Greater Kansas City Coalition to End Homelessness
Housing and Healthcare Workgroup
Final Report
November 7, 2024

Introduction:

Diversity, equity, and inclusion (DEI) are essential principles in both healthcare and housing sectors, aiming to ensure equitable access, treatment, and opportunities for all individuals and communities regardless of their backgrounds, identities, or circumstances.

Housing and Healthcare are closely related aspects of human well-being, with each significantly impacting the other. The barriers that prevent people who are homeless from accessing healthcare services contribute to ongoing chronic homelessness and chronic adverse health conditions. Health conditions experienced by those who are homeless are unique, chronic, and often preventable and require creative solutions that meet people where they are in their journey. People experiencing homelessness are at increased risk for infectious disease, mental illness, substance use, diabetes, heart disease and lung disease. Individuals experiencing homelessness continue to face health disparities and inequities including increased mortality due to suicide.

In the 2024 Point in Time Count for the MO 604 Continuum of Care, information was collected that provides additional detail about the connection between homelessness and health conditions. Forty-five percent of Chronically Homeless adults reported mental health conditions and 44% reported substance use. Compare this to US Census data that 13% of the general population reports having a disabling condition. Mental Health America reports that approximately 20% of the general population of America lives with a mental illness. This demonstrates the higher prevalence of adverse health conditions among people experiencing homelessness.

The relationship between healthcare and housing is complex and inter-dependent. Access to stable, affordable housing is fundamental to maintaining good health, while quality healthcare services are essential for addressing medical needs and promoting overall wellness. Recognizing the connection between housing and healthcare, and that homelessness is a systemic failure that can be solved by partnerships with healthcare systems, ***this document outlines best practices and recommendations for integrating these two critical sectors to improve outcomes for individuals and communities, with specific focus on the Kansas City Metropolitan Area.***

Definitions:

Chronic Homelessness is a term used to describe a situation where an individual or family experiences homelessness repeatedly or for an extended period, typically for a year or longer, and has a disabling condition such as a mental illness, substance abuse disorder, or physical disability.

Critical Time Intervention: is a time-limited, structured approach to support individuals who are experiencing a transition or crisis, often in the context of mental health, homelessness, or substance use.

Healthcare refers to the maintenance and improvement of physical, mental, and social well-being through various services, treatments, and interventions provided by medical professionals and institutions. It encompasses a wide range of activities aimed at promoting, preventing, diagnosing, treating, and managing illnesses, injuries, and other health-related conditions. Healthcare services can

include primary care, specialty care, preventive care, emergency care, rehabilitation, mental health services, dental care, and more. The goal of healthcare is to help individuals and communities achieve optimal health outcomes and quality of life.

Healthcare providers are individuals or organizations involved in delivering medical services and care to patients or clients. They encompass a wide range of professionals across various disciplines within the healthcare industry, including physicians, nurses, dentists, pharmacists, therapists, psychologists, social workers, and allied health professionals like medical laboratory technologists, radiographers, and dietitians.

These providers may work in diverse settings such as hospitals, clinics, private practices, community health centers, long-term care facilities, and home health agencies. Their responsibilities include diagnosing and treating illnesses, managing chronic conditions, performing medical procedures, prescribing medications, offering preventive care and health education, and providing support to patients and their families throughout the healthcare journey.

Homeless Management Information System (HMIS): is a data management tool used in the United States to collect, manage, and analyze information about homelessness and the services provided to individuals experiencing homelessness. It is a system designed to improve the efficiency and effectiveness of service delivery and to support efforts to end homelessness.

Homelessness refers to the state of lacking a stable, safe, and appropriate place to live. It is a complex social issue that encompasses various circumstances, including individuals or families living on the streets, in emergency shelters, in transitional housing, or temporarily staying with others due to a lack of housing options. Homelessness can result from a combination of factors, such as poverty, unemployment, housing affordability, mental illness, substance abuse, domestic violence, and systemic barriers. It can have profound negative effects on individuals' physical health, mental well-being, and overall quality of life.

Housing refers to the provision of shelter, typically in the form of residential buildings or dwellings, where individuals or families live. It encompasses various types of structures such as houses, apartments, condominiums, townhouses, and other living spaces. Housing serves as a fundamental human need, providing a physical space for people to reside, rest, and engage in daily activities. Beyond merely offering shelter, housing often carries social, economic, and cultural significance, influencing individuals' quality of life, sense of belonging, and community interactions.

Housing Supportive Services encompass a range of assistance and resources aimed at promoting housing stability, independence, and well-being for individuals and families. These services are designed to address the diverse needs of vulnerable populations, such as those experiencing homelessness, individuals with disabilities, low-income families, and seniors, to help them obtain and maintain safe, affordable, and suitable housing.

Housing supportive services are typically delivered through collaborations among government agencies, non-profit organizations, community-based providers, housing authorities, and social service agencies. These services play a critical role in addressing homelessness, housing insecurity, and housing-related challenges, ultimately helping individuals and families achieve housing stability and improve their overall well-being.

Insurers also known as insurance companies or carriers, are organizations that provide financial protection against risks by offering insurance policies to individuals, businesses, or other entities in exchange for premiums. These premiums are payments made by the insured parties to the insurer in return for the promise of compensation in the event of covered losses or damages.

The primary function of insurers is to spread the risk of potential losses among a large pool of policyholders. In doing so, they help individuals and organizations mitigate the financial impact of unexpected events such as accidents, illnesses, natural disasters, property damage, or liability claims.

Insurers assess risks, set premiums based on actuarial calculations and underwriting criteria, manage investments to ensure sufficient funds to pay claims, and administer claims processing and settlement procedures. They also play a role in promoting risk management and loss prevention measures to minimize the occurrence and severity of insured events.

Overall, insurers play a critical role in the financial and economic stability of individuals, businesses, and societies by providing a mechanism for managing and transferring risks.

Memorandum of Understanding (MOU): is a formal, non-binding agreement between two or more parties outlining their mutual intentions, objectives, and the framework for cooperation on a specific project or initiative. While an MOU is not legally binding in the way a contract is, it serves as a documented agreement that defines the terms and expectations of the parties involved.

Whole community Care is a comprehensive approach to healthcare and social services that aims to address the diverse needs of individuals and communities by involving all relevant stakeholders, including healthcare providers, social service agencies, community organizations, government entities, and individuals themselves.

At its core, whole community care recognizes that health and well-being are influenced by a range of factors beyond just medical care, such as social determinants of health, environmental factors, and individual behaviors. Therefore, this approach emphasizes collaboration and coordination among various sectors to provide holistic support and services that promote health, prevent illness, and address underlying social, economic, and environmental challenges.

Key principles of whole community care include inclusivity, equity, community engagement, prevention, integration of services, and a focus on addressing the root causes of health disparities. By engaging the entire community and leveraging resources from multiple sectors, whole community care seeks to create a more responsive, efficient, and equitable healthcare and social support system that meets the diverse needs of individuals and improves overall population health outcomes.

Z Codes: are used to classify factors influencing health status and contact with health services. These codes are part of the ICD-10 and ICD-11 systems and are essential for documenting various aspects of health care that are not directly related to a specific disease or condition but still impact the individual's health or the delivery of health care.

Recommendations for Healthcare

Collaborative Partnerships

Goal #1: Increase the number of agreements between housing and healthcare providers.

Action Step: Provide training for healthcare providers on how to collaborate with housing providers and incorporate an example Memorandum of Understanding (MOU) in trainings.

Action Step: Provide training and examples to healthcare agencies on entering into value-based agreements/contracts that can incentivize housing outcomes.

Action Step: Ensure compliance with data privacy and confidentiality regulations while facilitating information sharing between relevant stakeholders.

Goal #2: Encourage cross-sector collaboration through joint planning, resource sharing, and program coordination, including recovery collective.

Action Step: Formalize education for Federally Qualified Health Care Centers on how to develop housing.

Action Step: Work with Missouri's Medicaid Office to explore billing options for housing services through Missouri, with special attention to Medicaid Waiver process (1115).

Action Step: Work with Kansas' Medicaid Office to explore billing options for housing services and further expanding Medicaid in Kansas.

Action Step: Train housing programs on how to access managed care providers on housing supports and navigation of systems.

Action Step: Advocate for health systems to have access to HMIS without entering client data, further adding a Tracking Medicaid provider to HMIS system.

Supportive Services

Goal #1: Integrate healthcare services into housing facilities through on-site clinics, telehealth services, and partnerships with local healthcare providers.

Action Step: Further integrate and fund Community Healthcare Workers in housing communities.

Action Step: Incentivize on-site health clinics and telehealth in housing communities through the Qualified Allocation Plan.

Goal #2: Implement housing integration in healthcare systems through Emergency Department Social Workers.

Action Step: Implement Emergency Department housing staff.

Action Step: Work with Emergency Departments on Medicaid coding for folks who are homeless.

Action Step: Train Emergency Department Social Workers on Coordinated Entry Assessment process.

Care Coordination

Goal #1: Establish care coordination teams comprising of healthcare providers, social workers, housing specialists, and other relevant professionals.

Action Step: Conduct regular multidisciplinary meetings to review individual cases, develop care plans, and monitor progress, encourage housing providers to be included.

Action Step: Research and implement funding for Community Healthcare Workers.

Action Step: Increase psychotropic injections advocacy between Outreach Workers and Health Care Providers.

Action Step: Research the emerging practice of paramedicine to fill the gap.

Health Promotion and Prevention

Goal #1: Promote health education, disease prevention, and wellness activities within housing communities. Target additional populations outside of Continuum of Care Funded Housing Projects. For example, Primary Care Connection and or specialty clinics as needed to reduce the use of Emergency Medicine and Urgent Care costs.

Action Step: Offer screenings, vaccinations, and health assessments to identify and address health concerns early in supportive housing communities.

Action Step: Provide training to housing programs and evidence-based examples of what Harm Reduction and Connection to Substance Abuse/Mental Health Treatment.

Action Step: Implement Harm Reduction techniques, such as clean needle exchange, Narcan Availability, test strips, and safe use in housing programs.

Policy and System Change

Goal #1: Healthcare providers will collect data around social determinants of health such as poverty, unemployment, education, and environmental factors (for example: healthcare systems that capture Z Codes).

Action Step: Once data is collected, encourage development of policy to address Social Determinants of Health

Action Step: Healthcare providers will form an advocacy committee and advocate for policies and initiatives that address structural inequities and promote health equity for all.

Recommendations for Housing

Collaborative Partnerships

Goal: #1: Foster partnerships between housing providers, healthcare organizations, government agencies, non-profit organizations, and community stakeholders.

Action Step: Increase number of agreements between housing and healthcare providers.

Action Step: Create a Memorandum of Understanding (MOU) for training between Healthcare and Housing Resources.

Action Step: Require Continuum of Care agencies, a certain amount of training, in relation to Health Care resources.

Action Step: Create a process for recommendations to Continuum of Care rank and review, examining partnerships between healthcare and housing providers.

Action Step: Ensure compliance with data privacy and confidentiality regulations while facilitating information sharing between relevant stakeholders.

Goal #2: Encourage cross-sector collaboration through joint planning, resource sharing, and program coordination, including recovery collective.

Action Step: Work with Missouri's Medicaid Office to explore billing options for housing services through Missouri, with special attention to Medicaid Waiver process (1115).

Action Step: Work with Kansas' Medicaid Office to explore billing options for housing services and further advocate for Medicaid expansion in Kansas.

Action Step: Work with healthcare agencies to enter into value-based agreements/contracts that can incentivize housing outcomes.

Action Step: Explore collaborations with managed care providers on housing supports and navigation of systems.

Action Step: Train housing programs on how to access Health Care Resources.

Housing and Housing Stability

Goal #1: Advocate for Permanent Housing as an approach and a first priority for use (regional planning) for all housing funding.

Action Step: Implement housing-first approaches that prioritize immediate access to housing without preconditions, coupled with healthcare and supportive services.

Action Step: Provide rental assistance, subsidies, and housing vouchers to low-income individuals and households, with the main focus on Project-Based Housing Authority vouchers.

Action Step: Work with Housing Finance Agencies (Kansas Housing Resource Corporation and Missouri Housing Development Commission) on Supportive Housing Development. Draft language to be included in the Qualified Allocations in each state (integrating housing and healthcare).

Action Step: Encourage access to healthcare (whole person health), to be a part of any permanent supportive housing development, further, access to telehealth.

Action Step: Encourage the use of New Market Tax Credits in Permanent Housing Communities.

Supportive Services

Goal #1: Integrate healthcare services into housing facilities through on-site clinics, telehealth services, and partnerships with local healthcare providers.

Action Step: Implement Peer Support Programs and further, change policy (criminal background, testing, transportation) regarding peer support certifications. This should also include standard training/certification across the Continuum of Care.

Action Step: Implement and pilot a Critical Time Intervention program in housing.

Action Step: Implement SSI/SSDI Outreach Access and Recovery training for housing case managers.

Health Promotion and Prevention

Goal #1: Promote health education, disease prevention, and wellness activities within housing communities. Target additional populations outside of the Continuum of Care Funded Housing Projects.

Action Step: Offer screenings, vaccinations, and health assessments to identify and address health concerns early in supportive housing communities.

Action Step: Provide access to healthy food options, recreational facilities, and physical activity programs to promote healthy lifestyles and nutritional education in supportive housing.

Action Step: Implement Harm Reduction training and techniques, such as clean needle exchange, Narcan Availability, test strips, and safe use in housing programs.

Policy Change and System Change:

Goal #1: Advocate for policies and initiatives that address structural inequities and promote health equity for all.

Action Step: Utilize research around livable wages for social service providers and use as an advocacy tool for workforce development and retention.

Action Step: Ask the Continuum of Care to set community standards around pay scales.

Conclusion:

Integrating housing and healthcare services is essential for addressing the complex needs of vulnerable populations and promoting health equity. By implementing collaborative partnerships, supportive services, care coordination, and preventative measures, communities can work towards improving outcomes and enhancing the well-being of all residents. Through a concerted effort to address social determinants of health and promote data-driven practices, we can create healthier, more inclusive communities where everyone can thrive in the Kansas City Metropolitan Area.

Contributors:

These Recommendations were made possible through the Greater Kansas City Coalition to End Homelessness, Housing and Healthcare Committee. This committee met over the year of 2023-2024 to provide the listed recommendations. Once these recommendations are approved by the larger Kansas City Metropolitan Community, the recommendations will be implemented through the following committee members:

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RESOURCE APPENDIX

Data Collaboration Best Practices:

- HRSA at: HCP GeoCare Navigator (hrsa.gov)

Funding Resources:

- Federally Qualified Health Care Centers on how to develop housing: Learning About Getting Help With Housing | Kaiser Permanente
- Medicaid Billing: Examples for Medicaid (Appendix)
- New Market Tax Credits: New Markets Tax Credit Program | Development Financial Institutions Fund (cdfifund.gov)

Healthcare Best Practices:

- BlaqOut -local nonprofit org working on healthcare access for KC's Black LGBTQ+ community

Housing and Healthcare Best Practices:

- Central City (OR): Home - Central City Concern
- Houston, Texas: https://www.houstonhousingcollaborative.org/
- Vibrant Health Prapare: https://prapare.org.

Supportive Housing Best Practices:

- Austin Housing Finance Corporation and Housing Authority of City of Austin: Austin Housing Finance Corporation | AustinTexas.gov
- Corporation of Supportive Housing language: QAP - Qualified Allocation Plans - CSH
- Empire State Supportive Housing Initiative: NYS Empire State Supportive Housing Initiative (ESSHI) | Funding Guide | Supportive Housing Network of New York (shnny.org)