California's Housing Crisis: Innovative Solutions for Medi-Cal Beneficiaries

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Contents

Key Highlights

- The affordable housing crisis is an ongoing challenge for California, with the number of Californians who are homeless representing more than a quarter of the national total.

- Addressing homelessness is about more than just bricks and mortar. Access to affordable and stable housing has an important influence on health and wellbeing and can even help improve health outcomes.

- Alongside local partners, our California health plan affiliate leverages a variety of solutions in California to connect Medi-Cal beneficiaries to housing vouchers, transportation for housing placement, and other housing supports.

Overview

The availability of affordable and attainable housing is an ongoing challenge for many communities across the United States. On any given night in 2019, nearly 570,000 adults and children—24 of every 10,000 Americans— experienced homelessness.[1]

In California, the affordable housing crisis has been particularly severe. The state's homelessness rate is one of the highest in the country and the number of Californians who are homeless represents more than a quarter (27%) of the national total.[2]

Addressing homelessness is about more than just bricks and mortar. Access to affordable and stable housing has an important influence on health and wellbeing and can even help improve health outcomes.[3,4] For instance, having housing can improve an individual's ability to access healthcare services and supports; stable housing also provides a place where people can store medications and other personal items as well as prepare food.

Elevance Health's California health plan affiliate, a managed care organization (MCO) serving Medi-Cal (Medicaid) beneficiaries, is engaged in a number of initiatives designed to help beneficiaries experiencing, or at risk of experiencing, homelessness to obtain housing. This paper discusses how the MCO's efforts are helping connect people to housing which, in turn, fosters more consistent access to healthcare services and social supports and ultimately improves health and wellbeing.

Californians who experience homelessness represent 27% of the national total.

Affordable Housing Is Scarce in California

Across the country, states face stark challenges in meeting the demand for affordable housing. In an analysis of five years of county-level data, the Urban Institute found that, on average, there were only 46 "affordable, adequate, and available" units per 100 extremely low-income (ELI) renter households.[5]

In the absence of federal housing assistance, these numbers are bleaker. The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Agriculture (USDA) are the primary sources of housing assistance for ELI renters. Absent this federal assistance, the analysis found that the number of affordable units would fall to 21 per 100 ELI households.[6]

California has been dealing with a particularly acute housing crisis. Data indicates an overall shortage in affordable and available rental housing of over 1.4 million units.[7] This represents a gap of over 400,000 needed units for very low-income households and a gap of more than 1 million units for ELI households.[8] One of the driving forces behind the lack of affordable housing units is rising rents and the conversion of affordable housing units to market-rate units.[9,10]

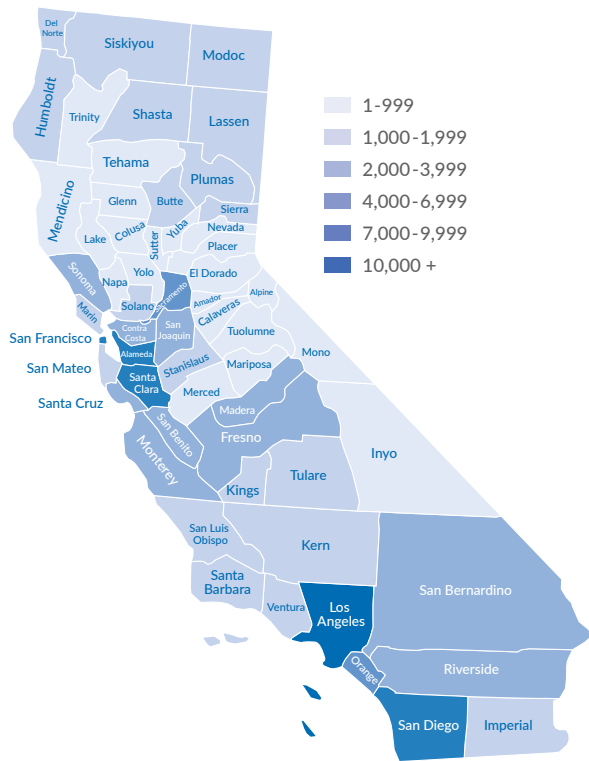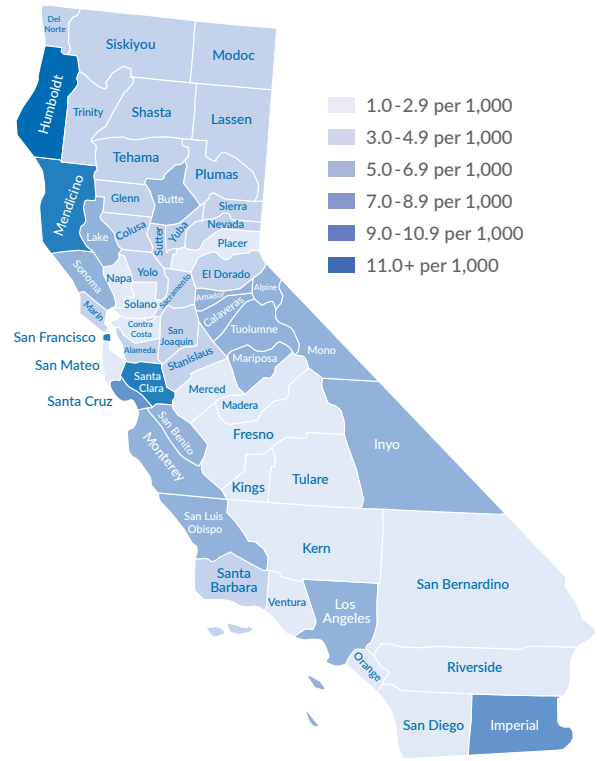**Figure 1**
Number of People Experiencing Homelessness, 2019

Legend:
- 1-999
- 1,000-1,999
- 2,000-3,999
- 4,000-6,999
- 7,000-9,999
- 10,000 +

Figure 2
Homelessness Rate, 2019

Legend:
- 1.0-2.9 per 1,000
- 3.0-4.9 per 1,000
- 5.0-6.9 per 1,000
- 7.0-8.9 per 1,000
- 9.0-10.9 per 1,000
- 11.0+ per 1,000

Source: Public Policy Institute analysis of HUD and U.S. Census data.

Notes on Figures 1 and 2: Data are collected based on HUD-designated regions called Continuums of Care (CoC). Where multiple counties make up a CoC, we have used the same CoC rate for all included counties.

One estimate from the state's Legislative Analyst's Office indicates that building affordable housing to meet the level of need across California could cost as much as $250 billion.[11] To put this in perspective, the state's entire budget is $202 billion for the 2020-2021 fiscal year.[12,13]

Overall, data indicates that California's residents have the highest housing cost burden in the U.S., with nearly 42 percent of households spending more than one-third of their income on housing.[14] The state also has one of the highest rates of homelessness in the country, which has resulted in Californians representing 27 percent of the nation's homeless population.[15] Figures 1 and 2 provide a snapshot of the state's homeless population and the homelessness rate, by county.[16,17] Los Angeles County has the largest number of people experiencing homelessness (nearly 59,000), followed by Santa Clara (9,700), San Diego (8,100), San Francisco (8,000), and Alameda (8,000) counties. Looking at the homelessness rate per 1,000 illustrates the challenges many of the smaller counties, such as Humboldt, Mendocino, and Imperial, are facing.

The Influence of Housing on Other Health-Related Social Needs

Access to affordable and stable housing interacts with other health-related social needs. Housing can improve an individual's ability to access and receive care—providing them with a place to prepare for or recoup after necessary medical procedures, receive in-home supportive services, or aid in proper storage of and adherence to medications. All of these factors are particularly important in helping individuals with chronic health needs better care for themselves.

In addition to relying on housing for a sense of safety and belonging, individuals use their homes to engage in other life activities that can influence their overall health and wellbeing. This can include preparing meals, engaging in exercise, or participating in other community activities. Stable housing also allows individuals to more effectively engage in employment and the education system.

Given the intersection of health, housing, and other factors, this paper highlights a few key health-related social needs—poverty rate, unemployment rate, and households receiving nutrition assistance—that share some additional insight into how California's counties are faring. When taken together, these figures suggest that many areas of the state with higher homelessness rates are the same areas that have higher rates of unemployment, poverty, and receipt of food assistance. It is important to note that the data presented here does not reflect the impact of COVID-19, which has increased the number of individuals who are unemployed and experiencing housing and food insecurity, among other effects.

Housing can improve an individual's ability to access and receive healthcare.

Impact of Mental Health Conditions and Substance Use Disorders

Any discussion of housing and homelessness would be remiss not to mention its relationship with mental health conditions and substance use disorders (MH/SUD). For instance, a survey conducted by the *Los Angeles Times* found that approximately two-thirds of individuals who were experiencing homelessness and not living in shelters in Los Angeles were living with MH/SUD.[18]

Individuals living with MH/SUD may experience homelessness differently. Nationally, individuals experiencing homelessness who do not live in shelters are more likely to have a mental health condition (50%) than a substance use disorder (6%), and are about as likely to have a physical health condition (46%).[19] Comparatively, individuals who are experiencing homelessness and living in shelters are more likely to have a substance use disorder (51%) than a mental health condition (17%) or physical health condition (11%).

In nearly all of its efforts to increase access to housing supports, Elevance Health's California health plan affiliate embraces a "housing-first" approach that aligns with a person-centered philosophy. Housing-first is an approach guided by the belief that people first need a place to live, which can then serve as a platform for addressing other needs such as employment, chronic health conditions, or MH/SUD treatment.[20] An individual is not required to participate in services or treatment before obtaining housing or as a condition to maintain it.[21] Additionally, robust care management and housing navigation services help ensure people are connected to the specific resources and supports that they need.

The health plan embraces a housing-first approach that aligns with a person-centered philosophy.

Enhancing Health and Wellbeing through Housing Supports

Recognizing the interconnectedness of health and stable housing, Elevance Health's affiliated health plan is engaged in a range of initiatives that aim to connect Californians enrolled in Medi-Cal with stable housing solutions in the 29 counties the plan currently serves. Many of these programs rely on the plan's success in building strong local partnerships and engaging with network providers and community organizations.

As an MCO serving Medi-Cal beneficiaries, the health plan has been a partner with counties implementing the Whole Person Care (10 counties) and Health Homes (6 counties) programs—helping more than 6,400 Medi-Cal beneficiaries in these two programs obtain housing support services.[22, 23] For instance, in Sacramento, the plan partnered with the city to stand up two 5-bed scattered site shelters for priority access for individuals it serves in Medi-Cal's Whole Person Care program. Beneficiaries in both programs also have access to the plan's enhanced housing navigation services and staff, which connect them with community-based organizations specializing in housing supports and help with securing permanent housing. In 2020, for example, nearly 800 beneficiaries in the Whole Person Care program were connected to housing by the health plan's housing specialist.[24]

In addition to supporting these Medi-Cal programs, the health plan is implementing a number of other innovative housing programs designed to improve individuals' health and wellbeing.
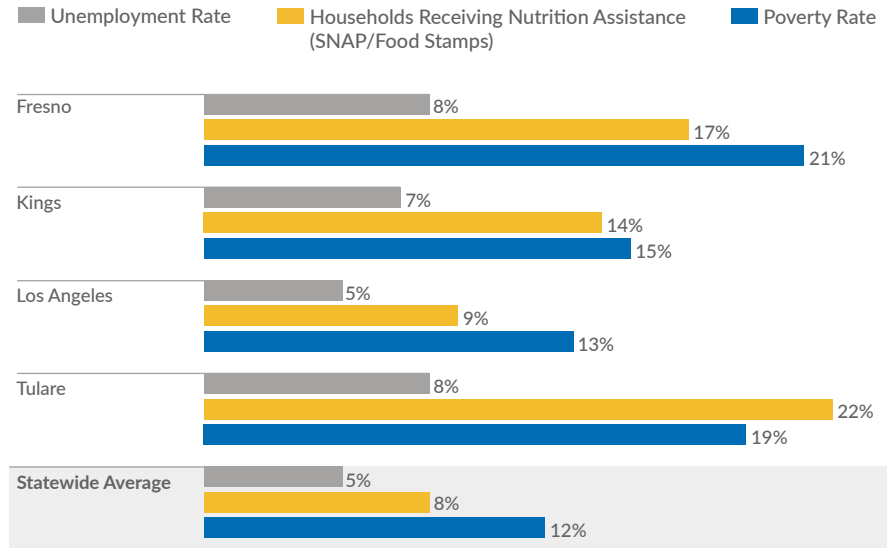
Housing Voucher Pilots

Elevance Health's California health plan affiliate collaborates with three different housing authorities to secure housing vouchers for beneficiaries who have complex health conditions. The health plan has access to housing vouchers in the city of Pomona (Los Angeles County), Kings and Tulare counties, and in Fresno County, through these pilots.

As part of this collaboration, the plan partners with community-based organizations to provide wrap around services, housing case management, and connections to community resources including physical health and MH/SUD services. The health plan also uses its flexible housing fund (see below) to help individuals address their barriers to housing, such as rental and utility deposits and arrears, essential furniture, and move-in supplies—items that are critical to securing stable housing.[25] Notably, Kings and Tulare are among the counties with some of the highest rates of poverty, unemployment, and nutrition assistance, as illustrated in Figure 3.

The health plan partners with counties to help Medi-Cal beneficiaries obtain housing supports.

These partnerships are showing early success. Early findings suggest that this access to stable housing is improving healthcare use. For example, after one year of the Kings-Tulare demonstration, the health plan has seen a 20 percent reduction in medical expenses among beneficiaries using these vouchers—due in large part to reductions in emergency room and inpatient visits.[26]

Los Angeles Recuperative Care Program

Elevance Health's affiliated health plan partners with a community-based organization in Los Angeles—the National Health Foundation (NHF)— to support short-term housing and healthcare services for beneficiaries experiencing homelessness who are being discharged from the hospital. The health plan leases five beds from NHF's recuperative care center. Individuals stay for a minimum of 12 days before discharge, with some individuals staying as long as 24 days. Individuals have access to a limited set of medical services while the health plan coordinates supports as needed.[27] For instance, the health plan provides case management, connects individuals to social work and MH/SUD services, and coordinates housing placement and tenancy support services before the individual is discharged. Without this program, these individuals would be at risk for poor outcomes and readmission to the hospital, given lack of appropriate environment in which to recover from their hospital stay and prepare for returning to the community.

This is a particularly important initiative, given that Los Angeles County has the state's largest homeless population—accounting for 37 percent of California's total—and has one of the highest homelessness rates in the state (5.9 per 1,000).

Flexible Housing Fund

The Flexible Housing Fund eliminates barriers to obtaining or maintaining housing. Elevance Health's California health plan affiliate funds this program to help individuals with a variety of fees and costs as they move into new homes—such as the deposit, move-in costs, and other necessities. The health plan's case managers and dedicated Housing Specialist, along with community partners, identify and connect eligible beneficiaries with this program.

Resources from the Flexible Housing Fund were available initially to beneficiaries experiencing homelessness or at risk of homelessness[28] in 11 counties: Alameda, Kings, Los Angeles, Mariposa, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, and Tulare. These counties include some of the areas where homelessness, poverty, unemployment, and nutrition assistance rates are highest. (Figure 4) In May 2021, the Flexible Housing Fund expanded to all 29 counties where the health plan serves Medi-Cal beneficiaries—enhancing the plan's capacity to provide individuals with housing-related supports.

Figure 4
Select Drivers of Health in Counties with Access to the Flexible Housing Fund, 2019
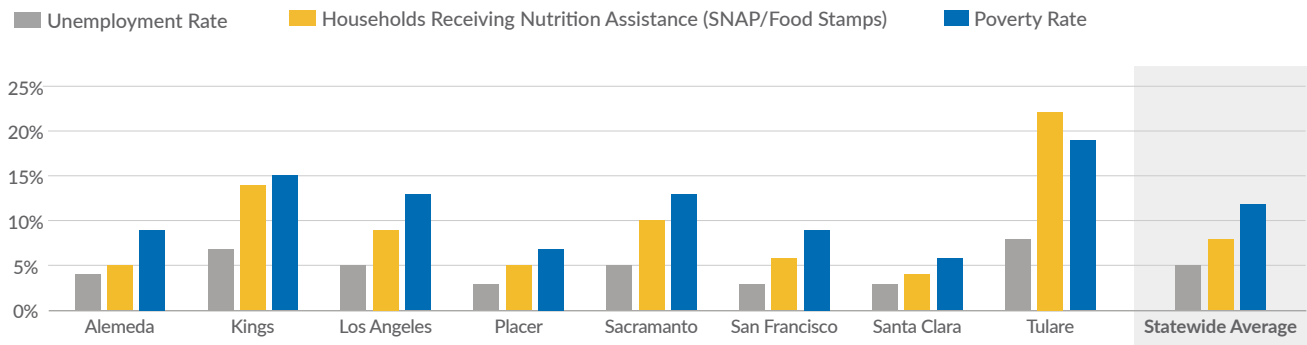
Legend: Unemployment Rate | Households Receiving Nutrition Assistance (SNAP/Food Stamps) | Poverty Rate

Source: U.S. Census Bureau, 2019 American Community Survey (1-Year Estimates).

Note: Unemployment rate is for working age adults (age 20-64). Poverty rate is the percentage of people below the federal poverty level. The American Community Survey did not have data for Mariposa, Plumas, and San Benito counties. There were either no observations or too few observations to compute an estimate for these measures. Statewide average reflects all counties where data were available.

Transportation for Housing Placement

Elevance Health's affiliated health plan was the first MCO in the state to expand Medi-Cal's non-emergency medical transportation (NEMT) benefit to include transportation that helps individuals identify and obtain permanent housing. This includes trips to visit a potential housing option, sign paperwork, and pay deposits.

Transportation can often be the critical difference in whether a person is able to obtain housing. The health plan's Housing Specialist saw individuals lose housing options due to lack of transportation and developed this program to meet beneficiaries' needs. The health plan offers trips for housing-related matters in all counties where it serves Medi-Cal beneficiaries.

Healthy Food & Nutrition Pilot

As individuals secure stable housing, the health plan is piloting a program in Santa Clara County to provide food and nutrition support to help beneficiaries who previously experienced homelessness obtain, prepare, and eat healthy meals in their new homes.
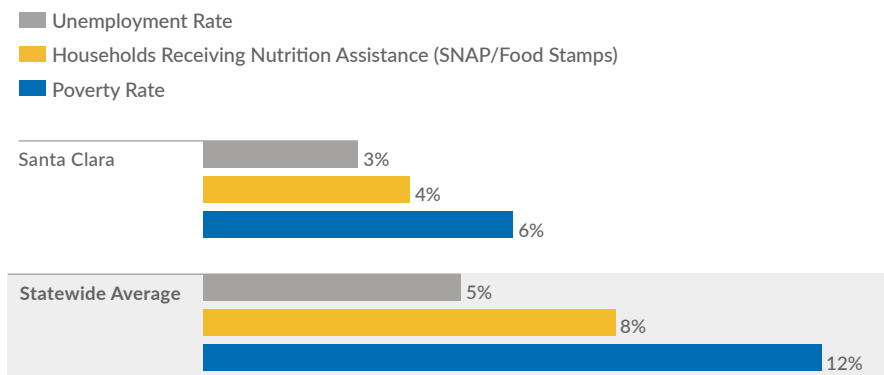
This pilot program includes several phases lasting about eight weeks in total. Upon move-in, individuals receive a starter kit that includes pots, pans, dishes, silverware, and other items. In addition, for the first three weeks, the health plan provides prepared meals. During the final five weeks, the program provides boxes of groceries and supplies that individuals can use to prepare their own meals. As part of this program, the health plan also connects individuals to a nutritionist to help establish and maintain long-term healthy eating habits.

Although the county performs better than the statewide average on the select health-related social needs highlighted in Figure 5, the county has the second highest homeless population in the state (nearly 10,000) and ranks in the bottom one-third of counties with respect to homeless rate (5.0 per 1,000, compared to the statewide average of 3.8 per 1,000).

Figure 5

Select Drivers of Health in Santa Clara County, 2019

Source: U.S. Census Bureau, 2019 American Community Survey (1-Year Estimates).

Note: Unemployment rate is for working age adults (age 20-64). Poverty rate is the percentage of people below the federal poverty level. Statewide average reflects all counties where data were available.

Legend:
- Unemployment Rate
- Households Receiving Nutrition Assistance (SNAP/Food Stamps)
- Poverty Rate

Santa Clara
- Unemployment Rate: 3%
- Households Receiving Nutrition Assistance: 4%
- Poverty Rate: 6%

Statewide Average
- Unemployment Rate: 5%
- Households Receiving Nutrition Assistance: 8%
- Poverty Rate: 12%

Discussion

Access to stable and safe permanent housing is a challenge facing many Medi-Cal beneficiaries. Elevance Health's affiliated health plan's efforts to date demonstrate the innovative ways in which Medicaid MCOs can be part of the solution. Implementation of the state's CalAIM waiver will put Medicaid MCOs in a position to further enhance their role as a partner for the Medi-Cal program.

Under CalAIM, the health plan intends to build on its strategic approach to housing-related programs, such as expanding its efforts to connect beneficiaries to services statewide and building out program capacity to serve more individuals who are homeless. Given that cultivating strong local partnerships has been a cornerstone of the health plan's efforts to date, it will continue seeking out opportunities to partner with community-based organizations that can help augment housing supports and improve health outcomes.

In addition to the positive progress to date, there are key actions that can help increase MCOs' capacity to improve services and supports for Medicaid beneficiaries.

Improving data-sharing. Better population health management requires understanding the underlying demographic and social needs of the people MCOs serve. However, health plans currently receive this information only when it is self-reported by beneficiaries—creating gaps in plans' understanding. A key step in closing this gap would be for the state to work with MCOs to improve data sharing so plans have more accurate demographic and social needs data to enhance care coordination and service delivery. For instance, in California, granting health plans access to data in the Homeless Management Information System (HMIS) would provide plans with beneficiary-level data on the state's provision of housing and related services to individuals and families experiencing homelessness, as well as those at risk of experiencing homelessness. This could improve plans' outreach and ability to connect individuals to the services they need.

Supporting providers. Trusted providers play a critical role in helping individuals to meet their health-related social needs. Yet, Medicaid providers do not always have the resources to conduct social risk assessments and make referrals. To address this challenge, the Centers for Medicare & Medicaid Services could encourage states to use Medicaid State Plan Amendments (SPAs) to help identify sustainable funding for these efforts. Additionally, California's Department of Health Care Services could consider partnering with health plans to identify ways to support providers in completing these assessments and referrals where possible.

Opportunities exist to build on MCOs' efforts to enhance care coordination and service delivery.

Enhancing housing support and sustainability. Historically, HUD provided its grantees with funding that covered housing units and supportive services. However, HUD no longer provides the same level of funding for supportive services and instead encourages nonprofits to develop partnerships with entities that can fund supportive services in their housing programs. As nonprofits navigate this change, Elevance Health's California health plan affiliate has been proactive in establishing partnerships that will ensure Medi-Cal beneficiaries receive the services and supports they need. To help meet the housing needs that exist in the community, longer-term, more sustainable funding options need to be established at the federal and state levels. Doing so would improve the capacity of community-based organizations to serve individuals experiencing or at risk of experiencing homelessness and increase access to permanent, stable housing.

Conclusion

MCOs can be valuable partners in helping states achieve their goal of improving outcomes for Medicaid beneficiaries, including in ways that extend beyond traditional healthcare benefits.

California's housing crisis is a barrier to good health and wellbeing for many Medi-Cal beneficiaries. Elevance Health's affiliated health plan's efforts to address housing instability and homelessness, alongside other health-related social needs, are not only designed to help beneficiaries secure stable housing, but also to promote whole person health.

Endnotes

1 Office of Community Planning and Development. (2020, January). The 2019 Annual Homeless Assessment Report (AHAR) to Congress. U.S. Department of Housing and Urban Development. Retrieved June 12, 2020 from https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf.

2 Ibid.

3 California Housing Consortium. (2020). Affordable Housing 101: What Are the Benefits? Retrieved March 23, 2020 from https://calhsng.org/resources/affordable-housing-101/what-are-the-benefits/.

4 Maqbool, N., Viveiros, J., Ault, M. (2015, April). The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy. Retrieved March 23, 2020 from: https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-A-Research-Summary.pdf.

5 Getsinger, L., et al. (2017). The Housing Affordability Gap for Extremely Low-Income Renters in 2014. The Urban Institute. Retrieved March 1, 2020 from https://www.urban.org/sites/default/files/publication/89921/gap_map_report.pdf. The measure of "affordable, adequate, and available" housing units was developed by Urban Institute and represents a subset of nonsubsidized housing units for ELI renters. According to the U.S. Department of Housing and Urban Development, extremely low-income households are households with income that does not exceed 30 percent of the median income for their area. The methodology in the Urban Institute describes the calculation as follows: "We counted the number of ELI households who reported that monthly rent and utilities were less than or equal to 30 percent of the cost for the upper limit of area ELI households, which gave us a count of ELI renter-occupied affordable units. We then added vacant units affordable to ELI renters and subtracted vacant and occupied substandard units, defined as those with incomplete plumbing or missing kitchen or cooking facilities. Finally, we subtracted the number of project-based federally assisted units, including project-based Section 8, Moderate Rehabilitation, other multifamily, public housing units, and Section 521 USDA units to attribute those units to a federal subsidy rather than to natural affordability based on monthly rent. This provided the number of nonsubsidized AAA units."

6 Getsinger, L., et al. (2017).

7 Levin, M., Botts, J. (2019, December 31). California's Homelessness Crisis—and Possible Solutions—Explained. CalMatters. Updated January 8, 2020. Retrieved March 23, 2020 from https://calmatters.org/explainers/californias-homelessness-crisis-explained/.

8 According to the U.S. Department of Housing and Urban Development, "extremely low-income" renters are renter households with income that does not exceed 30 percent of the median income for their area. "Very low income" households have income up to half of their area's median household income and "low income" households have income that does not exceed 80 percent of the median income for their area.

9 Levin, M., Botts, J. (2019, December 31).

10 California Housing Partnership. (2020, February). Affordable Homes at Risk: How Many of California's Affordable Rental Homes Have Converted to Market Rate? And How Many are Still at Risk? Retrieved March 23, 2020 from https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2020/02/2020-Affordable-Homes-at-Risk_CHPC-Final.pdf.

11 Taylor, M. (2016, February 9.) Perspectives on Helping Low-Income Californians Afford Housing. Legislative Analyst's Office. Retrieved March 23, 2020 from https://lao.ca.gov/Reports/2016/3345/Low-Income-Housing-020816.pdf.

12 Johnson, B., Woolsey, R. (2019, November). The 2020-2021 Budget: Medi-Cal Fiscal Outlook. Legislative Analyst's Office. Retrieved June 12, 2020 from https://lao.ca.gov/Publications/Report/4116.

13 Myers, J. (2020, June 26). California Will Use Surplus Cash, Delay School Funds in $202.1-Billion Budget Sent to Newsome. The Los Angeles Times. Retrieved January 5, 2021 from https://www.latimes.com/california/story/2020-06-26/california-will-use-surplus-cash-delay-school-funds-in-budget-sent-to-newsom.

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15 Office of Community Planning and Development. (2020, January). The 2019 Annual Homeless Assessment Report (AHAR) to Congress. U.S. Department of Housing and Urban Development. Retrieved June 12, 2020 from https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf.

[16] Data for homelessness are reported based on Continuums of Care (CoC), which are regions designated by HUD for the purposes of program administration and data collection. A CoC may reflect a single county, multiple counties, or a subdivision within a county, depending on population density. For this analysis, where a CoC was comprised of more than one county, county-level population data were aggregated to calculate per 1,000 rates at the CoC level. A modified approach was used for Los Angeles County, which is separated into four different CoC regions. Data on homelessness was aggregated for these four CoC regions and presented on a per 1,000 basis at the county level for Los Angeles. For more information on Continuums of Care, see: National Alliance to End Homelessness. (2010, January 14). What is a Continuum of Care? Retrieved January 5, 2021, from https://endhomelessness.org/resource/what-is-a-continuum-of-care/.

[17] There are eight occurrences in California where a HUD-designated CoC is comprised of more than one county. These include: Monterey/San Benito; Kings/Tulare; Fresno/Madera; Yuba/Sutter; Alpine/Inyo/Mono; Colusa/Glenn/Trinity; Amador/Calaveras/Mariposa/Tuolumne; and, Shasta/Siskiyou/Lassen/Plumas/Del Norte/Modoc/Sierra.

[18] Smith, D., Oreskes, B. (2019, October 7). Are Many Homeless People in L.A. Mentally Ill? New Findings Back the Public's Perception. The Los Angeles Times. Retrieved March 23, 2020 from https://www.latimes.com/california/story/2019-10-07/homeless-population-mental-illness-disability.

[19] Levin, M., Botts, J. (2019, December 31).

[20] National Alliance to End Homelessness. (2016, April 20). Housing First. Retrieved January 6, 2021 from https://endhomelessness.org/resource/housing-first/?gclid=EAIaIQobChMIj5Xx1LiK7gIVQeKzCh0i-2wNkEAAYASAAEgLXM_D_BwE.

[21] Ibid.

[22] Elevance Health's California health plan affiliate implements the Whole Person Care program in Los Angeles, Santa Clara, San Francisco, Alameda, Placer, Sacramento, Mariposa, Plumas, San Benito, and Kings counties. The health plan operates Health Homes program in Los Angeles, Santa Clara, San Francisco, Alameda, Sacramento, and Tulare counties. The health plan operates LTSS programs in Los Angeles and Santa Clara counties.

[23] Data from Elevance Health's California health plan affiliate subject matter experts. Data comes from 2019 through 2020.

[24] Data from Elevance Health's California health plan affiliate subject matter experts. Data comes from 2020.

[25] Historically, HUD provided its grantees with funding that covered housing units and supportive services. However, HUS recently shifted its perspective—no longer providing funding for supportive services and encouraging nonprofits to develop partnerships with entities that can support their housing programs. As nonprofits navigate this new reality, the MCO has been proactive in establishing partnerships that will ensure Medi-Cal beneficiaries receive the services and supports they need.

[26] Data from Elevance Health's California health plan affiliate subject matter experts.

[27] The recuperative care facility offers a limited set of medical services, since it is not a licensed clinical facility (e.g., Skilled Nursing Facility).

[28] Elevance Health's California health plan affiliate uses an eligibility criteria that is less restrictive than the definition of homelessness used by HUD so that the health plan can serve as many Medi-Cal beneficiaries as possible.

About Us

Elevance Health Public Policy Institute

The Public Policy Institute (PPI) was established to share data and insights that inform public policy and shape the healthcare programs of the future. PPI strives to be an objective and credible contributor to healthcare transformation through the publication of policy-relevant data analysis, timely research, and insights from Elevance Health's innovative programs.

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