



# Services in Housing

## An Opportunity to Strengthen America’s Public Health Infrastructure

### APPROACH



As a national nonprofit that exists to make a good home possible for the millions of families without one, Enterprise connects with and supports on-the-ground partners in affordable housing and healthcare. As society moves through the COVID-19 pandemic, we’ve seen how these partners are mission-aligned, adapt in times of crisis, and serve their communities’ most critical needs. There is opportunity for additional alignment between healthcare and affordable housing, especially around meeting needs through on-the-ground services. To explore this, Enterprise developed a series of issue briefs called “Services in Housing: An Opportunity to Strengthen America’s Public Health Infrastructure.”



In this series, Enterprise shares our learnings around the role that housing-based services play in our public health infrastructure and how it could be further activated to support health equity in the United States. This series is informed by a set of interviews with high-capacity affordable housing-services practitioners in affordable housing, Enterprise’s experience-seeking partnership with Medicaid Managed Care Organizations and healthcare partners related to housing-based services, and our experience as an affordable housing owner and operator.

# Growth opportunities for service delivery within affordable housing and Medicaid partnerships



## Introduction

Affordable housing is a platform to provide supportive services that improve the health of vulnerable populations, including the elderly, people with disabilities, and homeless individuals and families with low incomes. Stable, decent, and affordable housing are connected to positive health outcomes. In addition, access to affordable housing coupled with services leads to improved well-being for residents and lowers healthcare costs. However, the question remains to what extent housing-based services can be integrated into population health in the U.S.

Our [Housing Affordability Breakthrough Challenge](#) winner Gulf Coast Housing Partnership (GCHP) seeks to design a path for health and housing integration through investments from Medicaid Managed Care Organizations (MCOs). This type of partnership provides gap funding for Low-Income Housing Tax Credit (LIHTC) developments. GCHP and many others around the country have MCOs playing a larger role in affordable housing development. Building on the work of GCHP, Enterprise sought to find models for MCOs beyond investments in housing and examine how these partnerships can translate to the provision of housing-based services that promote health and well-being for residents.

As we explore more health and housing connections, specifically in the realm of housing-based services for residents, we ask the questions:

- **Why don't MCOs fund resident services, and**
- **How can the healthcare and affordable housing sectors influence their industries to become more united in their approach?**

## Making the case

MCOs and others in the healthcare community are starting to embrace opportunities to address health needs through non-clinical interventions like supporting housing, employment, and education. MCOs are now integrating these strategies into their investments, grants, and member services. This shift to upstream interventions is mainly driven by payment models, regulations, accountability structures, and access to state Medicaid contracts. At this point, there have been a limited number of models around MCOs partnering or funding housing-based services.

Housing providers also see benefit from housing-based services. When providing programs like financial education, well-being programs, and childcare, residents experience increased housing stability and decreased evictions. In affordable housing, these types of services are often offered on-site or by connecting residents to community resources. **These services are a cost-saving proposition for both MCOs and affordable housing providers.** While there are models of hospitals providing services at a housing site (e.g., [Preservation of Affordable Housing](#)), there is little evidence of sustained collaboration between MCOs and affordable housing providers on service provision within affordable housing.



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## What we've learned: Why building housing-based services partnerships with MCOs isn't easy

Since 2016, Enterprise and many organizations in affordable housing have pursued partnerships with MCOs across the country – several partnerships have been formalized through investments or programmatic work (e.g., [CareSource](#) investment in housing quality in Cleveland), while others remained thought partnership or advisory. As these sectors continue to pursue partnerships, they focus on the needs and gaps in financing and operating affordable housing in a way that promotes health. One of these gaps is for sustainable funding for housing-based services. A 2016 [research](#) study based in Oregon showed the impact of stable housing with services on healthcare outcomes and costs, and from this data, we learned on-site health-based services were a key driver to lower health costs. This further illustrates why MCO and affordable housing partnerships should extend beyond investment in the development of housing and into resident service provision.

Affordable housing and healthcare partners have explored opportunities to scale service provision in housing to improve health outcomes and the associated cost savings with little success. In these efforts commonalities have arisen we can learn from as a field. While there is significant alignment in mission, values, and populations served between MCOs and affordable housing organizations, many challenges arise in this cross-sector work. These include a lack of shared language or understanding of the other sector, limited capacity to engage and develop a deep partnership, and lack of clarity in decision-making authorities. Through on-the-ground experience and engagement with partners, Enterprise has also found that unique roadblocks arise in pursuing a collaboration with MCOs around the delivery of housing-based services, including:

- Misalignment at the organizational level
- Housing-based services are seen as duplicative by MCOs
- Lack of regulatory, market, or financial pressure on affordable housing organizations or MCOs

## Leveraging success to garner additional support: Gulf Coast Housing Partnership

An example of starting small and using that momentum to build larger and deeper relationships can be found in the Gulf Coast Housing Partnership's (GCHP) relationship to health. They have built commitments and partnerships with the healthcare sector over time. In 2016, GCHP took part in a Health Action Plan pilot conducted by Enterprise. This pilot paired GCHP with a public health partner to identify their residents' health needs and develop strategies that would promote health. GCHP continued to lean in and focus on health and wellness in their work. Their dedication led to additional partnerships in community health efforts.

Most recently, they broke ground on [H3C, an affordable housing development](#) in Central City New Orleans. This development will incorporate health through a Federally Qualified Health Center (FQHC); Fitwel building certification; a \$25M investment from Aetna, Inc., a CVS Health Subsidiary; and co-located community center for wellness and services support. GCHP shared – the more ways health is addressed at the property, the more interest there is from a variety of health partners. The sign-on of Aetna supported the sign-on by the FQHC and vice versa.



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## Roadblocks in collaborating around services

**Misalignment at the organizational level:** The value proposition of supporting services in housing is misaligned in a place-based model for MCOs. While a significant portion of the population served in affordable housing often are on Medicaid, it is unlikely all residents are served by the same MCO. Additionally, residents may have employee-based insurance plans or have an alternate type of health insurance coverage. Having multiple types of health insurers and plans covering the residents in one housing development limits the level of financial impact that one MCO investing in housing-based services at a housing site would have. Similarly, affordable housing providers have little interest in bringing in a program that would only serve a subset of their population. They also do not have the capacity to develop service partnerships with all MCOs or other types of health insurers covering their population. Service delivery in affordable housing supported by MCOs would be most favorable in a collective model uniting multiple health insurance organizations and multiple affordable housing providers. Alternatively, in areas where the market share of one MCO is exceptionally high, there may be more opportunity for one-on-one relationship development. Conversations around the collective model have taken place with limited success in implementation based on our research to-date. There are some examples of collective work among MCOs, including a pilot targeting [integrated pest management](#) in New York; however, even this is very limited in the scope of service provided.

**Housing-based services are seen as duplicative by MCOs:** States can require MCOs to perform targeted case management for populations with high-risk factors, such as those with developmental disabilities or chronic mental illness, and care coordination for their members. For example, in Mississippi and Louisiana, case management provisions are incorporated into MCO contracts at the state level. Service similarities exist between resident services and case management, such as helping beneficiaries access needed medical, social, educational assistance that contributes to better health and well-being. Many residents of affordable housing may be eligible for case management or care coordination with their MCO; however, they may be unaware of these services. Comparatively, in affordable communities, housing service providers have direct access to them. Yet, since MCOs have to hire and keep staff for case management and care coordination, MCOs often see the additional funding of housing-based services as duplicative to their own services. This limits MCOs' interest in funding housing-based services.

However, there is still opportunity to fill gaps. MCOs have expressed difficulty in reaching their members to connect them to these services, illustrating an opportunity for partnership between the two sectors. If MCOs partnered with affordable housing providers to supply case management, this process could (1) offer system efficiencies and cost savings between the two partners, (2) deliver better referrals and outreach activities for MCOs based on the housing partner's community connections, (3) increase awareness and utilization of benefits, and (4) help avoid potential service gaps for Medicaid enrollees. In this approach, housing service providers could play a distinct and unique role that could be funded through MCO partnership or, depending on a state's Medicaid policy, through reimbursement of costs through an MCO partner.

**Lack of regulatory, market, or financial pressure on affordable housing organizations or MCOs:** Despite the overlap in populations served, there is not a clear business case for MCOs to finance housing-based services. Evidence illustrates there is a reduction in healthcare costs for residents living in affordable housing with services; however, the return on investment for MCOs is not clear. Additionally, state or federal entities do not regulate the provision of these services, nor do they incentivize this type of investment through providing a competitive advantage at the state contracting level. These pressures are often necessary for widespread change in an industry. For example, anecdotally, we learned investments in affordable housing by an MCO supported their state contract application and reputation. Creating a marketing advantage or advocacy to the state Medicaid office around contracts may support future pressure for MCOs to fund housing-based services in affordable housing.

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## Moving towards change: What can advance deeper services relationships between MCOs and affordable housing providers?

Despite barriers to MCOs funding housing-based services, there is ample opportunity for affordable housing providers to partner with MCOs in other ways. Forming strong working relationships is a great place to start when setting the stage for systems changes.

Below are opportunities and examples from across the country of how affordable housing providers and MCOs work together in alternate ways:

- **Start small.** Identify early opportunities for alignment that fit within the existing structure of each organization. Relationship building and early wins create the momentum to allow this work to grow and continue. Here are a few examples from affordable housing providers and how they could be leveraged:
  - **Grants:** Small grant-making from an MCO to support a specific service focused on a health need. One of the housing organizations interviewed for this series shared that a local MCO provided a grant to the housing organization to host an onsite summer kids camp for residents and the adjacent community. To build on the MCO's grant, additional partners could be used to support, such as a local community health center, the city parks and recreation department, or a healthy eating community-based program. This type of programming would support an under-resourced community suffering from a high level of childhood obesity and diabetes. Using existing partners helps strengthen the relationship and provide more access and awareness of services in their community.
  - **Events:** Collaborate with community-based partners and other stakeholders to host health events that include health services and information activities. These events may be health fairs, mobile mammograms, vaccination pop-ups, or financial literacy and housing counseling which address health disparities and housing stability. The housing provider can host these events onsite for residents and community members and look to MCOs for sponsorship, health education, or service provision.
  - **Referrals:** Affordable housing organizations can serve as a referral organization to MCOs. The MCOs case management team needs community connections for housing and other services to support their members. The affordable housing organizations can offer to serve as a referral organization for the MCO members in need of affordable housing. Acknowledging the limitations to space, availability, and process for receiving affordable housing will be important.
- **Document and share impact.** This process creates opportunities for housing providers, cross-sector partners, and policymakers to scale impact through case making and storytelling with evidence-based outcomes. By documenting and sharing impact and growth opportunities, housing and MCOs can work collectively to change policies and increase resource allocation at the state and federal levels to ensure housing programs have access to more funding to support the health and wellness of residents. There are many barriers to the long-term system change for MCOs funding housing-based services; however, the case-making needs to continue.
- **Always be open to learning.** Misunderstandings between different sectors is common. It is important to ask questions and seek clarifying questions with partners and stakeholders. Learn from each sector and avoid making assumptions. If misunderstandings happen, consider it a chance to stop and reflect on how to clarify your work and opportunities for partnership.



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## Additional Resources

Medicaid MCOs and affordable housing organizations have the opportunity to work together in many ways. Here are successful examples of innovation happening at the intersection of housing and MCOs.

- [Summary of State Actions: Medicaid & Housing Services](#) by the Corporation for Supportive Housing
- [Medicaid Can Partner with Housing Providers and Others to Address Enrollees' Social Needs](#) by Hannah Katch with Center for Budget and Policy Priorities
- [Medicaid: What to Watch in 2022 \(Access, Social Determinants of Health, and Health Equity Section\)](#) by Robin Rudowitz, Jennifer Tolbert, MaryBeth Musumeci, and Elizabeth Hinton with the Kaiser Family Foundation

Resources on building cross-sector partnerships between housing and health care organizations.

- [Housing and Community Benefit: What Counts?](#) by Catholic Health Association and Enterprise Community Partners
- [From Silos to Collaborations: Building a Health Partner Investment Strategy](#) by NeighborWorks America and the Center for Community Investment
- [Healthcare Playbook for Community Developers](#) by Build Healthy Places Network



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