



SUMMARY REPORT

Phase I Housing Stability Priorities



Ensuring equitable access to healthy, affordable housing is vital to improving health and social outcomes for people experiencing housing instability.

INTRODUCTION

Housing stability continues to be a priority in Michigan, with numerous efforts made through the [Michigan Statewide Housing Plan \(SHP\)](#) and local initiatives to provide access to safe, affordable, and healthy housing.

In April 2022, 48 housing initiatives were included in Phase I of the Michigan Department of Health and Human Services (MDHHS) Social Determinants of Health (SDOH) Strategy. This report summarizes the results of implementing the Phase I Housing Stability initiatives, identifies and addresses preliminary policy and data barriers, and provides several next steps for developing innovative, cross-cutting housing stability initiatives to address Michigan's current needs.

SDOH, Housing, and Health Disparities

Families with few financial resources are most likely to experience unhealthy housing and typically least able to remedy them, contributing to disparities in health outcomes across socioeconomic groups.



38% of Michigan households struggle to afford the basic necessities of housing, childcare, food, technology, health care and transportation.



Between January 2013 and October 2021, the average sales price for a home in Michigan increased by **84%.**



52% of those who are homeless in Michigan are Black, despite being 14% of the overall population.

Source: Michigan State Housing Development Authority, 2021

Phase I Housing Stability Priorities

MDHHS program areas have identified measurable objectives for the Housing Stability focus area that will continue to be refined and expanded throughout implementation of the SDOH Strategy. The Housing Stability focus area includes three priorities:



Supporting people made vulnerable to housing instability: Solutions to housing stability will require interventions tailored to people and communities disadvantaged by policies, practices, and systems.



Holistic approaches to healthy housing: Supporting healthy and stable housing requires a holistic approach, which includes strategies that incorporate lead mitigation, weatherization, removal of additional hazardous materials and energy efficiency.



Addressing housing access for people experiencing homelessness:

Preventing and ending homelessness by expanding eviction diversion programs and increasing and aligning resources to increase access to housing for people experiencing homelessness and people who are precariously housed.

Within each priority, specific strategies and objectives have been outlined to measure progress.

Current measures for 2022 and 2023 are process-based as programs focus on the improvement and alignment process of the strategy.



Phase I Initiatives Progress Report

48

housing stability initiatives outlined in Phase I of the MDHHS Social Determinants of Health Strategy.

31

housing stability initiatives have been implemented as of February 2023.

Monitoring progress for housing stability initiatives

In February 2023, the MDHHS Policy and Planning Office created a survey to monitor progress of the 48 housing initiatives included in Phase I of the MDHHS SDOH Strategy. The survey asked for a status update on implementation and general updates regarding progress as well as an opportunity to share barriers and successes stories.

The survey also allowed program area leads the opportunity to share any data needs/barriers as well as details about their engagement strategy with stakeholders and Michigan residents as it relates to the specific initiatives. A summary of that survey will be provided in this segment.

Strategic Objectives to Support Housing Stability



Priority: Supporting populations made vulnerable to housing instability

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-1: Expand access to stable housing for justice-involved individuals.</i>		
Objective HS-1.1: Increase retention in the Michigan State Housing Development Authority's (MSHDA) housing voucher program by Michigan Department of Corrections (MDOC) returning citizens by 15%, from 63% to 78%, through addressing barriers to success through supportive services.	No	Data is needed on the perspectives of MDOC voucher recipients.
Initiative HS-1.1.1: Increase the number of housing choice vouchers available to MDOC parolees currently under community supervision who meet the Michigan State Housing Development Authority's (MSHDA) requirements to receive voucher assistance from 150 to 200.	No	
Initiative HS-1.1.2: Survey MDOC housing voucher recipients on barriers to success as a foundation for planning to increase retention in MSDHA housing voucher program by MDOC population.	No	

The implementation of this objective has yet to occur as intended due to barriers faced with fundamental issues surrounding voucher utilization and a need for data on the perspectives of MDOC voucher recipients. Additionally, housing access for voucher recipients is hindered by market conditions, and the target population is difficult to access for information gathering. Priority populations, such as returning citizens with chronic diseases and substance use disorder, have experienced disparities related to this initiative.

Housing voucher utilization is consistently low across Michigan due to skyrocketing rents and the inability of Housing and Urban Development (HUD) Housing Assistance Payments

to keep pace with the current market. For returning citizens seeking housing following release from MDOC facilities this barrier is exacerbated by other factors, including reluctance by landlords to rent to justice-involved individuals, frequent limitations in housing options due to the nature of certain crimes, like criminal sexual conduct (CSC), and the intersectionality of incarceration as a social determinant with other factors like race, sexuality, and gender identity. The SDOH Policy and Planning team encountered barriers in surveying justice-involved housing voucher recipients related to the special vulnerability of this population. It was determined that collecting information through MDOC was unlikely to be successful as MDOC is not likely to have contact information for people who are no longer under MDOC supervision. Even if contact information is available, participants will not likely respond to MDOC inquiry due to lack of trust. Moreover, Policy and Planning was unable to establish a logistical way to reimburse survey participants for their time due.

Given these barriers, Policy and Planning sought other ways to expand access to housing for justice-involved individuals and returning citizens by including them as a priority population for MSHDA grants to expand recovery housing programs. Additionally, MDHHS has engaged organizations like Nation Outside to work toward policy and programs that better address incarceration as a standalone social determinant. Many programs to support returning citizens require a diagnosis of a chronic physical or behavioral health condition. Nation Outside works to educate about incarceration as a social need in and of itself, and is working with MDHHS, MDOC, and other organizations on better incorporating care specific to this need.

HS-1 Action Steps and Policy Recommendations:



Increase the availability of affordable housing for the affected population to address these challenges.



Establish priority programs for individuals convicted of CSC to support them in locating geographically appropriate housing and incentivize landlords to rent to them.



Braid funding to augment HUD vouchers to allow justice-involved recipients to offer rents on par with the current market rates.



Continue support for education and outreach with landlords to reduce stigma around housing justice-involved individuals.

HS-1 Action Steps and Policy Recommendations, continued:



Leverage organizations like Nation Outside to collect data from justice-involved housing voucher recipients to ensure data collection is ethical, responsive to the special vulnerability of the population to exploitation, and not hampered by bureaucratic process.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-2: Expand access to stable housing for individuals in need of supportive housing following treatment for substance use disorder (SUD).</i>		
Objective HS-2.1: Increase the number of Michigan Association of Recovery Residences (MARR) certified beds by 150 from May 2022 to May 2023.	Yes	Data collection from stakeholders and clients is needed Data is needed to measure the impact Longitudinal data needed about recovery housing access
Initiative HS-2.1.1: Support MSHDA's Recovery Housing Program (RHP) by targeting messaging to communities with low access and tracking impact.	Yes	
Objective HS-2.2: Begin to develop a document that can be used to inform local governments about recovery residences and recovery residence best practices by January 2023.	Yes	
Initiative HS-2.2.1: Work with stakeholders in Michigan Association of Recovery Residences (MARR) and representatives of local zoning commissions and associations to identify best practices.	Yes	

The implementation of **Objective HS-2.2** has occurred as intended, with stakeholders in the Michigan Association of Recovery Residences (MARR) and local zoning commissions working together to identify best practices. However, data needed to measure this initiative's impact must be present.

Barriers identified include disparities experienced by priority populations, such as families needing recovery housing and dual-diagnosed and justice-affected individuals— additionally, longitudinal data about recovery housing access and 42CFR Part 2 present general barriers to obtaining data. [42CFR Part 2](#). Confidentiality of Substance Use Disorder Patient Records is a regulation that imposes restrictions upon the disclosure and use of substance use disorder patient records that are obtained in connection with the performance of any part 2 program. It will be essential to navigate obtaining and utilizing data while working with the restrictions of this regulation. Additional barriers include difficulty in securing local landlords to rent to Recovery Housing Program participants, which has resulted in a struggle to acquire additional recovery beds. There also needs to be data collection occurring for feedback from stakeholders or clients.

HS-2 Action Steps and Policy Recommendations:



Connect with more statewide partners to spread the word about the Recovery Housing.



Message landlords/landlord associations about the support they have in their communities when it comes to RHP grantees, Housing Assessment and Resource Agencies, etc.



Share the developed “Best Practices” document more broadly.



Implement state legislation asserting consumer protections for recovery housing residents.



Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-3: Improve access to healthy, affordable housing for families in need.</i>		
Objective HS-3.1: During FY22 (October 2021 through September 2022), increase the number of leased MSHDA Family Unification Vouchers from 40% to 90%.	Yes	Data is needed to measure the impact
Initiative HS-3.1.1: Support MSHDA's Recovery Housing Program (RHP) by targeting messaging to communities with low access and tracking impact.	Yes	
Objective HS-3.2: During FY22 (October 2021 through September 2022), expand access by increasing the number of counties deploying vouchers from two counties (currently available in Ottawa and Kalamazoo counties) to four counties.	Yes	
Initiative HS-3.2.1: Support collaboration between the Children's Service Agencies and MSHDA to expand awareness and uptake of vouchers through targeted referrals and broader messaging.	Yes	
Objective HS-3.3: Reduce arrearages and/or restore water services to approximately 33,000 households by September 30, 2023, to provide immediate relief to low-income households and to mitigate the spread of COVID-19 through implementation of the Low-Income Household Water Assistance Program (LIHWAP).	Yes	
Initiative HS-3.3.1: Create and implement agreements with 21 Community Action Agencies (CAAs) to provide service in all 83 counties in Michigan.	Yes	

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-3: Improve access to healthy, affordable housing for families in need.</i>		
Initiative HS-3.3.2: Develop and implement a Memorandum of Understanding for use among MDHHS, water providers, and Community Action Agencies.	Yes	Data is needed to measure the impact
Initiative HS-3.3.3: Convene a monthly workshop of CAAs to provide ongoing training, technical assistance, and a forum to share challenges, strategies, and best practices.	Yes	

Agreements are in place with 21 Community Action Agencies (CAAs) to provide service in all 83 counties in Michigan, and 290 water providers have signed Memorandums of Understanding (MOUs) with participating CAAs and MDHHS. MDHHS hosted monthly workshops during the months leading up to the program launch and for the first several months of the program. However, based on feedback from participating CAAs, monthly workshops were discontinued, and technical assistance transitioned to an as-needed basis with individual CAAs.

HS-3 Action Steps and Policy Recommendations:



If future funding is available to assist with water arrearages, MDHHS should consider removing the requirement to have a MOU with water providers.

“The connection between health and dwelling is one of the most important that exists.”

Florence Nightingale

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-4: Increase access to healthy, affordable housing for older adults.</i>		
Objective HS-4.1: During FY22 (October 2021 through September 2022), increase participation in MSHDA's Neighborhood Enhancement Program (NEP) by statewide Area Agencies on Aging (AAAs) from 12% to 30%.	Yes	Data is needed to measure the impact
Initiative HS-4.1.1: Conduct additional outreach and education efforts, in collaboration with the AAAs.	Inconclusive	
Initiative HS-4.1.2: Work with the AAAs to apply for the NEP on behalf of their service recipients.	Yes	
Objective HS-4.2: By December 2022, implement improvements to the MI Bridges platform, including Project One Day, Project Renew, and the Elderly Simplified Application Project, within 100% of MDHHS offices to streamline the processing of assistance applications, improve customer service, and create efficiency gains in MDHHS' largest assistance programs.	Yes	
Initiative HS-4.2.1: Implement Project One Day to speed up the verification process, with the goal of getting clients approved for all requested programs within one day – a process that could take up to 45 days in the past.	Yes	
Initiative HS-4.2.2: Implement Project Renew to increase client ease of recertification.	Yes	
Initiative HS-4.2.2: Implement the Elderly Simplified Application Project to provide streamlined application and recertification for older adults.	Yes	

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-4: Increase access to healthy, affordable housing for older adults.</i>		
Initiative HS-4.2.4: Expand the use of benefits navigators (through phone assistance or providing in-person support) to assist individuals with completing the enrollment process for a range of assistance programs.	Yes	Data is needed to measure the impact

The implementation of **Initiative HS-4.1** needs to be more conclusive. However, the data required to measure the impact of this initiative is present.

There are several barriers to achieving **Objective HS-4.1**. AAAs are not housing organizations but are key "connectors" of services. Older adults residing in rental properties are not eligible and are at the mercy of landlords when it comes to accessibility or safety. Low-income people of color living in substandard housing may also experience disparities related to this initiative.

Initiatives to support **Objective HS-4.2** have been implemented as intended, and the data needed to measure impact is present.

Barriers include added processing time upfront for Project One Day, high workloads for specialists, staffing shortages, and MDHHS calls being labeled as potential spam, discouraging clients from answering.

HS-4 Action Steps and Policy Recommendations:



Implement a texting pilot to increase client pick-up rates by informing them of incoming calls from specialists.



Align policies with the Project One Day process.



Update the policy to reflect that verification collection should fall under the specialist's responsibility to create alignment and reduce confusion.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-5: Address the gaps in lead inspection and abatement service availability to increase the volume of lead-safe housing in Michigan.</i>		
Objective HS-5.1: Initiate 10 lead abatement projects in FY22 (October 2021 through September 2022), including three rental properties, through implementation of the MDHHS Lead Poisoning Prevention Fund.	No	Data needed to measure the impact of this initiative is present
Initiative HS-5.1.1: Provide \$1M in residential financing for the prevention fund.	No	
Initiative HS-5.1.2: Launch a stakeholder engagement plan including local health departments.	No	
Initiative HS-5.1.3: Attend three conferences to discuss the prevention fund to increase awareness.	No	
Objective HS-5.2: By September 2023, increase the number of referrals to lead abatement services by 25% by expanding the knowledge of available lead services for families, internal partners, and external partners.	Yes	More time is needed to analyze the data
Initiative HS-5.2.1: Through strategic partnerships and enhanced communication channels, educate families on the importance of identifying and remediating home lead hazards, as well as supporting family navigation to available lead services.	Yes	
Initiative HS-5.2.2: Deploy Home Lead Safety elearning module to MDHHS partners including Children's Protective Services, Foster Care services, and other home visiting programs.	Yes	

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-5: Address the gaps in lead inspection and abatement service availability to increase the volume of lead-safe housing in Michigan.</i>		
Initiative HS-5.2.3: Strengthen partnership with local public health agencies to ensure that all households where a child with an elevated blood lead level (EBLL) reside are referred for service.	No	More time is needed to analyze the data
Initiative HS-5.2.4: Collaborate with the Division of Environmental Health, Community Education and Outreach Section for delivery of clear messaging on available lead services to the highest risk communities, through media campaign messaging, postcards, and door-to-door outreach.	Yes	
Objective HS-5.3: By September 2023, increase the number of households enrolled in MDHHS-funded lead inspection and abatement services by 25%, to ensure safe and healthy housing for more Michigan children.	Yes	
Initiative HS-5.3.1: By the end of FY23, hire 22 additional staff to serve in a variety of functions for delivery of lead inspection and abatement services to Michigan families.	Yes	
Initiative HS-5.3.2: Through data analysis, identify the communities at highest risk and ensure efforts are optimal for availability, access to, and delivery of lead services.	Yes	
Initiative HS-5.3.3: Collaborate with local public health departments to bolster blood lead testing in communities, to identify children to receive priority services.	Yes	

Initiative HS-5.1.1 has yet to be implemented as intended, but the data needed to measure its impact is present. The main barrier to this initiative is the need for uptake from residents using the Prevention Fund. Priority populations experiencing barriers to this initiative include low-income people of color living in sub-standard housing.

Phase I Housing Initiatives Spotlight

*The Phase I Housing **initiatives 5.2.1-5.2.3** have proven to be a success in promoting home lead safety and remediation in Michigan.*



The strategic partnerships and enhanced communication channels established through Initiative **HS-5.2.1** have effectively educated families on identifying and remediating home lead hazards, while also supporting family navigation to available lead services.



The deployment of the Home Lead Safety elearning module through Initiative **HS-5.2.2** to MDHHS partners has also been successful in educating individuals on potential lead exposure hazards and how to refer families for lead services.



Initiative **HS-5.2.3** has also been successful in strengthening partnerships with local public health to ensure that all households where a child with an elevated blood lead level (EBLL) reside are referred for service.



Communication to local health departments regarding available lead services, including the newly launched Lead Prevention Fund, have increased in frequency. The merger of the Childhood Lead Poisoning Prevention Program into the Lead Services Section has also led to better coordination for communicating with local public health on these programs.

including a massive media campaign, community messaging, local outreach, and the launch of an e-learning module.

The Lead Services Section (LSS) noted a 44% increase in the number of applications for lead services received during FY 23 Q1 as compared to the same time period in FY 22. This success can be attributed to a variety of factors including increased local outreach activities through the DEH Community Education and Outreach Section, as well as more direct and more frequent communication to local health departments on the availability of these programs. Lastly, the LSS saw an increase in the number of applications received due to launch of expanded lead services in the city of Benton Harbor.

The e-learning module outlined, entitled “Lead and its Risk at Home” was launched in March, 2022 and is available at <https://courses.mihealth.org/PUBLIC/home.html>. This course was designed broadly to educate individuals who may be entering homes for any type of home visit on how to quickly spot potential lead exposure hazards and refer families for lead services. Outreach on this module availability was and continues to be made to MDHHS Foster Care and Children’s Protective Services, as well as other home visiting programs such as Early On. More than 300 individuals have completed the training to date. Results to date of course evaluation completed by users indicate the training to be highly effective and very applicable.

As mentioned above, communication to local health departments regarding available lead services, including the newly launched Lead Prevention Fund, have increased in frequency. Through a merger of the Childhood Lead Poisoning Prevention Program into the Lead Services Section, better coordination for communicating with local public health on these programs exists. Through CLPPP, local health departments receive messaging about these programs through newsletters, routine training opportunities, and through brown bag lunch sessions.

Thus far, work on **Initiative HS-5.2.4** has been successful; the DEH Community Education and Outreach Section will be launching another media campaign in the spring of 2023 to continue building lead awareness and knowledge around blood lead testing.

Initiative HS-5.3 is in progress, with data assessment to prioritize areas that most need lead services. More time is necessary to analyze data.

Aligning with the increase in applications for services received as mentioned, the LSS continues to increase the number of households ultimately enrolled in programs for services (we will have a better date on this later in the year). To assist with this expansion, LSS has hired 17 individuals for this direct service work, as well as the necessary support services for this work from FY 22 through present.

More time is needed to analyze data on **Initiative HS-5.3.2**; the DEH Environmental Epidemiology and Assessment Section is assessing data to prioritize the areas in highest need of lead services statewide. This data is due by the end of May 2023.

The CLPPP has provided supplemental funding to four local health departments to expand and enhance community blood lead testing. This funding began mid-year in FY 22 and

continues through present. CLPPP will have metrics available at end of FY 23 to measure the success of this model.

HS-5 Action Steps and Policy Recommendations:



Explore incentives to increase engagement in the Prevention Fund.



Consider providing grants and loans to reach more people and increase the uptake of the Prevention Fund.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-6: Expand weatherization efforts to improve energy efficiency, reduce the cost burden of utilities, and increase the volume of safe, weatherized homes in Michigan.</i>		
Objective HS-6.1: From January 2022 to January 2024, increase the number of homes weatherized through the Weatherization Assistance Program (WAP) by 60%, from 1,250 units to 2,000 units.	Yes	Data is present from the deferral reduction pilot but not all homes are weatherized More time is needed to weatherize more homes
Initiative HS-6.1.1: Expand the number of contractors and crews providing weatherization services.	Yes	
Initiative HS-6.1.2: Seek additional consistent Low Income Home Energy Assistance Program (LIHEAP) funding from year to year. Most states receive a 15% transfer of LIHEAP to Weatherization annually; Michigan received approximately 3%.	Yes	

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-6: Expand weatherization efforts to improve energy efficiency, reduce the cost burden of utilities, and increase the volume of safe, weatherized homes in Michigan.</i>		
Initiative HS-6.1.3: Seek additional flexible funding, including coordination of utility funds, to increase the program capacity to meet higher production goals and maximum performance now and in the future. The more holistic funding allows us to address more measures on each client's home where we work.	Yes	Data is present from the deferral reduction pilot but not all homes are weatherized More time is needed to weatherize more homes
Initiative HS-6.1.4: Pilot a WAP Deferral Reduction Program to increase the number of weatherization households in Michigan.	Yes	

Progress on this initiative is moving in the right direction, but there is a need for consistent funding from year to year. Weatherization has multiple benefits, including better health outcomes, reduced energy bills, and improved indoor air quality.

Some barriers include the inflexibility of funding to address deferrals and health and safety issues, difficulty serving vulnerable clients without supplemental funding, disparities experienced by low-income communities, the need for more time to expand the network of weatherization operators, and the challenge of finding people at the local level to fill jobs.

HS-6 Action Steps and Policy Recommendations:



The Bureau of Community Action and Economic Opportunity (BCAEO) is developing a communication campaign and training pipeline to certify people.



Allocate 15% of the LIHEAP allocation to Weatherization, as this is the typical allocation of other states.



A proposal was created to implement a Pure Michigan campaign to encourage people who left Michigan to return for good-paying jobs to ensure there are trained individuals to perform the necessary services.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-7: Improve potable water access to ensure a healthy home environment for improved hygiene, improved access to clean water, improved sanitation, and reduced lead exposure.</i>		
Objective HS-7.1: From May 2022 to January 2023, provide premise plumbing repairs to approximately 150 homes in both rural and urban communities.	Yes	Data is needed to measure the impact of this initiative Funding runs through the end of FY23, so not all funds have been expended in the pilot
Initiative HS-7.1.1: Pilot a program to increase the health and safety of low-income households by providing homes with functional equipment and access to clean water, launching in spring 2022. Based on the Water Repair and Plumbing Program administered in FY20, the current average cost for plumbing repairs is \$4,731 per household in urban areas and \$5,200 to \$13,000 per household in rural areas.	Yes	

The **Initiative HS-7.1.1** pilot program was launched in the spring of 2022 to increase the health and safety of low-income households by providing homes with functional equipment and access to clean water. The initiative is progressing as intended, but data is still required to measure the program's impact. Priority populations with plumbing issues are particularly vulnerable because many clients cannot shower or do laundry in their homes.

HS-7 Action Steps and Policy Recommendations:



Consistent funding would allow for this service to be reliable around the state.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-8: Build and expand technology solutions that increase care coordination, benefits access, and access to housing resources for people experiencing homelessness.</i>		
Objective HS-8.1: By September 2022, 100% of Medicaid Health Plans and Prepaid Inpatient Health Plans will begin using a Homeless Indicator in CareConnect360 (CC360) to identify their homeless beneficiaries.	Yes	Data is needed to measure the impact
Initiative HS-8.1.1: Develop and launch a Homeless Indicator in CareConnect 360 to better support care coordination between Medicaid Health Plans (MHPs), Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Agencies (CMHs) and the homeless response system.	Yes	
Initiative HS-8.1.2: Test the homeless indicator in CC360 to ensure it pulls the most recent information available from the Homeless Management Information System (HMIS). Once rolled out through the CC360 system, MDHHS will gather information from system users on its use, accuracy, and value.	Yes	
Initiative HS-8.1.3: Collect information from the local homeless response system including the Housing Assessment and Resource Agencies (HARAs) that may be receiving additional outreach from MHPs, PIHPs and CMHs about beneficiaries on those conversations and the value of this new tool as a mechanism for care coordination.	Yes	

The specific objective, **HS-8.1**, is to implement a Homeless Indicator in CareConnect360 to identify homeless Medicaid beneficiaries. Initiatives under this objective include:

- Developing and launching the indicator.
- Testing it for accuracy.
- Gathering feedback from local homeless response systems.

The implementation has occurred as intended, and data is available to measure its impact. No significant policy recommendations are stated, but the initiative has factored in reducing inequities experienced by people of color at a higher risk of homelessness and lack of healthcare access.

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-9: Develop tools to identify and prioritize people with high medical needs who are experiencing homelessness to more quickly connect them with the most appropriate housing resource.</i>		
Objective HS-9.1: By December 2022, all 20 Continuums of Care (CoCs) will have access to a medical fragility indicator for actively homeless individuals currently enrolled in Medicaid.	Yes	Data is needed to measure the impact
Initiative HS-9.1.1: Develop a medical fragility indicator based on a set of health and social needs, as well as homelessness, to inform local prioritization decisions for housing interventions.	No	
Initiative HS-9.1.2: Work with experts to determine how a medical fragility score can be created and how an algorithm can be structured to best weigh the various information gathered to calculate the score.	No	
Initiative HS-9.1.3: Collect and integrate feedback from local homeless response systems on what information they would consider helpful to inform a medical fragility score.	No	

Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-9: Develop tools to identify and prioritize people with high medical needs who are experiencing homelessness to more quickly connect them with the most appropriate housing resource.</i>		
Initiative HS-9.1.4: Determine what technology or process is best suited to share a medical fragility score with local homeless response systems.	No	Data is needed to measure the impact

The initiative included the development of a medical fragility indicator based on a set of health and social needs, as well as homelessness, to inform local prioritization decisions for housing interventions. However, this objective has not been implemented as intended due to the disparity in accessing healthcare between people of color and white people.

The team consulted multiple experts on health equity to gather feedback on the situation and developed a way to elevate race as a risk factor that mitigated the disparity. The team will monitor this during the pilot phase, and once piloted, the initiative will be scaled to all 20 CoCs across the state.

HS-9 Action Steps and Policy Recommendations:



Grant funding for this project ended on 12/31/22, but there is an opportunity for some continuation funding available in late spring 2023, thanks to the assistance of the Michigan Health Endowment Fund (MHEF).



Strategy Objective	Implemented? (Yes/No)	Data Need Identified
<i>Strategy HS-10: Leverage long-term resources to sustain local eviction diversion programming and supports.</i>		
Objective HS-10.1: By December 2022, all 83 MDHHS local offices will receive education on housing resources for persons experiencing homelessness and how to access them.	No	Data is needed to measure the impact
Initiative HS-10.1.1: Work with MSHDA to develop online training modules for MDHHS staff explaining housing resources, the homeless response system, and how to assist their clients with getting connected to emergent and permanent housing.	No	
Initiative HS-10.1.2: Develop a training module on shelter diversion for MDHHS frontline staff to assist them with problem solving conversations with clients who are homeless or precariously housed to help identify possible housing solutions and prevent the need for emergency shelter.	No	
Initiative HS-10.1.3: Match Homeless Management Information System (HMIS) data with BRIDGES data to identify benefits and services that persons experiencing homelessness could be receiving to assist them with housing stabilization.	No	

The implementation of this objective has yet to occur as intended, and training has taken longer than anticipated. However, data needed to measure the impact of this initiative is present.

HS-10 Action Steps and Policy Recommendations:



The training should be part of the required curriculum for all new employees.

Summary of Next Steps

The Phase I Housing Stability Initiatives have been implemented, but some barriers to implementation still exist. These barriers will be examined and resolved if possible. Data barriers were noted by several program leaders. The MDHHS Policy and Planning Office will proactively seek opportunities to address data gaps through partnerships.

There is an opportunity to explore the connection between Phase I Housing Stability Initiatives and Phase II Structural Inventions. The Policy and Planning SDOH Team will convene meetings with MDHHS program areas as well as statewide food and housing partners to prioritize next steps. Additionally, the initiatives and strategy will be evaluated by a third party in fiscal year 2024.

April 2023

Phase I Housing Stability and Food Security Initiatives Progress Report Webinar.

May 2023

SDOH Steering Committee will discuss FY24 food and housing priorities.

June 2023

Establish Food Security and Housing Stability Work Groups.





SUMMARY REPORT

Phase I Housing Stability Priorities

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.