



# **Increasing Collaboration between Health Care and Housing Programs to Improve Outcomes and Reduce Costs**

**Report to Congress from the  
U.S. Interagency Council on Homelessness**

March 2019

In response to the House and Senate Committees on Appropriations, the United States Interagency Council on Homelessness (USICH) has implemented interagency processes and discussions to assess how federal housing programs and federal health programs could better collaborate to reduce costs and improve health and housing outcomes. Particular attention has been given to outcomes for the following populations experiencing homelessness: chronically homeless individuals; homeless individuals with behavioral health conditions; and homeless children, including infants, in families that either receive housing assistance under programs administered by the federal government or could benefit from grant programs administered by the federal government.

## Background

*[Home, Together: The Federal Strategic Plan to Prevent and End Homelessness<sup>1</sup>](#)* establishes federal strategies that will support states and communities to make homelessness a rare, brief, and one-time experience and to sustain progress and success. The Plan is premised on the understanding that ending homelessness cannot be achieved by one system alone, but requires multiple systems and sectors working collaboratively towards this goal. As such, the Plan focuses on federal strategies that promote increased collaboration among health and housing systems to scale housing and services interventions that are necessary for ending homelessness and improving health outcomes for individuals and families. Specific strategies include:

- Identifying, targeting, and connecting individuals and families to resources and opportunities that promote housing stability;
- Improving efforts to prevent people from entering homelessness as they transition from health and behavioral health care facilities;
- Increasing the availability of medical respite programs;
- Aligning services to ensure that people with behavioral health care needs have adequate and appropriate access to emergency shelter; and
- Engaging health and behavioral health care providers and HIV/AIDS housing and service organizations in coordinated entry processes in order to implement effective practices for referrals between systems.

Activities related to these strategies and several initiatives are currently underway and provide a foundation for continued federal efforts to improve collaboration between housing and health programs to decrease costs and improve outcomes for people experiencing or at risk of experiencing homelessness.

This report provides an inventory and assessment of several important, current collaborations and efforts as well as recommendations for furthering and building upon those efforts, including:

- Medicaid-housing state-level partnerships being fostered through Center for Medicare and Medicaid's (CMS) Innovation Accelerator Program;
- Sharing information and new strategies for using Medicaid to support services that promote housing stability;

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<sup>1</sup> [https://www.usich.gov/resources/uploads/asset\\_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf)

- Encouraging partnerships to meet the needs of families and young children at-risk of and experiencing homelessness;
- Strengthening connections between local health centers and housing programs; and
- Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) engagement

In addition to building upon these current efforts, this report also provides recommendations for additional activities to strengthen collaboration, reduce costs, and improve outcomes, including efforts to:

1. Advance supported employment to improve economic outcomes and housing stability;
2. Maximize Section 811 Mainstream Housing Choice Voucher Program to expand high-quality housing and services for people with disabilities, including people experiencing chronic homelessness.
3. Strengthen the integration of treatment and housing strategies for people affected by opioid use disorders by:
  - a. Facilitating access to Medication-Assisted Treatment (MAT) in federally-funded housing programs and reducing barriers to housing for people participating in MAT, including people living in rural areas;
  - b. Scaling opportunities to pair MAT with housing assistance, including for pre- and postpartum mothers in families; and
  - c. Conducting an environmental scan of existing recovery residence models with special attention to improving understanding of effective approaches within the Continuum of Care (CoC).

## Evidence for Approaches

Activities and strategies described within this report are guided by established or emerging evidence, including a focus on connections between housing stability, health, and other outcomes and the cost-effectiveness of investments into housing opportunities. To improve housing stability and other outcomes, communities, with support from federal agencies, are developing coordinated systems with multiple entry points and standardized approaches to assessment, in order to streamline people’s ability to access needed housing resources and programs—including mainstream programs like workforce services, early childhood education, schools, health and behavioral health care programs, affordable housing, and others.<sup>2</sup> These efforts and others have helped reduce homelessness nationwide by 15% between 2010 and 2018, according to annual Point-in-Time counts,<sup>3</sup> and contributes to improved health and other social outcomes.

Effective approaches, developed in response to strong evidence, include: prioritizing people experiencing homelessness for new and existing affordable housing; providing rapid re-housing to families and individuals; and providing supportive housing opportunities to people with the most intense needs. USICH’s *The Evidence Behind Approaches that Drive an End to Homelessness*<sup>4</sup> highlights the evidence that informs these key strategies for preventing and ending homelessness and guides investments in cost-effective solutions.

<sup>2</sup> <https://www.usich.gov/solutions/crisis-response/coordinated-entry/>

<sup>3</sup> <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

<sup>4</sup> [https://www.usich.gov/resources/uploads/asset\\_library/evidence-behind-approaches-that-end-homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/evidence-behind-approaches-that-end-homelessness.pdf)

## **Inventory and Assessment of Current Collaborations and Recommendations for Advancing Efforts**

Federal agencies have worked in close partnership to develop, expand, and support states and communities in implementing housing and shelter programs in close coordination with health care providers and systems. Agencies have focused efforts on ensuring that individuals and families experiencing homelessness have access to health care, while recognizing that stable housing is an essential platform from which to access and utilize health care services appropriately and effectively, and upon which individuals and families can thrive.

The activities described here represent some of the most significant efforts that have been undertaken at the federal-level to improve health and housing outcomes for individuals and families experiencing homelessness, and include several efforts aimed at reducing costs across systems. However, more work and attention is needed to advance these strategies. Therefore, recommendations have also been included for advancing each effort.

### **Efforts Focused on Chronic Homelessness and People with Behavioral Health Conditions**

#### **Medicaid-Housing State Partnerships Being Fostered Through CMS’s Innovation Accelerator Program**

With a greater understanding of the medical costs associated with chronic homelessness, and a policy focus on reducing unnecessary institutionalization across many populations, many state Medicaid agencies have been seeking to better support Medicaid beneficiaries to live stably in the community while also more cost-effectively utilizing health care resources and strengthening health outcomes. State Medicaid agencies have increasingly recognized that access to stable, affordable housing is critically important for ensuring that beneficiaries could live in the community. Historically state Medicaid agencies and state housing finance agencies were largely siloed. In response to this dynamic, in 2016, the Department of Housing and Urban Development (HUD), Department of Health and Human Services’ (HHS) CMS and Substance Abuse and Mental Health Services (SAMHSA), and USICH pursued a joint technical assistance effort under CMS’ Innovation Accelerator Program, focused on “Promoting Community Integration through Long-Term Services and Supports,” to support states in pursuing these opportunities through better state-level collaboration and more coordinated use of Medicaid services, housing, and behavioral health resources. Program support, training, and technical assistance has been provided to 19 states to date, including: Alaska, California, Connecticut, Hawaii, Illinois, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, North Dakota, New Jersey, Nevada, Oregon, Texas, Utah, and Virginia.

**Recommendation:** Federal agencies should maximize the opportunity to work directly with states through technical assistance, and foster peer-to-peer dialogue and learning between states who are currently and have previously participated. Additionally, federal agencies should continue to support state leadership on efforts to align Medicaid and housing resources.

#### **Sharing Information and New Strategies for Using Medicaid to Support Services That Promote Housing Stability**

In 2014, HHS/ The Office of the Assistant Secretary for Planning and Evaluation (ASPE) issued [A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing](https://aspe.hhs.gov/pdf-report/primer-using-medicaid-people-experiencing-chronic-homelessness-and-tenants-permanent-supportive-housing)<sup>5</sup>, which outlines Medicaid authorities and waivers, benefit plans, services, payment mechanisms, service delivery structures, and medical necessity criteria to help states navigate changes that could be made to strengthen the way states utilize Medicaid to support individuals experiencing chronic homelessness. Further, the Substance Use-

<sup>5</sup> <https://aspe.hhs.gov/pdf-report/primer-using-medicaid-people-experiencing-chronic-homelessness-and-tenants-permanent-supportive-housing>

Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) (Pub. L. 115-271) has directed HHS to write a report describing innovative state initiatives and strategies for providing housing-related services and supports under a State Medicaid program to individuals with substance use disorders who are experiencing or at risk of experiencing homelessness.<sup>6</sup>

**Recommendation:** To support expedited progress in this area, federal agencies should provide information, materials, and examples of:

- How states have utilized authorities granted to them under the Medicaid program’s Home & Community Based Services (HCBS) (1915(i) and 1915(c)) waivers to support strategies and activities that, in partnership with housing resources, promote housing stability, reduce costs, and improve health outcomes;
- Case studies and templates for waiver applications or state plan amendments;
- Lessons learned from the three rounds of technical assistance to states.

### Efforts Focused on Families with Children, Including Infants

#### Encouraging Partnerships to Meet the Needs of Families with Young Children At-Risk of and Experiencing Homelessness

USICH, HHS, HUD, and the Department of Education are developing a series of guidance on state- and local strategies to meet the needs of families with young children at-risk of and experiencing homelessness, with a specific focus on coordination between CoCs, Head Start and early childhood education programs, Maternal Infant and Early Childhood Home Visiting (MIECHV) programs, and the Healthy Start program. The series will promote access to early childhood health and development programs and childcare through coordinated entry systems, building off of the jointly-published [Policy Statement on Meeting the Needs of Families with Children Experiencing Homelessness](#)<sup>7</sup>. Each of the six documents will focus on key strategies for early childhood, housing, and homelessness services providers to consider when addressing the needs of families at-risk of and experiencing homelessness and reinforce three over-arching recommendations to strengthen cross-system collaboration:

1. Support a whole-family approach by developing and strengthening partnerships across early childhood and housing programs and systems;
2. Enhance early childhood program and system integration with the CoCs’ coordinated entry process;
3. Improve, leverage, and integrate early childhood homelessness data.

Most recently, HHS’ Office of Head Start launched the Home at Head Start campaign to increase the number of eligible children and families experiencing homelessness enrolled in Head Start programs. This 90-day campaign seeks to enroll 10,000 children experiencing homelessness into a Head Start program by the end of March 2019. Supporting the efforts of Head Start programs to identify and enroll eligible families are a series of learning modules to help states and local programs better serve families with young children who maybe be experiencing

<sup>6</sup> <https://www.congress.gov/115/bills/hr6/BILLS-115hr6eah.pdf>

<sup>7</sup> <https://www.acf.hhs.gov/sites/default/files/eecd/echomelessnesspolicystatement.pdf>

homelessness.<sup>8</sup> Released by HHS' Head Start Early Childhood Learning & Knowledge Center, key topics include understanding the dynamics of homelessness that affect families, children, and infants and understanding the McKinney-Vento definition of homelessness. The modules identify strategies for identification, outreach and improved access to early care and education, and connecting children and families experiencing homelessness with other resources available through Head Start or the community, such as child development and health screenings or health care and health insurance for families.

Federal partners have encouraged partnerships across these systems by collecting housing status data, incentivizing partnerships through the CoC program, sharing information about connecting to other systems, and have issued letters to MIECHV, tribal MIECHV, and Healthy Start grantees to encourage collaboration with CoC programs, non-profits, and public housing authorities (PHAs).

**Recommendation:** Building on the forthcoming fact sheets, federal agencies, including HHS, ED, and HUD, in partnership with USICH, should implement a feedback process using existing monitoring protocols and other tools to assess community and state progress toward implementing these strategies. Based upon that assessment, federal agencies should tailor technical assistance, guidance, and messaging to states and communities. Federal agencies should also consider appropriate program requirements or adjustments that are responsive to state, local, and national partners' feedback on the feasibility of implementing these strategies.

## Cross-Population Efforts to Address Health Care Needs of People Experiencing Homelessness

### Strengthening Connections between Local Health Centers and Housing Programs

Health Care for the Homeless programs and other Federally-Qualified Health Centers are critical partners in efforts to meet the health care needs of individuals and families experiencing homelessness. Health Centers, including Health Care for the Homeless Centers, are community-based and patient-directed organizations that serve low-income populations with limited access to health care, tasked with providing comprehensive primary care and the necessary supportive services that promote access to health care.

**Recommendation:** To better understand who is experiencing homelessness and housing instability at the community-level and to advance collaboration between these systems, guidance should be provided to Health Resources and Services Administration (HRSA)-funded health centers on expanding their use of the housing status element in ICD-10 codes to better understand the housing needs of their patients and to connect those patients to other resources in the community.

### Additional Recommended Strategies to Improve Outcomes and Further Progress

To further advance collaboration between health and housing programs to improve costs and outcomes for people experiencing chronic homelessness, people experiencing homelessness with behavioral health conditions who are not chronically homeless, and families experiencing homelessness with children, including infants, USICH and federal partners recommend pursuit of the following new strategies:

#### 1) Advance Supported Employment to Improve Economic Outcomes and Housing Stability.

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<sup>8</sup> [Supporting Children and Families Experiencing Homelessness](#)

USICH, HUD, and the Department of Labor (DOL) are co-chairing a recently-formed Interagency Working Group on Employment on Homelessness, which includes a focus on people with disabilities who are disproportionately represented among all people experiencing homelessness. Nearly half (47%) of adult individuals experiencing homelessness report that they have a disability.<sup>9</sup> To support individuals with serious mental illness who are experiencing or at-risk of experiencing homelessness, including chronic homelessness, Individual Placement and Support (IPS), which is a model of supported employment for people with serious mental illness, should be scaled in order to better serve this population and to improve economic outcomes and housing stability.

IPS supported employment helps people living with behavioral health conditions find and succeed in competitive jobs of their choice. The results of 11 randomized controlled trials indicate that IPS programs serving individuals with serious mental illness consistently result in improved vocational outcomes.

Approximately sixty percent (60%) of IPS participants gain employment, compared to 23 percent (23%) who receive traditional employment services. Improved vocational outcomes are also consistent among individuals with substance use disorder issues and individuals experiencing homelessness.<sup>10</sup> Current federal funding processes make it challenging to finance these services at the state and local levels due to fragmentation and inadequate knowledge of existing funding opportunities. However, some states are advancing supported employment by pursuing a variety of methods to align and integrate state and federal funds.<sup>11</sup>

**Recommendation:** USICH recommends that federal partners prioritize activity outlined by the Interagency Working Group on Employment and Homelessness to increase opportunities for work and support recovery for individuals with barriers to employment, including models of supported employment<sup>12</sup> to stabilize and support permanent housing among people with serious mental illness. DOL, in coordination with SAMHSA, HUD, and USICH, should develop guidance that defines effective supported employment strategies for people experiencing homelessness with serious mental illness.

## **2) Maximize Section 811 Mainstream Housing Choice Voucher Program to Expand High-Quality Housing and Services for People with Disabilities, Including People Experiencing Chronic Homelessness.**

Through new appropriations into the Section 811 Mainstream Housing Choice Voucher Program, HUD recently awarded nearly \$100 million to 285 local PHAs across the country to provide permanent affordable housing to nearly 12,000 additional non-elderly people with disabilities. This program provides funding to housing agencies to assist non-elderly people with disabilities who are: transitioning out of institutional or other separated settings; at serious risk of institutionalization; experiencing homelessness; or at-risk of homelessness.<sup>13</sup> An additional \$300 million for the Mainstream Housing Choice Voucher program will soon be available for communities. These vouchers create a vital opportunity for expanding permanent supportive housing opportunities to people who are chronically homeless, affected by health and behavioral health care conditions, and/or otherwise vulnerable.

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<sup>9</sup> 2016 AHAR part 2

<sup>10</sup> Kikuko Campbell, et. al, Who Benefits From Supported Employment: A Meta-analytic Study, 37 Schizophrenia Bulletin 2, 370–380, 373-75 (2011)

<sup>11</sup> <https://aspe.hhs.gov/system/files/pdf/76216/supempFR.pdf>

<sup>12</sup> <https://www.hudexchange.info/programs/coc/>

<sup>13</sup> <https://www.hud.gov/sites/dfiles/PIH/documents/FY2017MainstreamVoucherNOFA.pdf>

**Recommendation:** USICH and HUD, along with federal partners, should encourage improved access to and utilization of Section 811 Mainstream Housing Choice Vouchers to serve people experiencing homelessness with disabilities, including people experiencing chronic homelessness, by:

- Providing more detailed guidance and technical assistance to support capacity of PHAs to implement Section 811 funding in support of permanent supportive housing activities, including through partnership with communities' coordinated entry systems; and

Additionally, federal partners should develop a peer-to-peer learning opportunity for Section 811 Mainstream Housing Choice Voucher grantees interested in targeting housing and services for people experiencing homelessness and leveraging other resources to support service needs.

### 3) Strengthen the Integration of Treatment and Housing Strategies for People Affected by Opioid Use Disorders by:

#### a. Facilitating access to MAT in federally-funded housing programs and reducing barriers to housing for people participating in MAT, including people living in rural areas

Clinicians treating people experiencing homelessness and people who are unstably housed report that these individuals are at “especially high risk for both opioid use disorders and fatal overdoses, exacerbated by their limited access to MAT and to overdose prevention therapy.”<sup>14</sup> MAT is an evidence-based model that combines behavioral therapy with FDA-approved medications for a “whole person” approach to treating substance use disorders. MAT has been shown to increase the lifespan of those living with opioid use disorders, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, increase patients' ability to gain and maintain employment, and has improved birth outcomes among women who have substance use disorders and are pregnant.

However, misinformation and stigma around the use of MAT often leads housing program administrators, landlords, and peers to be cautious about welcoming MAT patients into housing programs. Additionally, access to this individually-tailored type of treatment is severely limited in most rural regions of the country, despite the increasing prevalence of opioid overdoses. In response, USDA has partnered with SAMHSA to provide transitional housing linked with treatment to rural communities hard hit by the opioid crisis.<sup>15</sup> Further, the HRSA is funding a Rural Center of Excellence focused on best practices in recovery housing programs for SUD, and interventions among low-income, high-risk individuals in rural communities. Additionally, HUD established an EnVision Center in Chicago, at A Safe Haven Foundation. This transitional housing and recovery provider has beds for men, women, and children, and provides all three forms of MAT, in addition to workforce training for patients.<sup>16</sup>

<sup>14</sup> [http://www.nhchc.org/wp-content/uploads/2014/03/hch-opioid-use-disorders\\_adapting-your-practice-final-to-post.pdf](http://www.nhchc.org/wp-content/uploads/2014/03/hch-opioid-use-disorders_adapting-your-practice-final-to-post.pdf)

<sup>15</sup> <https://www.usda.gov/media/press-releases/2018/08/31/usda-partners-provide-transitional-housing-rural-people-recovery>

<sup>16</sup> <http://www.asafehaven.org/envision-centers/>

Health, behavioral health, and homelessness experts alike have recommended permanent housing as an important intervention to promote successful treatment of people experiencing homelessness with opioid use disorders.<sup>17</sup>

**Recommendation:** To achieve directives set forth by the SUPPORT Act<sup>18</sup>, Federal partners should provide guidance to communities that encourages housing programs to serve people receiving MAT, and through funding solicitations, incentivize communities to expand the integration of MAT services within housing settings. Through HRSA's Rural Communities Opioid Response Program, HRSA should work with HUD and USICH to encourage rural communities to integrate their treatment and housing efforts. SAMHSA and HUD should also encourage CoCs and SAMHSA's State Targeted Response, State Opioid Response, and Tribal Opioid Response Cooperative Agreements program recipients to partner together in efforts to reduce stigma related to MAT services and to improve access to treatment within housing programs. Federal entities should consider how to scale up and replicate the Chicago EnVision Center model, which, as part of its mission, coordinates federal, state, and local programs and resources to provide substance use disorder treatment, housing, workforce training, and employment.

**b. Scaling opportunities to pair MAT with housing assistance, including specifically for pre- and postpartum mothers in families**

Research indicates that opioid-dependent pregnant women are at high risk for homelessness, among other threats such as sexual violence and incarceration, and that many women do not have safe, substance-free living environments for themselves or their children.<sup>19</sup> Further, the rate of opioid misuse and dependence is escalating in many communities, including among pregnant and parenting women. In addition, substance use disorders treatment systems are reporting increases in the number of individuals seeking treatment for opioid use disorders. Child welfare systems are reporting increases in caseloads, primarily among infants and young children coming into care, and hospitals are reporting increases of infants born with neonatal abstinence syndrome.<sup>20</sup> Additionally, the rise in the number of grandparents left to raise their grandchildren when the parents are unable to overcome or succumb to addiction is posing new issues for social workers and support systems for kinship care. A coordinated, multi-systemic approach that is grounded in early identification and intervention can assist child welfare and treatment systems in conducting both a comprehensive assessment and ensuring access to the range of services needed by families.<sup>21</sup>

According to an [Informational Memorandum](#)<sup>22</sup> issued by the HHS Administration for Children and Families in 2016 and [letter](#)<sup>23</sup> issued by SAMHSA in 2017, an important best practice for addressing this

<sup>17</sup> [http://www.nhchc.org/wp-content/uploads/2014/03/hch-opioid-use-disorders\\_adapting-your-practice-final-to-post.pdf](http://www.nhchc.org/wp-content/uploads/2014/03/hch-opioid-use-disorders_adapting-your-practice-final-to-post.pdf)

<sup>18</sup> <https://www.congress.gov/115/bills/hr6/BILLS-115hr6eah.pdf>

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4607033/>

<sup>20</sup> <https://aspe.hhs.gov/pdf-report/substance-use-opioid-epidemic-and-child-welfare-system-key-findings-mixed-methods-study>

<sup>21</sup> <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>

<sup>22</sup> <https://www.acf.hhs.gov/sites/default/files/cb/im1605.pdf>

<sup>23</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/2017-colleague-letter-pregnant-parenting-women.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/2017-colleague-letter-pregnant-parenting-women.pdf)

problem is to provide appropriate treatment for pregnant women, including timely access to treatments, counseling, and access to comprehensive MAT. For example, several organizations in the state of Vermont have formed a collaborative in order to provide this population of women, including women postpartum and their infants, with coordinated comprehensive care from child welfare, mental health care and counseling, medical (including obstetrics and pediatrics) and substance use disorder treatment professionals across the state.<sup>24</sup> However, such benefits do not exist in many states, and women residing in those states lose their Medicaid benefits postpartum. That is why the President signed the overwhelmingly bipartisan opioid law, the SUPPORT for Patients and Communities Act, to promote access to treatment for addiction for new mothers with lower incomes, as well as for addicted mothers and babies together.

USICH's [Strategies for Addressing the Intersection of the Opioid Crisis and Homelessness](#)<sup>25</sup> identifies the need to support communities to improve cross-system coordination to pair treatment with housing support and increase access to MAT as part of their system-wide efforts to end homelessness.

**Recommendation:** For pre- and postpartum women who need MAT, USICH and federal partners recommend that this care be coupled with wrap-around services and existing permanent housing assistance, particularly Rapid Re-housing funded by the CoC program and Emergency Solutions Grants, to address homelessness among women and infants impacted by opioid use disorders who are experiencing housing instability or homelessness and want treatment.

## Conclusion

As evidenced in this report, there are several important, current collaborations and efforts underway to improve collaboration between housing and health programs to decrease costs and improve outcomes, as well as opportunities for furthering and building upon those efforts. USICH will work with federal partners to build upon current efforts by taking action on the following recommendations:

1. Federal agencies should maximize the opportunity to work directly with states through round three of the technical assistance, and foster peer-to-peer dialogue and learning between states who are currently and have previously participated. Additionally, federal agencies should seek opportunities outside of the technical assistance structure to partner with state leadership on efforts to align Medicaid and housing resources;
2. To support expedited progress in this area, federal agencies should provide information, materials, and examples of:
  - a. How states have utilized authorities granted them under the Medicaid program's Home & Community Based Services (HCBS) (1915(i) and 1915(c)) waivers to support strategies and activities that, in partnership with housing resources, promote housing stability, reduce costs, and improve health outcomes;
  - b. Case studies and templates for waiver applications or state plan amendments,
  - c. Lessons learned from the three rounds of technical assistance to states.

<sup>24</sup> <https://www.acf.hhs.gov/sites/default/files/cb/im1605.pdf>

<sup>25</sup> [https://www.usich.gov/resources/uploads/asset\\_library/Strategies\\_to\\_Address\\_Opioid\\_Crisis.pdf](https://www.usich.gov/resources/uploads/asset_library/Strategies_to_Address_Opioid_Crisis.pdf)

3. Building on the forthcoming fact sheets, federal agencies, including HHS, ED, and HUD, in partnership with USICH, should implement a feedback process using existing monitoring protocols and other tools to assess community and state progress toward implementing these strategies. Based upon that assessment, federal agencies should tailor technical assistance, guidance, and messaging to states and communities. Federal agencies should also consider appropriate program requirements or adjustments that are responsive to state, local, and national partners' feedback on the feasibility of implementing these strategies.
4. To better understand who is experiencing homelessness and housing instability at the community-level and to advance collaboration between these systems, guidance should be provided to HRSA-funded health centers on expanding their use of the housing status element in ICD-10 codes to better understand the housing needs of their patients and to connect those patients to other resources in the community.

To further advance progress and to improve effectiveness, USICH will work with federal partners to implement this report's additional recommended strategies to improve outcomes and further progress, which are described more fully above (pages 8-11):

1. Advance supported employment to improve economic outcomes and housing stability;
2. Maximize Section 811 Mainstream Housing Choice Voucher Program to expand high-quality housing and services for people with disabilities, including people experiencing chronic homelessness.
3. Strengthen the integration of treatment and housing strategies for people affected by opioid use disorders by:
  - a. Facilitating access to MAT in federally-funded housing programs and reducing barriers to housing for people participating in MAT, including people living in rural areas; and
  - b. Scaling opportunities to pair MAT with housing assistance, including for pre- and postpartum mothers in families.