Priority Actions for California to Reduce the Impact of Housing Instability and Homelessness on Health

Housing instability and homelessness in California have been exacerbated by COVID-19. On March 11, 2020, Cal-IHEA co-sponsored a briefing with Assemblymember David Chiu, the Chair of Assembly Housing and Community Development Committee, focused on “housing as a health intervention”. The briefing highlighted gaps in addressing homelessness and highlighted existing innovative solutions that promote housing as a way to improve health outcomes of people experiencing homelessness and unstable housing. View the full webinar here.

The expert panelist discussed solutions that California and local governments can use to mitigate the impact of housing instability on health outcomes during and post pandemic. Dr. Norweeta Milburn (UCLA), Benjamin Henwood (USC), Andy Potter (CSU Chico), and Cynthia Nagendra (UCSF) presented evidence about housing solutions that can be implemented more broadly across the state to improve health and address vulnerable populations in the context of public health emergencies. Assembly member Chiu launched the briefing by describing his efforts to tackle housing instability and homelessness through AB 2329, which would require every city and county to account for current funding for homeless populations and to identify resources to fill existing gaps. Chiu also discussed AB 1905, which would create a homelessness relief fund to finance immediate and long-term solutions to address homelessness. Recent COVID-19 impacts to the governor’s budget may make these efforts financially infeasible to implement in the near term. The supportive policies and programs highlighted during the briefing (and detailed below), however, should be prioritized during and after the COVID-19 pandemic to advance health equity by putting “housing first”.

Many Californians experiencing homelessness also suffer from mental illness and chronic medical conditions. There is a large percentage of the population who can only afford to live in housing designated for low-income residents. Housing affordability differs by tiers of area median income (AMI). In Figure 1, shown below, individuals in the “extremely low-income” (ELI) tier have the lowest supply of affordable housing. In the graphs below, the National Low Income Housing Coalition points that over 50% of ELI renters are in the labor force or elderly. Therefore, programs that seek to reduce homelessness or housing instability that focus on job placement will not solve the root problem because their issue does not depend only on employment. The root of the problem is low wages and high rents. This is why 77% of the ELI group is severely cost burdened compared to the 17% in the low-income group as shown in Figure 1. Therefore, although people are employed, their low wages make them susceptible to housing instability and poor health outcomes. Policy solutions should look to address all income tiers and prioritize the most vulnerable. Research has illuminated a variety of solutions that can be implemented to address homelessness and housing instability that positively impact the health of vulnerable populations, such as low-income families and older adults.
Using housing as a health intervention tool is more important than ever during a time where skyrocketing rents in California are coupled with high unemployment due to the COVID-19 pandemic. Table 1. summarizes recommendations and actions to expand evidence-based practices that are shown to make a positive impact, rethink how we fund affordable housing, address who are most vulnerable to experiencing homelessness and housing instability and create infrastructure that closes the loop for patients who have medical and housing needs. These actions and recommendations should not be thought of as a “silver bullet” to the housing nor health care crisis, but as tangible steps that reinforce each other to reduce homelessness and improve health outcomes.

Figure 1. California Affordable Housing Overview

![California Affordable Housing Overview Graphic](https://example.com/california_affordable_housing_graphic.png)

Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or a person with a disability, and other. Fifteen percent of extremely low income renter households include a single adult caregiver, more than half of whom usually work more than 20 hours per week. Eleven percent of extremely low-income renter households are enrolled in school, 48% of whom usually work more than 20 hours per week.

Source: National Low Income Housing Coalition
Table 1. Policy Recommendations

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish State-wide infrastructure to end housing instability and homelessness.</td>
<td>1. Develop a statewide system for implementing evidence-based interventions, such as <a href="https://www.strive.org">Support to Reunite, Involve and Value Each Other (STRIVE)</a>, which uses a psycho-educational intervention for reunifying families and their adolescents who have run away. It has been shown to improve youth health and aims to break the cycle of homelessness.</td>
</tr>
<tr>
<td></td>
<td>2. Implement the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program in California. CAPABLE deploys teams consisting of occupational therapists, nurses, and a handyperson who make home modifications to prevent falls for elderly residents in permanent supportive housing.</td>
</tr>
<tr>
<td></td>
<td>3. Continue to expand value-based care delivery and payment reforms in the Medi-Cal program so that health care providers and systems can support patient transitions from emergency shelters and navigation centers to permanent housing, while improving health outcomes. These reforms can allow flexibility for using “In Lieu of Services” (ILOS) to expand the impact of Accountable Care Organizations (ACO). ILOS can allow Medi-Cal managed care plans to pay for housing. ILOS can also allow ACOs to be compensated for effectively addressing a wide array of social and medical needs that prevent hospitalization, delayed discharge, or emergency department utilization.</td>
</tr>
<tr>
<td></td>
<td>4. Target specific subpopulations experiencing homelessness. For example, homeless people experiencing mental health issues, cancer, or individuals with high health care utilization, in order to tailor housing support and placement to their needs. These can be accompanied with wrap around services that address their barriers specific to their condition and allow flexibility of current programs to be truly “patient-centered.” A study shows success may be contingent upon “true partnerships with service providers” and dedicated funding streams for health systems to engage in this work.</td>
</tr>
<tr>
<td></td>
<td>5. Expand the “Ending Veteran Homeless Initiative (2010)” model to non-Veterans. Through this initiative, the U.S Department of Veteran Affairs and Housing and Urban Development combined rental assistance with case management and clinical services. The pooled funding and improved coordination increased provider capacity and ended veteran homelessness in 72 communities and 3 states.</td>
</tr>
</tbody>
</table>
1. Expand the Los Angeles County Flexible Housing Subsidy Pool to be a statewide program that allows county’s Department Health Services to create flexible funding pots that address the housing needs of admitted patients and formerly incarcerated individuals, while maintaining a “housing first” orientation. Public health agencies can partner with non-profits that have the ability to remain nimble and respond quickly to the dynamic housing market in California. Such programs not only use a non-profit to bargain and lease properties to offer subsidized rent, but units are attached to intensive case management and wrap around services to build a bridge between other local agencies and community resources.

2. Create a statewide trust fund similar to the National Housing Trust Fund that invests in the production, preservation, rehabilitation, and operational assistance of ELI housing units. Such units are defined as for individuals or families that earn less than 30% of the AMI. The aim of the trust is to maintain a level that matches the need so those who earn low wages can be housed and sustain their housing. More details on establishing and operating different type of trust funds are located in additional resources.

3. Integrate rental subsidies and income support services, such as Social Security Income, CalWorks, and Medi-Cal to reduce administrative burden on homeless people and healthcare organizations looking to assist patients with housing. This also brings the housing first orientation into our national and state level support services. Adequate housing is the beginning to a healthy individual.

4. Increase funding for certification and training of housing navigators, which were previously used in the VA’s Initiative to End homelessness. Using housing navigators can strengthen the continuum of care for people experiencing housing instability. While the definition of a “housing navigator” is to be determined, many model examples and exploration of the role of housing navigators can be found in the housing navigator toolkit. In summary, the toolkit broadly describes housing navigators as linking homeless to healthcare services, while addressing barriers, all while preparing the person for housing. Medical social workers should also have access to training and certification on navigating the housing search for ELI renters. An impact study of the use of housing navigators in Phoenix, AZ found a reduction in ER visits, arrests, substance use, and homelessness.

5. Implement the Pennsylvania Housing Finance Agency ELI support model. In their model, they subsidize operating costs of low-income housing tax credit (LIHTC) projects that include set aside units or ELI projects. Pennsylvania allows up to 5% increase in developers’ fees if fees are used to establish or grow a rent subsidy fund. The North Carolina Key’s program controls and appropriates funds for state funded subsidies in order to incentivize and produce ELI housing units.
Create tailored programs that address the specific needs of the homeless individuals and families we seek to impact.

1. Implement the United States Interagency Council on Homelessness toolkit in all California legislative housing hearings to assess policies for Housing First orientation. For instance, legislative housing committees can analyze bills that address homelessness for barriers to housing such as asking for non-accessible information, requiring sobriety, or being voluntary.

2. Expand the Santa Barbara safe parking space program to all vacant lots throughout California where homelessness is high. The parking space program establishes parking lot spaces for homeless adults to park and receive resources, such as hygiene kits. More importantly, the parking lots become a centralized location for case managers to access people in need and work with other community-based organizations and local government programs to place these individuals into housing that is linked to social services. This model focuses on cross sector collaboration to empathize and address the needs and quality of life of the individual experiencing homelessness.

3. Expand the LA Family Housing program throughout California. This program uses a matching program tool to rehouse individuals in a shared housing model. Each tenant in the apartment or house can have a separate lease. Such approach can help ELI and rural residents in areas such as Central Valley, where there are more single-family homes. Housing for Health division established in the LA County Department of Health Services (DHS) reduced use of mental health services after establishing this program to house homeless patients dealing with medical conditions. The health care savings fully covered the cost of providing stable housing.

Additional resources, listed below, are available to better understand the different types of housing trust funds that vary upon government level and a thorough evaluation of how subsidy pools function on a county level in Los Angeles, CA.


https://www.defense.gov/Explore/News/Article/Article/881729/veteran-homelessness-drops-nearly-50-percent-since-2010/


References:


About the Author:

*Morrise Richardson authored this Cal-IHEA proceeding. Mr. Richardson is a Cal-IHEA Policy Fellow and is responsible for managing legislative relationships to advance policies that improve health equity in California. Mr. Richardson seeks to promote policies that address social determinants of health, behavioral health, and the future health workforce.*