

# Executive Summary

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**Homelessness is indisputably a public health crisis.** Experiencing homelessness makes it harder to become and remain healthy. Research has shown that the lack of safe, affordable, and decent housing can negatively impact a person or family's health and well-being.<sup>1</sup> Individuals and families who forgo healthy food or medicine to pay high housing costs may experience poor health outcomes.<sup>2</sup>

**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.<sup>3</sup> People experiencing homelessness are generally sicker than their housed counterparts and more prone to death.<sup>4</sup>

**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.**<sup>5</sup> 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.

## The State Public Health & Homelessness Playbook

Given the relationship between housing and health, state public health agencies, officials and policymakers have the opportunity to play a critical role in the homeless service system. These agencies are used to working across sectors and collaboratively to achieve a challenging goal. Reducing and preventing homelessness requires the same data-driven, results-oriented working style that has been used by state public health departments to detect and eradicate diseases. State public health departments are well-positioned to bring new resources, ideas, ways of working, and capacity to the collaborative effort to make homelessness rare and brief.

**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. **Ensuring that people have safe, decent, and affordable housing not only**

improves individual health, it also yields a healthier community at large.

## Key Takeaways and Recommendations

**There is no singular or right way that state public health departments must participate in what should be a whole of government effort to prevent and reduce homelessness.**

Included in the playbook are a myriad of examples showcasing the innovative, dynamic partnerships between state public health departments and the homeless response system to improve the health and well-being of people experiencing homelessness. The following playbook highlights best practices and practical steps that state public health departments can and should investigate as they consider 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.

**State public health agencies have a unique ability to lead cross-sector 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 a person is living in or limited by privacy or system integration limitations. Without shared data, the health and homeless response systems cannot properly coordinate care for individuals and drive the systems-level changes that can improve housing and health outcomes at the population level. Data coordination and integration is the key to creating effective and responsive public policy solutions that impact population and community health, while providing monitoring and evaluation mechanisms to drive future policy and programming.

**For example**, the **Michigan** Department of Health and Human Services (MDHHS), in collaboration with the Michigan Coalition Against Homelessness, looked to identify "high utilizers" of medical services among people experiencing homelessness by matching HMIS and Medicaid data. Through this matching process, MDHHS discovered discrepancies in Medicaid enrollment among high utilizers and unexpectedly found high numbers of children utilizing Medicaid who were also experiencing homelessness. The data-matching process enabled the state to swiftly prioritize housing for these children and enroll high utilizers in Medicaid.<sup>6</sup>

### 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. **State public health departments can expand their role in**

**ending and preventing homelessness by designing roles tasked with being proactive partners to the homeless response system.** This dedicated capacity allows for expanded participation 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 and garner new resources to assist the homeless response system.

**For example**, in October 2023, **Connecticut** declared homelessness a public health crisis, extending protections under the Homeless Bill of Rights, which specifies that a person experiencing homelessness has the same rights and privileges as any other state resident. As a result of this declaration, the Homeless Bill of Rights now states that a person has the right to receive essential medical and mental health care services instead of just emergency medical services and that homelessness will continue to be a public health crisis until these essential services are adequately safeguarded and protected for people experiencing homelessness.<sup>7</sup> As leaders within Connecticut's Homeless Response System consider new programming, they are grounded in this declaration and its acknowledgement by lawmakers.

### 3) Financing affordable and supportive housing.

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 can promote ways to increase the available stock of affordable and supportive housing.**

This can be achieved by using state Medicaid resources to:

- Fund supportive and affordable housing rental subsidies.
- Finance the development and preservation of affordable and supportive housing.
- Incorporate public health impact assessments into the planning process for allocating federal low income housing tax credits (LIHTC).

**For example**, 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 or have experienced homelessness. A study found that in 2020, for those enrolled in this supportive housing program, visits to emergency rooms dropped by 30%, and inpatient hospital admissions dropped by 44%. Additionally, studies have shown that Arizona's supportive housing program reduces health care costs by an estimated \$5,000 a month for each person housed through the program, offsetting the average \$1,000 a month per person cost of providing the supportive housing rental subsidy.<sup>8</sup>

## 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 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. **Additionally, 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.**

**For example, Massachusetts** has allocated \$5.2 million dollars to pilot a 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.<sup>9</sup> 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.

## Endnotes

<sup>1</sup> 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/>.

<sup>2</sup> 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>.

<sup>3</sup> Centers for Disease Control and Prevention. "Homelessness & Health." 2023. [www.cdc.gov. April 17, 2023.](http://www.cdc.gov/orr/science/homelessness/index.html)

<sup>4</sup> Health Care for the Homeless - Baltimore and Maryland. "Homelessness Makes You Sick." October 27, 2015. <https://www.hchmd.org/homelessness-makes-you-sick>.

<sup>5</sup> Taylor, Lauren. 2018. "Housing and Health: An Overview of the Literature." Health Affairs, June. <https://doi.org/10.1377/hpb20180313.396577>.

<sup>6</sup> 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>.

<sup>7</sup> 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>.

<sup>8</sup> 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>.

<sup>9</sup> 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>.