to die of heart disease if they are between 25 and 44 years old.[10] Research has shown that the lack of safe, affordable, and decent housing can negatively impact a person or family's health and well-being.[11] Individuals and families who forgo healthy food or medicine to pay high housing costs may experience poor health outcomes. As the National Health Care for the Homeless Council asserts, being unhoused "creates new health problems and exacerbates existing ones."[12]

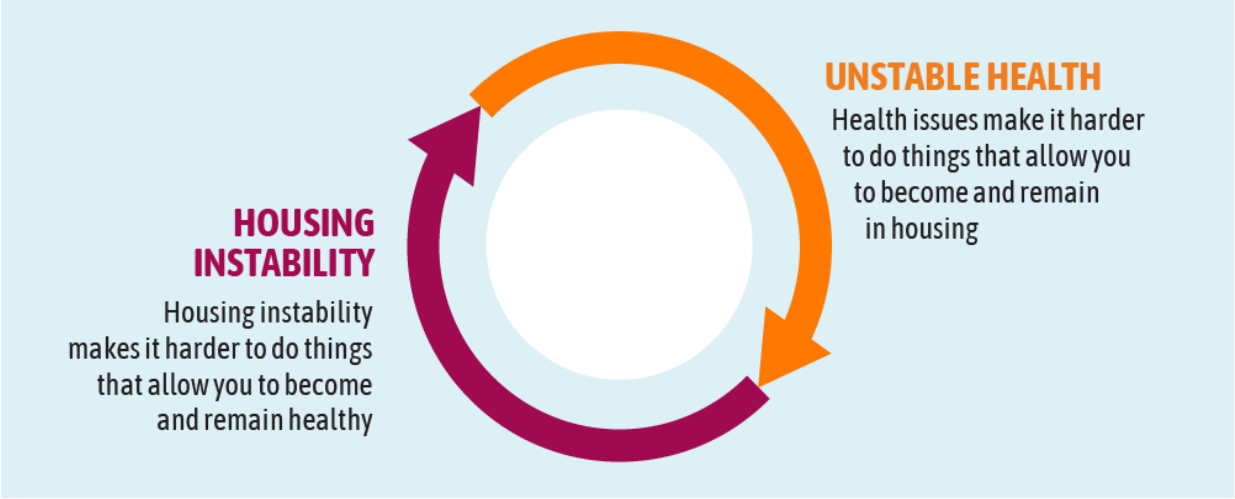


Figure 1: ***Relationship between housing and health***

[8] Willison, Charley, Naquia Unwala, Phillip M. Singer, Timothy B. Creedon, Brian Mullin, and Benjamin Lê Cook. 2023. "Persistent Disparities: Trends in Rates of Sheltered Homelessness across Demographic Subgroups in the USA." Journal of Racial and Ethnic Health Disparities, February. https://doi.org/10.1007/s40615-023-01521-9.

[9] Centers for Disease Control and Prevention. "Homelessness & Health." 2023. www.cdc.gov. April 17, 2023. http://www.cdc.gov/orr/science/homelessness/index.html.

[10] Health Care for the Homeless - Baltimore and Maryland. "Homelessness Makes You Sick." October 27, 2015. https://www.hchmd.org/homelessness-makes-you-sick.

[11] Shaw, Mary. "Housing and public health." Annual review of public health. vol. 25 (2004): 397-418. doi:10.1146/annurev.publhealth.25.101802.123036. https://pubmed.ncbi.nlm.nih.gov/15015927/.

[12] National Health Care for the Homeless Council. 2019. "Homelessness & Health: What's the Connection?" National Health Care for the Homeless Council. https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf.

1. STATES CAN PLAY AN IMPORTANT ROLE IN SOLVING HOMELESSNESS

In the United States, governing power and authority is divided between the federal government and individual states. This governance model, known as federalism, provides the federal government with a set of powers and authorities that are defined in the Constitution and then allows states to have control over local decision-making in any area that is not explicitly under federal purview.[13] Homeless service funding and policy is one of the very few issue areas that does not elegantly follow this model of governance. With homelessness, the federal government, via HUD and Congress, is in charge of funding and policy making, while local service providers are tasked with operating programs to assist people experiencing homelessness within their communities.

States do not have a formal role in the homeless service system infrastructure because federal funding is provided directly to Continuums of Care (CoCs), the local or county entities HUD designates to deliver homeless assistance and emergency housing programs.[14] This funding and policymaking structure means that cities and counties act independently to implement homelessness programming within their specific region, which causes homeless services and programs to vary widely from CoC to CoC.

While states do not have an explicit role in the existing homeless service system or funding paradigm, they do have considerable influence over various policy arenas that impact the homelessness service system, such as land-use policy, health care funding (specifically Medicaid), criminal justice policy, and affordable housing financing. States can and should proactively leverage these resources and policy-making arenas to solve homelessness by developing and preserving affordable housing, investing in data-driven, coordinated programming to reduce homelessness statewide, awarding funding to support innovation and flexible service delivery, and championing the use of Housing First programming in the state, just to name a few opportunities.

[13] State Policy Network. 2021. "What Is Federalism?" State Policy Network. June 11, 2021. https://spn.org/articles/what-is-federalism/.

[14] U.S. Department of Housing and Urban Development. "Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange." 2019. www.hudexchange.info. 2019. https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

2. FOCUSING ON STATE PUBLIC HEALTH AGENCIES

Medicaid, an insurance program that provides free or low-cost health coverage to some low-income people, including families and children, pregnant women, the elderly, and people with disabilities,[15] is the top source of federal funding for states.[16] Medicaid is jointly funded by states and the federal government and then administered by the states according to federal requirements to provide medical care to low-income and other eligible people. Each of the fifty states, usually through or in partnership with their public health department, establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program, in accordance with broad federal regulations.[17] This funding resource, and the ability for states to tailor their plans to best meet the needs of low-income people and other eligible populations, allows Medicaid to be a powerful tool that can be applied to reduce and prevent homelessness.[18]

State public health departments are not often thought of when homelessness advocates put together their wishlist of who should be part of their dream team tasked with reducing and preventing homelessness. Not only do state public health agencies have resources and funding like Medicaid at their disposal that they can direct to efforts to solve homelessness, but they also are natural partners who are used to working across sectors and collaboratively towards a challenging goal. Disease eradication and prevention require the same data-driven, results-oriented working style that the over 100 communities across the United States who are part of Built for Zero use to yield population-based reductions of homelessness.[19]

Employing a public health lens to the complex challenge of homelessness allows both housing advocates and public health leaders to champion system-level solutions. State public health departments can ensure that people have safe, accessible, affordable, and stable housing available to them by leveraging their resources, networks, expertise, and capacity to promote health equity.[20]

---

[15] Centers for Disease Control and Prevention. "Medicaid - Health, United States." 2022. www.cdc.gov. August 8, 2022. https://www.cdc.gov/nchs/hus/sources-definitions/Medicaid.htm.

[16] The Pew Charitable Trusts. "Medicaid Makes up Most Federal Grants to States." 2019. Fiscal Federalism Project. https://www.pewtrusts.org/-/media/assets/2019/03/fiscal_federalism_Medicaid_accounts_for_most_federal_grants_to_states.pdf.

[17] Centers for Disease Control and Prevention. "Medicaid - Health, United States." 2022.

[18] Charania, Sana. 2021. *Review of How Medicaid and States Could Better Meet Health Needs of Persons Experiencing Homelessness.* AMA Journal of Ethics Volume 23 (Number 11): E875-880. https://doi.org/10.1001/amajethics.2021.875.

[19] "The Methodology." Community Solutions. https://community.solutions/built-for-zero/methodology/.

[20] Bailey, Peggy. 2020. *Review of Housing and Health Partners Can Work Together to Close the Housing Affordability Gap.* Center on Budget and Policy Priorities. January 17, 2020.

Throughout this playbook, Community Solutions will highlight the various opportunities that public health departments and officials have to contribute to preventing homelessness in the first place, and when it does occur, ensuring that it is a rare and brief experience. When public health departments have a role in solving homelessness, the positive impacts of this partnership are vast. Not only can these efforts reduce health care costs and improve individual people's health, but these partnerships also yield healthier and more affordable communities and states.

How to use this playbook

Community Solutions developed the State Public Health & Homelessness Playbook for state public health officials, homelessness and housing advocates, and state policymakers who want to learn more about how state public health agencies and programs can proactively support efforts to reduce and prevent homelessness.

The playbook provides state policymakers and public health leaders with strategies, best practices, guidance, and tools to help them create partnerships, leverage funding resources, and develop programs that will support their state's homeless response system and subsequently contribute to the goal of ultimately ending homelessness statewide.

The playbook is divided into four sections:

1. We begin by highlighting the importance of data in yielding population-level reductions and how public health entities can support better data collection and more collaborative data sharing procedures.
2. Then, we discuss the vital role that state public health agencies can play to reduce and prevent homelessness in their state.
3. Housing ends homelessness, so in our next section, we outline actions and strategies state public health departments can adopt to create affordable housing for people experiencing homelessness.
4. In our final section, we present the various treatment and services opportunities that state public health departments can champion in order to support housing stability.

Each section of the playbook details how and why state public health departments can support and contribute to efforts that are reducing and preventing homelessness. The playbook highlights real-world examples of where these solutions have been successfully implemented. A list of key terms and acronyms has been included to

https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability#_ftn17.

ensure a shared understanding of core concepts and terms used throughout the playbook. We encourage you to review the key terms prior to reading the rest of the playbook.

To be a part of the solution, state public health officials and policymakers have the opportunity to bring new resources, ideas, ways of working, and capacity to the complex challenge of homelessness. This playbook describes the existing problems and the need for state public health agencies to be actively engaged in their state's effort to reduce and prevent homelessness. This foundational resource presents a framework to guide state public health agencies on how to incorporate core practices and partnerships into their work so that homelessness in their state is rare, brief, and a one-time experience.

By compiling this information, Community Solutions hopes to help inspire and spur state public health agencies and policymakers to implement the best practices and promising examples that other states have successfully used to reduce and prevent homelessness. Ensuring that people have safe, decent, and affordable housing not only improves individual health, it also yields a healthier community at large.

STATE
PUBLIC HEALTH & HOMELESSNESS
PLAYBOOK

A.

Community Solutions' Public Health Work

Theory Of Change And Our Work To Date

A. Community Solutions' Public Health Work

Theory Of Change And Our Work To Date

In response to the COVID-19 pandemic and a growing movement around housing as a key social determinant of health, Community Solutions explored how health systems and public health agencies might play a role in contributing to the systems that end homelessness. The Community Solutions team looked to identify scalable, replicable models that Built for Zero communities could mirror regardless of their geography or demographics. The first exploration of such models was through the Healthcare x Homelessness pilot,[21] which focused on connecting health systems with their homeless response system counterparts. This initiative was co-led by Community Solutions and the Institute for Healthcare Improvement, with five cities enrolling in 2020 for a three-year partnership.

As the Healthcare x Homelessness pilot took shape, it was evident that another key partner within health and homelessness is public health agencies. The team collected research, reviewed policy briefs, and held expert interviews that led to a draft theory of change for public health as a lever to reduce and end homelessness.

Pictured below are the five key drivers at the intersection of public health and homelessness that comprise the drafted theory of change. These drivers are meant to represent inflection points and strategic areas that cross-sector partnerships can explore.

Figure 2: ***Community Solutions' working Theory of Change for Public Health and Homelessness***

[21] Community Solutions. "Health Care and Homelessness." https://www.community.solutions/health-care-and-homelessness/.

Although people experiencing homelessness and/or housing insecurity are not always explicitly called out in public health programming as focal populations, these subgroups show up across many lanes of strategy and disease-focused policies, whether that be under the umbrella term of "health equity" or "population health". As the health of individuals experiencing homelessness continues to erode, and demand for affordable and accessible services continues to outpace the supply, public health officials across the nation will continue to face challenging conditions and increased demand for strong, evidence-based policies to address these issues.

In many states, there have been movements and task forces that embed public health officials and agencies in the homeless response system. Often these partnerships are limited but include joint programming, data sharing or matching, and coordinated cross-sector case conferencing. At present, state public health officials and their local counterparts are called into complex, urgent situations involving the degradation of health conditions among individuals experiencing homelessness, and are tasked with finding immediate fixes that subdue public outrage and mitigate risk. As the public health and homeless response systems continue to intersect and blur boundaries, it will be imperative for state officials to have a grip on clear, evidence-based policies that have worked in other settings and can be applied with confidence should issues arise.

STATE
PUBLIC HEALTH & HOMELESSNESS
PLAYBOOK

B.

Better and Shared Data

Using Public Health Data to Reduce and Prevent Homelessness

B. Better and Shared Data

Using Public Health Data to Reduce and Prevent Homelessness

State public health agencies have a transformative and catalytic role to play in the progress towards ending homelessness. While collaboration between health care, public health, and homeless response systems is increasingly recognized as a key strategy for improving health and housing outcomes for people experiencing homelessness, learnings are still emerging on the most transformative and measurable contributions these partnerships can make.

One of the most catalytic steps toward unlocking the full potential of this collaboration is the ability to integrate and share a real-time, person-centered line of sight into a community's unhoused population. Without this shared data, it is difficult for the health and homeless response systems to coordinate care for individuals and to drive the systems-level changes that can improve housing and health outcomes at the population level.

The following sections detail several ways that public health agencies and homeless response systems can share data to improve health and housing outcomes for people experiencing homelessness.

1. IMPROVED DATA CAPTURE AND MODERNIZATION

Standardizing the Measurements of Social Determinants of Health (SDOH) to Enhance Data Collection and Resource Allocation and Better Help People Experiencing Homelessness

The U.S. Department of Health and Human Services (HHS) defines social determinants of health (SDOH) as the array of conditions in the environments where people are born, live, learn, work, play, worship, and age that influence a vast spectrum of health, functioning, and quality-of-life outcomes and risks.[22] Significant research points to the profound effect SDOH have on individual and community health. Yet, disparities in data collection can impede large-scale analysis. Inconsistent measurements and a lack of unified approaches across various services, states, and entities results in the lack of conclusive information to diagnose and intervene.

To address this issue, standardized SDOH metrics have been developed, notably using SDOH-related Z codes (Z55 – Z65) from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).[23] The Centers for Medicare & Medicaid Services (CMS) has implemented metrics to evaluate SDOH screening rates and the percentage of individuals with identified SDOH needs following screenings.[24]

PROBLEM

SDOH metrics are critical to develop effective interventions to mitigate their impact on health outcomes. However, SDOH are often overlooked during health and social service engagements. When health care screenings do occur, the data may not be collected in a manner that is standardized, limiting its utility in other contexts. This lack of uniform data hinders the development of integrated services for people experiencing homelessness.

Surveillance data that is of interest to public health agencies, such as diagnoses, infectious disease tracking, and mortality can be overly difficult and inconsistent to

[22] OFFICE OF SCIENCE AND TECHNOLOGY POLICY, D. P. C. *THE U.S. PLAYBOOK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH*; 2023. https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-3.pdf.

[23] Centers for Medicare and Medicaid Services, 'Improving The Collection Of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes', 2023, https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf.

[24] Heilman, Erin. 'An Intro to CMS's SDOH Measures', October 2022. https://blog.medisolv.com/articles/intro-cms-sdoh-measures.

track, even at aggregate levels. Longitudinal studies in communities can produce snapshots of mortality for people experiencing homelessness, but there is little ongoing reporting and data capture that informs the grim reality of the health challenges this population faces.

Specific to mortality, the lack of standardization in tools and practice has consequences for the homeless response system. According to the National Health Care for the Homeless Council (NHCHC), the accepted estimate of 5,800 homeless deaths in 2018 underestimates the total number of people who have died while experiencing homelessness in the U.S. each year. First, it represents death counts from only 2% of all U.S. counties. Second, each death count reported by a city or county likely misses many deaths.[25]

This occurs for many reasons. First, there is a perceived lack of familiarity among coroners and medical examiners as to the definitions of homelessness. In addition, people who enter death data may be influenced by perceived stigma and may experience ambivalence in what documentation is relevant and needed.[26]

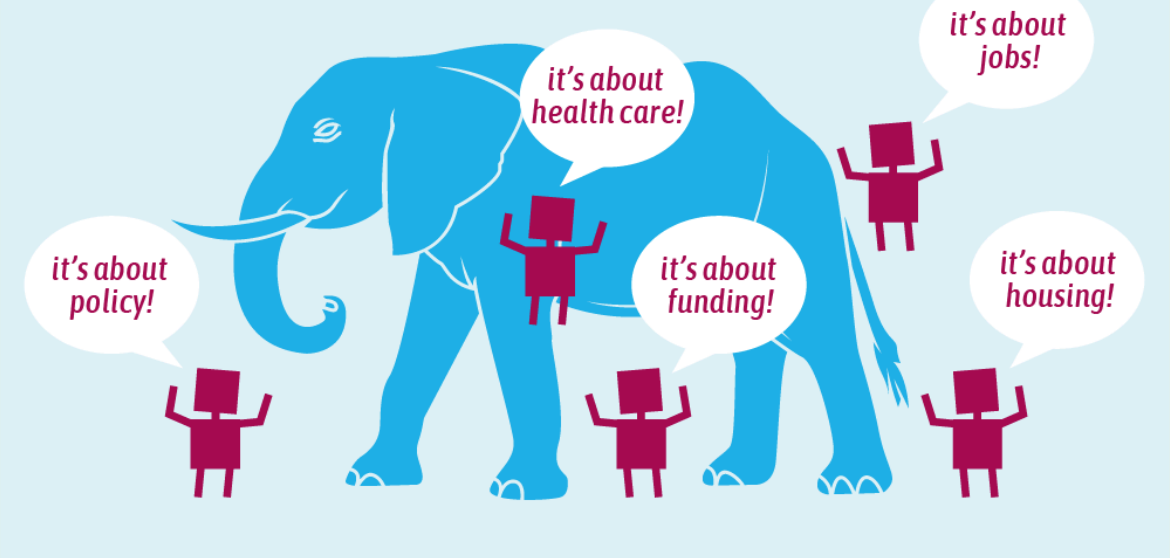


Figure 3: ***Depiction of the need for comprehensive and shared data to create holistic solutions***

Caption: *Like the proverbial blind people and the elephant, looking at piecemeal data leads to piecemeal solutions.*

[25] National Health Care for the Homeless Council. "Homeless Mortality | National Health Care for the Homeless Council." https://nhchc.org/homeless-mortality/.

[26] Greene, R. Neil. 2022. "Marked as Homeless: Reconciling with Ambiguities about Housing Status in Death Records." Socius 8 (January): 237802312211211-237802312211211. https://doi.org/10.1177/23780231221121174.

SOLUTIONS

In 2022, CMS introduced two pivotal SDOH measures into its Inpatient Quality Reporting (IQR) program. The first, SDOH-1, assesses the rate of SDOH screening among patients. The second, SDOH-2, gauges the proportion of individuals whose screenings align with the SDOH being measured. These measures are tied to merit-based payment systems that incentivize hospital systems to conduct screenings. Moreover, ICD-10-CM Z codes (Z55 – Z65) standardize the screening and recording of SDOH, covering critical areas such as education, employment, and housing. This standardized method facilitates the identification of SDOH during interactions with various service providers.

To effectively align data across state services and departments, state public health agencies need to develop the infrastructure to house, manage, and protect the data about individuals utilizing health care services. Infrastructure includes the physical hardware capable of safely processing and storing large amounts of data, the legal framework that aligns with federal and state regulation, and the operational processes that allow for the timely appropriate sharing of data.

ACTION

State public health departments can enhance their ability to align and coordinate data as a tool to prevent and reduce homelessness by:

- Standardizing **SDOH capture:** State departments can implement policies ensuring standardized SDOH data capture, adhering to the ICD-10-CM Z codes. This requires initial administrative efforts to align existing data with these codes and establish procedures for standardized data input. Statewide benchmarks aligned with SDOH-1 and SDOH-2 should be established, alongside mandatory reporting across state departments and services.

- Investing in **interoperable data:** States can invest in the development of data warehouses (see "Michigan" example) capable of integrating data on individuals participating in Medicaid, child welfare, Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP). This investment would underpin the infrastructure necessary to store and safeguard comprehensive service and program data within the state.

- Improving **mortality reporting:** States can enact policies and requirements that motivate coroners and medical examiners to supplement death records with housing status where possible. By providing these individuals with knowledge, tools, and definitions that hold consistent across jurisdictions, mortality rates among people experiencing homelessness become a higher quality indicator for population health, especially when stratified by social condition, diagnoses, and race.

Signals (and indicators) of homelessness	Ambiguities (and tensions)	Labeling ambivalence	Reconciling tensions through social mattering
• Place • Appearance • Word of mouth • Existing records • Cause of death	• Presence of an address • Age (youth) • Relation to family (and housing options) • History of homelessness compared to current homelessness • Judgment and perceived relevance of defining and noting homelessness	The balance of signs compared to ambiguities influences whether homelessness is recorded in notes	Connecting the experience of housing instability and homelessness to public and social health • Lack of access to electricity and/or heat • Lack of access to running water • High transience • Low safety • Increased relevance for structured housing stability data collection

Figure 4: ***Better linking homelessness and housing instability with health outcomes through social mattering can reconcile ambiguities and reduce labeling ambivalence that obscures existing knowledge and data.***[27]

EXAMPLES

On the federal level, the United States Core Data for Interoperability (USCDI) is a standardized set of health data classes and constituent data elements for nationwide,

[27] Greene, R. Neil. "Marked as Homeless: Reconciling with Ambiguities about Housing Status in Death Records."

interoperable health information exchange.[28] USCDI's core elements allow for standardized data elements that create mission-critical data more consistent, compatible, and usable for public health purposes. Equitable data, especially when considering SDOH, is a powerful tool that does not widely exist for health and homelessness data. The Centers for Disease Control and Prevention (CDC) has ongoing work to explore the pathway to add housing status or living condition as a data element in the USCDI, with current use cases, standards, and supporting artifacts that can be a strong start in state pathways to improved SDOH and housing screenings.[29]

Many states and localities have looked to adopt the Frequent User Systems Engagement (FUSE) model in order to bring together various data sources to help people at risk of or experiencing homelessness. FUSE identifies and works to engage and stabilize people who are high users of both the shelter system and the criminal justice system, using a Housing First model of permanent supportive housing. The program model focuses on providing housing stability and reducing the involvement of participants in the criminal justice system and other emergency service systems. A core component of the FUSE model is Data-Driven Problem Solving. Data is used to identify a specific target population of high-cost, high-need individuals who are shared clients of multiple systems, including jails, homeless shelters, and crisis health services. Data analysis is used to identify those individuals who are caught in a "revolving door" with repeated contacts with several systems. Cross-system data is also used to track implementation progress and measure outcomes.[30]

New York City's FUSE II Initiative provided supportive housing to individuals who had been frequent users of jail and shelter services. After one year, over 91% of participants were housed in permanent housing. Relative to a comparison group, FUSE II participants' use of emergency shelters was reduced by 70%, and they had 40% fewer days incarcerated. Participants were also much less likely to use other crisis services, including ambulance rides and psychiatric hospitalizations.[31]

---

[28] The Office of the National Coordinator for Health Information Technology (ONC). "United States Core Data for Interoperability (USCDI) | Interoperability Standards Advisory (ISA)." www.healthit.gov. https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi.

[29] The Office of the National Coordinator for Health Information Technology (ONC). "Housing Instability and Homelessness." www.healthit.gov. https://www.healthit.gov/isa/uscdi-data/housing-instability-and-homelessness.

[30] U.S. Department of Housing and Urban Development. "Data-driven Strategies and Client Identification, Enrollment and Cross-System Care Coordination" https://files.hudexchange.info/resources/documents/H2-Data-Driven-Strategies.pdf.

[31] Aidala, Angela, William Mcallister, Maiko Yomogida, and Virginia Shubert. "FREQUENT USERS SERVICE ENHANCEMENT 'FUSE' INITIATIVE NEW YORK CITY FUSE II EVALUATION REPORT." https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf.

In 2020, the State of **California** announced plans to integrate data sets on homelessness from a wide-range of sources stemming from SB-1380 which had been signed into law in 2016. The legislation called for the creation of "a statewide data system or warehouse that collects local data through Homeless Management Information Systems, with the ultimate goal of matching data on homelessness to programs impacting homeless recipients of state programs, such as Medi-Cal and CalWORKS." This created the California's Homeless Data Integration System (HDIS) which is led by the Business, Consumer Services, and Housing Agency. Based on these laws, homelessness advocates put forth a plan in 2021 to integrate Medical Examiner-Coroner's records of persons who died while homeless into the system.[32]

A 2023 bill in the California legislature, **California's AB 271**, aimed to allow information about homeless deaths at the county level to be shared more broadly between nonprofits, government agencies, and other organizations working with homelessness. AB 271 would allow agencies and other organizations represented on the committee to share information from investigations into the deaths of people experiencing homelessness similarly to how they are now authorized to do so when reviewing the deaths of children.[33]

What is Housing First?

Housing First is a proven strategy to reduce homelessness. This strategy prioritizes providing housing to people experiencing homelessness, without any preconditions or barriers to accessing housing that are depending on sobriety, income service interventions, or case management.[34] The evidence supporting Housing First as the most effective way to end homelessness is overwhelming.[35] Multiple studies have found that the Housing First model provides greater, long-term housing stability to

[32] Colletti, Joe. "State of California's Plans to Integrate a Wide-Range of Homelessness Data Sources Should Include Medical Examiner-Coroner's Records of Persons Who Died Homeless - Homeless and Housing Strategies for California." December 15, 2020. https://homelessstrategy.com/state-of-californias-plans-to-integrate-a-wide-range-of-homelessness-data-sources-should-include-medical-examiner-coroners-records-of-persons-who-died-homeless/.

[33] Hay, Jeremy. "California bill would empower counties to establish homeless death review committees." *The Press Democrat*. August 21, 2023. https://www.pressdemocrat.com/article/news/california-bill-would-empower-counties-to-establish-homeless-death-review-c/.

[34] National Alliance to End Homelessness. 2022. "Housing First." National Alliance to End Homelessness. March 20, 2022. https://endhomelessness.org/resource/housing-first/.

[35] Peng, Yinan, Robert A. Hahn, Ramona K. C. Finnie, Jamaicia Cobb, Samantha P. Williams, Jonathan E. Fielding, Robert L. Johnson, et al. 2020. "Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review." *Journal of Public Health Management and Practice* 26 (5): 404–11. https://doi.org/10.1097/phh.0000000000001219.

people who have experienced chronic homelessness.[36] Additionally, research has shown that using a Housing First approach yields significantly reduced public costs.[37]

[36] Office of Policy Development and Research. 2023. "Housing First: A Review of the Evidence | HUD USER." U.S. Department of Housing and Urban Development. www.huduser.gov. 2023. https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html.

[37] The National Low Income Housing Coalition, the National Alliance to End Homelessness and Church World Service. "The Case for Housing First." 2023. https://nlihc.org/sites/default/files/Housing-First-Research.pdf.

2. BETTER AND SHARED DATA: DATA INTEROPERABILITY AND SHARING

Although methods for data collection vary in their location, scope, and efficacy, there remains a great need for shared data across sectors to coordinate care, services, and inform policy. Organizations in the homeless response system, specifically CoCs, are tasked with managing and maintaining the Homeless Management Information Systems (HMIS) for all of the clients they serve. HMIS vendors, which provide the software CoCs use, vary, but in general, most systems have limitations on reporting, data integration, and exporting.

Data matching, data sharing, and data linkages all remain important cross-sector pathways for states to explore projects at the intersection of health and homelessness. States have begun to explore avenues to match client data and many have piloted programs that examine the barriers and obstacles that stand in the way of integrated, shared data across health and homeless service providers.

PROBLEM

All data systems are designed with privacy and security at the forefront, especially in any system that collects sensitive, private data such as protected health information (PHI) or housing status collected by HMIS. As these systems were built, most were not designed for easy integration, referrals, or coordination across other systems. HMIS, for example, has connections to homeless service providers but often has significant limitations on ingesting data related to health, unless specific unique fields are created outside of the HUD data standards.

Additionally, the absence of interoperability in many HMIS systems necessitates duplicative data entry across different systems,[38] complicating collaborative efforts for service and system integration. When HMIS and other systems must connect, there's a lack of standard operating procedure in terms of Release of Information (ROI) requirements or Data Sharing Agreements (DSA). That holds true whether the other systems are EHRs of a health system, Medicaid enrollment data, or public health surveillance data.

[38] Siao, Erika, and Julie Silas. 'Breaking Down Silos: How to Share Data to Improve the Health of People Experiencing Homelessness', 2021. California Health Care Foundation. https://www.chcf.org/publication/breaking-down-silos-share-data-improve-health-people-experiencing-homelessnes.

For any cross-sector data integration or sharing project to be successful, there are significant barriers to overcome in terms of file formatting, privacy restrictions, and the limited capacity of staff overseeing both systems to take on complex exports and reports.

SOLUTIONS

As the demand for cross-sectorial data increases, frameworks continue to emerge that connect HMIS data to other systems, both in one-time instances and ongoing data sharing. Partners like major health systems have been motivated to explore these shared projects, and although most are at the community or patient level, there remains great interest in scaling up to the state level where possible. Medicaid offices, especially as their work's intersection with homeless service providers expands, have become a crucial partner in data matching and care coordination. As these expanded data sharing projects continue, there remains multiple avenues for the exploration of robust, wide-reaching data sets that span across multiple sectors which can be used to inform programming, policy, and decision-making.

ACTION

Opportunities that state health departments should investigate include:

- **Exploring one-time data matching or integration projects:** An initial analysis of the data system landscape within a state can provide a snapshot of what data fields might connect to help inform policy and projects throughout the state that serve people experiencing homelessness. Often, starting with a one-time data match can help cross-sector partners map their shared focal populations and begin to uncover the care coordination that could stem from a partnership.

- **Streamlining data sharing agreements:** A comprehensive agreement (see the "Arizona" and "California" examples) among state entities is required to commit to data sharing that respects legal, privacy, logistical, and security requirements. This would be supplemented by specific, concise agreements for particular data use cases with defined objectives, such as a legally binding memorandum of understanding.

- **Creating statewide reports that combine data sets:** Although the goal of shared data systems and integrated data is ideal for ongoing practice, there remains value in creating a consolidated space and/or report that brings

together data from partners such as the homeless response system, department of corrections, Medicaid or SNAP, etc. These combined reports sometimes exist as a function of a Health Information Exchange (HIE) but can also be used for annual reporting at a jurisdictional or regional level. These combined data sets enrich the reporting possible by singular service providers while also creating a powerful advocacy tool for policymakers and governmental leaders.

EXAMPLES

Since 2012, **Connecticut** has matched Medicaid and HMIS data to address the needs of homeless individuals who frequently utilize Medicaid services.[39] Their efforts have resulted in a decrease in emergency room visits and hospitalizations for those provided with supportive housing. The state has further integrated Continuity of Care systems into a singular platform, with the scope and data-sharing parameters shaped by legal and privacy mandates, in collaboration with the state attorney and the state's hospital coalition.

In **Arizona**, as a response to COVID-19, Solari Crisis and Human Services provided care management to people experiencing homelessness by matching HMIS data with the Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa Association of Governments (MAG).[40] Outside of the pandemic, a Business Associate Agreement (BAA) between Solari, Inc., and AHCCCS governs the data-match project, outlining the served population, the data shared from HMIS, permissions for PHI access and processing, and the data management and transmission processes to health plans and service providers.

The **Michigan** Department of Health and Human Services (MDHHS), in collaboration with the Coalition Against Homelessness, revolutionized service delivery by transitioning to a person-centric care model, moving away from program-centric approaches. This was significantly advanced by the 2017 unification of the Michigan Department of Health and the Department of Human Services into MDHHS, focusing on the root causes and community engagement. The department concentrated on

[39] The Corporation for Supportive Housing. "HUD Policy Brief on Data Matching: Understanding the Impact And Potential for Health Centers." https://www.csh.org/resources/hud-policy-brief-on-data-matching-understanding-the-impact-and-potential-for-health-centers/.

[40] Arizona Healthcare Cost Containment System. *AHCCCS Housing and Health Opportunities (H2O) 1115 Waiver Amendment Request.* 2021. https://www.azahcccs.gov/Resources/Downloads/HousingWaiverRequest/AHCCCSHousingHealthOpportunitiesH2OWaiverAmendment.pdf.

aiding "high utilizers" of medical services among people experiencing homelessness by fostering cross-sector collaboration.

Leveraging the fact that all Michigan counties used the same HMIS vendor for their Continuums of Care, which effectively created a statewide data warehouse, MDHHS coordinated funding for a singular, integrated system. The Office of Privacy and Security was pivotal, overseeing data use and sharing agreements, including a comprehensive Release of Information (ROI) without opt-out clauses for sensitive data, requiring individual consent for all data sharing.

MDHHS prioritized data matching over creating a separate data warehouse. The HMIS vendor provides MDHHS with monthly updates on individuals in the system, including whether they are active, housed, and their Medicaid status. This data is used to cross-reference HMIS data with Medicaid utilization and expenditure data, inserting indicators for those within the homeless system of care into the Medicaid data warehouse.

Through this initiative, MDHHS discovered discrepancies in Medicaid enrollment among high utilizers and unexpectedly high numbers of children utilizing Medicaid who were also homeless. The data-matching process enabled the state to swiftly prioritize housing for these children. The insights gained from this data matching have been transformative, leading to adjustments in priorities for the Continuums of Care.[41]

In **California**, the Interagency Data Exchange Agreement (IDEA) exemplifies a transformative approach to enhancing interdepartmental data sharing within the state government. By introducing IDEA, California has replaced the traditionally cumbersome and time-intensive process of negotiating data sharing agreements between departments with a single, streamlined legal framework. This innovative model has significantly accelerated the procedure, reducing the timeline for establishing data sharing agreements from an average of 2-3 years to just 79 days[42] since its adoption by the California Health and Human Services Agency (CalHHS).

IDEA is structured through two levels to efficiently tackle the complexities of interdepartmental data sharing. The first level establishes an overarching umbrella agreement that binds participating state entities to a unified set of legal, privacy, and security standards. This umbrella agreement ensures a consistent approach to data

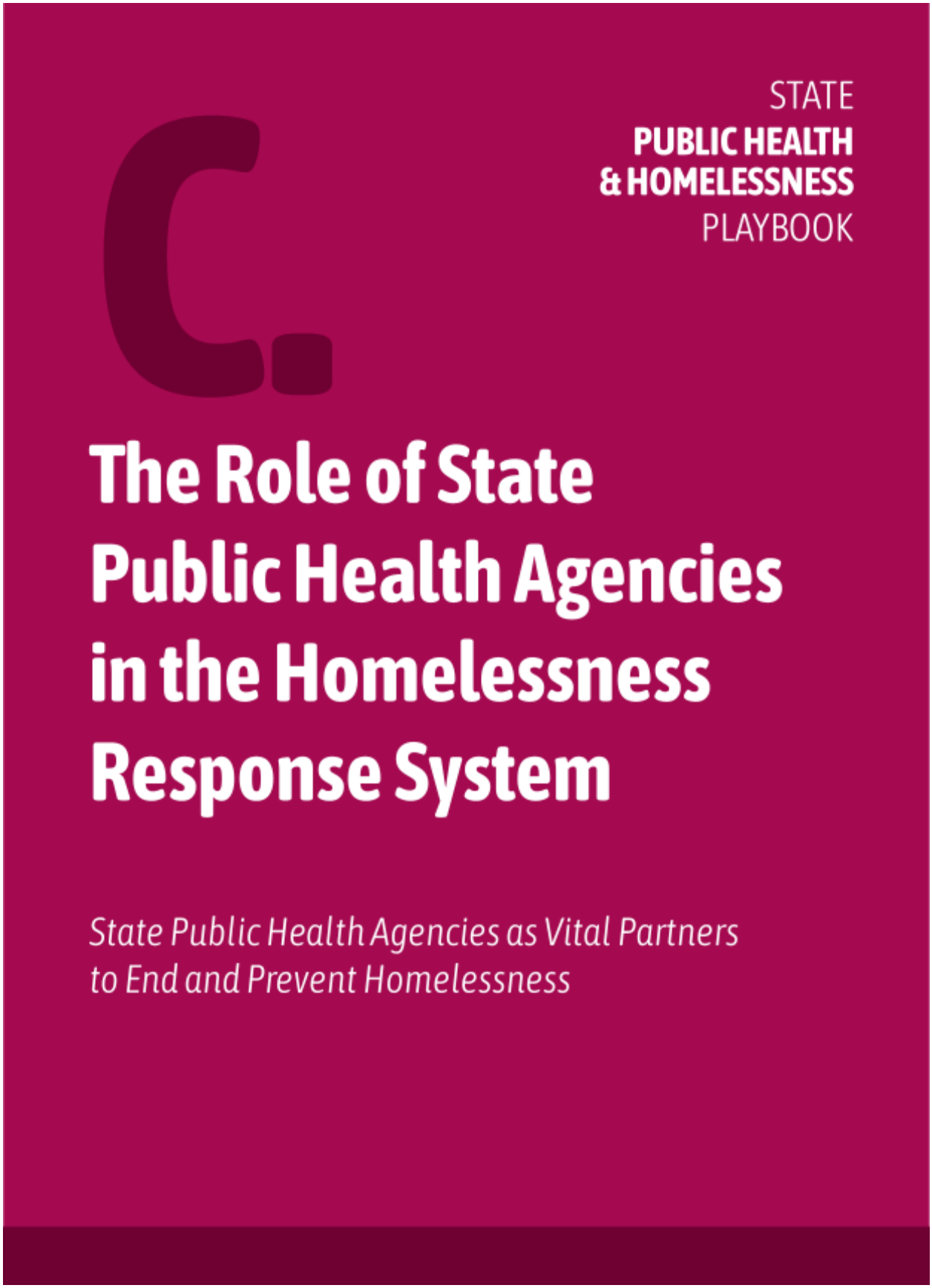
[41] MDHHS. "Michigan Department of Health and Human Services Comprehensive Quality Strategy." 2023. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/Other-Prov-Specific-Page-Docs/MDHHS-Comprehensive-Quality-Strategy-2023-2026--Final-Draft-8-14-23.pdf?rev=3b3101ed1c1d4d5bad646f4fbab6ac38.

[42] Bonaguro, Joy. "A Better Way to Share Data." *The State of CalData*. October 2022. https://medium.com/caldata/a-better-way-to-share-data-571e17c336ce.

sharing while also providing mechanisms for escalation and mediation should disputes arise.

The second level of IDEA introduces the Business Use Case Proposal (BUCP), a concise document that outlines the specifics of individual data-exchange agreements. The BUCP enables departments to define the exact data being exchanged, the duration of the exchange, and any additional security or privacy conditions necessary. It meticulously addresses the particulars of the data exchange, including data fields, intended use, legal justification, and other details pertinent to the specific use case. Through this two-tiered structure, IDEA effectively addresses the challenges of data sharing, offering a model of efficiency and cooperation for state departments and services.[43]

[43] "Interagency Data Exchange (IDEA) Guidebook - Interagency Data Exchange (IDEA) Guidebook." 2022. Ca.gov. 2022. https://docs.data.ca.gov/interagency-data-exchange-idea-guidebook/.


STATE
PUBLIC HEALTH
& HOMELESSNESS
PLAYBOOK
C.
The Role of State Public Health Agencies in the Homelessness Response System
State Public Health Agencies as Vital Partners to End and Prevent Homelessness

C. The Role of State Public Health Agencies in the Homelessness Response System

State Public Health Agencies as Vital Partners to End and Prevent Homelessness

State public health departments can bridge the gap between local homeless service delivery and population health. As the health of individuals experiencing homelessness continues to erode, and demand for affordable and accessible services continue to outpace the supply, public health officials across the nation will continue to face challenging conditions and increased demand for strong, evidence-based policies to address these issues. State public health departments can define their role in ending and preventing homelessness by:

- hiring staff that are tasked with being proactive partners to the homeless response system
- using their unique administrative powers, such as the ability to declare a public health crisis, to help build momentum as well as garner new resources to assist the homeless response system.

1. DECLARE A PUBLIC HEALTH CRISIS

Homelessness as a public health crisis

More cities and states have declared homelessness a public health crisis due the inhumane living conditions those experiencing homelessness have to endure. The lack of affordable housing, access to health care, and the vulnerability to exposure of diseases play major roles in declaring homelessness a public health crisis. A public health crisis is a situation or event that poses a significant threat to the health and well-being of a community, region, or a large number of people.[44]

In many cases, declaring homelessness a public health crisis can be performative because the majority of declarations have not resulted in new resources or reduced administrative burden focused on helping people experiencing homelessness access housing. Designating homelessness as a public health crisis creates a public acknowledgment of the need for a comprehensive collaborative approach to address this problem. In order for public health declarations to be impactful, they must lead to increased funding or resources, which are necessary in order to develop affordable housing and implement programming to assist people experiencing homelessness.

PROBLEM

Declarations can play a critical role in mobilizing resources, coordinating responses, and protecting public health during times of crisis. A public health crisis typically demands urgent and coordinated responses from public health authorities and other relevant stakeholders to mitigate the impact on individuals and communities.

According to the National Health Care for the Homeless Council, there are nine jurisdictions in the United States that have made formal emergency declarations related to homelessness.[45] Each declaration has a different form depending on the community and legal context. The declarations are known as Homeless States of Emergency, Civil Emergencies, and Shelter Crises. All of the declarations have similar goals.

---

[44] Kippert, Amanda. "Why Domestic Violence Is a Public Health Crisis." April 3, 2023. DomesticShelters.org. https://www.domesticshelters.org/articles/ending-domestic-violence/why-domestic-violence-is-a-public-health-crisis.

[45] National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016. http://nhchn.org/wp-content-uploads/2019/08/homeless-states-of-emergency-advocacy-strategies-to-advance-permanent-solutions.pdf.

A State of Emergency (SOE) is a crisis or disaster in which a government suspends normal procedures in order to take urgent action. Homelessness SOEs typically allow for a more flexible usage of funding, reducing regulatory barriers, and devoting additional funds to the problem. Communities have utilized SOEs to help with numerous challenges, such as bypassing zoning requirements, redirecting funds to priority programs, and allocating funding to expand emergency shelters.[46]

Furthermore, a shelter crisis declaration is the proclaimed existence of a situation in which a significant number of persons are without the ability to obtain shelter, which results in a threat to their health and safety.[47] Lastly, civil emergency declarations allow the city mayor to issue emergency orders that will provide the agility needed to address the evolving issue of homelessness.[48]

The problem with these types of declarations are when there is little to no action taken once a city or state has declared homelessness a public health crisis. The majority of public health declarations are declared without clear justifications or next steps. Declarations can trigger the mobilization of resources, but oftentimes there are not enough resources available. Political interference can hinder the effectiveness of declarations because they can influence the timing and content of the declaration.

SOLUTIONS

To get the full benefit of public health declarations, states need to ensure they are equipped and fully prepared to allocate resources. Public health declarations should be developed with clear and transparent criteria, informed by evidence, communicate effectively, and have a commitment to protecting individuals rights. Governments should explore input from public health experts, community leaders, and stakeholders to ensure well-informed and balanced responses to public health crises.

[46] National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016.

[47] California State Association of Counties. "Declaration of Shelter Crisis Code Section." https://www.counties.org/sites/main/files/file-attachments/declaration_of_shelter_crisis_code_section.docx.

[48] National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016.

ACTION

While public health agencies often have the power to declare a public health emergency, most public health declarations pertaining to homelessness have happened through executive orders or the legislature. Having support across government, consisting of not only agency support but also executive and legislative buy-in, allows for the declaration to hopefully be more than just a written statement and instead become a funded policy priority.

Public health agencies can take several actions to ensure a comprehensive and effective response. Below are a few things public health agencies can consider for maximizing success of a declaration:

- Mobilize resources
- Engage community partnerships
- Plan for health care capacity planning
- Make behavioral health services and mental health support available
- Enhance surveillance for vulnerable populations
- Collaborate with bordering states.

EXAMPLES

In October 2023, **Connecticut** declared homelessness a public health crisis.[49] This declaration extended protection afforded to those experiencing homelessness under the Homeless Bill of Rights established in 2013, which specifies that a person who is homeless has the same rights and privileges as any other state resident.[50] The public health crisis declaration makes a corresponding change to the Homeless Bill of Rights to specify that a person has the right to receive essential medical and mental health care services instead of emergency medical services. Furthermore, the bill declares homelessness will continue to be a public health crisis until people experiencing homelessness receive essential medical and mental health care services that are adequately safeguarded and protected.

In **California**, a promising example from the county level of governance highlights how a public health crisis declaration can create renewed momentum to help reduce and prevent homelessness. The San Diego County Board of Supervisors unanimously declared homelessness a public health crisis in September of 2022. Having a public

[49] The State of Connecticut. "AN ACT DECLARING HOMELESSNESS A PUBLIC HEALTH CRISIS." House Bill No. 6601. Parliamentary Affairs. March 14, 2023. https://doi.org/10.1093/oxfordjournals.pa.a052578.

[50] Sheffield, Jonathan. "A Homeless Bill of Rights: Step by Step from State to State " Pub. Interest L. Rptr 8. 2013. https://lawecommons.luc.edu/cgi/viewcontent.cgi?article=1002&context=pilr.

health approach to homelessness will help align efforts, share resources, and more purposefully help address the root causes of housing instability and health on a large scale with a humane response.[51] The public health declaration is a key step to drive further collaboration between local jurisdictions, homeless services providers, health care professionals, and others, to develop resources and a comprehensive approach. In addition, there was another unanimous vote supervisors approved a $3 million pilot program to provide $500 a month to 220 seniors to help them avoid homelessness over 18 months. However, the declaration did not create new programs or generate new funding.

The declaration directs the county Chief Administrative Officer to work with city governments and the Regional Task Force on Homelessness on a regional approach to tackle homelessness. The Chief Administrative Officer will also be responsible for:

- Updating the board on regional efforts and recommendations to the county's Framework for Ending Homelessness, which includes a comprehensive review of services and housing offered to those experiencing homelessness
- Identifying potential economic impacts to the county and investments needed to significantly reduce homelessness
- Finding housing opportunities and services, and make recommendations based on an assessment by Homebase
- Developing a plan for enhanced data collection, evaluating the county's homeless services and programs, and establishing other methods, including 24-hour access to social workers or trained professionals
- Allowing the Health and Human Services Agency director to research and apply for other funding opportunities.

[51] Warth, Gary, "San Diego declares homelessness a public health crisis. Today, our county takes a significant step." September 27, 2022. Accessed January 31, 2024. https://www.sandiegouniontribune.com/news/homelessness/story/2022-09-27/county-declares-public-health-crisis-over-homelessness

2. DEDICATED STAFFING FOCUSING ON HOMELESSNESS IN STATE PUBLIC HEALTH DEPARTMENTS

Engaging state public health agencies as critical partners in the homeless response system

State public health agencies play a multifaceted and vital role in safeguarding and improving the health and well-being of the people they serve. Homelessness has a major impact on disease prevention and control, vaccination programs, emergency preparedness, population health, health education, and outreach.

Due to the many ways that homelessness intersects with existing public health programming, this important social determinant of health can get forgotten as a stand alone focal point, and instead be implemented as just a minor component of other programs. In order to truly recognize homelessness as a public health crisis, there needs to be dedicated staff capacity at state public health departments in charge of coordinating how public health approaches and programs can be integrated into the ongoing work to reduce and prevent homelessness.

PROBLEM

People who experience homelessness are generally sicker than their housed counterparts and more prone to death, with a life expectancy of 50 years — 28 years less than their housed neighbors.[52] In traditional structures of state public health agencies, addressing and supporting individuals experiencing homelessness and housing insecurity falls across multiple roles, which can often lead to a lack of consistency, efficacy, and uniformity in approach and policy.

Not having public health agency staff assigned to focus on improving the health of people experiencing homelessness can negatively impact both the state public health department and the homeless service system. Further, these gaps in expertise can be left for local health departments to fill with limited capacity and resources.

Health departments with these roles or in-house expertise may find value through:

[52] National Alliance to End Homelessness. "Not One More: Honoring Those Who Died Homeless." December 20, 2021. https://endhomelessness.org/blog/not-one-more-honoring-those-who-died-homeless/#:~:text=What%20we%20do%20know%20is,at%20upwards%20of%2013%2C000%20people.

- Added expertise and understanding of the unique health challenges faced by individuals experiencing homelessness, particularly around high rates of health problems such as HIV/AIDS, Hepatitis A infections, alcohol and drug addiction, mental illness, tuberculosis, and other serious conditions.[53]
- Cross-functional programs and aligned interventions that are centered on holistic care and ongoing communication and collaboration between the state public health agency and the homeless response system.
- Robust information and data on who is experiencing homelessness and why, which can then inform policies and program design.
- Strong emergency preparedness and planning, which accounts for people experiencing homelessness vulnerable during public health and environmental emergencies.

SOLUTIONS

One way state public health agencies can become true partners with the homeless response system is by hiring or assigning staff who are solely responsible for addressing homelessness within their state. Hiring a dedicated point person within a state's public health agency ensures that reducing and preventing homelessness part of the state's overarching public health agenda.

ACTION

State public health agencies can allocate specific funding within their budgets to hire for leadership and staff positions that are tasked with using a public health approach in order to reduce and prevent homelessness.

Federal grant funding, such as block grants, can be used to hire and support staff dedicated to reducing and preventing homelessness. States can also leverage federal funding sources such as the Department of Housing and Urban Development (HUD) or the Substance Abuse and Mental Health Services Administration (SAMHSA) with cross-agency partnerships to hire dedicated public health staff to work on homelessness and housing issues.

[53] Sleet, David A. and Louis Hugo Francescutti, "Homelessness and Public Health: A Focus on Strategies and Solutions," *Int J Environ Res Public Health*, 18, (2021). https://doi.org/10.3390/ijerph182111660

EXAMPLES

The State of **Alaska**, within the Division of Public Health, has a dedicated staff member who solely works to address homelessness in their state. The position is entitled Public Health Specialist 2 (Homelessness Public Health Coordinator). In this role the individual is located in the section of Rural and Community Health Systems (RCHS) department of the Division of Public Health, which provides direction and identifies long-term strategies as part of a larger effort to reduce the number of people experiencing homelessness in communities throughout Alaska.[54]

This role serves as a liaison between the homeless response system and public health agency, helping to translate terminology, identify synergies, and lead cross-sector projects like data integration or sharing. This person also develops policies and processes to prevent the spread of infectious diseases including but not limited to COVID-19 in people experiencing homelessness.

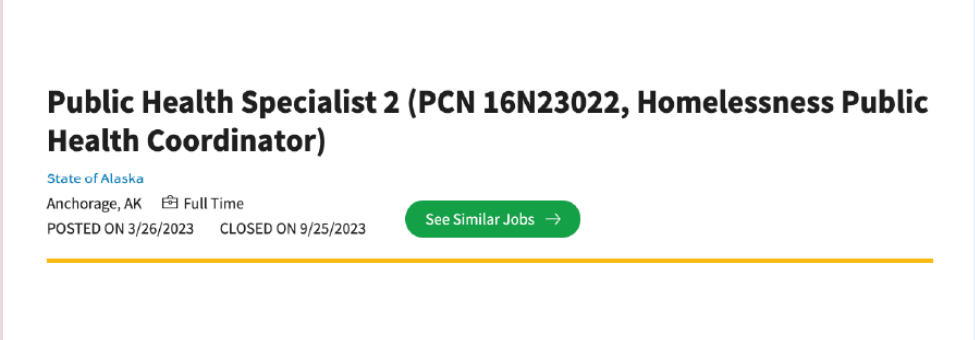


Figure 5: ***Job Posting in Alaska for the Homelessness Public Health Coordinator Role*** [55]

See the Job Description here: Public Health Specialist 2

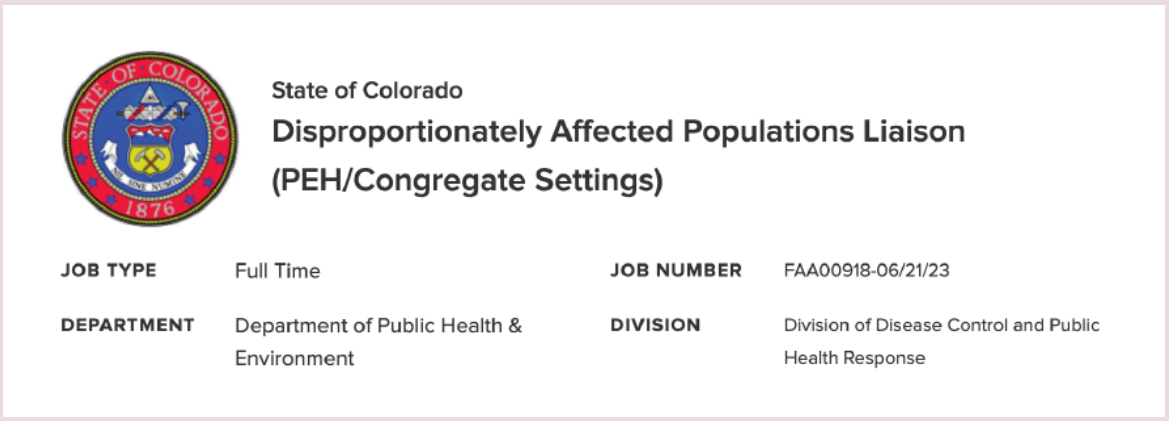
In the **Colorado** Department of Public Health & Environment, their staff role to address homelessness is within the Division of Disease Control and Public Health Response (DCPHR) under the Office of Health Equity. The position is titled Disproportionately Affected Populations Liaison (People Experiencing Homelessness/Congregate Settings).[56]

[54] "Public Health Specialist 2 (PCN 16N23022, Homelessness Public Health Coordinator) Job Opening in Anchorage, AK at State of Alaska." Salary.com. https://www.salary.com/job/state-of-alaska/public-health-specialist-2-pcn-16n23022-homelessness-public-health-coordinator/j202211110215541222941.

[55] "Public Health Specialist 2 (PCN 16N23022, Homelessness Public Health Coordinator) Job Opening in Anchorage, AK at State of Alaska." Salary.com.

[56] "Job Bulletin: Disproportionately Affected Populations Liaison." www.governmentjobs.com. https://www.governmentjobs.com/careers/colorado/jobs/newprint/4108607.

The position is term-limited, which means funding is not guaranteed beyond a specific time. The individual in this role coordinates and works in parallel with Regional Coordinators and Resources Specialists to ensure cohesive coordination across all regions with a focus on people experiencing homelessness and those who congregate in confinement settings like shelters, detention centers, and prisons. This individual is responsible for assisting Local Public Health Authorities, community-based organizations and other entities in their region in accessing, developing, and implementing COVID-19 and general health care related equity goals. In addition, this role is responsible for applying data to inform decisions, provide direction in resource allocation and support, and support to external stakeholders statewide.



State of Colorado

Disproportionately Affected Populations Liaison (PEH/Congregate Settings)

JOB TYPE	Full Time	**JOB NUMBER**	FAA00918-06/21/23
DEPARTMENT	Department of Public Health & Environment	**DIVISION**	Division of Disease Control and Public Health Response

Figure 6: ***Job Posting in Colorado for the Disproportionately Affected Populations Liaison (PEH/Congregate Settings) Role*** [57]

See the Job Description here: Disproportionately Affected Populations Liaison

[57] "Job Bulletin: Disproportionately Affected Populations Liaison." www.governmentjobs.com.

STATE
PUBLIC HEALTH & HOMELESSNESS
PLAYBOOK

D.

Housing is Health Care

Housing's impact on health

D. Housing is Health Care

Housing's impact on health

Housing is a critical social determinant of health.[58] Without stable housing, it is impossible for an individual to be and remain healthy. Housing instability harms health both directly — by moving people away from their doctors and into unsafe housing — and indirectly — by causing stress and eliminating resources that could otherwise keep people healthy.[59]

Homelessness creates new health challenges and exacerbates existing ones. Behavioral health issues such as depression or substance use disorders can develop or be exacerbated by experiencing homelessness and housing instability. Living on the streets is inherently dangerous and stressful. When people experiencing homelessness get injured, their injuries often do not heal properly because there is no consistent access to bathrooms, sterile bandages, or the opportunity to get uninterrupted sleep and rest, which is necessary to fully recuperate.

Conversely, poor health can lead to high medical care costs, loss of income, additional stress, and material hardships, which in turn can then devolve into housing instability and homelessness. Inpatient hospitalization and residential treatment programs have only short-term impacts if an individual is discharged to the streets or an emergency shelter after the conclusion of the treatment regime. No amount of health care treatments or attention from the best doctors can act as a substitute for stable, safe, and affordable housing.

Stable, affordable housing is essentially health care. It improves a person's health and well-being. Housing provides privacy, safety, and a reliable, consistent place to rest and recuperate. Housing can also reduce health care and social service costs. Ultimately, housing lays the foundation for better health.[60] Since housing is the prescription for solving homelessness and improving health, state public health departments need to partner with other sectors to create more affordable housing. This can be achieved by:

---

[58] Rolfe, Steve, Lisa Garnham, Jon Godwin, Isobel Anderson, Pete Seaman, and Cam Donaldson. 2020. "Housing as a Social Determinant of Health and Wellbeing: Developing an Empirically-Informed Realist Theoretical Framework." BMC Public Health 20 (1): 1–19. https://doi.org/10.1186/s12889-020-09224-0.

[59] Swope, Carolyn B, and Diana Hernández. "Housing as a determinant of health equity: A conceptual model." *Social science & medicine (1982)* vol. 243 (2019): 112571. doi:10.1016/j.socscimed.2019.112571

[60] Taylor, Lauren. 2018. "Housing and Health: An Overview of the Literature." Health Affairs, June. https://doi.org/10.1377/hpb20180313.396577.

- funding supportive and affordable housing rental subsidies
- financing the development of affordable housing
- incorporating public health assessments into the planning process for allocating federal low income housing tax credits.

1. RENTAL ASSISTANCE AND SUPPORTIVE HOUSING SUBSIDIES

Using state Medicaid funding to subsidize affordable and supportive housing units

Due to the lack of federal resources that are dedicated to creating and preserving affordable housing, policymakers are starting to look to existing entitlement programs, such as Medicaid which is funded using both state and federal financing, as options to subsidize housing costs for people experiencing homelessness. States are acknowledging that housing and health are inextricably linked by using state Medicaid funds to underwrite the rent for affordable and supportive housing units. Studies of these programs have shown that paying the rent for individuals who have experienced homelessness and complex care needs has led to reduced public costs, including health care costs, and improved individual health and well-being.[61]

PROBLEM

Housing solves homelessness. The chief cause of homelessness is an insufficient supply of affordable housing. Homelessness in the United States is most acute in places with low vacancy rates and high housing costs.[62] Research has shown that providing rental assistance to low income individuals and families can significantly reduce homelessness.[63] Unfortunately, the federal resource that subsidizes rental housing costs for low income families and individuals, the Housing Choice Voucher Program also known as a Section 8 Voucher,[64] is vastly underfunded through the

[61] Garrett, Daniel G. 2012. "The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs." American Health & Drug Benefits 5 (1): 17–19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046466/.

[62] Colburn, Gregg, and Aldern Page Clayton. 2022. *Homelessness Is a Housing Problem: How Structural Factors Explain U.S. Patterns.* University of California Press. https://homelessnesshousingproblem.com/

[63] Gubits, Daniel, Marybeth Shinn, Michelle Wood, Stephen Bell, Samuel Dastrup, Claudia D Solari, Scott R Brown, Debi McInnis, Tom McCall, and Utsav Kattel. 2016. "Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families." SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3055295.

[64] U.S. Department of Housing and Urban Development. 2018. "Housing Choice Vouchers Fact Sheet." Hud.gov. 2018. https://www.hud.gov/topics/housing_choice_voucher_program_section_8.

annual Congressional appropriations process. Currently, only one in four eligible families receives a voucher, due to inadequate program funding.[65]

In order to help people experiencing homelessness gain access to affordable housing, they need a program that can help them pay the rent. Since the federal program created to help families and individuals afford the rent is vastly underfunded, states are looking to other programs to bridge the gap.

SOLUTIONS

Medicaid, while not originally designed to be used to help people gain and remain in stable, safe and affordable housing, is being used by states to lower health care costs, improve health and reduce homelessness. The state-funded portion of Medicaid is being used to help beneficiaries experiencing homelessness not only find and access housing, but also pay the rent. Medicaid, unlike the Housing Choice Voucher program, is an entitlement that covers all of the people found to meet eligibility criteria for the program and therefore its budget grows to meet the needs of its users, without Congressional approval or interference.[66]

Medicaid is funded by both federal and state resources. The federal portion of Medicaid is unable, due to current regulations, to pay for housing costs, such as rent or capital development financing. Instead, federal Medicaid can be used to pay for housing-related services like housing navigation, case management, and tenancy stabilization services.[67] The state-funded Medicaid dollars can be used to pay for rental costs. Several states have used their self-funded portion of Medicaid money to subsidize housing costs as a form of delivering care for Medicaid recipients who are experiencing homelessness.[68]

When states use their self-funded Medicaid resources to create rental subsidy programs, their focus has mostly been on underwritten the rental costs for supportive

---

[65] Oliva, Ann. 2022. "Ending Homelessness: Addressing Local Challenges in Housing the Most Vulnerable." Center on Budget and Policy Priorities. February 2, 2022. https://www.cbpp.org/research/housing/ending-homelessness-addressing-local-challenges-in-housing-the-most-vulnerable.

[66] Orgera, Kendal, Elizabeth Hinton. "Medicaid Financing: The Basics." The Henry J. Kaiser Family Foundation. March 21, 2019. https://www.kff.org/Medicaid/issue-brief/Medicaid-financing-the-basics/.

[67] Medicaid and CHIP Payment and Access Commission. "Issue Brief: Medicaid's Role in Housing." 2021. MACPAC. June 2021. https://www.macpac.gov/wp-content/uploads/2021/06/Medicaids-Role-in-Housing-1.pdf.

[68] Tompkins, Lucy. 2022. "If Housing Is a Health Care Issue, Should Medicaid Pay the Rent?" The New York Times, June 14, 2022, sec. Headway. https://www.nytimes.com/2022/06/14/headway/Medicaid-housing-rent-health.html.

housing units. These programs focus on reducing health care costs, which is a goal of the Medicaid innovation work being pursued by the Center for Medicare and Medicaid Services (CMS).[69] Essentially, once a person moves from the street into a supportive housing unit, they are much less likely to visit emergency rooms and psychiatric hospitals on a regular basis, which results in lower health care costs.[70]

ACTION

States can decide to use their portion of Medicaid funding for housing costs by incorporating this program as part of their annual budget. In some states, this may require a stand-alone appropriations bill since it could constitute a new program that would require approval from the legislature. In other states, funding for this program could be included in the program planning budget for the public health department and be included in the annual budget legislation package. Many states and localities have incorporated the ability to reinvest cost savings yielded from successful supportive housing interventions into creating more supportive housing units.

The most popular way to create this type of program was to start with a pilot that used both state funds along with philanthropic capital. After demonstrating that the pilot is successful, states can then look to expand gradually, by dedicating more state funding towards supportive housing subsidies. Eventually, states looked to capitalize on the success of these supportive housing programs by leveraging their state funding to request 1115 Medicaid waivers, in order to be able to use federal Medicaid funds for this program.[71] To date, the federal government has not approved any request for the use of federal Medicaid funding to cover the cost of supportive housing rental subsidies, which is why no state has been able to fully scale their supportive housing program to meet all eligible beneficiaries within their state.[72]

---

[69] Centers for Medicare & Medicaid Services. "Innovation Models | CMS." www.cms.gov. https://www.cms.gov/priorities/innovation/models#views=models.

[70] Moore, David T., and Robert A. Rosenheck. 2017. "Comprehensive Services Delivery and Emergency Department Use among Chronically Homeless Adults." Psychological Services 14 (2): 184–92. https://doi.org/10.1037/ser0000111.

[71] Crawford, Maia, and Rob Houston. "State Payment and Financing Models to Promote Health and Social Service Integration." Center for Health Care Strategies. February 2015. https://www.chcs.org/media/Medicaid_-Soc-Service-Financing_022515_1_Final.pdf.

[72] Hart, Angela. "Is Housing Health Care? State Medicaid Programs Increasingly Say 'Yes.'" KFF Health News. 2024. Governing. February 8, 2024. https://www.governing.com/finance/is-housing-health-care-state-Medicaid-programs-increasingly-say-yes.

EXAMPLES

Since 2011, **Arizona** has been using state funding to pay for supportive housing rental costs for more than 3,000 Medicaid beneficiaries who have a severe mental illness and are at risk of homelessness or have experienced homelessness. Arizona's State Legislature allocates Non-Title XIX/XXI General Fund money to the Arizona Health Care Cost Containment System, the agency tasked with administering the state's Medicaid program, annually to provide permanent supportive housing subsidies to program enrollees.[73]

A recent study found that in 2020, for those who were enrolled in this supportive housing program, visits to emergency rooms dropped 30% and inpatient hospital admissions dropped by 44%.[74] Additionally, studies have shown that Arizona's supportive housing program reduces health care costs; recent estimates suggest that the state saved over $5,000 a month for each person housed through the program. This estimate more than offsets the estimated cost of providing the supportive housing rental subsidy, which amounts to approximately $1,000 a month, per person, on average.[75]

New York was the first to use its state-only Medicaid dollars to pay for supportive housing rent costs. In 2011, Governor Cuomo issued an executive order that created the Medicaid redesign team (MRT) which was tasked with creating a strategy to contain health care costs and improve health outcomes by creating a multi-year action plan. In this planning process, supportive housing was championed as a program that could yield significant health care cost savings and also improve the health of the most vulnerable New Yorkers.[76]

The program was initially funded with $75 million of state general funds for the first year of programmatic operations. There was also the ability to grow the program

[73] Arizona Healthcare Cost Containment System. "AHCCCS Housing Programs." 2021. www.azahcccs.gov. 2021. https://www.azahcccs.gov/AHCCCS/Initiatives/AHP/.

[74] Arizona Healthcare Cost Containment System. *AHCCCS Housing and Health Opportunities (H2O) 1115 Waiver Amendment Request*. 2021. https://www.azahcccs.gov/Resources/Downloads/HousingWaiverRequest/AHCCCSHousingHealthOpportunitiesH2OWaiverAmendment.pdf.

[75] Arizona Healthcare Cost Containment System. *AHCCCS Housing and Health Opportunities (H2O) 1115 Waiver Amendment Request*. 2021.

[76] Corporation for Supportive Housing. "Achieving New York's Medicaid Redesign Goals through Supportive Housing." 2015. https://www.csh.org/wp-content/uploads/2015/06/Achieving-New-Yorks-Medicaid-Redesign-Goals-Through-Supportive-Housing.pdf.

budget in subsequent years to account for cost savings reinvestments in the program[77] A recent program evaluation of New York's supportive housing program found that there has been a reduction in the number of emergency room visits and inpatient hospital stays by supportive housing tenants. On average, Medicaid claim costs decreased by about $6,800 per person, per year. MRT Supportive Housing tenants were found to have lower overall mortality rates.[78]

What is Supportive Housing?

Supportive housing is a type of permanent, affordable housing accommodation that is paired with onsite social services. People who live in supportive housing are able to access case management and other forms of coordinated assistance that help them access health care services, counseling and other services that support housing stability. Many tenants in supportive housing have previously experienced homelessness and have complex medical or mental health needs.[79] Research has shown that supportive housing is an effective intervention to reduce homelessness, with a majority of tenants successfully remaining housed after entering a supportive housing program. Additionally, supportive housing results in significant public cost savings not only in terms of emergency shelter use, but also with decreased use of hospitals, emergency rooms, jails, and prisons.[80]

[77] Supportive Housing Network of New York. "Medicaid and Supportive Housing | New York State | Advocacy & Policy | What We Do." SHNNY. https://shnny.org/what-we-do/advocacy-policy/state/Medicaid-redesign/.

[78] New York State Department of Health. "New York State Medicaid Redesign Team (MRT) Waiver. Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address Health Disparities Exacerbated by the COVID-19 Pandemic." 2022. https://www.health.ny.gov/health_care/Medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf

[79] The Corporation for Supportive Housing. "Supportive Housing 101: What is Supportive Housing." CSH. https://www.csh.org/supportive-housing-101/.

[80] Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. 2016. Review of Supportive Housing Helps Vulnerable People Live and Thrive in the Community. Center on Budget and Policy Priorities. May 31, 2016. https://www.cbpp.org/research/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community.

2. CAPITAL COSTS AND HOUSING DEVELOPMENT

Using state Medicaid funding to finance the development of supportive housing buildings

In addition to state Medicaid dollars being used to finance rental assistance programs, states have also invested their resources in capital funding for supportive housing buildings. Federal Medicaid funds are not allowed to be used for development financing, so states are providing the resources necessary to acquire, design and construct new supportive housing buildings.

PROBLEM

There are not enough existing supportive housing units to meet the needs of those who would benefit from this program. In order to meet the demand for supportive housing units and reduce homelessness, there needs to be an underwriting resource that provides capital funding for these development projects. There are never enough funding resources available to help nonprofit organizations have the financial assets on hand that allow them to easily put together the capital resources necessary to quickly close on a development project.

Medicaid is an attractive financial resource that could be used to help fund the construction and development of new supportive housing buildings but due to regulatory constraints, federal Medicaid funding is unable to finance housing construction projects.

SOLUTIONS

States are able to act as innovation labs by investing in the creation of new supportive housing buildings. By using state financed Medicaid funding to support efforts to create supportive housing for individuals with complex health care needs, states can both expand much-needed supportive housing capacity while being able to achieve health care cost and homelessness population reduction goals.

ACTION

Similar to the process outlined for funding and scaling supportive housing rental assistance programs, states will need to include this program in their annual budget. The state legislature will need to appropriate capital funding resources, which can be used to pay for both pre-development activities, such as land acquisition, design, underwriting, and engineering work, as well as the actual construction and development activities.

EXAMPLES

Washington created a new multi-agency program, Apple Health and Homes, to align housing resources for rental assistance and development financing for supportive housing buildings, in an effort to help people experiencing homelessness in the state. In 2022, the state legislature appropriated $60 million in capital funding to support the construction or acquisition of new supportive housing exclusively for Apple Health and Homes program participants, many of whom are experiencing homelessness and enrolled as Medicaid beneficiaries. These funds will be awarded to nonprofit housing providers and community organizations to build permanent supportive housing units. At least 10% of these funds will be dedicated to organizations that serve and are substantially governed by individuals disproportionately impacted by homelessness and behavioral health conditions, including Black, Indigenous, other people of color, lesbian, gay, bisexual, queer, transgender, and other gender-diverse individuals.[81]

Since 2012, **New York** has invested millions of state-only Medicaid dollars as capital to finance the construction and preservation of affordable and supportive housing for people experiencing homelessness who are also high-utilizers of Medicaid. This initiative has funded the development of over 1,500 supportive housing units across the state.[82] An evaluation of New York's Medicaid Redesign Team's Supportive Housing strategy — which includes rental subsidies, capital construction and tenancy support services — found that these efforts had impacted health care costs and improved the health of New Yorkers in need. Specifically, the report found that there was a 40%

[81] Washington State Department of Commerce. "Apple Health and Homes Program." https://www.commerce.wa.gov/building-infrastructure/housing/ahah-psh/ahah-program/.

[82] New York State Department of Health. "Supportive Housing Programs." 2012. NY.gov. 2012. https://www.health.ny.gov/health_care/Medicaid/redesign/supportive_housing/programs.htm.

reduction in inpatient days and a 26% reduction in emergency department visits. Additionally, there was a 15% reduction in overall Medicaid health expenditures.[83]

[83] Center for Human Services Research, University at Albany, "MRT Supportive Housing Evaluation: Enrollment in Supportive Housing Results in Significantly Greater Cross-Sector Cost Savings than "Treatment as Usual"" (2022). Health and Healthcare Services Reports and Research Briefs. 20. https://scholarsarchive.library.albany.edu/chsr-hhs-reports-and-briefs/20.

3. INCORPORATING HEALTH INSIGHTS INTO LOW INCOME HOUSING QUALIFIED ALLOCATION PLANS

Using public health impact assessments to allocate low income housing tax credits

The Low Income Housing Tax Credit (LIHTC) program is the leading way the federal government finances the development and preservation of affordable housing.[84] This program provides approximately $9 billion in budget authority to state and local governments to issue tax credits[85] to private investors, and the equity from that sale is used as an indirect subsidy to finance qualifying affordable housing developments. The equity helps lower the project expenses because it is a less expensive form of capital than bank loans or other mortgage financing vehicles. Given the impact that affordable housing has on individual and community health, some states are looking to incorporate health-promoting criteria and the insights of people with lived experience of homelessness into the state tax credit Qualified Allocation Plan (QAP), so that LIHTC financed affordable housing buildings can improve community health and well-being.

PROBLEM

Place matters; where you live impacts your health, what schools you attend, where you get your groceries, and how you travel around your town or city. While housing advocates and public health practitioners have championed the connection between health and housing for decades, the process for making health-informed community investments has been challenging because of silos between these two sectors and lack of understanding between different stakeholders of where there were opportunities to partner.

[84] Payton Scally, Corinne, Amanda Gold, and Nicole Dubois. "The Low-Income Housing Tax Credit: How It Works and Who It Serves." 2018. Research Report. The Urban Institute. https://www.urban.org/sites/default/files/publication/98758/lithc_how_it_works_and_who_it_serves_final_2.pdf.

[85] U.S. Department of Housing and Urban Development. "Low-Income Housing Tax Credits | HUD USER." 2015. Office of Policy Development and Research. Huduser.gov. 2015. https://www.huduser.gov/portal/datasets/lihtc.html.

SOLUTIONS

By proactively looking to infuse health into all public policies, stakeholders from public health, government and housing can work together to use existing opportunities — like the LIHTC QAP — to make investments that expand opportunity and access to health. The LIHTC QAP is a federally mandated process through which each state awards tax credits to qualifying affordable housing projects that meet certain criteria using a point-based system. The criteria gets updated on an annual basis, which allows for advocates and policymakers to revise and adjust the priorities laid out in the QAP.[86] By incorporating public health perspectives into the QAP scoring criteria, a state can use a more comprehensive planning approach that sees housing development not only as a good in its own right, but also as a tool for promoting improved population health.[87]

ACTION

To influence the criteria of a state's LIHTC QAP, there first needs to be a solid relationship between the agency administering the QAP, usually the state housing and community development agency, and the state public health agency. This relationship is a critical factor to ensure the dual understanding that housing can be a positive tool to improve health and community well-being.[88] The shared acknowledgement of housing as a modality to improve population health creates pathways to study and better understand the specific ways that LIHTC-funded properties have impacted the community and individual health.

State public agencies can then engage in a Health Impact Assessment (HIA), a tool that public health officials use to analyze opportunities to enhance positive health outcomes in non-health sectors, to learn how to best incorporate strategies to mitigate negative health impacts and proactively champion activities that promote enhancing

[86] Gramlich, Ed. "Qualified Allocation Plan of Regulatory Affairs, National Low Income Housing Coalition Advocates' Guide -1 -National Low Income Housing Coalition." https://www.nhlp.org/wp-content/uploads/2018/04/NLIHC-QAP.pdf.

[87] Build Healthy Places Network. "Using Housing Tax Credits to Invest in Well-Being." 2016. August 4, 2016. https://www.buildhealthyplaces.org/sharing-knowledge/blogs/expert-insights/using-housing-tax-credits-invest-well/.

[88] Shi, Marc, Abigail Baum, and Craig E. Pollack. 2020. "Perspectives on Integrating Health into the Low-Income Housing Tax Credit: A Qualitative Study." Health Affairs 39 (4): 622–30. https://doi.org/10.1377/hlthaff.2019.00853.

health into affordable housing investment decisions.[89] Based on information from the HIA, state public health agencies can work with their housing agency counterparts to recommend new QAP scoring criteria and categories to encourage development in physical locations that contribute to improved health, such as nearby high-performing schools and quality-rated or state funded childcare/early education sites, as well as promote active living, health eating, and improved air quality.[90]

Every state allocates new tax credits annually, which means that state housing agencies revise their QAP every year. This annual revision process allows for health policy to be included in the QAP, in order to positively impact community health through housing development. The annual revision process is a natural opportunity to engage in quality improvement and assess criteria factors that actually impact health and well-being, and therefore should be included in future versions of the state QAP.

EXAMPLES

Georgia was the first state to incorporate a HIA into the LIHTC QAP drafting process to identify opportunities to provide a public health perspective into the affordable housing development decision-making process. In 2014, the Georgia Health Policy Center, the Health Impact Project, and the Georgia Department of Community Affairs worked together to begin to design a HIA that would allow for the state to consider how affordable housing impacts health equity, and incorporate those findings to inform criteria included in the state's QAP.[91]

The HIA findings recommend creating criteria that focus on the following three topic areas: community context, access to quality education, and best practices in healthy community design. Starting in 2015, the Georgia Department of Public Health and the Georgia Department of Community Affairs worked together to incorporate new criteria into the QAP framework in order to promote opportunities for improved population health through the development of affordable housing. In 2017, the QAP had added a

[89] Rushing, MJM; Dills, JE; Fuller, E. "A Health Impact Assessment of the 2015 Qualified Allocation Plan for Low-Income Housing Tax Credits in Georgia." 2015. The Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University. https://ghpc.gsu.edu/download/an-hia-of-the-2015-qualified-allocation-plan-for-low-income-housing-tax-credits-in-georgia/?ind=0&filename=GA%20QAP%20HIA%20Summary%20Brief%20Final.pdf&wpdmdl=4750195&refresh=65c6c5df2fb2a1707525599.

[90] Alderman, Michelle J. M. Rushing, James E. Dills, Leigh. 2018. "Reshaping Housing Policy with a Health Lens." Shelterforce. February 13, 2018. https://shelterforce.org/2018/02/13/reshaping-housing-policy-health-lens/.

[91] Rushing, MJM; Dills, JE; Fuller, E. "A Health Impact Assessment of the 2015 Qualified Allocation Plan for Low-Income Housing Tax Credits in Georgia." 2015. The Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University.

new priority — "Health Outcomes for Residents" — and also included a new scoring section focused on health housing initiatives.[92] This collaboration is a model for how to make strides in leveraging investment opportunities in affordable housing to promote community health and equity.

[92] Dills, Jimmy. "Affordable Housing as a Platform for Population Health: HIAs Facilitate Multi-Year Collaborations That Advance HiAP Approach to Housing in Georgia." HIA Society. https://hiasociety.org/resources/Documents/GHPC%20HIA-HiAP%20Story.pdf.

STATE
PUBLIC HEALTH
& HOMELESSNESS
PLAYBOOK

E.

Treatment and Services to Support Housing Stability

E. Treatment and Services to Support Housing Stability

People experiencing homelessness often must overcome tremendous structural barriers to get health care, from lack of transportation to lack of health insurance. They must also contend with competing priorities, such as securing food, shelter, and employment, which frequently take precedence over health. Addressing the complex medical needs of people experiencing homelessness challenges the existing shelter system and demands new models of support. As the medical needs of people experiencing homelessness continue to increase in complexity and breadth, there exists a significant gap in providing adequate shelter and services that fit these groups.

Medicaid and the related programs and waivers are a powerful avenue for states to pilot and test custom approaches at the intersection of health and homelessness that both promote well-being and enhance access to funding and reimbursement supports. As the unsheltered homeless population continues to grow nationally,[93] encampments have become a critical public health challenge that requires a specific, hands-on approach that involves many more systems than just homeless response. Further, as the average age of people experiencing homelessness continues to grow,[94] there is an increasing need for housing supports and facilities that can meet this expanded need, such as respite care for individuals recovering from medical care and shelters that can support people with complex medical cases.

[93] "The 2023 Annual Homelessness Assessment Report (AHAR) to Congress." December 2023. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf.

[94] Skiba, Katherine. "The Graying of America's Homeless: An Alarming Trend." AARP, December 16, 2022. https://www.aarp.org/home-family/your-home/info-2022/americas-homeless-over-50.html.

1. MEDICAID STATUS AND EXPANSION

Overview of Medicaid as a mechanism for funding and resources tied to housing insecurity and homelessness, including expansion adoption and frameworks.

Medicaid programs are yet another angle for impactful, resource-driven policy that can directly link individuals experiencing homelessness (or at risk of experiencing homelessness) to care and services they need. Nationally, there are many innovative and pioneering states exploring pilot programs and tests that look to verify and substantiate best practices when it comes to Medicaid programming, eligibility, and waivers for social determinants of health (SDOH) and health-related social needs (HRSN).

PROBLEM

Overall, Medicaid is a powerful lever that can drive resources and services to address people's needs. However, there are significant historical challenges that must be considered, overcome, and factored into any policies moving forward. For example, many people experiencing homelessness are distrustful of public systems and skeptical of their benefits. Further, people experiencing homelessness are significantly challenged by the enrollment processes required for these systems, Medicaid included. These challenges include language and literacy barriers, a lack of transportation, or verifiable documentation; they all require consideration in the design of said policies and programs.

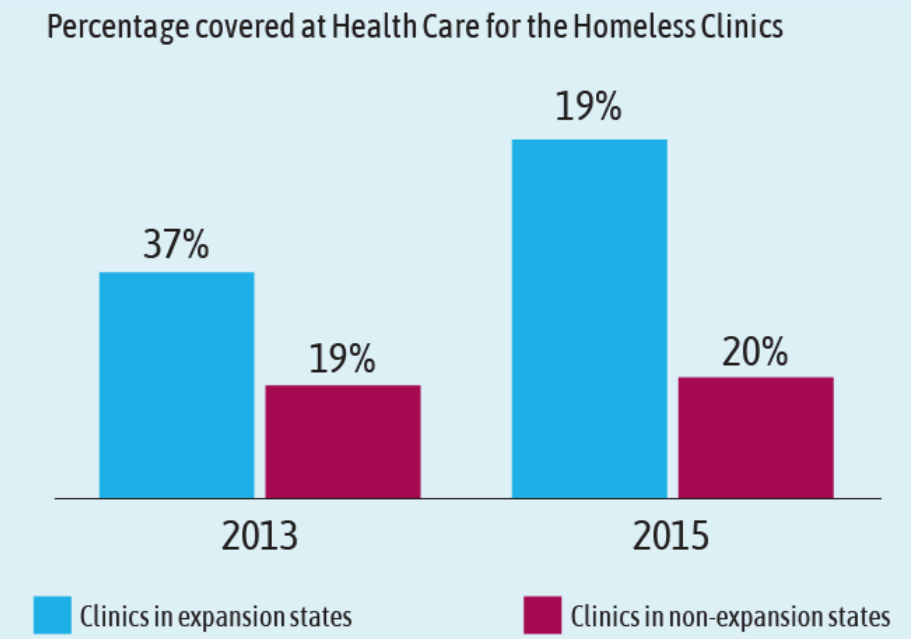


Figure 7: ***Medicaid Coverage Among People Experiencing Homelessness Rose Under ACA's Expansion*** [95]

Medicaid policies and waivers are designed and approved at a state level. For any of these policies to be successful, there must be targeted outreach and relationship-building with the homeless response system and people experiencing homelessness. There is a massive gap between the launch of a public policy and the impact on the end beneficiaries. Policy education and outreach cannot be left to the homeless response system alone, as these frontline individuals are already facing significant caseloads and capacity constraints. While some states do have statewide coalitions centered on homelessness and housing, governance of the homeless response system is generally driven by local CoCs with little state involvement, which is often opposite from the way state Medicaid funds are dispersed.

In March 2020, under the president's declaration of a national emergency due to COVID-19, CMS took action to install a continuous coverage requirement that kept states from terminating Medicaid coverage for most individuals during the pandemic. In December 2022, federal legislation declared that these policies would end on March 31, 2023, with a year-long phase down designed to ease the transition for enrollees. During this "unwinding," an estimated 18 million people were at risk of losing coverage, making this one of the largest coverage events in the history of the Affordable Care Act

[95] Center on Budget and Policy Priorities. "Taking Away Medicaid for Not Meeting Work Requirements Harms People Experiencing Homelessness." 2020. Health Brief. CBPP. https://www.cbpp.org/research/health/harm-to-people-experiencing-homelessness-from-taking-away-medicaid-for-not-meeting

(ACA).[96,97] The ACA is a comprehensive health care reform law, enacted in March 2010, that makes health insurance affordable to more people, expands Medicaid coverage and promotes innovative care delivery programs designed to lower costs.[98]

SOLUTIONS

As of this writing, 41 states (including the District of Columbia) have adopted and implemented Medicaid Expansion, which expands Medicaid coverage to all adults with incomes at or below 138% of the Federal Poverty Level (FPL) and provides states with an enhanced Federal Medical Assistance Percentage (FMAP) or federal matching rate. For a state without Medicaid Expansion, this program in and of itself is a powerful mechanism to broaden the scope of Medicaid eligibility and in return access more individuals in need. Further, there are promising results from studies that have examined whether Medicaid Expansion is a tool to prevent evictions, reduce the inflow of individuals into the homeless response system, and provide more resources for the systems servicing those facing chronic homelessness.

[96] Centers for Medicare & Medicaid Services. "CMS Takes Action Nationwide to Aggressively Respond to Coronavirus National Emergency." www.cms.gov. https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency.

[97] Guerra-Cardus, Laura, and Gideon Lukens. "Last 11 States Should Expand Medicaid to Maximize Coverage and Protect against Funding Drop as Continuous Coverage Ends | Center on Budget and Policy Priorities." Center on Budget and Policy Priorities. January 24, 2023. https://www.cbpp.org/research/health/last-11-states-should-expand-Medicaid-to-maximize-coverage-and-protect-against.

[98] Centers for Medicare & Medicaid Services. "Affordable Care Act (ACA) ." Healthcare.gov. U.S. Centers for Medicare & Medicaid Services. 2022. https://www.healthcare.gov/glossary/affordable-care-act/.

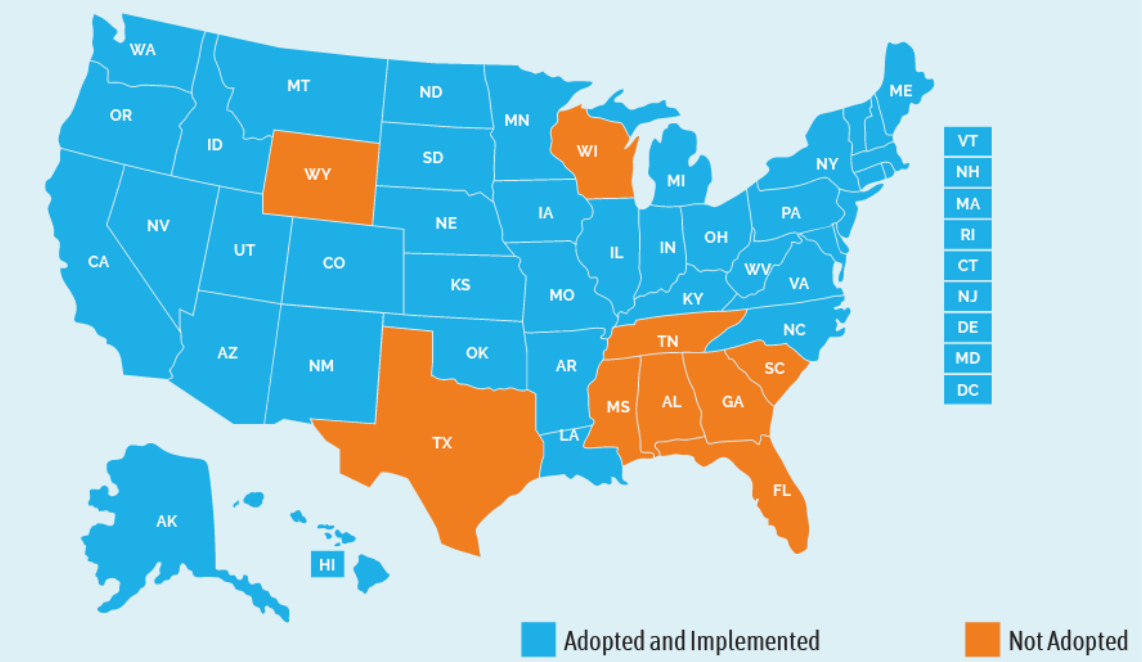


Figure 8: ***Status of State Action on the Medicaid Expansion Decision*** [99]

A study in California found results that imply that for every thousand new Medicaid enrollees in the state, Medicaid Expansion was associated with roughly twenty-two fewer evictions per year.[100]

[99] Kaiser Family Foundation. 2023. "Status of State Medicaid Expansion Decisions: Interactive Map." The Henry J. Kaiser Family Foundation. December 1, 2023. https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

[100] Allen, Heidi L., Erica Eliason, Naomi Zewde, and Tal Gross. 2019. "Can Medicaid Expansion Prevent Housing Evictions?" Health Affairs 38 (9): 1451–57. https://doi.org/10.1377/hlthaff.2018.05071.

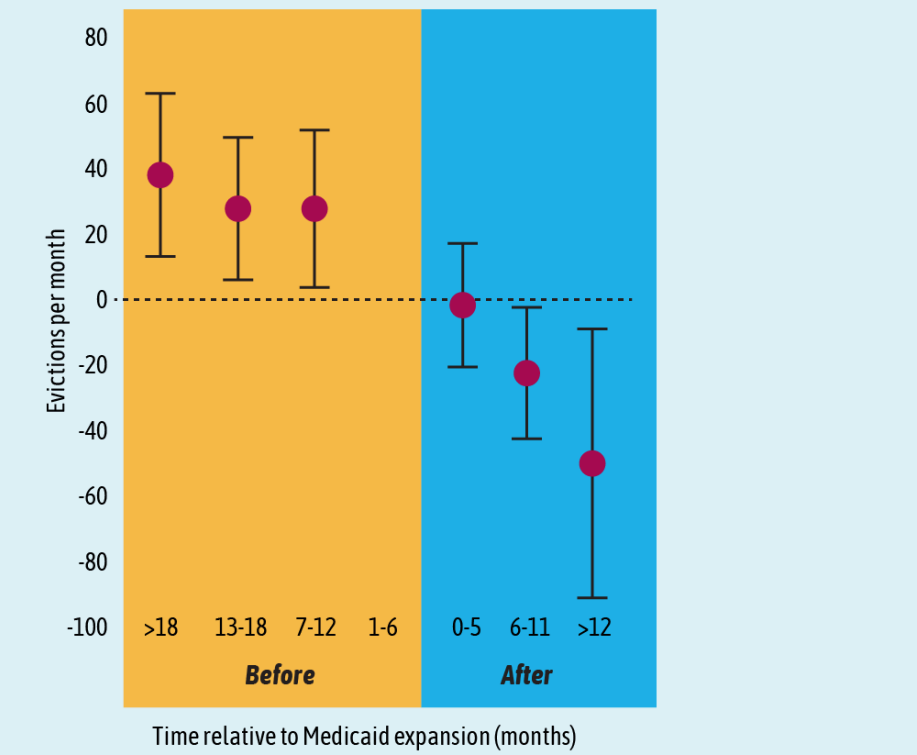


Figure 9: ***Estimated monthly number of evictions in California counties that expanded eligibility for Medicaid relative to counties that did not, by time period relative to expansion, 2008–13*** [101]

In a cohort study of 25,398 county-year observations (across 40 U.S. states) for the years 2002 through 2018, Medicaid Expansion was significantly associated with a decrease in mean number of county eviction judgments and a reduction in the rate of eviction judgments.[102]

Healthcare for the Homeless programs in states that expanded Medicaid have steadily reduced the rate of uninsured patients to 23% since the expansion went into effect in

[101] Allen, Heidi L., Erica Eliason, Naomi Zewde, and Tal Gross. 2019. "Can Medicaid Expansion Prevent Housing Evictions?" Health Affairs 38 (9): 1451–57. https://doi.org/10.1377/hlthaff.2018.05071.

[102] Linde, Sebastian, and Leonard E. Egede. 2023. "Association between State-Level Medicaid Expansion and Eviction Rates." JAMA Network Open 6 (1): e2249361. https://doi.org/10.1001/jamanetworkopen.2022.49361.

2014, while those in non-expansion states have seen only minor decreases in the rate of uninsured.[103]

As of 2024, 10 states have not adopted the ACA provision to expand Medicaid. In these remaining ten states, an estimated 1.9 million individuals fall into the coverage gap, where their income is above the FPL threshold (median in non-expansion states is 38% or $9,447 for a family of three as of 2023).[104]

ACTION

For non-expansion states, there has never been a more opportune time to consider expansion adoption. States can adopt Medicaid Expansion by passing legislation, through an executive order or as the result of a ballot initiative.

As Medicaid enrollees endure the last phase of the unwinding of the continuous enrollment provision, there exists robust data to identify the needs of low-income adults and how their insurance status was affected by the end of the public health emergency nationally. For those within the coverage gap (whose income is too low to qualify for subsidies but above the non-expansion state's threshold for Medicaid coverage), this is critically important, especially when noting that 60% of these individuals are people of color.[105]

EXAMPLES

In order for one of the remaining 10 states to implement Medicaid Expansion, after they adopt this policy, they must then submit three State Plan Amendments (SPA) to the Centers for Medicare and Medicaid Services. First, they must outline the expanded

---

[103] DiPietro, Barbara. "Five Ways Medicaid Expansion Is Helping Homeless Populations Ten Years After The ACA Became Law." Health Affairs Forefront. Februaray 27, 2020. https://www.healthaffairs.org/content/forefront/five-ways-Medicaid-expansion-helping-homeless-populations-ten-years-after-aca-became.

[104] Rudowitz, Robin, Patrick Drake, Jennifer Tolbert, and Anthony Damico. 2023. "How Many Uninsured Are in the Coverage Gap and How Many Could Be Eligible If All States Adopted the Medicaid Expansion?" KFF. March 31, 2023. https://www.kff.org/Medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-Medicaid-expansion/.

[105] Guerra-Cardus, Laura, and Gideon Lukens. "Last 11 States Should Expand Medicaid to Maximize Coverage and Protect against Funding Drop as Continuous Coverage Ends | Center on Budget and Policy Priorities." Center on Budget and Policy Priorities.

eligibility requirements. Next, they must detail the benefit package for the expansion group (those that will be newly covered). The final SPA must outline the appropriate federal match rate for these new enrollees. CMS' turnaround in approving these three SPAs varies, but informal estimates range from three weeks and beyond.

Copies of all approved SPAs related to Medicaid Expansion are available on the CMS website and accessible in a searchable database. North Carolina was the most recent state to adopt Medicaid Expansion and could serve as a template for other states to consider.

Here is North Carolina's SPA package, dated August 2023.[106] Each state will have unique requirements within the SPAs, such as highlighting the involvement of a public notice period or collecting input from Tribal Health programs. CMS is active in their partnership with states exploring these opportunities.

What are Healthcare for the Homeless programs?

Healthcare for the Homeless (HCH) is a federally-funded program, administered by the Health Resources and Services Administration (HRSA), that provides health care services to individuals experiencing homelessness. HCH programs are provided at Federally Qualified Health Centers (FQHCs).[107] In addition to health care services, HCH programs look to align medical care with case management and housing navigation services, in order to provide comprehensive, whole-person care.[108]

[106] Cooper, Roy, Kody Kinsley, and James Scott. 2023. "STATE of NORTH CAROLINA DEPARTMENT of HEALTH and HUMAN SERVICES." https://Medicaid.ncdhhs.gov/spa-23-0030-proposed-amendment-cms-Medicaid-expansion-eligibility/download?attachment.

[107] National Health Care for the Homeless Council. "So You Want to Start a Health Care for the Homeless Program." Spring 2021. https://nhchc.org/wp-content/uploads/2021/04/How-to-become-an-HCH.Final_.pdf.

[108] National Health Care for the Homeless Council."The Health Care for the Homeless Program." 2021. https://nhchc.org/wp-content/uploads/2021/04/HCH-Fact-Sheet_2021.pdf.

2. MEDICAID WAIVERS AND DEMONSTRATIONS

Medicaid can support the homeless response system to help drive reductions in homelessness and meet health-related social needs

Under the Social Security Act, states hold the ability to apply for special circumstances, where a state can waive certain Medicaid program requirements in order to cover certain populations or services that Medicaid would not otherwise cover. There are different types of waivers that grant different flexibilities; the different waivers are often referred to by numbers or number-letter combinations such as 1115, or 1915(b), which refer to the section of the Social Security Act authorizing the flexibility.

These waivers are reviewed by CMS and if granted, typically run for a five-year demonstration period. Within that period and the waiver, there are limitations on how funds are allocated, particularly on what can be spent on policy infrastructure as compared to direct care funds for members. Although a great variety of waivers exist across the United States, the primary type linked to housing and homelessness are 1115 or 1915(a) waivers.

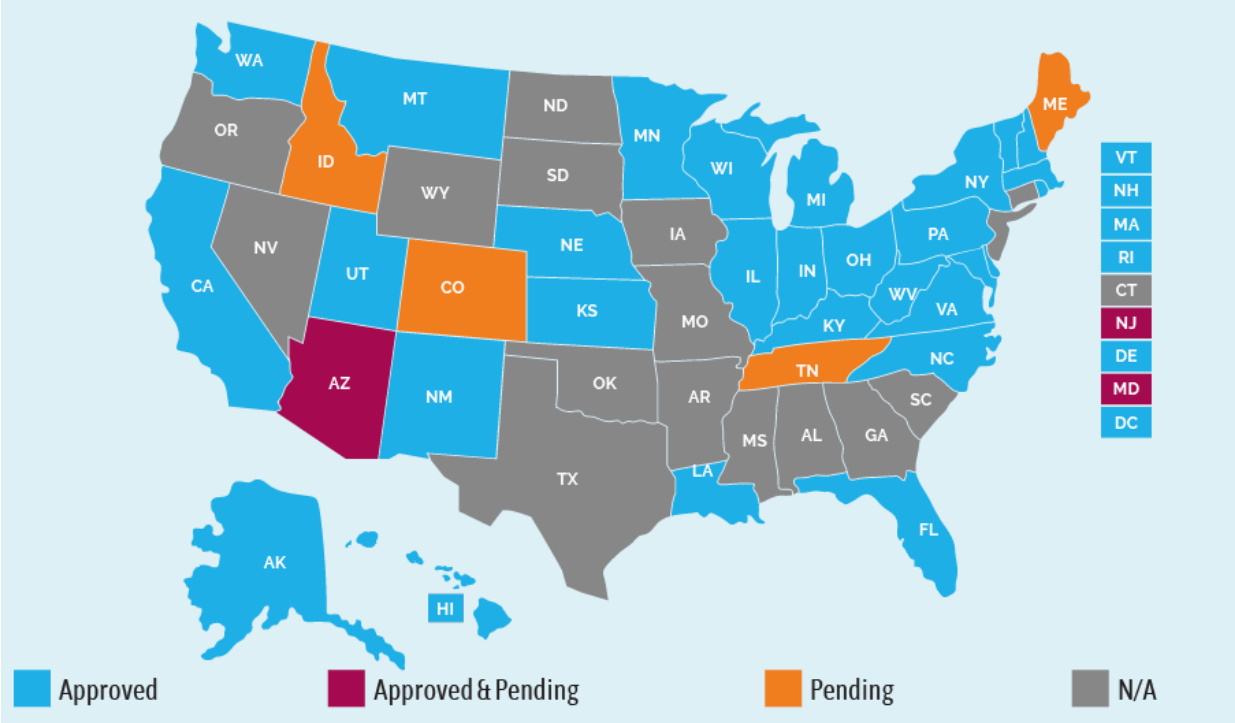


Figure 10: ***Approved and Pending Section 1115 Waivers by State*** [109]

[109] Kaiser Family Foundation, "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State." www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/

PROBLEM

Medicaid, per the statute, is not programmatically structured to allow for innovation or flexibility. Therefore, there needs to be a process that allows states, with the guidance and approval of the federal government administered by CMS, to innovate and experiment with novel ways of containing costs and providing new services to Medicaid beneficiaries, especially those with complex-care needs.

Each state varies in their population, demographics, and governance structure. These differences can be leveraged to meet the needs of people experiencing homelessness and expanding the health care services available through the homeless response system. States have the flexibility to customize their programming and design service provision that meets their citizens' specific needs.

SOLUTIONS

Under the Social Security Act, states have the ability to apply for special circumstances, where a state can waive certain Medicaid program requirements in order to cover certain populations or services that Medicaid would not otherwise cover. These waivers are reviewed by CMS and if granted, typically run for a five-year demonstration period. Within that period and the waiver, there are limitations on how funds are allocated, particularly on what can be spent on policy infrastructure as compared to direct care funds for members. Although there are a variety of waivers in use across the United States, the primary type linked to housing and homelessness are 1115 or 1915(a) waivers.

Figure 11: ***Centers for Medicare & Medicaid Services Section 1115 Demonstration Program Template*** [110]

Waivers and demonstrations tend to target specific populations using one of two grouping methodologies. First, target populations may be grouped by health conditions or circumstances, which might, for example, include diagnoses for Serious Mental Illness (SMI), Substance Use Disorder (SUD), comorbidities and/or other complex health conditions. Conversely, some waivers target groupings based on social circumstances, such as individuals transitioning from institutional settings or experiencing homelessness.

ACTION

How to apply for new Medicaid waivers

CMS is actively open for new waivers tied to Section 1115 waivers and provides multiple templates for states to complete. Their website includes a CMS Template and CMS Budget Neutrality Template, both of which support a state's application for said waivers. The fillable template requires information such as:

- Program description (goals and objectives of this demonstration)
- Demonstration eligibility (what populations will be eligible for this waiver)
- Demonstration benefits and cost-sharing requirements (explanation of how this waiver differs from existing Medicaid or CHIP plans)

[110] Centers for Medicare & Medicaid Services. "Section 1115 Demonstration Program Template." https://www.medicaid.gov/sites/default/files/2020-02/fillable-1115-demo-10-12v2.pdf.

- Delivery system and payment rates (means by which benefits will be provided to participants)
- Implementation plan (launch date and approach for managing contracts)

Health-related social needs and homelessness

As with all social determinants of health, the linkages between housing and health are complex but remain widely accepted as interconnected. Poor housing quality or conditions can contribute or worsen existing negative health outcomes and chronic conditions. Similarly, poor health conditions and insurance instability puts individuals at risk of unstable housing, particularly through challenging medical bills and increasing complexity of care needs. One potential intervention at the intersection of housing, health, and Medicaid is the inclusion of health-related social needs (HRSN) in 1115 or similar waiver demonstrations.

HRSN represent the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. As noted in a recent article in the Journal of the American Medical Association: "Unmet HRSN are often connected with worse health outcomes and higher health care spending. Interventions that address social risk have the potential to improve outcomes and reduce spending, particularly within Medicaid."[111,112]

EXAMPLES

With continued federal movement towards "whole-person" care, HRSN components to waivers align with Medicaid and CHIP. Approval of waivers in four states (**Arizona, Arkansas, Massachusetts, and Oregon**) authorize evidence-based HRSN services to

[111] Oregon Health Authority. "Patient-Centered Primary Care Home Program." https://www.oregon.gov/oha/HPA/dsi-pcpch/AdditionalResources/Health-related%20Social%20Needs%20vs%20the%20Social%20Determinants%20of%20Health.pdf.

[112] McConnell, K. John, Ruth Rowland, and Adrienne Nevola. 2023. "A Medicaid Benefit for Health-Related Social Needs." JAMA Health Forum 4 (2): e225407. https://doi.org/10.1001/jamahealthforum.2022.5407.

address food insecurity and/or housing instability for specific high-need populations.[113,114,115]

In **California**, the Department of Health Care Services (CalDHCS) launched CalAIM, a multi-year initiative to improve the quality of life and health outcomes for people experiencing homelessness by implementing a broad delivery system, program, and payment reforms across the Medi-Cal program. In their rollout of this initiative, California's CoCs have been invited to join collaboratives with other community support and service providers. Providing Access and Transforming Health (PATH) is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others, to successfully participate in the Medi-Cal delivery system, as California widely implements Enhanced Care Management and Community Supports and Justice Involved services under CalAIM. This coordinated rollout and ongoing monitoring of community programs allows CHS to continuously monitor their ambitious program and actively adjust for the needed and optimal results.[116,117]

SERVICES COVERED UNDER MEDICAID WAIVERS

States typically collect aggregate data about their focal populations or high-need groups and begin to identify the services beyond typical Medicaid care that these individuals need. States that have implemented waivers or demonstrations related to housing tend to narrow their scope onto one of the following programs:

- Pre-tenancy services
- Housing transition navigation
- One-time transition and moving costs
- Housing deposits and utility start-up costs

---

[113] Brooks-LaSure, Chiquita and Daniel Tsai. "A Strategic Vision for Medicaid And the Children's Health Insurance Program (CHIP)." *Health Affairs Forefront.* November 16, 2021. https://www.healthaffairs.org/content/forefront/strategic-vision-Medicaid-and-children-s-health-insurance-program-chip.

[114] Kaiser Family Foundation. ""Section 1115 Waiver Watch: Approvals to Address Health-Related Social Needs." KFF. November 15, 2022. https://www.kff.org/Medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/.

[115] Kaiser Family Foundation. "A Look at Recent Medicaid Guidance to Address Social Determinants of Health and Health-Related Social Needs." 2023. KFF. February 22, 2023. https://www.kff.org/policy-watch/a-look-at-recent-Medicaid-guidance-to-address-social-determinants-of-health-and-health-related-social-needs/.

[116] California Department of Health Care Services. "CalAIM Providing Access and Transforming Health Initiative." 2023. https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx.

[117] California Department of Health Care Services. "CalAIM Behavioral Health Initiative." 2023. https://www.dhcs.ca.gov/Pages/BH-CalAIM-Webpage.aspx.

- Tenancy sustaining services
- Home accessibility modifications and remediation
- Short-term rental assistance
- Post-hospitalization housing, and medical respite (*Section 1115 Demonstrations only)*

For states with pre-tenancy support services, these waivers are focused on housing navigation and connecting individuals to housing as it becomes available. These processes are integrated with local CoCs and should be implemented in partnership with the homeless response system to ensure success. The following are examples of reimbursable processes or programs under these waivers:

- Screening and assessment
- Ensuring units are safe and ready for move-in
- Arranging and supporting move-in
- Conducting a tenant screening and housing assessment that identifies the beneficiary's preferences and barriers related to successful tenancy
- Assisting with the housing application process and housing search
- Ensuring that housing units are safe and ready for move-in
- Assisting in arranging for and supporting move-in, including related transportation and moving expenses

For states with tenancy sustaining services, these waivers are focused on services and care coordination that will help newly-placed residents remain in their housing through wraparound supports, individualized care, and more. The following are examples of reimbursable processes or programs under these waivers:

- Identifying and addressing behaviors that may jeopardize housing (e.g., lease violations)
- Education and training on the role, rights, and responsibilities of the tenant and landlord
- Individualized case management and care coordination (e.g., connecting the individual with Medicaid and non-Medicaid service providers and resources)

Occasionally, demonstrations might include other services that intersect with social determinants of health that align with the needs of people experiencing homelessness. The following are examples of reimbursable processes or programs under these waivers:

- Care management and intensive care coordination
- Respite care
- Transportation (non-emergency and non-medical) and vehicle modifications
- Supported employment and supported education
- Food and nutrition (education, counseling, home-delivered meals, pantry stocking, etc.)

- Legal assistance
- Interpersonal violence services
- Peer support and family peer support

Rental assistance through 1115 waivers

Oregon's 1115 waiver, authorized through 2027, serves as a prime example of how Medicaid can support health-related social needs (HRSN) for individuals experiencing or at risk of homelessness. Specific housing services covered include rental assistance or temporary housing (rental payments, deposits, utility assistance) for up to six months, home modifications (e.g. ramps, handrails, etc.), pre-tenancy and tenancy support services, and housing-focused navigation, or case management. Under this waiver, Oregon has deemed their eligible population to be certain groups experiencing "major life transitions," which includes but is not limited to people experiencing homelessness or transitioning out of incarceration.[118]

Best practices to coordinate waivers to maximize benefits for people experiencing homelessness

As waivers and demonstrations continue to expand in their scope and range, it is imperative that state leadership finds ways to work with the needs of the homeless response system in mind or in consultation. Although each state's governance structure for homeless response varies, there are useful examples of how to improve coordination.

First, when exploring new or expanded waivers, it's imperative to aim to align eligibility criteria between housing and services. Blended and braided funding such as Medicaid programming are opportunities that require system leaders from both CMS and housing to align on shared definitions and focal populations. For example, **Minnesota**'s 1915i SPA has an eligibility definition that is focused on "functional impairments" in behavior, communication and mobility, which can be aligned with but does not require a clinical diagnosis.[119]

Next, as demonstration periods end and new waivers are proposed or considered, it's important to include people with lived experience to inform policy and programming. States should engage individuals who have had to navigate these systems, particularly those that are housing insecure or have experienced homelessness, to help co-design and stress test the key pillars of programming.

[118] Oregon Health Authority. "2022-2027 Medicaid 1115 Demonstration Application. Medicaid Policy: State of Oregon." www.oregon.gov. https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Waiver-Renewal.aspx.

[119] Minnesota Department of Human Services. "1915(i) State plan Home and Community-Based Services: Administration and Operation." 2022. https://mn.gov/dhs/assets/22-06-spa_tcm1053-514456.pdf.

Lastly, no matter the scope of the demonstration, the administrative burden on all parties is significant. It's important to identify ways to reduce complexities for enrollment (and re-enrollment) wherever possible. Housing leaders should be asked to provide feedback and pain points that have prevented or slowed the roll out of various programs. For example, **Washington** added an RFP to their plan to explicitly contract with a third-party administrative organization with expertise around training and upskilling providers in Medicaid billing and reimbursement.[120]

[120] Washington Foundational Community Supports. "Wellpoint Washington, Inc." www.provider.wellpoint.com. https://www.provider.wellpoint.com/washington-provider/patient-care/foundational-community-supports.

3. ENCAMPMENTS

How state public health agencies can inform encampment response policies

Encampments are places where a group of individuals experiencing homelessness reside that are not intended for long-term continuous occupancy.[121] Cities of all sizes have encampments of people experiencing homelessness, but they are more prevalent in the West due to favorable weather conditions and the higher rates of unsheltered homelessness in states such as California, Hawaii, and Oregon.[122] Housing unaffordability and inadequate shelter availability also contribute to the growing number of encampments. Due to the growing number of encampments, the clearing of encampments citing public health or safety concerns has become more common. Clearing of encampments have been solely left in the hands of cities and municipalities, with little to no assistance from state and federal government. Encampment clearing is often conducted without input from public health agencies.

Responses to encampments can vary depending on the balance found between the competing priorities of a diverse group of stakeholders, including encampment residents, business owners, public health and safety officials, community residents, and advocates.[123] Public health agencies play an important role in encampment response policies due to numerous services they provide, connection with state and federal government, and their advocacy efforts. California and Houston, Texas, are two locations wherein public health agencies have made a positive impact on the encampment responses.

PROBLEM

Often, encampment response falls under the purview of local agencies, so approaches and policies vary from city to city. Many encampment resolution policies are drafted without insight from public health agencies and therefore, do not take into consideration the health needs of those individuals who are living at encampments.

In addition to varying approaches to encampment resolution strategies, current encampment response policies often focus on just clearing encampments and

[121] National League of Cities. "An Overview of Homeless Encampments for City Leaders." https://www.nlc.org/resource/an-overview-of-homeless-encampments.

[122] Cohen, R., Yetvin, W., & Khadduri, J. " Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018." January 7, 2019. https://www.huduser.gov/portal/sites/default/flies/pdf/Understanding-Encampments.pdf.

[123] National League of Cities. "An Overview of Homeless Encampments for City Leaders."

throwing away any tents or temporary shelter structures. This sanitation-led approach leaves those experiencing homelessness even more vulnerable because they are left without their belongings and also a place they deem as to safe sleep. Encampment response policies and encampment clearing can also cause stigmatization and criminalization of those experiencing homelessness because law enforcement is often included in these efforts to ensure that people disperse from the encampment site. Furthermore, these response policies include state, city, or municipality funding, which can be inefficient resource allocation when addressing encampments. Clearing encampments is costly, an expense for which more cities, counties, and states lack a budget. [124]

SOLUTIONS

The involvement of state public health agencies in encampment response policies will not only make certain that policies are grounded in evidence-based practices, and prioritize the health and well-being of those experiencing homelessness, but also create a consistent statewide approach. Public health agencies can provide state and city leaders with a singular health-focused approach to addressing the needs of people living in encampments. The health-focused approach should include connection to medical care, housing navigation services, mental health support, substance use treatment, and preventive measures to control disease transmission.

State public health agencies can also help facilitate coordination with the health care system, including health care service providers, which was highlighted as a vital component of any encampment resolution strategy in a recent guidance published by the United States Interagency Council on Homelessness.[125] State public health agencies can establish response policies that will help address the underlying social determinants of health. Harm reduction strategies are critical encampment response policies, and include the provision of clean needles, education, and safer substance-use practices. Furthermore, state public health agencies can help ensure that policies are data-driven and lead to more effective targeted interventions. Overall, state public health agencies can bring expertise, resources, and health-focused encampment response policies to contribute to the broader public health goals of the state.

---

[124] Rush, Claire, Har Janie, & Casey, Michael. "Crackdowns on homeless encampments fuel debate over effective solutions."

[125] United States Interagency Council on Homelessness. "9 Strategies for Communities to Address Encampments Humanely and Effectively." 2024. https://www.usich.gov/sites/default/files/document/19%20Strategies%20for%20Communities%20to%20Address%20Encampments%20Humanely%20and%20Effectively_1.pdf.

ACTION

Whether the state is directly responsible for encampment response or the task is assumed by municipalities, state public health agencies play an important role, either through direct action or by supporting local organizations. Both situations demonstrate a need for coordinated state action, like:

- **Providing targeted funding.** By providing encampment-specific funding, states not only provide an important resource that promotes a uniform approach to encampment resolution, statewide. State public health agencies should coordinate with other relevant agencies, including housing, transportation, and emergency services, to create funding streams for encampment resolution. This funding can help address the gap that currently exists, where cities have difficulty accessing funding for encampments because housing funds typically are not able to be used for unsheltered homelessness.[126]

- **Providing guidance on best practices.** State public health agencies can promote and fund encampment resolution strategies that are effective and connect individuals to housing and other supportive community resources. Importantly, state policy can supersede local government policy, putting state health departments in a position of power to champion using a housing first and trauma-informed approach to engage with individuals living in encampments. State public health departments can help coordinate resources between municipalities and organizations working with shared goals. Lastly, state public health departments should facilitate data collection on encampment resolution strategies in order to identify successful models and support the implementation of these models across their states.

EXAMPLES

In **California**, the California Interagency Council of Homelessness (CalICH), established a $750 million grant program to support counties, CoCs, and cities in their encampment response.[127] The CalICH is a state council which oversees the

[126] Abt Associates. "Exploring Homelessness Among People Living in Encampments and Associated Cost." U.S. Department of Housing and Urban Development Office of Policy Development and Research, February 2020. https://www.huduser.gov/portal/sites/default/files/pdf/Exploring-Homelessness-Among-People.pdf.

[127] California Interagency Council on Homelessness. "Encampment Resolution Funding (ERF) Program." State of California, 2024. https://bcsh.ca.gov/calich/erf_program.html.

implementation of Housing First and other homelessness policies, with representation from the Department of Business, Consumer Services, and Housing (BCSH), the Health and Human Services (HHS) Agency, and the Public Health Department, among others.[128] This Encampment Resolution Funding Program is currently in Round 3, with Round 1 released in October 2021. The grant has some prioritization for encampments located on state-owned land (state right of way), but the funding can be used for any encampment project. Of note, the funds cannot be used for encampment clearing. Further, the funds are allocated to very specific efforts — not for widespread encampment resolution across multiple sites — which help to ensure a locally-driven response. It encourages collaboration between CalICH, municipalities, and CoCs to support a transition to stable housing. Another benefit to this funding is that all programs who receive this funding must use HMIS for reporting.[129]

Houston, Texas, is included here as an example, despite being a municipality, due to its well-developed encampment strategies. States can look at this as an example of best practices. Houston's response involved cross-sectoral collaboration within the city, including the health, police, and fire departments, as well as collaboration with homeless services providers and businesses. The city worked closely with the county as well.[130] Houston's Housing Navigation Center, a temporary emergency shelter operated by the nonprofit Harmony House, supports individuals previously living in encampments to find housing, access healthcare, and secure proper documentation, without some of the prohibitive rules that exist in traditional shelter spaces (like banning pets).[131] There are also no limits on how long an individual can stay, making it different from similar programs in other cities.[132] The Center was made possible due to intensive outreach by community organizations, which, for instance, allowed for

[128] California Interagency Council on Homelessness. "Cal ICH Council Members," 2024. https://bcsh.ca.gov/calich/council_members.html.

[129] Marshall, Meghan. "ERF-3-R Notice of Funding Availability." California Interagency Council on Homelessness, November 27, 2023. https://bcsh.ca.gov/calich/documents/erf_3r_nofa.pdf.

[130] Schuetz, R. A. "Mayors from LA, Chicago, NYC Tour Houston's Response to Homelessness." *Houston Chronicle,* August 1, 2023. https://www.houstonchronicle.com/news/houston-texas/housing/article/mayors-la-chicago-nyc-homelessness-navigation-18266206.php.

[131] Vasquez, Lucio. "Houston Closes Its Largest Homeless Encampment as Many Move to New Housing Navigation Center." *Houston Public Media.* February 10, 2023. https://www.houstonpublicmedia.org/articles/housing/2023/02/10/443255/houston-closes-its-largest-homeless-encampment-as-many-move-to-new-housing-navigation-center/.

[132] Romero, Jhair. "What's a Navigation Center? Inside Houston's Plan to Close Homeless Encampments by End of 2023." Houston Chronicle, February 11, 2023. https://www.houstonchronicle.com/news/houston-texas/housing/article/houston-homeless-navigation-center-fifth-ward-17777337.php.

individuals to be recognized by name and encampment location.[133] The Center is relatively new, opening in February 2023, with little outcomes data thus far. According to a report released in March 2023 by the Coalition for the Homeless of Houston, 41 people had found permanent housing from the Center.[134]

[133] Abt Associates. "Houston, Texas Community Encampment Report." U.S. Department of Housing and Urban Development Office of Policy Development and Research, January 2020. https://www.huduser.gov/portal/sites/default/files/pdf/Houston-Encampment-Report.pdf.

[134] Troisi, Catherine. "The Way Home Continuum of Care: 2023 Homeless Count & Survey Analysis." Coalition for the Homeless, March 2023. https://irp.cdn-website.com/2d521d2c/files/uploaded/Homeless%20Count%202023_full.pdf.

4. RESPITE CARE

Supporting Acute Health Care Outside of Hospital For People Experiencing Homelessness

Inequitable access to quality health care for people experiencing homelessness has been a persistent issue that has worsened as social inequalities have deepened, homelessness rates have increased, and health care costs have skyrocketed. One approach to addressing this issue has been the adoption and expansion of respite care, designed to provide "acute and post-acute care for individuals experiencing homelessness who are not sick enough to stay in a hospital but are too ill to recover on the streets."[135]

The challenges associated with respite care stem from its high costs, limiting the number of people it can support at any given time. Furthermore, fragmented local efforts result in inconsistent respite care availability for people experiencing homelessness. Solutions include the standardization of respite care services at the state health department level and the utilization of 1115 waivers for the development of state-led respite care programs.

PROBLEM

Respite care, a vital service for individuals experiencing homelessness, is expensive. It requires 24-hour availability of beds, regular wellness checks by medical staff, and consistent transportation to medical appointments. Additionally, it involves providing three meals a day, efficient care coordination, secure storage for personal belongings, and access to communication tools such as telephones for telehealth services.

There are currently 133 respite programs across 38 states and territories in the United States,[136] focused mainly on the East and West Coasts. These respite care programs are predominantly created and maintained by local organizations. This means that there is variability in the services offered. It is also important to know that variability is expected in order to meet the needs of the populations that the service provides for, however there needs to be a level of standardization that aligns with the standards set out by the National Institute of Medical Respite Care (NIMRC) in 2021.[137]

---

[135] National Health Care for the Homeless Council. "Medical Respite Care." https://nhchc.org/clinical-practice/medical-respite-care/.

[136] Stevens, Yolanda. "How Medical Respite Provides Support to People Experiencing Homelessness." National Alliance to End Homelessness, May 10, 2023. https://endhomelessness.org/blog/how-medical-respite-provides-support-to-people-experiencing-homelessness/.

[137] National Institute for Medical Respite Care. "Standards for Medical Respite Care Programs." https://nimrc.org/standards-for-medical-respite-programs/.

What is a Medical Respite Program?

Medical respite care is a type of short-term residential care for people experiencing homelessness that provides a safe place to recover and heal from physical illness, injuries, surgery, or other medical interventions.[138] Medical respite care is intended for people experiencing homelessness who are not ill enough to remain in the hospital but need a place to rest and recover from illness, surgery, or injuries. Medical respite programs ensure that no one is discharged to a shelter or the streets, and instead provide safe accommodations, aftercare, clinical care, and discharge planning services.[139]

SOLUTIONS

This variability in services provided and the high costs incurred underscores a significant opportunity for public health departments. They can lead the implementation of standardized, statewide respite care programs to improve the quality and consistency of the services provided. Fortunately, as mentioned above, the NIMRC has established standards that specify the expected quality and level of care, whilst offering flexibility to cater to specific communities. In addition to that, the NIMRC has created a toolkit which includes a breakdown of the different models of respite care that service providers can adopt: Coordinated Care, Coordinated Clinical Care, Integrated Clinical Care and Comprehensive Clinical Care.

To aggregate efforts to standardize the quality of respite care delivery, as well as provide sustainable mechanisms to compensate for the services provided, states can utilize a 1115 Medicaid waiver for respite care. This would provide dedicated Medicaid funding for respite care services in the state, whilst also affording states the flexibility to design and improve existing programs with the aim of improving outcomes, increasing efficiencies, and standardizing approaches. This is currently being achieved in a number of states across the U.S.

[138] National Health Care for the Homeless Council. "Medical Respite Care | National Health Care for the Homeless Council." https://nhchc.org/clinical-practice/medical-respite-care/.

[139] National Institute for Medical Respite Care. "Medical Respite Care Directory." https://nimrc.org/medical-respite-directory/.

ACTION

State public health departments can actively establish frameworks and policies mandating organizations that offer respite care to report compliance with state-recommended standards. This initiative necessitates collaboration with the state legal department to guarantee these frameworks adhere to current laws and regulations.

The engagement of insights and recommendations from stakeholders enriches the program and policy development process. This collaboration ensures the proposed standards are both practical and effective. Continuous engagement with these providers is essential, not only to gather input but also to offer guidance, best practices, and training tailored to the reporting process.

Leveraging the National Institute for Medical Respite Care (NIMRC) standards serves as a foundational blueprint in formulating these state standards. The NIMRC standards provide a robust framework ensuring that state-specific regulations align with broader national benchmarks. This alignment fosters consistency across the board, enhancing the quality and effectiveness of respite care services nationwide.

Through the Medicaid Section 1115 waiver, states are empowered to pilot innovative projects that deviate from existing federal program rules, offering a pathway to enhance funding for state respite care services, as demonstrated by California's initiative. This process mandates active engagement with provider stakeholders to co-create a proposal that addresses the needs of people experiencing homelessness who utilize these services.

Prior to submission, the proposal undergoes a comprehensive consultation period, ensuring that all relevant inputs and concerns are incorporated. Following submission, the Department enters a review and negotiation phase with the Centers for Medicare & Medicaid Services (CMS) to confirm the proposal's alignment with federal requirements, laws, and the overarching objectives. This approach ensures that the proposed innovations not only meet state-specific needs, but also adhere to national standards and goals, paving the way for enhanced respite care services tailored to the unique challenges faced by people experiencing homelessness.

EXAMPLES

California's Medicaid 1115 waiver application includes medical respite care (termed "recuperative care") as a Medicaid benefit statewide.[140] This service is essential for medical stability and involves behavioral health interventions, with a maximum duration of 90 continuous days. The funding, however, does not cover building modifications or rehabilitation. While this waiver is pending approval from the U.S. Department of Health and Human Services (at the time of writing this), it does represent a broader approach by states in considering statewide benefits for medical respite care and ways to make it sustainable.

Massachusetts has found another innovative way to prioritize medical respite services. A $5.2 million grant, funded using state resources, has been allocated to a pilot medical respite program aimed at supporting individuals experiencing homelessness. This initiative provides 40 beds for temporary housing, complete with clinical support, while assisting participants in securing long-term accommodation.[141] The program is created to enhance hospital discharge rates, shorten hospital stays, and reduce overall healthcare costs for homeless patients. Additionally, it seeks to fortify the collaboration between homelessness service providers and health care agencies.

[140] United Healthcare. "Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care," 2020. https://www.uhccommunityandstate.com/content/articles/financing-approaches-for-medical-respite-care.

[141] Massachusetts Executive Office of Health and Human Services. "Healey-Driscoll Administration Awards $5.2 Million in Grants as Part of Medical Respite Pilot Program for People Experiencing Homelessness | Mass.Gov." 2023. https://www.mass.gov/news/healey-driscoll-administration-awards-52-million-in-grants-as-part-of-medical-respite-pilot-program-for-people-experiencing-homelessness.

5. COMPLEX CARE

Leveraging partnerships to create shelter facilities that support individuals with complex care needs

Complex care is not uniformly defined by housing agencies. Generally, however, a complex care shelter refers to a shelter space designed to support individuals experiencing homelessness and chronic medical conditions, whose health needs cannot be supported at traditional shelter facilities. This fills an important gap in current homelessness services, as options for long-term supportive shelter are limited, leaving medically fragile individuals vulnerable to become more ill due to lack of housing. In Alaska, a complex care shelter, one of the first of its kind in the United States, has proven to be a sought after community resource. Cross-sector partnerships were key to identifying the gap in housing services and subsequently assembling the resources and staff to make the complex care shelter possible.

PROBLEM

There is a lack of shelter space tailored to adults experiencing homelessness who are medically complex and require more intensive care and support, but are without indication for hospitalization.[142] In turn, these individuals can become more unwell due to lack of adequate housing — reinforcing the idea of housing as health care. Traditional shelters do not have the capacity or the resources to care for individuals with increased needs, which can include elderly individuals, adults with several comorbidities, and individuals living with disabilities. Medical respite care is designed to be short-term and acute, for patients who may need extra support in transitioning out of hospital care, or for an acute flare of a chronic condition.[143] For those individuals who have chronic health conditions and need long-term support, there are few options.

SOLUTIONS

Complex care shelter facilities can fill this gap. As homelessness advocacy groups consider more and more the role of specialized shelters to reach priority populations, there is an opportunity for state public health departments to collaborate with them,

[142] National Alliance to End Homelessness. *Implementing a Complex Care Shelter: Opportunities and Lessons Learned,* 2023. https://endhomelessness.org/event/implementing-a-complex-care-shelter-opportunities-and-lessons-learned/.

[143] National Alliance to End Homelessness. *Implementing a Complex Care Shelter: Opportunities and Lessons Learned,*

serving as a liaison to the health system. Complex care shelters support individuals experiencing homelessness who are medically fragile, and offer long-term stabilization with support in managing a chronic condition. These conditions can be wide-ranging, including respiratory disease, chronic kidney disease/dialysis, immune-compromise, mental health concerns, and mobility impairment. More than providing a temporary shelter space, the services offered at complex care facilities should prioritize helping people find permanent housing, especially housing that is also tailored to their care needs. Partnerships with the private sector would also be beneficial to this end.

ACTION

The example complex care facility in Anchorage, described below, serves as a framework for key steps that should be taken to build similar facilities in other jurisdictions.

- **Leveraging partnerships.** In order to identify the gaps in housing services and address the needs, it is helpful to work together across government, private sector, and nonprofits. For example, to bring health care into shelter services, state public health departments should leverage existing relationships with health care providers, and establish trust between health care providers and housing providers. With access to HMIS data, teams are able to identify specific community needs. The physical space for the shelter can be obtained and financed through partnerships with nonprofit organizations or private entities, and partnerships can further support access to continued funding for operations.

- **Defining eligibility criteria and determining available services.** A key component of implementation is the recognition that such facilities are still emergency shelters, not assisted living facilities or long-term care homes. As such, there is no additional licensing needed, nor do they need specially-trained staff.

  Unfortunately, this does mean that individuals who are not independent with basic activities of daily living, such as toileting and eating, could not be adequately supported in complex care. For those individuals who do not meet eligibility criteria, for instance, if their care needs are too high, then pathways should exist to support finding appropriate options like assisted living. Services provided should be focused on accessing housing as well as remaining in housing. This can include case management to support applications to supportive housing, connection with primary care, and health insurance

support. Other services provided by the Anchorage facility, for instance, included laundry, food, and transportation.

EXAMPLES

The first complex care shelter in **Anchorage, Alaska**, was opened in June 2022. This converted inn has capacity for 83 people, operates 24 hours daily, and is designed for people with chronic medical conditions.[144] The shelter came out of a pilot project looking at how improvements in health care can end homelessness, with a focus on the medically fragile. It was designed locally because of the high concentration of homeless individuals in Anchorage, though a similar model can be implemented at the state level. The Alaska team used available HMIS data to identify individuals with multiple comorbidities as a priority population.

Through partnerships with businesses, landlords, philanthropy, and government, it was possible to come up with an innovative shelter solution. Here, the services focus on connection with insurance, primary care, transportation services, and appropriate housing. Given its novelty, there is not yet sufficient evidence regarding the housing and health outcomes from this shelter. In 2023, 243 individuals were served.[145] Per data from April 2023, of 132 who have exited, 27 were moved to temporary or permanent housing.[146] Still, there is a challenge given the lack of adequate available housing supply in Anchorage, so this would be the next step. Overall, this is a promising model that can serve as an example for other state public health agencies.

[144] Kim, Anna. "In Anchorage, a Complex Care Shelter Supports Medically Vulnerable People Experiencing Homelessness." *Community Solutions*, December 16, 2022. https://community.solutions/case-studies/in-anchorage-a-complex-care-shelter-supports-medically-vulnerable-people-experiencing-homelessness/.

[145] Catholic Social Services Alaska. "Complex Care," 2024. https://www.cssalaska.org/our-programs/complex-care/.

[146] National Alliance to End Homelessness. *Implementing a Complex Care Shelter: Opportunities and Lessons Learned,*

6. INPATIENT CARE

Increasing capacity at state inpatient psychiatric facilities, with a focus on safe discharge planning

Inpatient psychiatric care is one component of the continuum of care for individuals living with SMI. For the subpopulation who is also experiencing homelessness, it is especially important to recognize that homelessness can further worsen symptoms of mental illness, and contribute to hospital readmission. To support individuals experiencing homelessness who require inpatient psychiatric care, state public health departments should invest in increasing bed capacity. Quality, patient-centered care should be available to those admitted. An emphasis on ensuring housing during discharge planning, such that individuals experiencing homelessness can be best supported after leaving the hospital, can also prevent readmission and enable individuals to independently care for themselves after discharge. New York State has demonstrated a strong commitment to inpatient psychiatric care.

PROBLEM

Across the United States, there has been a major decline in the number of state psychiatric inpatient care beds since the 1970s.[147] At the same time, individuals who both experience homelessness and live with mental illness represent a vulnerable subsect of the population experiencing homelessness. Homelessness can further worsen mental health and increase substance use, and is associated with hospital readmission. It is important here to recognize the stigmatizing stereotype that mental health and substance use cause homelessness, which minimizes the bidirectional relationship between the two.[148] Further, a minority of individuals experiencing homelessness in the country also have a severe mental health illness (20%) or chronic substance use (16%).[149] These numbers are lower than generally perceived by the public or policymakers. Notably, compared to sheltered homelessness, individuals experiencing unsheltered homelessness have higher rates of physical and mental

[147] Lutterman, Ted. "Trends in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2018," From Crisis to Care. (National Association of State Mental Health Program Directors Research Institute, Inc.,) September 2022. https://www.nasmhpd.org/sites/default/files/2023-01/Trends-in-Psychiatric-Inpatient-Capacity_United-States%20_1970-2018_NASMHPD-2.pdf.

[148] Chimowitz, Hannah, and Adam Ruege. "Affirming Truths about Homelessness." *Community Solutions*, May 1, 2023. https://community.solutions/research-posts/the-truth-about-homelessness/.

[149] U.S. Department of Housing and Urban Development. "HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations," December 6, 2022. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf.

illness and substance use.[150]

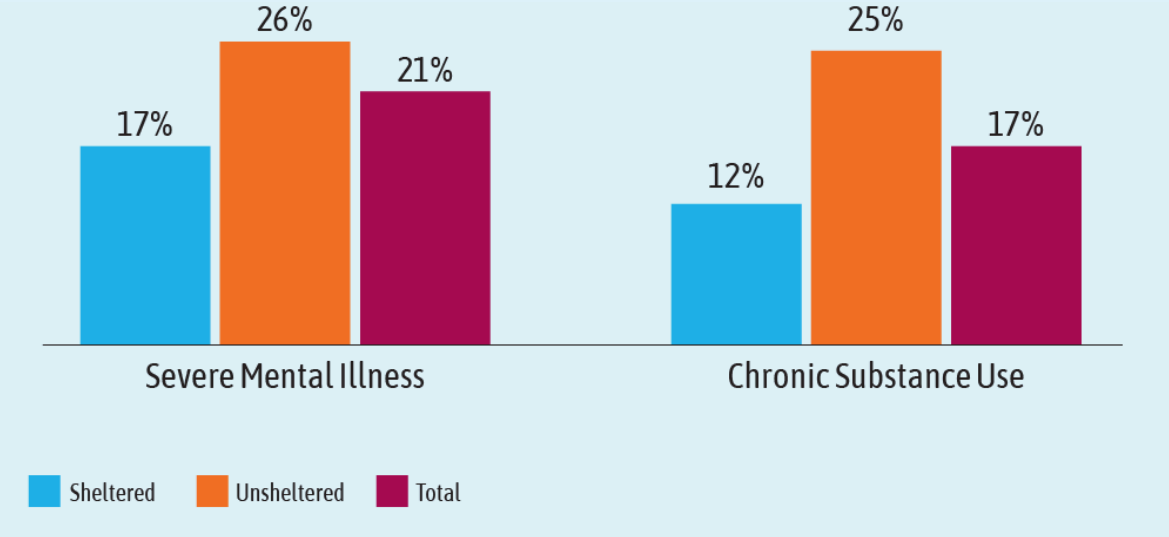


Figure 12: ***Prevalence of Behavioral Health Disorders Among People Experiencing Homelessness*** [151]

Note: *HUD defines severe mental illness as mental health problems that are expected to be of long-continued and indefinite duration and that substantially impair the person's ability to live independently. HUD defines chronic substance use as alcohol use, illicit drug use (In the original report, HUD uses the term "abuse."), or both, that is expected to be of long-continued and indefinite duration and that substantially impairs the person's ability to live independently.*

Beyond the lack of available inpatient beds to care for individuals when required for psychiatric stabilization, another challenge with inpatient care is that patients may be discharged from the hospital without adequate housing. It is difficult to provide safe discharge plans for individuals who do not have a safe place to return to. Even discharging individuals into shelter, whether for the first time or as a return, can be harmful, because shelters can have limited capacity and may not be able to provide adequate levels of support (e.g. for complex care patients).[152]

[150] Richards, Jessica, and Randall Kuhn. "Unsheltered homelessness and health: a literature review." AJPM Focus 2, No. 1 (2023): 6-7. https://www.ajpmfocus.org/article/S2773-0654(22)00041-4/fulltext.

[151] Substance Abuse and Mental Health Services Administration. "EVIDENCE-BASED RESOURCE GUIDE SERIES Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness." 2023. https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf.

[152] Baker, Charles D, Karyn E Polito, Michael Kennealy, and Marylou Sudders. "Memorandum Re: Discharge Planning Update and Protocols." *The Commonwealth of Massachusetts Executive Office of Housing & Economic Development & Executive Office of Health and Human Services,* July 2021. https://www.mass.gov/doc/ichh-letter-to-state-agency-stakeholders/download.

SOLUTIONS

State health departments can invest in more inpatient psychiatric care beds to meet the current shortage. Importantly, decision-makers should use existing data about priority populations, such identifying those with comorbidities and understanding their geographical location, to prioritize the type of care that should be available in which areas. For instance, individuals who have limited mobility or have comorbid dementia require a higher level of care, and this can be a barrier to accessing health.[153] The number of additional beds a state needs should be based on the context of each individual state.

When patients no longer require inpatient care, states should focus on safe discharge planning. Discharge planning the process of preparing a patient to leave the hospital, ideally to housing or another care setting. Housing is a crucial consideration for discharge planning; depending on the individual, it could look like placement into medical respite, support with a housing voucher, or placement with family and friends. [154] States can work together with hospitals, shelters, and housing departments to develop guidelines and recommendations for discharge planning, to assist hospital staff in finding adequate shelter or alternative housing. No one should ever be discharged onto the street and into homelessness.

ACTION

Identifying the gaps: States first should recognize the current availability of inpatient mental health care, including for substance use disorder, that exists for their residents. This can include looking at hospital reporting, such as ward capacity, and patient characteristics including housing status.

Dedicating funding: Funding should then be specifically allocated to mental health care. In general, given trends across the country, and adult inpatient psychiatric beds should be expanded. Allowing counties to use mental health funding for treatment of

[153] McBain, Ryan K., Jonathan H. Cantor, Nicole K. Eberhart, Shreya S. Huilgol, Ingrid Estrada-Darley. "Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California - 2021." Research Reports. 2022. https://www.rand.org/pubs/research_reports/RRA1824-1-v2.html.

[154] Charles D. Baker et al., "Memorandum Re: Discharge Planning Update and Protocols."

substance use disorder is one example of a funding reallocation method that can expand the reach of mental health funding.[155]

Creating guidance for discharge planning: This requires close collaboration between emergency shelters, hospitals, subacute care, and housing agencies. A guidance document created for hospital staff that includes resources, telephone numbers, and risk-scoring tools can support a safe discharge for patients.

EXAMPLES

New York State has recently made a strong commitment to mental health care. This includes 99 new state inpatient psychiatric beds, newly available as of fall 2023, with even more proposed in the budget. Additional inpatient psychiatry beds at community hospitals will also reopen, after being shut down during COVID-19, with the governor threatening consequences for hospitals that do not adhere to the reopening. Overall, inpatient care was a clear priority in New York's $1 billion dollar plan to improve the continuum of mental health care in the state.[156] The Office of Mental Health has created guidance on patient evaluation and discharge planning for individuals in inpatient psychiatric settings.[157] New York State is also developing additional bed space at a subacute level, for those who cannot be discharged safely to independent living. This includes the Transition to Home units at the Manhattan Psychiatric Center, designed specifically for individuals experiencing homelessness.[158]

[155] Ryan K. McBain et al., "Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California - 2021."

[156] Governor Kathy Hochul Press Office. "Governor Hochul Updates New Yorkers on State Efforts to Address Serious Mental Illness and Street Homelessness." New York State, October 12, 2023. https://www.governor.ny.gov/news/governor-hochul-updates-new-yorkers-state-efforts-address-serious-mental-illness-and-street.

[157] New York State Office of Mental Health, and New York State Department of Health. "Guidance on Evaluation and Discharge Practices for Article 28 and Private Article 31 Psychiatric Inpatient Units," October 20, 2023. https://omh.ny.gov/omhweb/guidance/omh-doh-evaluation-discharge-guidance.pdf.

[158] Governor Kathy Hochul Press Office, "Mental Illness and Street Homelessness."

7. OUTPATIENT CARE

Ensuring equitable, just, patient-centered psychiatric care at the outpatient level

People experiencing homelessness and mental illness often have unmet needs for care, owing to barriers including lack of transportation, health insurance, and identification. A strong outpatient care network can support individuals outside of hospitals, and provide mental health and substance use treatment. This requires community outreach, with a coordinated approach to reaching hard-to-reach populations, such as through street outreach. It can also take the form of mandatory treatment, though this comes with important considerations to ensure its safety. California's CARE Court is a novel structure of mandatory outpatient care that should be carefully implemented.

PROBLEM

As mentioned, the link between mental health and homelessness is well-established. Outpatient care is another component of the continuum of mental health care. However, individuals experiencing homelessness face barriers to adequate mental health care.[159] When outpatient care is not trauma-informed, or is difficult to access due to scheduling or transportation barriers, individuals experiencing homelessness are further marginalized, and their health at further risk. Mandatory types of outpatient care may actually contribute to unintended harms, particularly if not supported by necessary health and housing structures such as available facilities and health care staff.

SOLUTIONS

Responses to this problem have taken a range of forms, from increasing availability of voluntary mental health care to mandating care plans. For effective voluntary outpatient care, a key part is building trust with the population. Street outreach teams can be helpful in doing so, meeting individuals where they are, and building relationships to connect individuals living with homelessness with care. In addition, establishing clinics that offer mental health care within shelter spaces can make it

[159] Substance Abuse and Mental Health Services Administration (SAMHSA). "Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness." SAMHSA Publication No. PEP22-06- 02-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, 2023. https://www.samhsa.gov/resource/ebp/expanding-access-behavioral-health-services-people-experiencing-homelessness.

easier for people to access care. Care should also be multidisciplinary, including psychiatrists, social workers, counselors, case managers, and others.

Mandatory care plans provide community-based behavioral health services to individuals who are difficult to engage on a voluntary level. Stabilizing individuals living with untreated schizophrenia, for instance, can prevent hospitalizations and incarceration.[160] This must be done in a way that does not traumatize individuals further. In addition, mandated treatment plans should be available and accessible. Assisted outpatient treatment programs (AOT) are a currently widespread form of mandatory outpatient care. These programs are not designed specifically for individuals experiencing homelessness,[161] and as such the best solution would be for state health departments to work to ensure services that address housing are provided.

ACTION

Both voluntary and mandatory outpatient services require significant coordination between state health departments, housing agencies, clinical personnel, and, especially, local government. States should emphasize building a robust array of services, such that voluntary care can be offered as first-line treatment, and that any mandated care can be available in a timely manner. To do so, a state public health department can:

- **Provide support to municipalities.** Community-based outpatient care is typically established at the local level. However, states can provide both financial and instructional support to organizations who are hoping to expand effective services, like street outreach. Evaluation research on the best models of care can also be conducted at the state level.

- **Implement legislation.** Mandatory treatment programs like AOT and CARE Courts are supported by state legislation. The legislation should make clear who is eligible to enter the program, who is eligible to petition that someone enter it, and the conditions of the program, so as to minimize the possibility of abuse and maintain the rights of individuals.

---

[160] Gearing, Robin E., Micki Washburn, Jamison V Kovach, Lindamarie Olson, Kana Lastovica, Danny Clark, Andrew Robinson, et al. "Evolution of the Assisted Outpatient Treatment (AOT) Program Through the Application of a Social Work Lens," *Research on Social Work Practice*, September 19, 2023, 2, https://doi.org/10.1177/10497315231199423.

[161] Robin E Gearing et al., Evolution of AOT, 3.

EXAMPLES

California's CARE Court is a unique but also controversial example of court-ordered services for treatment of mental health conditions. It is focused on individuals with schizophrenia or other psychotic disorders, to mandate treatment and find (or maintain) housing. This program is very new, beginning only in some counties in October 2023, with a plan for every county to have implemented CARE Courts by December 2024.[162] CARE Court involves a court-ordered care plan for up to 24 months, comprised of clinical services as well as social services, such as a housing plan. If participants fail to successfully complete care plans, they may be hospitalized or referred to conservatorship.[163]

There are differences in eligibility between CARE Court and AOT.[164] For example, in AOT, there must be demonstrated negative outcomes, such as hospitalization or acts of violence. CARE Court aims to connect with people *before* these negative occurrences, to *prevent* negative outcomes. Further, CARE Court is focused on psychotic disorders, though this does not include drug-induced psychosis. More people can petition for patients to enter into CARE Court than AOT.

The program has faced criticism due to vague eligibility criteria that can be abused and the potential for racial targeting. In addition, critics are skeptical that CARE Courts will be able to address the underlying issue of access to services, given that they do not mandate *provision* of housing or behavioral health treatment.[165]

---

[162] California Department of Health Care Services. "Community Assistance, Recovery, and Empowerment Act." State of California, 2024. https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx.

[163] Governor of the State of California. "Governor Newsom's New Plan to Get Californians in Crisis off the Streets and into Housing, Treatment, and Care," March 2022. https://www.gov.ca.gov/wp-content/uploads/2022/03/Fact-Sheet_-CARE-Court-1.pdf.

[164] Burnett, Ayla. "CARE Court Adds to San Francisco's Mental Health Options. Critics Say It's Unnecessary." Medium, November 1, 2023. https://thefrisc.com/care-court-adds-to-san-franciscos-mental-health-options-critics-say-it-s-unnecessary-c8bc920e69e1.

[165] Ezell, Jerel. "The Risks for California's New Plan for the Mentally Ill." *TIME,* November 29, 2023. https://time.com/6340526/california-care-courts-homeless-mentally-ill/.

STATE
PUBLIC HEALTH & HOMELESSNESS
PLAYBOOK

Conclusion

Conclusion

State public health departments can and should play an active role in the collaborative and cross-sectoral efforts to end and prevent homelessness. Employing a public health lens to the complex challenge of homelessness allows for system-level solutions to be championed. State public health departments can leverage their resources, networks, expertise, and capacity to promote health equity by ensuring that people have safe, accessible, affordable, and stable housing available to them.

Reducing and preventing homelessness does not just impact the health and well-being of people experiencing and at risk of homelessness; the positive impacts ripple outward yielding lower health care costs and healthier communities. The cross-system work to reduce homelessness, create more affordable housing, and prevent housing instability ultimately impacts the health and well-being of entire communities, and by extension, makes the whole state healthier.

KEY TAKEAWAYS AND RECOMMENDATIONS

There is not just one way for public health departments to participate in what should be a whole of government effort to prevent and reduce homelessness. Every state is different, and these differences mean that each state will implement a different strategy to make homelessness a rare and one-time experience. In this playbook, we've highlighted best practices and practical steps that states can and should investigate as they think of how they can actively participate in their state's work to solve homelessness. The key recommendations and takeaways include:

1. **Supporting data collection and sharing.**
   Public health agencies have a transformative and catalytic role to play in the progress towards ending homelessness. State public health agencies have a unique ability to lead cross-sector and government efforts to integrate and share real-time, person-centered data that details who is experiencing homelessness throughout the state — information that has traditionally only been known to officials in the city or county that person is living in. Without this shared data, it is difficult for the health and homeless response systems to coordinate care for individuals and to drive the systems-level changes that can improve housing and health outcomes at the population level. This data coordination and integration is the key to creating effective and responsive public policy solutions that impact population and community health.

2. **Proactively defining a role for the state public health agency within the homeless service system.**
   State public health departments can bridge the gap between local homeless service delivery and population health. As the health of individuals experiencing homelessness continues to erode, and demand for affordable and accessible services continue to outpace the supply, public health officials across the nation will continue to face challenging conditions and increased demand for strong, evidence-based policies to address these issues. State public health departments can define their role in ending and preventing homelessness by hiring staff that are tasked with being proactive partners to the homeless response system. This new dedicated capacity can participate in joint programming, data sharing or matching, and coordinated cross-sector case conferencing. Additionally, public health departments can use their special powers, such as the ability to declare a public health crisis, to help build momentum to reduce and prevent homelessness as well as garner new resources to assist the homeless response system.

3. **Financing affordable housing subsidies and development.**
   Stable, affordable housing is the foundation for good health. Housing provides privacy, safety, and a reliable, consistent place to rest and recuperate. Housing can also reduce health care and social service costs. Given the relationship between

health and housing, state public health departments need to partner with other sectors to create more affordable housing. This can be achieved by using state Medicaid resources to:

- fund supportive and affordable housing rental subsidies
- finance the development of affordable housing
- incorporate public health impact assessments into the planning process for allocating federal low income housing tax credits

4. **Investing in services and supports that promote housing stability and prevent homelessness.**
   Medicaid programs and waivers are exciting opportunities for states to pilot and test innovative approaches to projects that both promote well-being and enhance access to funding and reimbursement supports to promote housing stability. State public health departments can play a critical role in crafting solutions that meet the complex needs of people experiencing unsheltered homelessness. As the unsheltered homeless population continues to grow nationally, encampments have become a critical public health challenge that requires a specific, hands-on approach that involves many more systems than just homeless response. As the average age of the population experiencing homelessness continues to creep above fifty years old, state public health departments can help create housing supports and facilities that can meet the needs of this vulnerable population, such as respite care for individuals recovering from medical care and shelters aimed at supporting and healing those individuals with complex medical cases.

State public health officials and policymakers have the opportunity to bring new resources, ideas, ways of working and capacity to the complex challenge of homelessness. By implementing the innovative strategies detailed in this brief, state public health agencies can play a vital role in solving homelessness and improving population health in their state.

Acknowledgements

This playbook was made possible because of the generosity of the Conrad N. Hilton Foundation. We thank them for their support; however, the findings and recommendations presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

Angela Ma, MD, MPH, CCFP

James Frater, MD, MPH

Ben Bradley
LaQuetta Rouser-Greer
Caitlin LaCroix
Kristin Kellogg
Kaitlyn Ranney
Sarae Lewis
Mat Poirot
Liz Novak
Liz Hersh
Taj Brown

Thank you to the following subject matter experts for sharing their time, thoughts and expertise with the Community Solutions team during the creation of this playbook:

Dr. Howard K. Koh, MD, MPH	*Harvey V. Fineberg Professor of the Practice of Public Health Leadership and the Inaugural Faculty Chair of the Initiative on Health and Homelessness at the Harvard T.H. Chan School of Public Health*
Emily E. Lazowy, MA	*Program Manager for the Initiative on Health and Homelessness at the Harvard T.H. Chan School of Public Health*
Trish Franco, Master of Social Work	*Public Health Specialist - Alaska State Division of Public Health's Homelessness Health Intervention and Prevention Unit*
Emmy Tiderington, PhD, MSW, LMSW	*Associate Professor, School of Social Work* *Associate Faculty, Institute for Health, Health Care Policy & Aging Research* *Associate Faculty, Ralph W. Voorhees Center for Civic Engagement, Edward J. Bloustein School of Planning & Public Policy* *Rutgers, The State University of New Jersey*
Devora Keller, MD, MPH	*Director of Clinical Quality Improvement, NHCHC*
Barbara DiPietro, Ph.D.	*Senior Director of Policy, NHCHC*

Acronyms and Glossary

ACRONYMS

Affordable Care Act (ACA)
Arizona Health Care Cost Containment System (AHCCCS)
Assisted outpatient treatment (AOT) programs
Business Associate Agreement (BAA)
Business Use Case Proposal (BUCP)
California Advancing and Innovating Medi-Cal (CalAIM)
California Work Opportunities and Responsibility to Kids program (CalWORKS)
California Department of Healthcare Services (DHCS)
California Department of Business, Consumer Services and Housing (BCSH)
California Health and Human Services Agency (CalHHS)
California's Medicaid program (Medi-Cal)
California Interagency Council of Homelessness (CalICH)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Children's Health Insurance Plans (CHIP)
Community Assistance, Recovery and Empowerment (CARE) Court
Community-based organizations (CBOs)
Continuum of Care (CoC)
Data Sharing Agreements (DSA)
Division of Disease Control and Public Health Response (DCPHR)
Federal Medical Assistance Percentage (FMAP)
Federal poverty level (FPL)
Federally Qualified Health Centers (FQHCs)
Frequent User Systems Engagement (FUSE) model
Health impact assessment (HIA)
Health Information Exchange (HIE)
Healthcare for the Homeless (HCH)
The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Health Resources and Services Administration (HRSA)
Health-related social needs (HRSN)
Homeless management information systems (HMIS)
Homeless Data Integration System (HDIS)
Inpatient Quality Reporting (IQR) program
Interagency Data Exchange Agreement (IDEA)
Low Income Housing Tax Credit (LIHTC)

Maricopa Association of Governments (MAG)
Michigan Department of Health and Human Services (MDHHS)
Medicaid redesign team (MRT)
National Institute of Medical Respite Care (NIMRC)
National Health Care for the Homeless Council (NHCHC)
Permanent Supportive Housing (PSH)
Providing Access and Transforming Health (PATH)
Qualified allocation plan (QAP)
Release of Information (ROI) requirements
Rural and Community Health Systems (RCHS)
Serious Mental Illness (SMI)
Social Determinants of Health (SDoH)
State of Emergency (SOE)
Supplemental Nutrition Assistance Program (SNAP)
Substance use disorder (SUD)
State Plan Amendments (SPA)
Temporary Assistance for Needy Families (TANF)
United States Core Data for Interoperability (USCDI)
United States Department of Housing and Urban Development (HUD)
United States Substance Abuse and Mental Health Services Administration (SAMHSA)
United States Department of Health and Human Services (HHS)

GLOSSARY

- **Affordable Care Act (ACA):** A comprehensive health care reform law that was enacted in March 2010 that makes health insurance affordable to more people, expands Medicaid coverage, and promotes innovative care delivery programs designed to lower costs.[166]
- **Affordable housing:** Housing that costs the inhabitant less than one-third of their income is considered affordable. Affordable housing for low-income people and families can be naturally occurring in a housing market, but more often than not, it is developed or financed using federal, state, or local subsidies to ensure that the cost of a housing unit is priced to be within the financial means of people who meet certain income criteria, set by the federal government.[167]

[166] Centers for Medicare & Medicaid Services. "Affordable Care Act (ACA) ." Healthcare.gov. U.S. Centers for Medicare & Medicaid Services. 2022. https://www.healthcare.gov/glossary/affordable-care-act/.

[167] U.S. Department of Housing and Urban Development. 2011. "HUD Archives: Glossary of Terms to Affordable Housing - HUD." Archives.hud.gov. August 18, 2011. https://archives.hud.gov/local/nv/goodstories/2006-04-06glos.cfm.

- **Arizona Health Care Cost Containment System (AHCCCS):** The state agency in Arizona that offers health care programs to eligible individuals in Arizona.[168]
- **Assisted outpatient treatment (AOT) programs:** A court-mandated intervention that provides services to adults with serious mental illness who have challenges with participating in treatment programs voluntarily. AOT programs look to promote outpatient treatment participation, reduce the use of emergency care, and decrease involvement in the criminal justice system. AOT programs can be funded by state, federal, and local resources.[169]
- **Business Associate Agreement (BAA):** A contract mandated by HIPAA Privacy Rules that outlines how a contractor to a covered health care entity will receive, create, maintain, and/or transit protected health information.[170]
- **Business Use Case Proposal (BUCP):** A concise document used in the California IDEA program that outlines the specifics of individual data exchange agreements, in order to more easily facilitate data sharing between different agencies and departments.[171]
- **California Advancing and Innovating Medi-Cal (CalAIM):** A multi-year initiative, led by the California Department of Health Care Services, to improve the quality of life and health outcomes for people experiencing homelessness by implementing a broad delivery system, program, and payment reforms across the Medi-Cal program.[172]
- **California Department of Healthcare Services (DHCS):** A department within the California Health and Human Services Agency (CalHHS) that finances and administers health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.[173]
- **California Department of Business, Consumer Services and Housing (BCSH):** A cabinet-level agency in California that is tasked with licensing and regulating over 4 million professionals, businesses, and financial services in the state; funding and facilitating the preservation and expansion of affordable housing in California;

---

[168] Arizona Health Care Cost Containment System. "AHCCCS." www.azahcccs.gov. https://www.azahcccs.gov/.

[169] Gearing, Robin E, Micki Washburn, Jamison V Kovach, Lindamarie Olson, Kana Lastovica, Danny Clark, Andrew Robinson, et al. 2023. "Evolution of the Assisted Outpatient Treatment (AOT) Program through the Application of a Social Work Lens." Research on Social Work Practice, September. https://doi.org/10.1177/10497315231199423.

[170] UNC- Chapel Hill Institutional Integrity and Risk Management. "HIPAA Business Associate Agreements (BAA)." UNC-Chapel Hill Institutional Integrity and Risk Management, Privacy Office. https://privacy.unc.edu/guidelines/baa/.

[171] California Open Data Portal. "IDEA-Instructions | Open Data Handbook." California Open Data Handbook. www.handbook.data.ca.gov. https://handbook.data.ca.gov/idea-instructions/.

[172] California Department of Health Care Services. "CalAIM Providing Access and Transforming Health Initiative." 2023. https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx.

[173] California Department of Health Care Services. "About Us | DHCS." 2019. CA.gov. 2019. https://www.dhcs.ca.gov/Pages/AboutUs.aspx.

advancing statewide collaborative efforts to prevent and end homelessness; and guarding and enforcing California's civil rights laws.[174]

- **California Health and Human Services Agency (CalHHS):** A statewide agency in California that oversees departments and offices that provide and administer health care, mental health, public health, disability, alcohol, and other substance treatment services.[175]
- **California Interagency Council of Homelessness (CalICH):** The council was created via legislation in 2017 and was tasked with coordinating and leading a comprehensive response to California's homelessness crisis. The council develops policies, administers grant programs, and identifies resources and supports services that look to prevent and reduce homelessness in the state.[176]
- **CARE courts:** California's Community Assistance, Recovery and Empowerment (CARE) court is a unique example of court-ordered services for treatment of mental health conditions. It is focused on individuals with schizophrenia or other psychotic disorders to mandate treatment and find (or maintain) housing. This program is very new, beginning only in some counties in October 2023, with a plan for every county to have implemented CARE Courts by December 2024.[177]
- **California Work Opportunities and Responsibility to Kids program (CalWORKS):** A public welfare benefit program, also known as a temporary assistance for needy families (TANF) program, that provides cash assistance and other services to eligible low-income families in California.[178]
- **Centers for Disease Control and Prevention (CDC):** The federal national public health agency, within the Department of Health and Human Services. The CDC uses a science-based, data-driven methodology to keep individuals, families and communities healthy and protect the public from health threats.[179]
- **Centers for Medicare and Medicaid Services (CMS):** The federal agency, within the U.S. Department of Health and Human Services, that oversees and administers Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.[180]

---

[174] California Business, Consumer Services and Housing Agency. "About BCSH - BCSH." State of California. https://bcsh.ca.gov/about/index.html.

[175] California Health and Human Services Agency. "California Health and Human Services." State of California. https://www.chhs.ca.gov/.

[176] California Business, Consumer Services and Housing Agency. "California Interagency Council on Homelessness (Cal ICH)." State of California. https://bcsh.ca.gov/calich/.

[177] California Department of Health Care Services. "Community Assistance, Recovery, and Empowerment Act." State of California, 2024. https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx.

[178] California Department of Social Services. "California Work Opportunity and Responsibility to Kids (CalWORKS)." State of California. https://www.cdss.ca.gov/calworks.

[179] Centers for Disease Control and Prevention. "Mission, Role and Pledge." www.cdc.gov. Centers for Disease Control and Prevention. April 29, 2022. https://www.cdc.gov/about/organization/mission.htm.

[180] Centers for Medicare and Medicaid Services. "About CMS | CMS." www.cms.gov. https://www.cms.gov/about-cms#:~:text=CMS%20is%20the%20federal%20agency.

- **Children's Health Insurance Plans (CHIP):** A health insurance program that provides low-cost coverage for low-income families that have too high of incomes to be eligible for Medicaid but are unable to afford private insurance.[181]
- **Civil emergency:** An emergency declaration from the mayor that is used to ease restrictions on the use of local resources in order to facilitate responding to an emergency within the city limits.[182]
- **Continuum of Care (CoC):** Regional or local planning bodies, designated by the U.S. Department of Housing and Urban Development, that coordinate service funding and program delivery for people and families experiencing homelessness within a specific jurisdiction.[183]
- **Community-based organizations (CBOs):** Nonprofit and non-governmental organizations that work to provide services within their local community.
- **Complex care facilities:** Complex care shelters support individuals experiencing homelessness who are medically fragile, and offer long-term stabilization with support in managing a chronic health care condition. [184]
- **Data Sharing Agreements (DSA):** A document that outlines which data components will be shared and how the data can be used.[185]
- **Division of Disease Control and Public Health Response (DCPHR):** A Colorado agency within the Department of Public Health and Environment that is responsible for ensuring that the state is prepared to respond to public health concerns and emergencies by monitoring, investigating, and controlling the causes of epidemic, communicable, and preventable diseases.[186]
- **Encampments:** Places where a group of individuals experiencing homelessness reside that are not intended for long-term continuous occupancy.[187]
- **Frequent User Systems Engagement (FUSE) model:** The FUSE model is a programmatic approach that looks to bring together various data sources to help

---

[181] Centers for Medicare and Medicaid Services. "Children's Health Insurance Program (CHIP) Eligibility Requirements." HealthCare.gov. 2018. https://www.healthcare.gov/Medicaid-chip/childrens-health-insurance-program/.

[182] Seattle Municipal Code. "Municode Library." library.municode.com. https://library.municode.com/wa/seattle/codes/municipal_code?nodeId=TIT10HESA_CH10.02CIEM_10.02.020AUMAISCEOR#:~:text=Whenever%20riot%2C%20unlawful%20assembly%2C%20insurrection.

[183] U.S. Department of Housing and Urban Development. "Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange." 2019. www.hudexchange.info. 2019. https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

[184] Kim, Anna. "In Anchorage, a Complex Care Shelter Supports Medically Vulnerable People Experiencing Homelessness." *Community Solutions*, December 16, 2022. https://community.solutions/case-studies/in-anchorage-a-complex-care-shelter-supports-medically-vulnerable-people-experiencing-homelessness/.

[185] U.S. Department of Health and Human Services. "Data Sharing Agreement." Toolkit. https://toolkit.ncats.nih.gov/glossary/data-sharing-agreement/.

[186] The Division of Disease Control and Public Health Response. "Disease Control and Public Health Response | Department of Public Health & Environment." State of Colorado. https://cdphe.colorado.gov/disease-control-and-public-health-response.

[187] National League of Cities. "An Overview of Homeless Encampments for City Leaders." https://www.nlc.org/resource/an-overview-of-homeless-encampments.

people at risk of or experiencing homelessness. FUSE identifies and works to engage and stabilize people who are high users of both the shelter system and the criminal justice system, using a Housing First model of permanent supportive housing. The program model focuses on providing housing stability and reducing the involvement of participants in the criminal justice system and other emergency service systems.[188]

- **Federal Medical Assistance Percentage (FMAP):** A formula used to help calculate the amount of funding that the federal government pays states for medical services. The FMAP is calculated by taking into account the average per capita income for each state relative to the national average. By law, the FMAP can not be less than 50%.[189]
- **Federal poverty level (FPL):** A measure of income that is used to determine eligibility for various programs and benefit programs, such as Medicaid and CHIP. The FPL is issued annually by the Department of Health and Human Services.[190]
- **Federally Qualified Health Centers (FQHCs):** A FQHC is a federally funded nonprofit health facility that provides care to medically underserved places or people.[191]
- **Health Resources and Services Administration (HRSA):** An agency under the direction of the Department of Health and Human Services tasked with supporting equitable health programs for high need communities, including low-income people, people with HIV, pregnant people, children and families, and rural communities.[192]
- **Health-related social needs (HRSN):** An individual's unmet, adverse social conditions, such as homelessness or food insecurity, that contribute to poor health.[193]
- **Homeless management information systems (HMIS):** A technology database system used by Continuums of Care to collect data regarding programs for people at risk of and experiencing homelessness, along with client-level data as well.[194]

---

[188] U.S. Department of Housing and Urban Development. "Data-driven Strategies and Client Identification, Enrollment and Cross-System Care Coordination" https://files.hudexchange.info/resources/documents/H2-Data-Driven-Strategies.pdf.

[189] Kaiser Family Foundation. "Medicaid Financing: An Overview of the Federal Medicaid Matching Rate." 2012. Kff.org. 2012. https://www.kff.org/wp-content/uploads/2013/01/8352.pdf.

[190] Centers for Medicare and Medicaid Services. "Federal Poverty Level (FPL)." HealthCare.gov. 2023. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/.

[191] Centers for Medicare and Medicaid Services. "Federally Qualified Health Center (FQHC) - HealthCare.gov Glossary." HealthCare.gov. https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc/.

[192] HRSA. "Official Website of the U.S. Health Resources & Services Administration | Who We Are." HRSA.gov. 2019. https://www.hrsa.gov/.

[193] Centers for Medicare and Medicaid Services. "A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights." 2022. https://www.cms.gov/priorities/innovation/media/document/ahcm-screeningtool-companion.

[194] U.S. Department of Housing and Urban Development."HMIS: Homeless Management Information System - HUD Exchange." 2019. www.hudexchange.info. 2019. https://www.hudexchange.info/programs/hmis/.

- **Health:** A state of complete physical, mental, spiritual, cultural, and social well-being, not merely the absence of disease or infirmity.[195]
- **Health equity:** A state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social or economic position or any other socially defined circumstance.[196]
- **Health impact assessment (HIA):** A tool that public health officials use to analyze opportunities to enhance positive health outcomes in non-health sectors, to learn how to best incorporate strategies to mitigate negative health impacts, and proactively champion activities that promote enhancing health into affordable housing investment decisions.[197]
- **Health Information Exchange (HIE):** A HIE brings together all of a patient's vital medical information as part of an electronic database, so that doctors, nurses, and other care providers can access and utilize this information efficiently and quickly, in order to provide better patient care.[198]
- **Healthcare for the Homeless (HCH):** A federally-funded program, administered by the Health Resources and Services Administration (HRSA), that provides health care services to individuals experiencing homelessness. HCH programs are provided at Federally Qualified Health Centers (FQHCs).[199]
- **The Health Insurance Portability and Accountability Act of 1996 (HIPAA):** A federal law that required the federal government to create national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.[200]
- **Healthcare x Homelessness pilot:** Community Solutions and the Institute for Healthcare Improvement launched an initiative exploring the most measurable and transformative contributions health care can make toward ending chronic homelessness in their areas. This pilot brings local health systems to partner with

---

[195] Svalastog, Anna Lydia, Doncho Donev, Nina Jahren Kristoffersen, and Srećko Gajović. 2017. "Concepts and Definitions of Health and Health-Related Values in the Knowledge Landscapes of the Digital Society." Croatian Medical Journal 58 (6): 431–35. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5778676/.

[196] Centers for Disease Control and Prevention. "What Is Health Equity?" www.cdc.gov. May 11, 2022. https://www.cdc.gov/nchhstp/healthequity/index.html.

[197] Rushing, MJM; Dills, JE; Fuller, E. "A Health Impact Assessment of the 2015 Qualified Allocation Plan for Low-Income Housing Tax Credits in Georgia." 2015. The Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University. https://ghpc.gsu.edu/download/an-hia-of-the-2015-qualified-allocation-plan-for-low-income-housing-tax-credits-in-georgia/?ind=0&filename=GA%20QAP%20HIA%20Summary%20Brief%20Final.pdf&wpdmdl=4750195&refresh=65c6c5df2fb2a1707525599.

[198] Office of the National Coordinator for Health Information Technology (ONC). HealthIT.gov. 2020. "What Is HIE? | Healthit.gov." Healthit.gov. July 24, 2020. https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie.

[199] National Health Care for the Homeless Council. "So You Want to Start a Health Care for the Homeless Program." Spring 2021. https://nhchc.org/wp-content/uploads/2021/04/How-to-become-an-HCH.Final_.pdf.

[200] Centers for Disease Control and Prevention. 2022. "Health Insurance Portability and Accountability Act of 1996 (HIPAA)." Centers for Disease Control and Prevention. June 27, 2022. https://www.cdc.gov/phlp/publications/topic/hipaa.html.

homeless response systems from five communities involved in Built for Zero and seeks to lay the groundwork to spread and scale solutions nationally.

- **Homeless:** A term used to describe the experience of an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning that they: (i) have a primary nighttime residence that is a public or private place not meant for human habitation; (ii) are living in a publicly or privately operated shelter designated to provide temporary living arrangements; or (iii) are exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.[201]
- **Homeless response system:** The coordinated approach to reduce and prevent homelessness in a community. The homeless response system is typically coordinated by local or regional Continuums of Care. An effective homeless response system should include outreach to people experiencing unsheltered homelessness, coordinated entry, targeted homelessness prevention and diversion, emergency shelter, permanent housing, and wraparound social services.[202]
- **Housing Choice Voucher:** Also known as a Section 8 program, the Housing Choice Voucher is the federal resource that subsidizes rental housing costs for low-income families and individuals.[203]
- **Housing insecurity/instability:** The state of not having stable or adequate living arrangements, especially due to risk of eviction, inability to afford the rent or because one lives in unsafe, crowded, or uncomfortable conditions.[204]
- **Housing First:** A proven homeless assistance approach that prioritizes providing permanent housing (including rental assistance vouchers, supportive housing, or other forms of affordable housing) to people experiencing homelessness, without preconditions or barriers to accessing housing that are dependent on sobriety, income, service interventions, or case management.[205]
- **Inpatient care:** Health care services provided when a person is admitted to a health care facility, like a hospital or nursing facility.[206]

---

[201] US Department of Housing and Urban Development. "HUD's Definition of Homelessness: Resources and Guidance - HUD Exchange." 2019. www.hudexchange.info. March 8, 2019. https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/.

[202] United States Interagency Council onHomelessness. "Improve Effectiveness of Homelessness Response Systems." www.usich.gov. https://www.usich.gov/federal-strategic-plan/improve-effectiveness-homelessness-response-systems#:~:text=HPS%20is%20a%20person%2Dcentered.

[203] U.S. Department of Housing and Urban Development. "Housing Choice Vouchers Fact Sheet." www.hud.gov. 2018. https://www.hud.gov/topics/housing_choice_voucher_program_section_8.

[204] US Department of Health and Human Services. "Housing Instability - Healthy People 2030 | Health.gov." 2020. Health.gov. 2020. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability.

[205] National Alliance to End Homelessness. 2022. "Housing First." National Alliance to End Homelessness. March 20, 2022. https://endhomelessness.org/resource/housing-first/.

[206] Centers for Medicare and Medicaid Services. "Inpatient Care - Glossary." HealthCare.gov. https://www.healthcare.gov/glossary/inpatient-care/.

- **Inpatient Quality Reporting (IQR) program:** A CMS program that pays hospitals to submit data on quality measures. This data is then made publicly available to promote transparency and help improve the quality of inpatient care provided at the hospital.[207]
- **Interagency Data Exchange Agreement (IDEA):** An umbrella contractual agreement, also known as a memorandum of understanding, that facilitates standardized practices for the sharing and use of data between all state entities. The IDEA strategy has been used in California to enhance the ease of data exchange to provide government services and benefits.[208]
- **Low Income Housing Tax Credit (LIHTC):** The leading way the federal government finances the development and preservation of affordable housing. This program provides approximately $9 billion in budget authority to state and local governments to issue tax credits to private investors, and the equity from that sale is used as an indirect subsidy to finance qualifying affordable housing developments. The equity helps lower the project expenses because it is a less-expensive form of capital than bank loans or other mortgage financing vehicles.[209,210]
- **Maricopa Association of Governments (MAG):** A regional agency that conducts planning and engages in policymaking for an area that consists of 27 cities and towns, 3 Native nations, Maricopa County, and portions of Pinal County.[211]
- **Medicaid:** A joint federal and state program, enacted as Title XIX of the Social Security Act of 1965, that helps cover medical costs for some people with limited incomes and financial resources. The federal government has general rules that all state Medicaid programs must follow. Each state administers its own Medicaid program, and therefore different aspects of the Medicaid program such as eligibility requirements and benefits can vary from state to state.[212]

---

[207] Centers for Medicare and Medicaid Services. "Hospital Inpatient Quality Reporting Program | CMS." 2023. www.cms.gov. September 6, 2023. https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-reporting-program.

[208] "Interagency Data Exchange (IDEA) Guidebook - Interagency Data Exchange (IDEA) Guidebook." 2022. CA.gov. 2022. https://docs.data.ca.gov/interagency-data-exchange-idea-guidebook/.

[209] Payton Scally, Corinne, Amanda Gold, and Nicole Dubois. "The Low-Income Housing Tax Credit: How It Works and Who It Serves." 2018. Research Report. The Urban Institute. https://www.urban.org/sites/default/files/publication/98758/lithc_how_it_works_and_who_it_serves_final_2.pdf.

[210] U.S. Department of Housing and Urban Development. "Low-Income Housing Tax Credits | HUD USER." 2015. Office of Policy Development and Research. Huduser.gov. 2015. https://www.huduser.gov/portal/datasets/lihtc.html.

[211] Maricopa Association of Governments. "About Maricopa Association of Governments." www.azmag.gov. https://azmag.gov/About-Us/About-MAG.

[212] U.S. Department of Health and Human Services. 2022. "What Is the Difference between Medicare and Medicaid?" HHS.gov. October 2, 2022. https://www.hhs.gov/answers/medicare-and-Medicaid/what-is-the-difference-between-medicare-Medicaid/index.html.

- **Medicare**: A federal health insurance program for people 65 or older, and some people under 65 with certain qualifying disabilities or conditions. The Centers for Medicare & Medicaid Services, a federal agency, administers Medicare. [213]
- **Medicaid Waivers:** By using a Medicaid waiver, a state can waive certain Medicaid program requirements and therefore the program can cover populations or services that Medicaid would not otherwise cover. There are different types of waivers that grant different flexibilities; the different waivers are often referred to by numbers or number-letter combinations such as 1115, or 1915(b), which refer to the section of the Social Security Act authorizing the flexibility.[214]
- **Medi-Cal:** California's Medicaid program that provides medical services to low-income people at little or no cost. It is administered by the Centers for Medicare and Medicaid Services (CMS) and the California Department of Health Care Services (DHCS).[215]
- **Medicaid Expansion:** A component of the Affordable Care Act allows states to expand Medicaid coverage to all adults with incomes at or below 138% of the Federal Poverty Level (FPL) and provides states with an enhanced Federal Medical Assistance Percentage (FMAP) or federal matching rate. As of February 2024, 41 states (including the District of Columbia) have adopted and implemented Medicaid Expansion.[216]
- **Medicaid redesign team (MRT):** A taskforce that was created to create a strategy and budget plan for how to address health care quality and cost issues in New York State.[217]
- **Medical Respite:** A type of short-term residential care for people experiencing homelessness that provides a safe place to recover and heal from physical illness, injuries, surgery, or other medical interventions.[218] Medical respite care is intended for people experiencing homelessness who are not ill enough to remain in the hospital but need a place to rest and recover from illness, surgery, or injuries. Medical respite programs ensure that no one is discharged to a shelter or the streets and instead

---

[213] U.S. Department of Health and Human Services. 2022. "What Is the Difference between Medicare and Medicaid?" HHS.gov. October 2, 2022. https://www.hhs.gov/answers/medicare-and-Medicaid/what-is-the-difference-between-medicare-Medicaid/index.html.

[214] The Medicaid and CHIP Payment and Access Commission. "Waivers." MACPAC. https://www.macpac.gov/Medicaid-101/waivers/.

[215] "Medi-Cal California Medicaid | Health for California." Health for California Insurance Center. https://www.healthforcalifornia.com/covered-california/health-insurance-companies/medi-cal?gclid=CjwKCAiAivGuBhBEEiwAWiFmYbcZoaqFVxdYbv2GBhYIsAx-6BFVI6WwvS3ELVyGy9nXgtpDNNLCIRoClZoQAvD_BwE.

[216] Kaiser Family Foundation. 2023. "Status of State Medicaid Expansion Decisions: Interactive Map." The Henry J. Kaiser Family Foundation. December 1, 2023. https://www.kff.org/Medicaid/issue-brief/status-of-state-Medicaid-expansion-decisions-interactive-map/.

[217] New York State Department of Health. "Redesigning New York's Medicaid Program." www.health.ny.gov. 2017. https://www.health.ny.gov/health_care/Medicaid/redesign/aboutmrt.htm.

[218] National Health Care for the Homeless Council. "Medical Respite Care | National Health Care for the Homeless Council." https://nhchc.org/clinical-practice/medical-respite-care/.

provide safe accommodations, aftercare, clinical care, and discharge planning services.[219]

- **Michigan Department of Health and Human Services (MDHHS):** An agency tasked with leading public benefit administration, child, family and adult welfare services, and health policy in the state of Michigan.[220]
- **National Institute of Medical Respite Care (NIMRC):** A special initiative of the National Health Care for the Homeless Council whose primary focus is on expanding medical respite care programs in the United States.[221]
- **National Health Care for the Homeless Council (NHCHC):** A national nonprofit organization that helps build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.[222]
- **Non-Title XIX/XXI funds:** Resources that are non-title XIX/XXI funds are appropriated from the state general fund and do not contain federal dollars. Title XIX/XXI is the section of the Social Security Act of 1965 that pertains to the Medicaid and CHIP programs.[223]
- **Outpatient care:** Medical care that does not necessitate staying overnight in a hospital or health care facility.[224]
- **Population health:** The health status and health outcomes within a group of people rather than considering the health of one person at a time.[225]
- **Providing Access and Transforming Health (PATH):** A five-year, $1.85 billion initiative in California that looks to build the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management and Community Supports and Justice Involved services under CalAIM.[226]

---

[219] National Institute for Medical Respite Care. "Medical Respite Care Directory." https://nimrc.org/medical-respite-directory/.

[220] Michigan Department of Health and Human Services. "MDHHS." 2016. Michigan.gov. 2016. https://www.michigan.gov/mdhhs.

[221] "What Is NIMRC?" n.d. National Institute for Medical Respite Care. Accessed February 28, 2024. https://nimrc.org/aboutus/.

[222] "Who We Are | National Health Care for the Homeless Council." n.d. https://nhchc.org/who-we-are/.

[223] Social Security Administration. "Medicaid and CHIP Payment and Access Commission." www.ssa.gov. https://www.ssa.gov/OP_Home/ssact/title19/1900.htm.

[224] Centers for Medicare and Medicaid Services. "Hospital Outpatient Care - Glossary." n.d. HealthCare.gov. https://www.healthcare.gov/glossary/hospital-outpatient-care/.

[225] New York State Department of Health. "What Is Population Health?" https://www.health.ny.gov/events/population_health_summit/docs/what_is_population_health.pdf.

[226] California Department of Health Care Services. "CalAIM Providing Access and Transforming Health Initiative." 2023. https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx.

- **Public Health:** The art and science of prolonging life at a community and population level through large-scale solutions, preventative measures and data-informed policies.[227]
- **Public Health Crisis:** A situation or event that poses a significant threat to the health and well-being of a community, region, or a large number of people.[228] According to Dr. Sandro Galea, the dean of the Boston University School of Public Health, three criteria must be met for an issue to be considered a public health crisis. The problem must: 1) affect a large number of people, 2) threaten health over the long term, and 3) require large-scale solutions.[229]
- **Public Health Department:** Oversees the health, safety, and well-being of the citizens within a specific jurisdiction or community, using science-based, evidence-backed approaches and programming.[230]
- **Qualified allocation plan (QAP):** A federally-mandated document that outlines the criteria that determine how a state allocates its Low Income Housing Tax Credits to eligible housing development projects.[231]
- **Release of Information (ROI) requirements:** The rules and procedures that govern accessing protected health care information and authorizing the sharing of medical records.[232]
- **Rural and Community Health Systems (RCHS):** A department within the Alaska Division of Public Health that provides direction and identifies long-term public health strategies as part of a larger effort to reduce the number of people experiencing homelessness in communities throughout Alaska.[233]
- **Shelter crisis:** A situation in which a significant number of persons are without the ability to obtain shelter, which results in a threat to their health and safety.[234]

---

[227] Baba, Zeinab, Stephanie Belinske, and Donald Post. 2018. "Public Health, Population Health, and Planning": Delaware Journal of Public Health 4 (2): 14–18. https://doi.org/10.32481/djph.2018.03.004.

[228] "Report: Engagement between Local Public Health and Homeless Response Systems." Community Solutions. https://community.solutions/research-posts/report-engagement-between-local-public-health-and-homeless-response-systems/.

[229] Galea, Sandro. "Crying 'Crisis.'" www.bu.edu. BU School of Public Health. April 23, 2017. https://www.bu.edu/sph/news/articles/2017/crying-crisis/.

[230] American Public Health Association. 2020. "What Is Public Health?" American Public Health Association. 2020. https://www.apha.org/what-is-public-health.

[231] Gramlich, Ed. "Qualified Allocation Plan of Regulatory Affairs, National Low Income Housing Coalition Advocates' Guide -1 -National Low Income Housing Coalition." https://www.nhlp.org/wp-content/uploads/2018/04/NLIHC-QAP.pdf.

[232] U.S. Department of Health and Human Services. "FAQs." n.d. HHS.gov. https://www.hhs.gov/hipaa/for-professionals/faq/authorizations/index.html.

[233] "Public Health Specialist 2 (PCN 16N23022, Homelessness Public Health Coordinator) Job Opening in Anchorage, AK at State of Alaska." Salary.com. https://www.salary.com/job/state-of-alaska/public-health-specialist-2-pcn-16n23022-homelessness-public-health-coordinator/j202211110215541222941.

[234] National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016.

- **Serious Mental Illness (SMI):** A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more life activities.[235]
- **State of Emergency (SOE):** A crisis or disaster in which a government suspends normal operating procedures in order to take urgent action. Homelessness SOEs typically allow for a more flexible usage of funding, reducing regulatory barriers, and devoting additional funds to the problem.[236]
- **State Plan Amendments (SPA):** A document outlining a planned change to a state's Medicaid or CHIP program, which is submitted for review and approval to the Centers for Medicare and Medicaid.[237]
- **Social Determinants of Health (SDOH):** The array of conditions in the environments where people are born, live, learn, work, play, worship, and age that influence a vast spectrum of health, functioning, and quality-of-life outcomes and risks.[238]
- **Social Security Act of 1965:** Federal legislation enacted July 30, 1965, which included provisions that created two health insurance programs for low-income and elderly people, Medicare and Medicaid.[239]
- **Substance use disorder (SUD):** A treatable mental disorder that affects a person's brain and behavior, which leads to their inability to control or moderate their use of substances. Addiction is the most severe form of SUD.[240]
- **Supportive Housing (SH):** A type of permanent, affordable housing accommodation that is paired with onsite social services. People who live in supportive housing are able to access case management and other forms of coordinated assistance that help them access health care, counseling, and other services that support housing stability. Many tenants in supportive housing have previously experienced homelessness and have complex medical or mental health needs.[241]

---

[235] National Institute of Mental Health. "Mental Illness." National Institute of Mental Health (NIMH). March 2023. https://www.nimh.nih.gov/health/statistics/mental-illness.

[236] National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016. http://nhchn.org/wp-content-uploads/2019/08/homeless-states-of-emergency-advocacy-strategies-to-advance-permanent-solutions.pdf.

[237] Centers for Medicare and Medicaid Services. "Medicaid State Plan Amendments | Medicaid.gov." www.medicaid.gov. https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html.

[238] OFFICE OF SCIENCE AND TECHNOLOGY POLICY, D. P. C. *THE U.S. PLAYBOOK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH*; 2023. https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-3.pdf.

[239] National Archives. "Medicare and Medicaid Act (1965)." National Archives. October 5, 2021. https://www.archives.gov/milestone-documents/medicare-and-medicaid-act.

[240] National Institute of Mental Health. 2021. "Substance Use and Co-Occurring Mental Disorders." National Institute of Mental Health (NIMH). 2021. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Occurring%20Mental%20Disorders-.

[241] The Corporation for Supportive Housing. "Supportive Housing 101: What is Supportive Housing." CSH. https://www.csh.org/supportive-housing-101/.

- **Supplemental Nutrition Assistance Program (SNAP):** A federal benefits program that provides funding to low-income families to help them afford groceries and nutritious food essentials.[242]
- **Temporary Assistance for Needy Families (TANF):** A federal benefits program that is administered by states and provides low-income families with assistance, social services, and programs to help them meet their basic needs.[243]
- **Theory of change:** A theory of change is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.[244]
- **Tribal Health programs:** Programming that is focusing on serving American Indian/Alaska Native individuals and families. More than one million American Indian/Alaska Native people are enrolled in health care coverage through Medicaid and CHIP. There are special protections for American Indian/Alaska Native people enrolled in these programs, which include no-cost sharing and special eligibility determination rules.[245]
- **U.S. Core Data for Interoperability (USCDI):** A standardized set of health and constituent data elements for nationwide, interoperable health information exchange. [246]
- **U.S. Department of Housing and Urban Development (HUD):** A federal department that is responsible for national housing and community development policy and programs, including programs that reduce and prevent homelessness and enforcement of fair housing laws.[247]
- **U.S. Substance Abuse and Mental Health Services Administration (SAMHSA):** An agency within the U.S. Department of Health and Human Services that leads public health efforts to promote mental health and improve the lives of people living with mental and substance use disorders, and their families.[248]

---

[242] U.S. Department of Agriculture. "Supplemental Nutrition Assistance Program (SNAP) | USDA-FNS." www.usda.gov. USDA. 2018. https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.

[243] Digital Communications Division (DCD). 2015. "What Is TANF?" HHS.gov. Us. Department of Health and Human Services. August 21, 2015. https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html.

[244] Center for Theory of Change."What Is A Theory of Change? | Theory of Change Community." Theory of Change Community. 2023. https://www.theoryofchange.org/what-is-theory-of-change/.

[245] Centers for Medicare and Medicaid Services. "Medicaid and Indian Health | CMS." www.cms.gov. https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/medicaid-indian-health.

[246] The Office of the National Coordinator for Health Information Technology (ONC). "United States Core Data for Interoperability." www.HealthIT.gov. https://www.healthit.gov/sites/default/files/page2/2020-03/USCDI.pdf.

[247] U.S. Department of Housing and Urban Development. "Q and a about HUD | HUD.gov / U.S. Department of Housing and Urban Development (HUD)." www.hud.gov. https://www.hud.gov/about/qaintro#:~:text=The%20Department%20of%20Housing%20and%20Urban%20Development%20is%20the%20Federal.

[248] Substance Abuse and Mental Health Services Administration (SAMHSA). "Who We Are | SAMHSA - Substance Abuse and Mental Health Services Administration." www.samhsa.gov. May 13, 2013. https://www.samhsa.gov/about-us/who-we-are.

- **U.S. Department of Health and Human Services (HHS):** A federal department that works to enhance the health and well-being of Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.[249]

[249] U.S. Department of Health and Human Services. "About HHS." HHS.gov. March 18, 2016. https://www.hhs.gov/about/index.html.

Works Cited

"The 2023 Annual Homelessness Assessment Report (AHAR) to Congress." December 2023. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf.

Abt Associates. "Exploring Homelessness Among People Living in Encampments and Associated Cost." U.S. Department of Housing and Urban Development Office of Policy Development and Research, February 2020. https://www.huduser.gov/portal/sites/default/files/pdf/Exploring-Homelessness-Among-People.pdf.

Abt Associates. "Houston, Texas Community Encampment Report." U.S. Department of Housing and Urban Development Office of Policy Development and Research, January 2020. https://www.huduser.gov/portal/sites/default/files/pdf/Houston-Encampment-Report.pdf

Aidala, Angela, William Mcallister, Maiko Yomogida, and Virginia Shubert. "FREQUENT USERS SERVICE ENHANCEMENT 'FUSE' INITIATIVE NEW YORK CITY FUSE II EVALUATION REPORT." https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf.

Alderman, Michelle J. M. Rushing, James E. Dills, Leigh. 2018. "Reshaping Housing Policy with a Health Lens." Shelterforce. February 13, 2018. https://shelterforce.org/2018/02/13/reshaping-housing-policy-health-lens/.

Allen, Heidi L., Erica Eliason, Naomi Zewde, and Tal Gross. 2019. "Can Medicaid Expansion Prevent Housing Evictions?" Health Affairs 38 (9): 1451–57. https://doi.org/10.1377/hlthaff.2018.05071.

American Public Health Association. 2020. "What Is Public Health?" American Public Health Association. 2020. https://www.apha.org/what-is-public-health.

Arizona Health Care Cost Containment System. "AHCCCS." www.azahcccs.gov. https://www.azahcccs.gov/.

Arizona Health Care Cost Containment System. "AHCCCS Housing Programs." 2021. www.azahcccs.gov. 2021. https://www.azahcccs.gov/AHCCCS/Initiatives/AHP/.

Arizona Health Care Cost Containment System. *AHCCCS Housing and Health Opportunities (H2O) 1115 Waiver Amendment Request*. 2021. https://www.azahcccs.gov/Resources/Downloads/HousingWaiverRequest/AHCCCSHousingHealthOpportunitiesH2OWaiverAmendment.pdf.

Baba, Zeinab, Stephanie Belinske, and Donald Post. 2018. "Public Health, Population Health, and Planning": Delaware Journal of Public Health 4 (2): 14–18. https://doi.org/10.32481/djph.2018.03.004.

Bailey, Peggy. 2020. *Review of Housing and Health Partners Can Work Together to Close the Housing Affordability Gap.* Center on Budget and Policy Priorities. January 17, 2020. https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability#_ftn17.

Baker, Charles D, Karyn E Polito, Michael Kennealy, and Marylou Sudders. "Memorandum Re: Discharge Planning Update and Protocols." *The Commonwealth of Massachusetts Executive Office of Housing & Economic Development & Executive Office of Health and Human Services,* July 2021. https://www.mass.gov/doc/ichh-letter-to-state-agency-stakeholders/download.

Bonaguro, Joy. "A Better Way to Share Data." The State of CalData. October 2022. https://medium.com/caldata/a-better-way-to-share-data-571e17c336ce.

Boston Medical Center. "Experiencing homelessness for longer than six months can cause significant damage to a child." ScienceDaily. www.sciencedaily.com/releases/2018/09/180903101732.html.

Brooks-LaSure, Chiquita and Daniel Tsai. "A Strategic Vision for Medicaid And the Children's Health Insurance Program (CHIP)." Health Affairs Forefront. November 16, 2021. https://www.healthaffairs.org/content/forefront/strategic-vision-Medicaid-and-children-s-health-insurance-program-chip.

Build Healthy Places Network. "Using Housing Tax Credits to Invest in Well-Being." 2016. August 4, 2016. https://www.buildhealthyplaces.org/sharing-knowledge/blogs/expert-insights/using-housing-tax-credits-invest-well/.

Burnett, Ayla. "CARE Court Adds to San Francisco's Mental Health Options. Critics Say It's Unnecessary." Medium, November 1, 2023. https://thefrisc.com/care-court-adds-to-san-franciscos-mental-health-options-critics-say-it-s-unnecessary-c8bc920e69e1.

California Business, Consumer Services and Housing Agency. "About BCSH - BCSH." State of California. https://bcsh.ca.gov/about/index.html.

California Business, Consumer Services and Housing Agency. "California Interagency Council on Homelessness (Cal ICH)." State of California. https://bcsh.ca.gov/calich/.

California Department of Health Care Services. "About Us | DHCS." State of California. 2019. https://www.dhcs.ca.gov/Pages/AboutUs.aspx.

California Department of Health Care Services. "CalAIM Behavioral Health Initiative." State of California. 2023. https://www.dhcs.ca.gov/Pages/BH-CalAIM-Webpage.aspx.

California Department of Health Care Services. "CalAIM Providing Access and Transforming Health Initiative." State of California. 2023. https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx.

California Department of Health Care Services. "Community Assistance, Recovery, and Empowerment Act." State of California, 2024. https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx.

California Department of Social Services. "California Work Opportunity and Responsibility to Kids (CalWORKS)." State of California. https://www.cdss.ca.gov/calworks.

California Health and Human Services Agency. "California Health and Human Services." State of California. https://www.chhs.ca.gov/.

California Interagency Council on Homelessness. "Cal ICH Council Members," State of California. 2024. https://bcsh.ca.gov/calich/council_members.html.

California Interagency Council on Homelessness. "Encampment Resolution Funding (ERF) Program." State of California, 2024. https://bcsh.ca.gov/calich/erf_program.html.

California Open Data Portal. "IDEA-Instructions | Open Data Handbook." California Open Data Handbook. www.handbook.data.ca.gov. https://handbook.data.ca.gov/idea-instructions/.

California State Association of Counties. "Declaration of Shelter Crisis Code Section." https://www.counties.org/sites/main/files/file-attachments/declaration_of_shelter_crisis_code_section.docx.

Catholic Social Services Alaska. "Complex Care," 2024. https://www.cssalaska.org/our-programs/complex-care/.

Centers for Disease Control and Prevention. 2022. "Health Insurance Portability and Accountability Act of 1996 (HIPAA)." Centers for Disease Control and Prevention. June 27, 2022. https://www.cdc.gov/phlp/publications/topic/hipaa.html.

Centers for Disease Control and Prevention. "Homelessness & Health." 2023. www.cdc.gov. April 17, 2023. http://www.cdc.gov/orr/science/homelessness/index.html.

Centers for Disease Control and Prevention. "Medicaid - Health, United States." 2022. www.cdc.gov. August 8, 2022. https://www.cdc.gov/nchs/hus/sources-definitions/Medicaid.htm.

Centers for Disease Control and Prevention. "Mission, Role and Pledge." www.cdc.gov. Centers for Disease Control and Prevention. April 29, 2022. https://www.cdc.gov/about/organization/mission.htm.

Centers for Disease Control and Prevention. "What Is Health Equity?" www.cdc.gov. May 11, 2022. https://www.cdc.gov/nchhstp/healthequity/index.html.

Center for Human Services Research, University at Albany, "MRT Supportive Housing Evaluation: Enrollment in Supportive Housing Results in Significantly Greater Cross-Sector Cost Savings than "Treatment as Usual"" (2022). Health and Healthcare Services Reports and Research Briefs. 20. https://scholarsarchive.library.albany.edu/chsr-hhs-reports-and-briefs/20.

Centers for Medicare and Medicaid Services. "About CMS | CMS." www.cms.gov. https://www.cms.gov/about-cms#:~:text=CMS%20is%20the%20federal%20agency.

Centers for Medicare and Medicaid Services. "Affordable Care Act (ACA) ." Healthcare.gov. U.S. Centers for Medicare & Medicaid Services. 2022. https://www.healthcare.gov/glossary/affordable-care-act/.

Centers for Medicare and Medicaid Services. "Children's Health Insurance Program (CHIP) Eligibility Requirements." HealthCare.gov. 2018. https://www.healthcare.gov/Medicaid-chip/childrens-health-insurance-program/.

Centers for Medicare and Medicaid Services. "CMS Takes Action Nationwide to Aggressively Respond to Coronavirus National Emergency." www.cms.gov. https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency.

Centers for Medicare and Medicaid Services. "Federal Poverty Level (FPL)." HealthCare.gov. 2023. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/.

Centers for Medicare and Medicaid Services. "Federally Qualified Health Center (FQHC) - HealthCare.gov Glossary." HealthCare.gov. https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc/.

Centers for Medicare and Medicaid Services. "A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights." 2022. https://www.cms.gov/priorities/innovation/media/document/ahcm-screeningtool-companion.

Centers for Medicare and Medicaid Services. "Hospital Inpatient Quality Reporting Program | CMS." 2023. www.cms.gov. September 6, 2023. https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-reporting-program.

Centers for Medicare and Medicaid Services. "Hospital Outpatient Care - Glossary." n.d. HealthCare.gov. https://www.healthcare.gov/glossary/hospital-outpatient-care/.

Centers for Medicare and Medicaid Services. "Innovation Models | CMS." www.cms.gov. https://www.cms.gov/priorities/innovation/models#views=models.

Centers for Medicare and Medicaid Services. "Inpatient Care - Glossary." HealthCare.gov. https://www.healthcare.gov/glossary/inpatient-care/.

Centers for Medicare and Medicaid Services, 'Improving The Collection Of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes', 2023, https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf.

Centers for Medicare and Medicaid Services. "Medicaid State Plan Amendments | Medicaid.gov." www.medicaid.gov. https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html.

Centers for Medicare and Medicaid Services. "Medicaid and Indian Health | CMS." www.cms.gov. https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/medicaid-indian-health.

Centers for Medicare and Medicaid Services. "Section 1115 Demonstration Program Template." https://www.Medicaid.gov/sites/default/files/2020-02/fillable-1115-demo-10-12v2.pdf.

Centers for Medicare and Medicaid Services. 2018. "How Medicaid Health Care Expansion Affects You." HealthCare.gov. 2018. https://www.healthcare.gov/Medicaid-chip/Medicaid-expansion-and-you/.

Center for Theory of Change."What Is A Theory of Change? | Theory of Change Community." Theory of Change Community. 2023. https://www.theoryofchange.org/what-is-theory-of-change/.

Center on Budget and Policy Priorities. "Taking Away Medicaid for Not Meeting Work Requirements Harms People Experiencing Homelessness." 2020. Health Brief. CBPP. https://www.cbpp.org/research/health/harm-to-people-experiencing-homelessness-from-taking-away-Medicaid-for-not-meeting

Charania, Sana. 2021. *Review of How Medicaid and States Could Better Meet Health Needs of Persons Experiencing Homelessness.* AMA Journal of Ethics Volume 23 (Number 11): E875-880. https://doi.org/10.1001/amajethics.2021.875.

Chimowitz, Hannah, and Adam Ruege. "Affirming Truths about Homelessness." *Community Solutions*, May 1, 2023. https://community.solutions/research-posts/the-truth-about-homelessness/.

Clark, Robin E., Linda Weinreb, Julie M. Flahive, and Robert W. Seifert. 2019. "Infants Exposed to Homelessness: Health, Health Care Use, and Health Spending from Birth to Age Six." Health Affairs 38 (5): 721–28. https://doi.org/10.1377/hlthaff.2019.00090.

Cohen, R., Yetvin, W., & Khadduri, J. " Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018." January 7, 2019. https://www.huduser.gov/portal/sites/default/flies/pdf/Understanding-Encampments.pdf.

Colburn, Gregg, and Aldern Page Clayton. 2022. Homelessness Is a Housing Problem: How Structural Factors Explain U.S. Patterns. University of California Press. https://homelessnesshousingproblem.com/.

Colletti, Joe. "State of California's Plans to Integrate a Wide-Range of Homelessness Data Sources Should Include Medical Examiner-Coroner's Records of Persons Who Died Homeless - Homeless and Housing Strategies for California." December 15, 2020. https://homelessstrategy.com/state-of-californias-plans-to-integrate-a-wide-range-of-hom

elessness-data-sources-should-include-medical-examiner-coroners-records-of-persons-who-died-homeless/.

Community Solutions. "Health Care and Homelessness." https://www.community.solutions/health-care-and-homelessness/.

Community Solutions. "The Methodology." https://community.solutions/built-for-zero/methodology/.

The State of Connecticut. "AN ACT DECLARING HOMELESSNESS A PUBLIC HEALTH CRISIS." House Bill No. 6601. Parliamentary Affairs. March 14, 2023. https://doi.org/10.1093/oxfordjournals.pa.a052578.

Cooper, Roy, Kody Kinsley, and James Scott. 2023. "STATE of NORTH CAROLINA DEPARTMENT of HEALTH and HUMAN SERVICES." https://Medicaid.ncdhhs.gov/spa-23-0030-proposed-amendment-cms-Medicaid-expansion-eligibility/download?attachment.

The Corporation for Supportive Housing. "HUD Policy Brief on Data Matching: Understanding the Impact And Potential for Health Centers." https://www.csh.org/resources/hud-policy-brief-on-data-matching-understanding-the-impact-and-potential-for-health-centers/.

The Corporation for Supportive Housing. "Supportive Housing 101: What is Supportive Housing?" CSH. https://www.csh.org/supportive-housing-101/.

Crawford, Maia, and Rob Houston. "State Payment and Financing Models to Promote Health and Social Service Integration." Center for Health Care Strategies. February 2015. https://www.chcs.org/media/Medicaid_-Soc-Service-Financing_022515_1_Final.pdf.

Digital Communications Division (DCD). 2015. "What Is TANF?" HHS.gov. Us. Department of Health and Human Services. August 21, 2015. https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html.

Dills, Jimmy. "Affordable Housing as a Platform for Population Health: HIAs Facilitate Multi-Year Collaborations That Advance HiAP Approach to Housing in Georgia." HIA Society. https://hiasociety.org/resources/Documents/GHPC%20HIA-HiAP%20Story.pdf.

DiPietro, Barbara. "Five Ways Medicaid Expansion Is Helping Homeless Populations Ten Years After The ACA Became Law." Health Affairs Forefront. Februaray 27, 2020. https://www.healthaffairs.org/content/forefront/five-ways-Medicaid-expansion-helping-homeless-populations-ten-years-after-aca-became.

Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. 2016. Review of Supportive Housing Helps Vulnerable People Live and Thrive in the Community. Center on Budget and Policy Priorities. May 31, 2016. https://www.cbpp.org/research/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community.

Ezell, Jerel. "The Risks for California's New Plan for the Mentally Ill." *TIME,* November 29, 2023. https://time.com/6340526/california-care-courts-homeless-mentally-ill/.

Galea, Sandro. "Crying 'Crisis.'" www.bu.edu. BU School of Public Health. April 23, 2017. https://www.bu.edu/sph/news/articles/2017/crying-crisis/.

Garrett, Daniel G. 2012. "The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs." American Health & Drug Benefits 5 (1): 17–19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046466/.

Gearing, Robin E., Micki Washburn, Jamison V Kovach, Lindamarie Olson, Kana Lastovica, Danny Clark, Andrew Robinson, et al. "Evolution of the Assisted Outpatient Treatment (AOT) Program Through the Application of a Social Work Lens," *Research on Social Work Practice*, September 19, 2023, 2, https://doi.org/10.1177/10497315231199423.

Governor Kathy Hochul Press Office. "Governor Hochul Updates New Yorkers on State Efforts to Address Serious Mental Illness and Street Homelessness." New York State. October 12, 2023. https://www.governor.ny.gov/news/governor-hochul-updates-new-yorkers-state-efforts-address-serious-mental-illness-and-street.

Governor of the State of California. "Governor Newsom's New Plan to Get Californians in Crisis off the Streets and into Housing, Treatment, and Care," March 2022. https://www.gov.ca.gov/wp-content/uploads/2022/03/Fact-Sheet_-CARE-Court-1.pdf.

Gramlich, Ed. "Qualified Allocation Plan of Regulatory Affairs, National Low Income Housing Coalition Advocates' Guide -1 -National Low Income Housing Coalition." https://www.nhlp.org/wp-content/uploads/2018/04/NLIHC-QAP.pdf.

Greene, R. Neil. "Marked as Homeless: Reconciling with Ambiguities about Housing Status in Death Records." 2022. Socius 8 (January): 237802312211211-237802312211211. https://doi.org/10.1177/23780231221121174.

Gubits, Daniel, Marybeth Shinn, Michelle Wood, Stephen Bell, Samuel Dastrup, Claudia D Solari, Scott R Brown, Debi McInnis, Tom McCall, and Utsav Kattel. 2016. "Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families." SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3055295.

Guerra-Cardus, Laura, and Gideon Lukens. "Last 11 States Should Expand Medicaid to Maximize Coverage and Protect against Funding Drop as Continuous Coverage Ends | Center on Budget and Policy Priorities." Center on Budget and Policy Priorities. January 24, 2023. https://www.cbpp.org/research/health/last-11-states-should-expand-Medicaid-to-maximize-coverage-and-protect-against.

Hart, Angela. "Is Housing Health Care? State Medicaid Programs Increasingly Say 'Yes.'" KFF Health News. 2024. Governing. February 8, 2024. https://www.governing.com/finance/is-housing-health-care-state-Medicaid-programs-increasingly-say-yes.

Hay, Jeremy. "California bill would empower counties to establish homeless death review committees." The Press Democrat. August 21, 2023. https://www.pressdemocrat.com/article/news/california-bill-would-empower-counties-to-establish-homeless-death-review-c/.

Health Care for the Homeless - Baltimore and Maryland. "Homelessness Makes You Sick." October 27, 2015. https://www.hchmd.org/homelessness-makes-you-sick.

Heilman, Erin. 'An Intro to CMS's SDOH Measures', October 2022. https://blog.medisolv.com/articles/intro-cms-sdoh-measures.

Horowitz, Alex, Chase Hatchett, and Adam Staveski. 2023. "How Housing Costs Drive Levels of Homelessness." Pew.org. August 22, 2023. https://www.pewtrusts.org/en/research-and-analysis/articles/2023/08/22/how-housing-costs-drive-levels-of-homelessness.

HRSA. "Official Website of the U.S. Health Resources & Services Administration | Who We Are." HRSA.gov. 2019. https://www.hrsa.gov/.

"Interagency Data Exchange (IDEA) Guidebook - Interagency Data Exchange (IDEA) Guidebook." 2022. CA.gov. 2022. https://docs.data.ca.gov/interagency-data-exchange-idea-guidebook/.

"Job Bulletin: Disproportionately Affected Populations Liaison." www.governmentjobs.com. https://www.governmentjobs.com/careers/colorado/jobs/newprint/4108607.

Kaiser Family Foundation. "A Look at Recent Medicaid Guidance to Address Social Determinants of Health and Health-Related Social Needs." 2023. KFF. February 22, 2023. https://www.kff.org/policy-watch/a-look-at-recent-Medicaid-guidance-to-address-social-determinants-of-health-and-health-related-social-needs/.

Kaiser Family Foundation. "Medicaid Financing: An Overview of the Federal Medicaid Matching Rate." 2012. Kff.org. 2012. https://www.kff.org/wp-content/uploads/2013/01/8352.pdf.

Kaiser Family Foundation. "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State." https://www.kff.org/Medicaid/issue-brief/Medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/.

Kaiser Family Foundation. ""Section 1115 Waiver Watch: Approvals to Address Health-Related Social Needs." KFF. November 15, 2022. https://www.kff.org/Medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/.

Kaiser Family Foundation. 2023. "Status of State Medicaid Expansion Decisions: Interactive Map." The Henry J. Kaiser Family Foundation. December 1, 2023. https://www.kff.org/Medicaid/issue-brief/status-of-state-Medicaid-expansion-decisions-interactive-map/.

Kim, Anna. "In Anchorage, a Complex Care Shelter Supports Medically Vulnerable People Experiencing Homelessness." *Community Solutions*, December 16, 2022. https://community.solutions/case-studies/in-anchorage-a-complex-care-shelter-supports-medically-vulnerable-people-experiencing-homelessness/.

Kippert, Amanda. "Why Domestic Violence Is a Public Health Crisis." April 3, 2023. DomesticShelters.org. https://www.domesticshelters.org/articles/ending-domestic-violence/why-domestic-violence-is-a-public-health-crisis.

Linde, Sebastian, and Leonard E. Egede. 2023. "Association between State-Level Medicaid Expansion and Eviction Rates." JAMA Network Open 6 (1): e2249361. https://doi.org/10.1001/jamanetworkopen.2022.49361.

Lutterman, Ted. "Trends in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2018," From Crisis to Care. (National Association of State Mental Health Program Directors Research Institute, Inc.,) September 2022. https://www.nasmhpd.org/sites/default/files/2023-01/Trends-in-Psychiatric-Inpatient-Capacity_United-States%20_1970-2018_NASMHPD-2.pdf.

Maricopa Association of Governments. "About Maricopa Association of Governments." www.azmag.gov. https://azmag.gov/About-Us/About-MAG.

Marshall, Meghan. "ERF-3-R Notice of Funding Availability." California Interagency Council on Homelessness, November 27, 2023. https://bcsh.ca.gov/calich/documents/erf_3r_nofa.pdf.

Massachusetts Executive Office of Health and Human Services. "Healey-Driscoll Administration Awards $5.2 Million in Grants as Part of Medical Respite Pilot Program for People Experiencing Homelessness | Mass.Gov." 2023. https://www.mass.gov/news/healey-driscoll-administration-awards-52-million-in-grants-as-part-of-medical-respite-pilot-program-for-people-experiencing-homelessness.

McBain, Ryan K., Jonathan H. Cantor, Nicole K. Eberhart, Shreya S. Huilgol, Ingrid Estrada-Darley. "Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California - 2021." Research Reports. 2022. https://www.rand.org/pubs/research_reports/RRA1824-1-v2.html.

McConnell, K. John, Ruth Rowland, and Adrienne Nevola. 2023. "A Medicaid Benefit for Health-Related Social Needs." JAMA Health Forum 4 (2): e225407. https://doi.org/10.1001/jamahealthforum.2022.5407.

The Medicaid and CHIP Payment and Access Commission. "Issue Brief: Medicaid's Role in Housing." 2021. MACPAC. June 2021. https://www.macpac.gov/wp-content/uploads/2021/06/Medicaids-Role-in-Housing-1.pdf.

The Medicaid and CHIP Payment and Access Commission. "Waivers." MACPAC. https://www.macpac.gov/Medicaid-101/waivers/.

"Medi-Cal California Medicaid | Health for California." Health for California Insurance Center. https://www.healthforcalifornia.com/covered-california/health-insurance-companies/medi

-cal?gclid=CjwKCAiAivGuBhBEEiwAWiFmYbcZoaqFVxdYbv2GBhYIsAx-6BFVI6WwvS3ELVyGy9nXgtpDNNLCIRoCIZoQAvD_BwE.

Michigan Department of Health and Human Services. "MDHHS." 2016. Michigan.gov. 2016. https://www.michigan.gov/mdhhs.

Michigan Department of Health and Human Services. "Michigan Department of Health and Human Services Comprehensive Quality Strategy." 2023. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/Other-Prov-Specific-Page-Docs/MDHHS-Comprehensive-Quality-Strategy-2023-2026--Final-Draft-8-14-23.pdf?rev=3b3101ed1c1d4d5bad646f4fbab6ac38.

Minnesota Department of Human Services. "1915(i) State plan Home and Community-Based Services: Administration and Operation." 2022. https://mn.gov/dhs/assets/22-06-spa_tcm1053-514456.pdf.

Moore, David T., and Robert A. Rosenheck. 2017. "Comprehensive Services Delivery and Emergency Department Use among Chronically Homeless Adults." Psychological Services 14 (2): 184–92. https://doi.org/10.1037/ser0000111.

National Alliance to End Homelessness. 2022. "Housing First." National Alliance to End Homelessness. March 20, 2022. https://endhomelessness.org/resource/housing-first/.

National Alliance to End Homelessness. *Implementing a Complex Care Shelter: Opportunities and Lessons Learned*, 2023. https://endhomelessness.org/event/implementing-a-complex-care-shelter-opportunities-and-lessons-learned/.

National Alliance to End Homelessness. "Not One More: Honoring Those Who Died Homeless." December 20, 2021. https://endhomelessness.org/blog/not-one-more-honoring-those-who-died-homeless/#:~:text=What%20we%20do%20know%20is,at%20upwards%20of%2013%2C000%20people.

National Archives. 2021. "Medicare and Medicaid Act (1965)." National Archives. October 5, 2021. https://www.archives.gov/milestone-documents/medicare-and-medicaid-act.

National Health Care for the Homeless Council. 2019. "Homelessness & Health: What's the Connection?" National Health Care for the Homeless Council. https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf.

National Health Care for the Homeless Council. "Homeless Mortality | National Health Care for the Homeless Council." https://nhchc.org/homeless-mortality/.

National Health Care for the Homeless Council. "Homeless States of Emergency: Advocacy Strategies to Advance Permanent Solutions." January 2016. http://nhchn.org/wp-content-uploads/2019/08/homeless-states-of-emergency-advocacy-strategies-to-advance-permanent-solutions.pdf

National Health Care for the Homeless Council. "Medical Respite Care." https://nhchc.org/clinical-practice/medical-respite-care/.

National Health Care for the Homeless Council. "So You Want to Start a Health Care for the Homeless Program." Spring 2021. https://nhchc.org/wp-content/uploads/2021/04/How-to-become-an-HCH.Final_.pdf.

National Health Care for the Homeless Council."The Health Care for the Homeless Program." 2021. https://nhchc.org/wp-content/uploads/2021/04/HCH-Fact-Sheet_2021.pdf.

National Institute for Medical Respite Care. "Medical Respite Care Directory." https://nimrc.org/medical-respite-directory/.

National Institute for Medical Respite Care. "Standards for Medical Respite Care Programs." https://nimrc.org/standards-for-medical-respite-programs/.

National Institute of Mental Health. "Mental Illness." National Institute of Mental Health (NIMH). March 2023. https://www.nimh.nih.gov/health/statistics/mental-illness.

National Institute of Mental Health. "Substance Use and Co-Occurring Mental Disorders." National Institute of Mental Health (NIMH). 2021. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Occurring%20Mental%20Disorders-.

National League of Cities. "An Overview of Homeless Encampments for City Leaders." https://www.nlc.org/resource/an-overview-of-homeless-encampments.

The National Low Income Housing Coalition, the National Alliance to End Homelessness and Church World Service. "The Case for Housing First." 2023. https://nlihc.org/sites/default/files/Housing-First-Research.pdf.

New York State Department of Health. "New York State Medicaid Redesign Team (MRT) Waiver. Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address Health Disparities Exacerbated by the COVID-19 Pandemic." 2022. https://www.health.ny.gov/health_care/Medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf

New York State Department of Health. "Redesigning New York´s Medicaid Program." www.health.ny.gov. 2017. https://www.health.ny.gov/health_care/Medicaid/redesign/aboutmrt.htm.

New York State Department of Health. "Supportive Housing Programs." 2012. NY.gov. 2012. https://www.health.ny.gov/health_care/Medicaid/redesign/supportive_housing/programs.htm.

New York State Department of Health. "What Is Population Health?" https://www.health.ny.gov/events/population_health_summit/docs/what_is_population_health.pdf.

New York State Office of Mental Health, and New York State Department of Health. "Guidance on Evaluation and Discharge Practices for Article 28 and Private Article 31

Psychiatric Inpatient Units," October 20, 2023.
https://omh.ny.gov/omhweb/guidance/omh-doh-evaluation-discharge-guidance.pdf.

OFFICE OF SCIENCE AND TECHNOLOGY POLICY, D. P. C. "*THE U.S. PLAYBOOK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH.*" 2023.
https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-3.pdf.

The Office of the National Coordinator for Health Information Technology (ONC). "Housing Instability and Homelessness." www.healthit.gov.
https://www.healthit.gov/isa/uscdi-data/housing-instability-and-homelessness.

The Office of the National Coordinator for Health Information Technology (ONC). "United States Core Data for Interoperability." www.HealthIT.gov.
https://www.healthit.gov/sites/default/files/page2/2020-03/USCDI.pdf.

The Office of the National Coordinator for Health Information Technology (ONC). HealthIT.gov. 2020. "What Is HIE? | Healthit.gov." www.healthit.gov. July 24, 2020.
https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie.

The Office of the National Coordinator for Health Information Technology (ONC). "United States Core Data for Interoperability (USCDI) | Interoperability Standards Advisory (ISA)." www.healthit.gov.
https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi.

Office of Policy Development and Research. 2023. "Housing First: A Review of the Evidence | HUD USER." U.S. Department of Housing and Urban Development. www.huduser.gov. 2023.
https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html.

Oliva, Ann. 2022. "Ending Homelessness: Addressing Local Challenges in Housing the Most Vulnerable." Center on Budget and Policy Priorities. February 2, 2022.
https://www.cbpp.org/research/housing/ending-homelessness-addressing-local-challenges-in-housing-the-most-vulnerable.

Oregon Health Authority. "Patient-Centered Primary Care Home Program."
https://www.oregon.gov/oha/HPA/dsi-pcpch/AdditionalResources/Health-related%20Social%20Needs%20vs%20the%20Social%20Determinants%20of%20Health.pdf.

Oregon Health Authority. "2022-2027 Medicaid 1115 Demonstration Application. Medicaid Policy: State of Oregon." www.oregon.gov.
https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Waiver-Renewal.aspx.

Orgera, Kendal, Elizabeth Hinton Published: Mar 21, and 2019. 2019. "Medicaid Financing: The Basics." The Henry J. Kaiser Family Foundation. March 21, 2019.
https://www.kff.org/Medicaid/issue-brief/Medicaid-financing-the-basics/.

Payton Scally, Corinne, Amanda Gold, and Nicole Dubois. "The Low-Income Housing Tax Credit: How It Works and Who It Serves." 2018. Research Report. The Urban Institute.
https://www.urban.org/sites/default/files/publication/98758/lithc_how_it_works_and_who_it_serves_final_2.pdf.

Peng, Yinan, Robert A. Hahn, Ramona K. C. Finnie, Jamaicia Cobb, Samantha P. Williams, Jonathan E. Fielding, Robert L. Johnson, et al. 2020. "Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review." *Journal of Public Health Management and Practice* 26 (5): 404–11. https://doi.org/10.1097/phh.0000000000001219.

The Pew Charitable Trusts. "Medicaid Makes up Most Federal Grants to States." 2019. Fiscal Federalism Project. https://www.pewtrusts.org/-/media/assets/2019/03/fiscal_federalism_Medicaid_accounts_for_most_federal_grants_to_states.pdf.

"Public Health Specialist 2 (PCN 16N23022, Homelessness Public Health Coordinator) Job Opening in Anchorage, AK at State of Alaska." Salary.com. https://www.salary.com/job/state-of-alaska/public-health-specialist-2-pcn-16n23022-homelessness-public-health-coordinator/j202211110215541222941.

"Report: Engagement between Local Public Health and Homeless Response Systems." Community Solutions. https://community.solutions/research-posts/report-engagement-between-local-public-health-and-homeless-response-systems/.

Richards, Jessica, and Randall Kuhn. "Unsheltered homelessness and health: a literature review." AJPM Focus 2, No. 1 (2023): 6-7. https://www.ajpmfocus.org/article/S2773-0654(22)00041-4/fulltext.

Rolfe, Steve, Lisa Garnham, Jon Godwin, Isobel Anderson, Pete Seaman, and Cam Donaldson. 2020. "Housing as a Social Determinant of Health and Wellbeing: Developing an Empirically-Informed Realist Theoretical Framework." BMC Public Health 20 (1): 1–19. https://doi.org/10.1186/s12889-020-09224-0.

Romero, Jhair. "What's a Navigation Center? Inside Houston's Plan to Close Homeless Encampments by End of 2023." *Houston Chronicle*. February 11, 2023. https://www.houstonchronicle.com/news/houston-texas/housing/article/houston-homeless-navigation-center-fifth-ward-17777337.php.

Rudowitz, Robin, Patrick Drake, Jennifer Tolbert, and Anthony Damico. 2023. "How Many Uninsured Are in the Coverage Gap and How Many Could Be Eligible If All States Adopted the Medicaid Expansion?" KFF. March 31, 2023. https://www.kff.org/Medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-Medicaid-expansion/.

Rush, Claire, Har Janie, & Casey, Michael. "Crackdowns on homeless encampments fuel debate over effective solutions." *PBS NewsHour*. November 28, 2023. https://www.pbs.org/newshour/nation/crackdown-on-homeless-encampments-fuel-debate-over-effective-solutions.

Rushing, MJM; Dills, JE; Fuller, E. "A Health Impact Assessment of the 2015 Qualified Allocation Plan for Low-Income Housing Tax Credits in Georgia." 2015. The Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University.

https://ghpc.gsu.edu/download/an-hia-of-the-2015-qualified-allocation-plan-for-low-income-housing-tax-credits-in-georgia/?ind=0&filename=GA%20QAP%20HIA%20Summary%20Brief%20Final.pdf&wpdmdl=4750195&refresh=65c6c5df2fb2a1707525599.

Sakai-Bizmark, Rie, Ruey-Kang R. Chang, Laurie A. Mena, Eliza J. Webber, Emily H. Marr, and Kenny Y. Kwong. 2019. "Asthma Hospitalizations among Homeless Children in New York State." Pediatrics 144 (2): e20182769. https://doi.org/10.1542/peds.2018-2769.

Schuetz, R. A. "Mayors from LA, Chicago, NYC Tour Houston's Response to Homelessness." *Houston Chronicle.* August 1, 2023. https://www.houstonchronicle.com/news/houston-texas/housing/article/mayors-la-chicago-nyc-homelessness-navigation-18266206.php.

Seattle Municipal Code. "Municode Library." library.municode.com. https://library.municode.com/wa/seattle/codes/municipal_code?nodeId=TIT10HESA_CH10.02CIEM_10.02.020AUMAISCEOR#:~:text=Whenever%20riot%2C%20unlawful%20assembly%2C%20insurrection.

Shaw, Mary. "Housing and public health." Annual review of public health. vol. 25 (2004): 397-418. doi:10.1146/annurev.publhealth.25.101802.123036. https://pubmed.ncbi.nlm.nih.gov/15015927/.

Siao, Erika, and Julie Silas,. 'Breaking Down Silos: How to Share Data to Improve the Health of People Experiencing Homelessness', 2021. California Health Care Foundation. https://www.chcf.org/publication/breaking-down-silos-share-data-improve-health-people-experiencing-homelessness/.

Sheffield, Jonathan. "A Homeless Bill of Rights: Step by Step from State to State " Pub. Interest L. Rptr 8. 2013. https://lawecommons.luc.edu/cgi/viewcontent.cgi?article=1002&context=pilr.

Shi, Marc, Abigail Baum, and Craig E. Pollack. 2020. "Perspectives on Integrating Health into the Low-Income Housing Tax Credit: A Qualitative Study." Health Affairs 39 (4): 622–30. https://doi.org/10.1377/hlthaff.2019.00853.

Skiba, Katherine. "The Graying of America's Homeless: An Alarming Trend." AARP, December 16, 2022. https://www.aarp.org/home-family/your-home/info-2022/americas-homeless-over-50.html.

Sleet, David A. and Louis Hugo Francescutti, "Homelessness and Public Health: A Focus on Strategies and Solutions," Int J Environ Res Public Health, 18, (2021). https://doi.org/10.3390/ijerph182111660.

Social Security Administration. "Medicaid and CHIP Payment and Access Commission." www.ssa.gov. https://www.ssa.gov/OP_Home/ssact/title19/1900.htm.

State Policy Network. 2021. "What Is Federalism?" State Policy Network. June 11, 2021. https://spn.org/articles/what-is-federalism/.

Stevens, Yolanda. "How Medical Respite Provides Support to People Experiencing Homelessness." National Alliance to End Homelessness, May 10, 2023. https://endhomelessness.org/blog/how-medical-respite-provides-support-to-people-experiencing-homelessness/.

Substance Abuse and Mental Health Services Administration. "EVIDENCE-BASED RESOURCE GUIDE SERIES: Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness." 2023. https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf.

Substance Abuse and Mental Health Services Administration (SAMHSA). "Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness." SAMHSA Publication No. PEP22-06- 02-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, 2023. https://www.samhsa.gov/resource/ebp/expanding-access-behavioral-health-services-people-experiencing-homelessness.

Substance Abuse and Mental Health Services Administration (SAMHSA). "Who We Are | SAMHSA - Substance Abuse and Mental Health Services Administration." www.samhsa.gov. May 13, 2013. https://www.samhsa.gov/about-us/who-we-are.

Supportive Housing Network of New York. "Medicaid and Supportive Housing | New York State | Advocacy & Policy | What We Do." SHNNY. https://shnny.org/what-we-do/advocacy-policy/state/Medicaid-redesign/.

Swope, Carolyn B, and Diana Hernández. "Housing as a determinant of health equity: A conceptual model." *Social science & medicine (1982)* vol. 243 (2019): 112571. doi:10.1016/j.socscimed.2019.112571.

Taylor, Lauren. 2018. "Housing and Health: An Overview of the Literature." Health Affairs, June 2018. https://doi.org/10.1377/hpb20180313.396577.

Tompkins, Lucy. 2022. "If Housing Is a Health Care Issue, Should Medicaid Pay the Rent?" The New York Times, June 14, 2022, sec. Headway. https://www.nytimes.com/2022/06/14/headway/Medicaid-housing-rent-health.html.

Troisi, Catherine. "The Way Home Continuum of Care: 2023 Homeless Count & Survey Analysis." Coalition for the Homeless, March 2023. https://irp.cdn-website.com/2d521d2c/files/uploaded/Homeless%20Count%202023_full.pdf.

UNC- Chapel Hill Institutional Integrity and Risk Management. "HIPAA Business Associate Agreements (BAA)." UNC- Chapel Hill Institutional Integrity and Risk Management, Privacy Office. https://privacy.unc.edu/guidelines/baa/.

United Healthcare. "Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care." 2020. https://www.uhccommunityandstate.com/content/articles/financing-approaches-for-medical-respite-care.

U.S. Department of Agriculture. "Supplemental Nutrition Assistance Program (SNAP) | USDA-FNS." www.usda.gov. USDA. 2018. https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.

U.S. Department of Health and Human Services. 2016. "About HHS." HHS.gov. March 18, 2016. https://www.hhs.gov/about/index.html.

U.S. Department of Health and Human Services. "Data Sharing Agreement." Toolkit. https://toolkit.ncats.nih.gov/glossary/data-sharing-agreement/.

U.S. Department of Health and Human Services. "FAQs." n.d. HHS.gov. https://www.hhs.gov/hipaa/for-professionals/faq/authorizations/index.html.

U.S. Department of Health and Human Services. 2022. "What Is the Difference between Medicare and Medicaid?" HHS.gov. October 2, 2022. https://www.hhs.gov/answers/medicare-and-Medicaid/what-is-the-difference-between-medicare-Medicaid/index.html.

U.S. Department of Housing and Urban Development. "Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange." 2019. www.hudexchange.info. 2019. https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

U.S. Department of Housing and Urban Development. "HMIS: Homeless Management Information System - HUD Exchange." 2019. www.hudexchange.info. 2019. https://www.hudexchange.info/programs/hmis/.

U.S. Department of Housing and Urban Development. "HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations," December 6, 2022. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf.

U.S. Department of Housing and Urban Development. 2011. "HUD Archives: Glossary of Terms to Affordable Housing - HUD." Archives.hud.gov. August 18, 2011. https://archives.hud.gov/local/nv/goodstories/2006-04-06glos.cfm.

U.S. Department of Housing and Urban Development. "HUD's Definition of Homelessness: Resources and Guidance - HUD Exchange." 2019. www.hudexchange.info. March 8, 2019. https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/.

U.S. Department of Housing and Urban Development. "Housing Choice Vouchers Fact Sheet." www.hud.gov. 2018. https://www.hud.gov/topics/housing_choice_voucher_program_section_8.

U.S. Department of Housing and Urban Development. "Low-Income Housing Tax Credits | HUD USER." 2015. Office of Policy Development and Research. Huduser.gov. 2015. https://www.huduser.gov/portal/datasets/lihtc.html.

U.S. Department of Housing and Urban Development. "Data-driven Strategies and Client Identification, Enrollment and Cross-System Care Coordination" https://files.hudexchange.info/resources/documents/H2-Data-Driven-Strategies.pdf.

U.S. Department of Housing and Urban Development. "Q and a about HUD | HUD.gov / U.S. Department of Housing and Urban Development (HUD)." www.hud.gov. https://www.hud.gov/about/qaintro#:~:text=The%20Department%20of%20Housing%20and%20Urban%20Development%20is%20the%20Federal.

United States Interagency Council on Homelessness. "9 Strategies for Communities to Address Encampments Humanely and Effectively." 2024. https://www.usich.gov/sites/default/files/document/19%20Strategies%20for%20Communities%20to%20Address%20Encampments%20Humanely%20and%20Effectively_1.pdf.

United States Interagency Council on Homelessness. "Improve Effectiveness of Homelessness Response Systems." www.usich.gov. https://www.usich.gov/federal-strategic-plan/improve-effectiveness-homelessness-response-systems#:~:text=HPS%20is%20a%20person%2Dcentered.

Vasquez, Lucio. "Houston Closes Its Largest Homeless Encampment as Many Move to New Housing Navigation Center." *Houston Public Media*. February 10, 2023. https://www.houstonpublicmedia.org/articles/housing/2023/02/10/443255/houston-closes-its-largest-homeless-encampment-as-many-move-to-new-housing-navigation-center/.

Washington Foundational Community Supports. "Wellpoint Washington, Inc." www.provider.wellpoint.com. https://www.provider.wellpoint.com/washington-provider/patient-care/foundational-community-supports.

Washington State Department of Commerce. "Apple Health and Homes Program." https://www.commerce.wa.gov/building-infrastructure/housing/ahah-psh/ahah-program/.

Warth, Gary, "San Diego declares homelessness a public health crisis. Today, our county takes a significant step." September 27, 2022. Accessed January 31, 2024. https://www.sandiegouniontribune.com/news/homelessness/story/2022-09-27/county-declares-public-health-crisis-over-homelessness

"What Is NIMRC?" n.d. National Institute for Medical Respite Care. Accessed February 28, 2024. https://nimrc.org/aboutus/

"Who We Are | National Health Care for the Homeless Council." n.d. https://nhchc.org/who-we-are/.

Willison, Charley, Naquia Unwala, Phillip M. Singer, Timothy B. Creedon, Brian Mullin, and Benjamin Lê Cook. 2023. "Persistent Disparities: Trends in Rates of Sheltered Homelessness across Demographic Subgroups in the USA." Journal of Racial and Ethnic Health Disparities, February. https://doi.org/10.1007/s40615-023-01521-9.