
Health-related Services and Housing-Related Investments

Using the New HRS Guide to Address Housing Needs

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The logo for the Oregon Health Authority. It features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. A horizontal line is positioned below the word "Health".

Oregon
Health
Authority

Presentation overview

Understanding the HRS guide and how to use it to partner with CCOs

- Purpose of the guide
 - Creating the guide
 - Initial methodology
 - How interviews informed the guide
 - How MAC feedback was incorporated
- Notable aspects of the guide and appendices

Purpose of the guide

This guide was created to be a resource to CCOs and community partners.

- Social supports associated with designing housing interventions are often difficult to fund through traditional pathways.
- Interviews with CCOs and other stakeholders found there was a lot of confusion and misinformation around how HRS could be used to address these needs.
- This report was designed to address gaps in language and understanding present in cross-sectoral interventions.

Purpose of the guide – key HRS facts

A quick refresh: Some key elements of HRS...

- HRS must be designed to improve health care quality
 - Reducing costs cannot be *primary* goal of HRS
- Report examines two HRS options:
 1. Flexible services: Services delivered to an *individual member* to improve their health and well-being
 2. Community benefit initiatives: *Community-level interventions* that include (but are not limited to) members and are focused on improving population health and health care quality.

HRS and housing

- CCO 2.0 identified housing as a priority for Oregon.
- HRS is one of the key levers to provide such supports for CCOs.
- Housing-related services covered through various Medicaid waivers and/or for specific populations can act as a template for CCOs to use HRS to expand access to housing-related services for their members.
- HRS community benefit initiatives provide avenues for partnership where billing for flexible services may not be an option.

Creating the guide

- The initial draft drew upon existing rules and guidance, and enhanced this direction to add Oregon-specific context and innovative examples.
- The second draft included significant input from community partners, CCOs, the Health Equity Committee and MAC, and other stakeholders.
 - Insights from CCO interviews (May 2018)
 - Literature review
 - Input by subject matter experts in housing and Medicaid

Insights from CCO interviews: more barriers & challenges around housing

Conflicting priorities

Need to balance spending on housing with spending on other social determinants of health

Insufficient and/or difficulty producing information

- Lack of information concerning the impact/importance of housing relative to other SDOH
 - Difficulty demonstrating the value of housing investments and their impact over multiple years
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Relationships with community partners

Insufficient partnerships due to:

- Lack of housing agencies in the region
- Fragmented housing system

Insights from CCO interviews: more barriers & challenges around housing

Lack of community/political will within their region to address the lack of funds, resources, and available low-income housing

Housing not identified as a priority in community health improvement plan

Difficulty identifying housing-insecure members

What's in the guide...

- Clarity on what housing spending is appropriate
- Evidence and insights from other CCOs
- Examples of braided funding to produce optimum results
- Specific guidance for rural/frontier areas that face different barriers than metropolitan areas
- Direction/guidance on community vs. individual level interventions
- Robust appendices that can be used as standalone references

Appendices

Current appendices further describe the intersection between health and housing, as well as innovative solutions being pursued. Appendices will evolve to include:

- **Updated examples of HRS-funded housing supports**
 - Successful examples of braided funding
 - Innovative programming and partnerships
 - Permanent supportive housing partnerships
- **Population- and intervention-specific appendices**
 - Scattered site supported housing for SPMI populations
 - Children and families
- **Alignment with future waiver changes**

Appendix A: Evidence on housing-related services and supports related to housing affordability and stability to improve health

Includes studies and evaluations that examine the impact of housing status or housing interventions on health, health care utilization, or health care costs.

Criteria for inclusion:

Variety in intervention

(Supportive housing, housing vouchers, screening & referral, case management, etc.)

Variety in target population

(Families, homeless, people with mental/behavioral health conditions, etc.)

Applicability to Oregon

(Interventions in Oregon & Washington)

Magnitude of impact

(Interventions with greatest impact on health, health care utilization, or health care costs)

Statistical validity

(Sample size, statistical significance, etc.)

Features included:

Intervention type/title

(e.g., “Moving to Opportunity”)

Summary of services

(e.g., housing vouchers)

Target population

(e.g., homeless individuals)

Time to results

(e.g., two years)

Summary of outcomes

(e.g., lower prevalence of diabetes)

Classification of outcomes

(Health, health care utilization, or health care costs)

Evaluation details

(Author, year published, location, sample size)

Appendix B: Organizations that support housing as a strategy to improve health and/or health equity

HRS services must be grounded in evidence-based medicine/widely accepted best clinical practice. Appendix B provides a table of relevant institutions that explicitly support or recommend that health care organizations assist in addressing **housing insecurity**.

Organizations included (15 total):

- U.S. government agencies (4)
- U.S. medical authorities (7)
- Additional U.S. health authorities (4)

Features included:

- Name of organization
- Type of document
- Citation
- Quote illustrating explicit support

Appendix C: Housing-related services coverage in current waivers and potential for HRS coverage

Delineates what may or may not be covered under HRS within flexible services and community benefit. The table is intended to provide illustrative content, not an extensive list of all potential services.

Features included:

- Color coding to clarify potential of HRS as a funding source
- Examples of how services might be provided from both community benefit and flexible services

Appendix D: Innovative CCO examples of housing related-programs in Oregon*

Features included:

- Urban and rural examples of housing-related programs across Oregon
- Color coded tables to clarify which types of interventions were applied in each examples
- Notable outcomes of projects, when information is available

* *Examples provided may include braided funding models that utilize more than HRS funding.*

Appendix E: Glossary of housing terms

Features included:

- A comprehensive glossary of housing terms to facilitate shared language and understanding
- Language updated by the Office of Housing and Community Services to ensure up-to-date terminology
- Definitions updated to align with language suggested by the Statewide Supportive Housing Strategy Workgroup

Priority of permanent supportive housing

- What is it?
 - Housing that is deeply affordable to people with very low incomes (<30% MFI), enabling them to live independently using the rights and responsibilities of tenancy, with voluntary tenancy support services that effectively link to health and social services.
- What does it take?
 - Capital (land, pre-development, development)
 - Asset management (property maintenance and operating)
 - Rental assistance (subsidy, barrier removal)
 - Tenancy support services
- Examples of key gaps being discussed in cross-sector work: resident services coordination, tenancy supports, rental assistance

Thank you!

