NATIONAL HEALTH CARE for the HOMELESS COUNCIL

STATE OF AFFAIRS:

A Health Policy Update

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

HOT TOPICS

HOUSING IN THE U.S.

- FMR for 1-BR: $931/month
- Wage needed to afford 1-BR: $17.90/hr
- Only 1 in 4 low-income people who qualify for housing assistance are able to receive it
- 8.3 million households pay more than ½ their income toward rent
- 28% of low-income renters couldn't pay full rent in last 3 months
- 3.7 million evictions in 2017

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Great resource on state-level housing costs:
National Low Income Housing Coalition report:
Out of Reach: The High Cost of Housing

HOMELESSNESS IN THE U.S.

- 553,742 on any given night (2017)

  →1/3 staying on the street

- 1.4 million over the course of the year using HUD-funded shelters (2016)
- 1.4 million homeless patients served at health centers (2017)
- All numbers are undercounts; numerous definitions of homeless

HUD FUNDING

Program	FY18 Funding	People Served
McKinney Homeless Grants (CoC + ESG)	$2.5 billion	~900,000
Section 8 Rental Assistance	$33.5 billion	~5 million
Public Housing	$7.3 billion	~2 million

HUD priorities + local decision-making = wide range of program design and outcomes

HUD PROPOSED POLICIES

- Increase rent 30% → 35% as percentage of income
- Increase minimum rent: $50 → $150/month (712K households)
- Add work requirements
- Eliminate income deductions
- Add time limits
- Allow unlimited ability for HUD to raise rents further

➢ *These policies require Congressional approval*

HEALTH & HEALTH REFORM

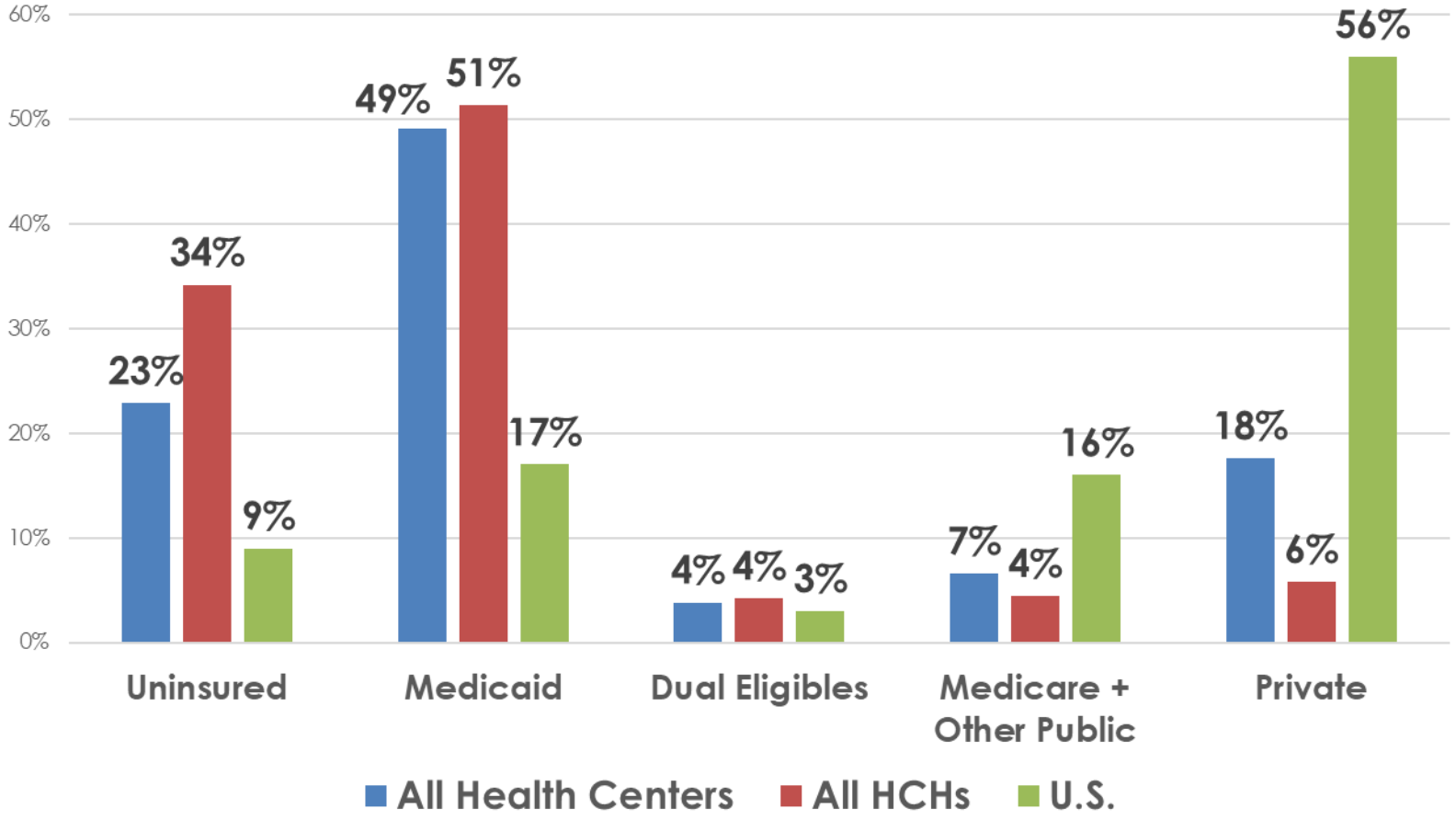
STATE-LEVEL EFFORTS

- Reducing costs
- Improving health care outcomes & quality
- Changing payment methods to align with quality & "value"
- Holding providers accountable for results
- Emphasizing data

HOMELESS POPULATIONS

- High rates of chronic illness, behavioral health conditions, communicable disease, acute illness & injuries
- **Add in:** Trauma, social isolation, stigma, distrust of systems, numerous barriers to care, high costs, frequent service use

HEALTH INSURANCE COVERAGE



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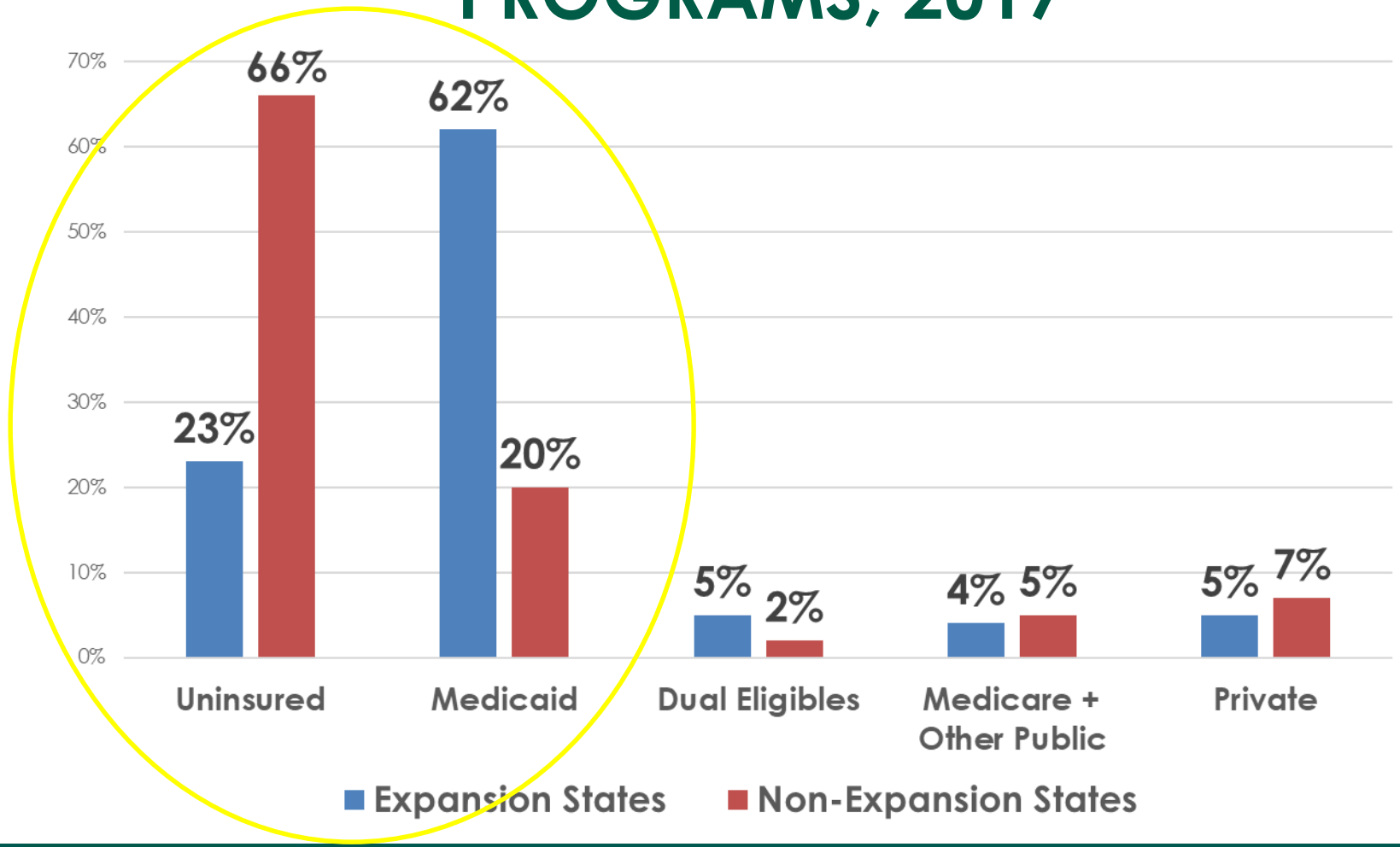
HEALTH INSURANCE AMONG HCH PROGRAMS, 2017



CMS GUIDANCE ON WORK

"CMS will support state efforts to test incentives that make participation in work or other community engagement a requirement for continued Medicaid eligibility…"

- → Align with SNAP or TANF rules
- → Protections for those with disabilities, those who are medically frail, those with SUD in treatment
- → No federal Medicaid funding for supports to meet work requirements

CMS State Medicaid Director letter 18-002 re: *Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries,* January 11, 2018

REDUCING POVERTY THROUGH WORK

April 2018 EO: *Reducing Poverty in America by Promoting Opportunity and Economic Mobility requires 8 Cabinet Secretaries:*

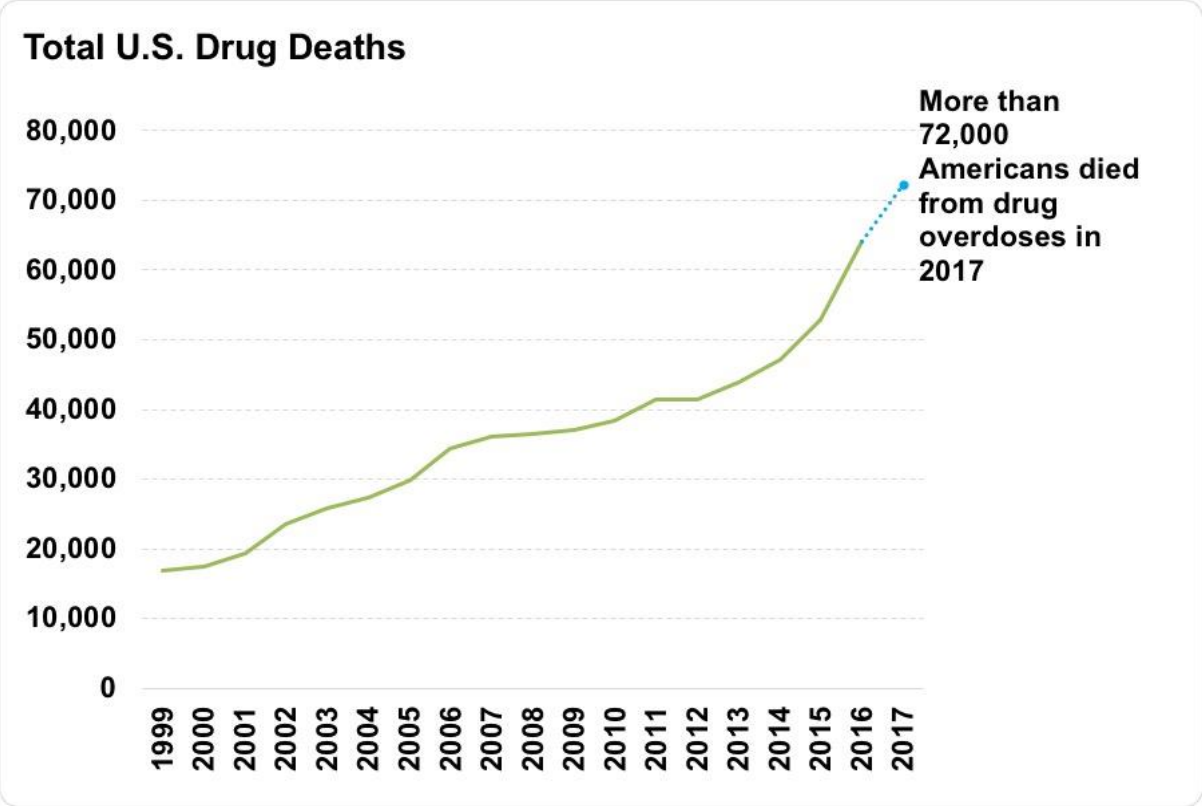
- To conduct comprehensive review of all benefits and services & assess ability to impose work requirement
- Assess all public benefits that go to "non-qualified aliens"

MEDICAID RESTRICTIONS

Work Requirements	• **AR**, AZ, **IN**, KS, **KY**, ME, MS, NC, **NH**, OH, UT, WI
Eligibility & Enrollment Restrictions	• AR, AZ, IA, IN, KS, KY, MA, ME, MI, MT, NH, NM, TX, UT, WI
Benefit Restrictions/ Copays/ Healthy Behaviors	AZ, FL, IA, IN, KY, MA, ME, MI, NM, TX, UT, WI

Note: CMS rejected lifetime limits on Medicaid and partial expansions (to 100% FPL)

DRUG OVERDOSE DEATHS



2/3 of overdoses are from opioids

Rx opioids cost U.S. economy ~$80 billion each year

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U.S. Surgeon General Report (2015):
Alcohol: 66M people, $250 billion/year
Other drugs: 27M people, $193 billion/year

OPIOIDS: OUR 5 AREAS OF EXPERTISE

- Overdose Response
- Harm Reduction Approaches
- Full Range of Treatment
- Workforce
- Housing

OPIOIDS: CONGRESS

- Comprehensive Addiction and Recovery Act (CARA, July 2016)
  - → Expanded prescriber rights & access to naloxone, and authorized state grants
- 21st Century Cures Act (December 2016)
  - → **Most recent funding:** $1 billion in HHS grant funding, September 2018
- HRSA Funding (September 2018)
  - → ~$400 million distributed to health centers to expand access to integrated substance use disorder and mental health services.
- SUPPORT for Patients and Communities Act (Current)
  - → Expansion of MAT prescriber rights & loan repayment funds
  - → Best practices for recovery housing facilities & re-entry policies
  - → Report & TA re: using Medicaid for housing supports for homeless populations
  - → Pilot program to provide temporary housing for people in recovery (<2 years) via CDBG
  - → Continues Cures Act funding

HCHs TAKE LEAD IN OPIOID TREATMENT IN HEALTH CENTERS

	All Health Centers	HCH Programs	HCH % of Total
Total patients	27,174,372	1,008,648	**4%**
Total visits	110,420,028	5,503,693	**5%**
Number physicians with a MAT waiver	2,973	1,100	**37%**
Number patients receiving MAT	64,597	24,400	**38%**

IMMIGRATION & "PUBLIC CHARGE"

- Proposed Rule Change: Open for public comment
- Adds non-cash benefits (SNAP, Medicaid, Medicare Part D, housing, etc.) to existing reasons to deny entry/ application for citizenship
- Applies to individual *but not U.S. citizen household members*
- Considers whether individual is "likely" to use benefits

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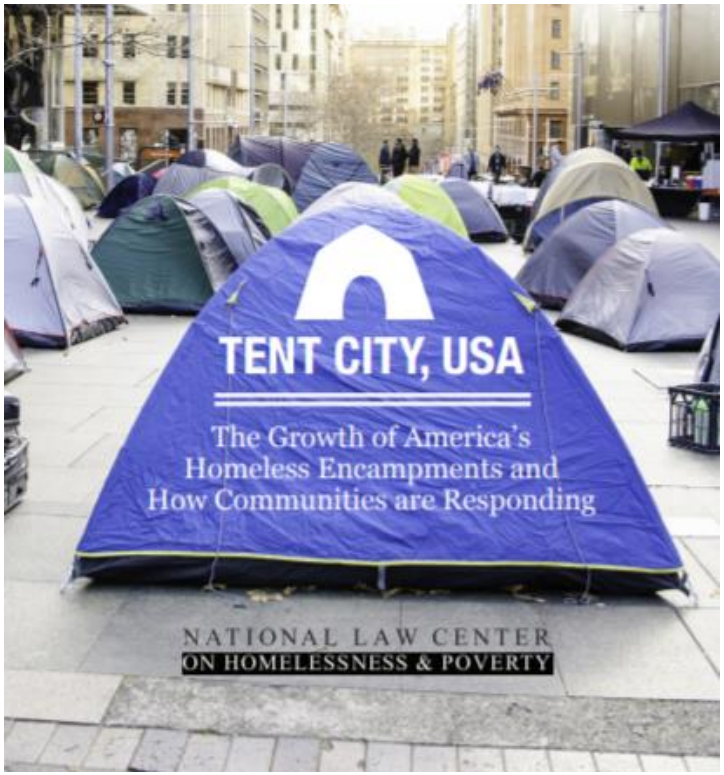
Comments on proposed rule due end-November. Look for more information.

CRIMINALIZATION OF HOMELESSNESS

- Sharp increase in number of homeless encampments nationwide
- Increasing # communities have added criminal penalties for sleeping, sitting, or other activities in public spaces
- **New federal court ruling:** people cannot be punished for sleeping outside in the absence of adequate alternatives. *(Martin v. Boise)*



MEDICAL RESPITE IN THIS CONTEXT

- Creating community from isolation & vulnerability
- Establishing safety & trust
- Engaging in care
- Giving space for reflection & healing
- Providing support & bearing witness

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MEDICAL RESPITE CHALLENGES

1. Claiming our legitimacy as part of the continuum of care & growing to meet need
2. Establishing tangible outcomes & measureable value
3. Asserting our bigger value in terms of humanity, dignity & the right thing to do
4. Educating policymakers about the need for housing & gaps in the system
5. Finding **JOY** in our work

QUESTIONS & DISCUSSION

- **What are the issues in your community that have the greatest impact on medical respite care?**
- **Where do you see opportunities to educate policymakers about the solutions needed in your community?**